

CHILD AND FAMILY SERVICES PLAN 2020 – 2024

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.

June 30, 2019



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**Florida’s Child and Family Services Plan
FFY 2020-2024**

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CHILD AND FAMILY SERVICES PLAN 2020-2024

EXECUTIVE SUMMARY

The mission of the Florida Department of Children and Families (Department) is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. The development of the Child and Family Services Plan (CFSP) for FFY 2020-2024 has given the Department and child welfare stakeholders an opportunity to conduct a mission-focused assessment. How well is Florida's child welfare system of care:

- Protecting vulnerable children and their families?
- Promoting the ability of young adults, families and caregivers to become economically self-sufficient?
- Advancing personal and family recovery and resiliency?

The Department made it a priority to gather the experiences of youth, parents, and caregivers. This five-year plan includes parent voices; young adults formerly and currently involved in the system; caregivers through their affiliation with the Children's Home Network (CHN), the Florida Foster Adoptive Parent Association (FAPA) and the Quality Parenting Initiative (QPI); and post-adoptive parents. The plan also includes statewide baseline information that was gathered through community partner surveys conducted by the Department's Contract Oversight Unit (COU) as part of their system of care monitoring onsite reviews.

The Department asked for a few specific examples from youth, families and caregivers to answer the question, "What does awesome child welfare work look like?" The feedback provided was used to provide "Good Casework Examples" throughout the report where related to the content. These examples reflect the gold standards that matter to Florida's youth, parents and caregivers. The complete examples received are in Appendix D.

The plan also highlights Florida's ongoing collaborative efforts to prevent child maltreatment and to keep children safe at home. The plan reports outcomes and findings available for Florida's prevention approach under Safety Outcome 1, Children are, first and foremost, protected from (future) abuse and neglect. This emphasis on prevention was inspired by the Families First Services and Prevention Act and various guidance from the Children's Bureau.

Two recent federal grants will provide important contributions to statewide outcomes over the next five years.

- Florida received FFY 2018 Kinship Navigator Funding under Title IV-B, Subpart 2. The Department contracted with the Children’s Home Network for a variety of services described in this plan.
- Strong Foundations is a grant awarded to Embrace Families, Inc. (formerly Community Based Care of Central Florida) under federal funds for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes.

Achieving the goals for 2020-2024 depends on the continued coordination and integration of activities across all stakeholders involved in Florida’s child welfare system.

CONTEXT OF CHILD WELFARE IN THE STATE OF FLORIDA

The U.S. Census Bureau estimates that the state's population as of July 1, 2018, is 21,299,325, a thirteen percent increase since the 2010 census. One-fifth of Florida's population is 18-years old and younger. Florida's 67 counties differ significantly in terms of population size and diversity, socio-economic indicators, and land mass.

According to the [2018 Annual Performance Report, Fiscal Year 2017-2018](#) prepared by the Office of Child Welfare (OCW), Florida's child abuse and neglect investigation rate has remained flat for a decade but far exceeds the national average. Florida's investigation rate was the sixth highest in the nation in 2016. Florida's child poverty rate of 21 percent in 2016 was higher than the 19 percent national average. The 2018 Annual Performance Report notes highly variable county reporting rates of alleged child victims per 100 children in the population. The highest reporting rate of 9.2 is reflected in seven rural northeast Florida counties versus a low reporting rate of 2.5 in Miami-Dade County.

The opioid epidemic is a significant factor adversely impacting Florida's child welfare system. Florida's Statewide Drug Policy Advisory Council [2018 Annual Report](#), December 1, 2018 states that there was an eight percent increase in opioid-related deaths from 2016-2017. In the Council's 2016 Annual Report, published December 1, 2016, it was reported that "Since 2000 to 2016, the rate of deaths from drug overdoses increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin)." The 2016 report also noted that as progress is being made in reducing the prescribing rates of opioids, other aspects of the opioid epidemic have emerged, such as increases in heroin and fentanyl-related deaths.

The opioid epidemic has resulted in a rise of Neonatal Abstinence Syndrome (NAS) cases. NAS is a condition experienced by neonates exposed to opioid prescription or illicit drugs during the prenatal period. The Department of Health added NAS to the List of Reportable Diseases/Conditions that must be reported to the Florida Birth Defects Registry. Based on data collected, the rate of NAS in Florida increased dramatically from 1998 to 2010, followed by a slower rate of increase from 2011 to 2013 (66.7 and 69.2 per 10,000 live births, respectively). In 2014, the rate of NAS increased to 76.6 per 10,000 live births, an 11 percent increase from 2013.

The Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services (HHS) conducted several research studies to better understand how select indicators associated with substance use relate to the changing trends in child welfare caseloads, specifically the impact of the opioid epidemic. "[Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study](#)" published March 7, 2018, reported the following findings:

Caseloads

Nationally, rates of drug overdose deaths and drug-related hospitalizations have a statistical relationship with child welfare caseloads (that is, rates of child protective services reports, substantiated reports, and foster care placements). Generally, counties with higher overdose death and drug hospitalization rates have higher caseload rates. In addition, these substance use indicators correlate with rates of more complex and severe child welfare cases.

Availability and use of substance use treatment

Several major challenges affect how child welfare agencies and families interact with substance use treatment options, including medication-assisted treatment for opioid use disorder. Family-friendly treatment options are limited, and caseworkers, courts, and other providers often misunderstand how treatment works and lack guidelines on how to incorporate it into child welfare practice.

System response

Child welfare agencies and their community partners are struggling to meet families' needs. Haphazard substance use assessment practices, barriers to collaboration with substance use treatment providers and other stakeholders, and shortages of foster homes and trained staff undermine the effectiveness of agencies' responses to families.

The Children’s Bureau, Administration for Children and Families (ACF), HHS, in partnership with the Department conducted a Child and Family Services Review (CFSR) of the Florida child welfare system from April through June 2016. CFSRs are structured to “help states identify strengths and areas needing improvement in their child welfare practices and programs as well as institute systemic changes that will improve child and family outcomes.” Florida’s Program Improvement Plan (PIP) developed in response to findings in the CFSR has driven many activities over the past two years. Although most of the activities have been completed, the Department has not met six of the ten PIP performance goals. The CFSP for 2020-2024 establishes five strategic initiatives designed to improve outcomes for child safety, permanency, and well-being.

There is exceptional momentum to carry forward the existing planning process to address challenges faced by Florida’s children and families in the child welfare system. Florida’s Title IV-E Waiver Demonstration (waiver) ends on September 30, 2019. Since the waiver was implemented October 1, 2006 the child welfare system has benefited from funding flexibility that allowed for the creation of a broad array of locally diverse, community-based services. For over two years, the Department has collaborated with the Florida Coalition for Children (FCC) to assess the financial impact of the lost funding flexibility and develop other strategies to ensure the financial viability of the child welfare system. The resulting financial plan, Path Forward, will continue to be a strategic priority within Florida’s CFSP.

The Department and its stakeholders are currently involved in planning for transition from the Statewide Child Welfare Information System, Florida Safe Families Network (FSFN) to a Comprehensive Child Welfare Information System (CCWIS). FSFN is the statewide automated child welfare management information system. FSFN provides a complete record for each child and young adult served; a method for documenting all licensing records; a payment system for foster care providers; and electronic reporting to national databases that track data on the population served and outcomes. Although the CCWIS transition plan will be presented in the Advance Planning Document submitted to the Children’s Bureau on June 30, 2019, there are important impacts on activities presented in the CFSP. Some of the major impacts and interdependencies have been identified at a high level.

The development of the five-year plan has been influenced by the passage of the Family First Prevention Services Act (FFPSA). This legislation added important opportunities for Florida to replace the flexible funding authority provided by the waiver. It also added new challenges in terms of requirements associated with national standards for licensure of foster homes; clinical treatment expectations associated with congregate care; and promising, supported, or well-supported levels of evidence for services provided to children and parents.

The complexity of all these issues mobilized the Department and its stakeholders to undertake several strategic planning efforts that will be ongoing. A few examples include:

- Collaboration with behavioral health providers, universities, and private sector foundations to identify the state’s current capacity to provide trauma and evidence-informed treatment approaches; and
- Collaboration with the behavioral health provider community to develop and implement standards for the integration of substance abuse and child welfare to improve assessment and treatment practices.

These strategic planning efforts have resulted in important groundwork and a level of collaboration that Florida’s stakeholders plan to sustain. The Department and child welfare stakeholders have engaged in the CFSP process to produce a common roadmap that conveys the strategic goals, initiatives, and activities for the upcoming five years.

STATE AGENCY RESPONSIBLE

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department is responsible for the supervision and coordination of programs in Florida funded under federal Titles IV-B, IV-E, and XX of the Social Security Act (45 CFR 1357.15(e)(1) and (2)). The following units in the Department have different roles and responsibilities for oversight of the child welfare system.

1. Deputy Secretary

The Assistant Secretary of the Office of Child Welfare (OCW), the Office of Operations, the Office of Substance Abuse and Mental (SAMH), and the Office of Economic Self-Sufficiency (ESS) report to the Deputy Secretary. The [Table of Organization](#) is available on the Department’s website.

2. Office of Child Welfare (OCW)

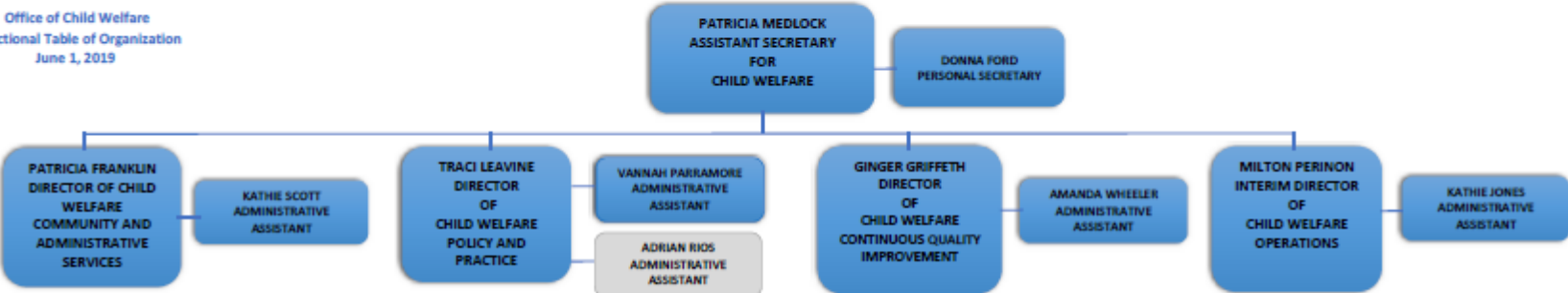
OCW's responsibilities encompass a wide range of services, including, among other things, assistance to families working to stay safely together or be reunited, foster care, youth and young adults transitioning from foster care to independence, and adoption. The Department and the Office of Child Welfare work in partnership with local communities, courts, and tribes to ensure the safety, timely permanency, and well-being of children.

Within the OCW are four administrative units:

- Child Welfare Community and Administrative Services;
- Child Welfare Policy and Practice;
- Child Welfare Continuous Quality Improvement (CQI); and
- Child Welfare Operations: the statewide Florida Abuse Hotline (Hotline) and the Interstate Compact on the Placement of Children (ICPC).

Table of Organization for Office of Child Welfare

Office of Child Welfare
 Functional Table of Organization
 June 1, 2019



3. Children's Legal Services

[Children's Legal Services \(CLS\)](#) represents the State of Florida through the Department of Children and Families in dependency proceedings. CLS coordinates dependency actions with Child Protection Investigators (CPIs) or case managers at every Chapter 39, Florida Statutes, proceeding to advocate for the safety, well-being and permanency of abused, abandoned or neglected children. In addition, CLS is responsible for coordination with attorneys under contract from the State Attorney's Office (Hillsborough, Pinellas, and Pasco counties) and the Attorney General in Broward County that have responsibility for dependency proceedings in those counties.

4. Office of Operations

The Assistant Secretary of Operations is responsible for carrying out the policy and practices within child welfare, adult protective services, Economic Self-Sufficiency program (ESS), and SAMH program areas in all six regions statewide. The regional managing directors (RMDs) of the Department's six regions, serve under this office. The RMDs have responsibility for all child welfare regional operations, Community-based Care Lead agencies (CBCs), and other child welfare provider contracts.

OVERVIEW OF CHILD WELFARE SYSTEM OF CARE

The Department contracts for the delivery of child welfare services through [Community-based Care](#) (CBC). Service delivery is coordinated through an administrative structure of six geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within the six Department regions, CBCs deliver foster care and related services as defined in Florida Statutes under contract with the Department.

CBCs are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption. Many CBCs contract with subcontractors for case management and direct care services to children and their families. This system allows local agencies to engage community partners in designing and modifying their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline (Hotline), conducting child protective investigations, and providing legal representation in court proceedings. CBC responsibilities are codified in law. Section 409.988, Florida Statutes, requires that CBCs shall:

- serve all children referred as a result of a report of abuse, neglect, or abandonment to the Hotline including children who are the subject of verified reports and not verified reports but are at moderate to extremely high risk of abuse, neglect, or abandonment regardless of funding allocated. The CBC may also serve children who are at risk of abuse, neglect, or abandonment to prevent entry into child protection or child welfare system.
- provide accurate and timely information necessary for oversight by Department as established in the child welfare Results-Oriented Accountability system (ROA).
- serve dependent children through services that are research based or best child welfare practice; may provide innovative services, including family-centered, cognitive-behavioral, trauma-informed interventions designed to mitigate out-of-home placements.
- follow financial guidelines developed by the Department and provide for a regular independent auditing of its financial activities.
- prepare all judicial reviews, case plans, and other reports necessary for court hearings for dependent children, except those related to the investigation of a referral from the child abuse hotline and submit these documents timely to the Department's attorneys for review, any necessary revision, and filing with the court. The CBC shall make the necessary staff available to Department attorneys for preparation for dependency proceedings and provide testimony and other evidence required for dependency court proceedings in coordination with Department attorneys.

Child protective investigation requirements are defined in Chapter 39, Florida Statutes. The Department is responsible for conducting child protective investigations in 60 of 67 Florida counties. Sheriff's offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee, Seminole, and Walton counties) conduct child protective investigations through grants. The Department's website provides a [Community-based Care Lead Agency map](#) which also shows the six regions and 20 circuits.

[Child Protection Teams \(CPT\)](#) are provided under contracts through the Department of Health, Children's Medical Services Program. Child Protection Teams function under the direction of a statewide medical director with exceptional forensic expertise. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services.

CHILD WELFARE SYSTEM STAKEHOLDERS

The [Office of Child Welfare](#) (OCW) collaborates with other stakeholders through various advisory bodies, workgroups, ongoing information-sharing and solution-focused meetings, and other forms of communication. The following list provides a summary of the various major organizational partners with whom the Department actively engages. This list is not all inclusive in terms of collaborative partners or the description of activities with each partner. Information about collaboration to inform the development of the CFSP is described in the next section of this chapter. Collaboration with Florida's Native American Tribes is described in Chapter 4.

Additional information about the involvement of these organizations in across the broad spectrum of the Department's planning and other activities is described throughout the CFSP.

- The [Florida Children and Youth Cabinet](#) is charged with promoting and implementing collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state agencies and organizations. The Secretary of the Department is a member, along with the agency heads of the Department of Juvenile Justice (DJJ), Agency for Health Care Administration (AHCA), Department of Education (DOE), Agency for Persons with Disabilities (APD), and DOH. Additional members include the executive leadership of the Statewide Guardian ad Litem Office (GAL), Governor's Office of Adoption and Child Protection (OACP), the Office of Early Learning (OEL), and other appointed representatives from various advocacy and specialized groups.
- The [Office of Adoption and Child Protection](#) (OACP) was created, within the Executive Office of the Governor for the purpose of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. The duties and responsibilities of the OACP are detailed in section 39.001, Florida Statutes. The Department partners with the OACP to raise the awareness levels of the public and to implement meaningful practice around prevention activities. OACP coordinates Florida's Child Abuse Prevention and Permanency (CAPP) Plan in collaboration with the CAPP Advisory Council and 20 circuit taskforces to implement strategies and initiatives that address the state and local priorities.
- Child Welfare Task Force (CJA Taskforce/PIP/CFSP Steering Committee) is responsible to lead, guide, direct, and advise on statewide implementation of major initiatives and guides the administration of the Children's Justice Act (CJA) Grant. The CJA Grant mandates that a Task Force be created to advise the Department regarding the spending of the grant funds to improve child protection initiatives in Florida. The Task Force is highly engaged in the development and implementation of the CFSP, Annual Progress and Services Report (APSR), and implementation of Florida's PIP. The Task Force members act as the vocal and visible ambassadors throughout the state and as representatives of their specific fields of expertise. The Task Force meets quarterly to carry out its charge.

- Agency for Health Care Administration (AHCA) is responsible for the administration of the Florida Medicaid program. The Department collaborates with AHCA to ensure the timely enrollment of eligible children in the Medicaid Managed Care Program and the on-going delivery of quality health and behavioral health services.
- [Independent Living Services Advisory Council \(ILSAC\)](#) is legislatively mandated under subsection 409.1451(7), Florida Statutes, to review and make recommendations concerning the implementation and operation of independent living transition services. The Secretary appoints members who submit an annual report summarizing the Council's findings and recommendations. More information about ILSAC is provided in Appendix B, John H. Chafee Foster Care Program for Successful Transition to Adulthood.
- [Florida Youth SHINE \(FYS\) \(Striving High for Independence and Empowerment\)](#) is a peer-run, youth-driven organization that engages current and former foster youth ages 13-24 across the state of Florida. Youth members receive leadership and advocacy training in order to address system of care issues and make recommendations for improvement. Their advocacy spans from speaking directly to the Governor, the media, and legislature to providing educational training to the general public on the needs of this population. Chapters convene for local meetings in their respective communities. During gatherings the members identify and prioritize system issues that need improvement, collaborate with their peers to develop leadership, public speaking, and advocacy skills, and meet with key stakeholders, such as CBC decision makers in their communities to share their experiences in the system.
- [Foster and Adoptive Parent Association \(FAPA\)](#) operates a statewide program of technical assistance and support to twenty local associations. Collaborating with the OCW and Department RMDs, FAPA has been actively involved in the Quality Parenting Initiative (QPI), the Annual Child Protection Summit, ILSAC, and the Dependency Court Improvement Program (DCIP).
- [Quality Parenting Initiative, Florida \(QPI\)](#), a strategy of the Youth Law Center, is an approach to strengthening foster care, refocusing on excellent parenting for all children in the child welfare system. QPI is "a philosophy and a network of sites that share information and ideas about how to improve parenting as well as recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers." The Department at all levels collaborates with QPI to expand the network and embed the approach in day-to-day practice.
- [Florida Coalition for Children and Families \(FCC\)](#) is a membership organization of CBCs, Case Management Organizations, the Foster and Adoptive Parent Association, group care, and other child welfare providers. The FCC maintains a committee structure to study various challenges faced by the child welfare system and to develop solutions. FCC advocates for legislation and funding to improve child welfare outcomes. The Department and FCC developed and maintain a statewide strategic planning process, monthly leadership meetings and multiple ways of collaborating to improve child welfare outcomes.
- [Office of Substance Abuse and Mental Health \(SAMH\)](#) continues to be a significant partner with the child welfare system in developing policies for the integration of child welfare and behavioral health services; implementing innovative programs and approaches; and contracting with Managing Entities (ME) which includes contract standards and provisions for services involving child welfare clients.
- [Florida Institute for Child Welfare \(FICW\)](#), located at Florida State University (FSU) was established by the Florida legislature in section 1004.615, Florida Statutes. FICW or Institute operates under a strategic plan which describes how the Institute is governed, including the mission and vision. Researchers from across the state dedicated to improving the safety, permanency, and well-being

outcomes for children in Florida's child welfare system are [Institute Affiliates](#) to help the Institute achieve its goals. The Institute provides ongoing support to the Department on multiple issues, including the child welfare workforce, results oriented accountability, human trafficking, pre-service and in-service training evaluation, and parental behavioral health services integration.

- [Sunshine Health Plan](#) is the Statewide Child Welfare Specialty Medicaid Plan established for children in the child welfare system to address their special health care needs. The Department and other system stakeholders serve on the plan's Child Welfare Advisory Committee that meets on a regular basis. More information is provided in the Health Care Oversight and Coordination Plan in Chapter 6.
- [Dependency Court Improvement Program \(DCIP\)](#), located within the Office of Court Improvement (OCI) provides leadership in Florida's court system to include technical assistance to the state's twenty Early Childhood Courts (ECCs). The DCIP is also currently piloting a new dependency problem-solving court model called Permanency Dockets and has begun a new initiative to assist the judiciary in responding to the state's opioid crises as it presents in various problem-solving courts. The OCW meets monthly with the DCIP team. The Children's Legal Services (CLS) Director serves on the Florida Supreme Court Family and Children in the Courts Steering Committee, which includes the DCIP.
- [Florida Guardian ad Litem \(GAL\)](#) is supported by a Program Office within the Justice Administration Commission which has oversight responsibilities and provides technical assistance to all GALs and attorneys ad litem programs in Florida's twenty judicial circuits. The GAL represents the best interests of children involved in court proceedings, advocating for what the law says the child is entitled to and working to ensure child-centered decisions are made by having a thorough understanding of the facts and the child. The Department collaborates with the GAL on a statewide and local basis to promote teamwork, transparency, and communication.
- [Florida Children's First, Inc. \(FCF\)](#) is a non-profit organization whose mission is "Dedicated to advancing the rights of at-risk children and youth; the organization seeks full representation of children and youth and meaningful and sustainable improvement in Florida's child-serving systems using a range of strategies including public policy development, ongoing training and technical assistance, and where necessary, strategic litigation." The Department involves FCF on numerous statewide workgroups, task forces, and planning initiatives such as the Child Welfare (Children's Justice Act) Task Force.
- [Florida Center for Prevention and Early Intervention Policy \(CPEIP\)](#), operates under the administrative arm of Florida State University's Institute for Science and Public Affairs. CPEIP focuses on vulnerable infants and toddlers who can be positively affected through nurturing relationships, strong maternal and child health, and quality early childhood care and education. CPEIP leads the state's development and implementation of infant mental health services, including training for infant mental health specialists who provide evidence-based infant mental health services, such as Child-Parent Psychotherapy.
- [Casey Family Programs](#) is the nation's largest operating private foundation focused on safely reducing the need for foster care. Casey Family Programs provides technical assistance and training to Department and providers at the state and local level to improve permanency outcomes and evaluate strategies to implement provisions of the Family First Prevention Services Act (FFPSA). Casey Family Programs provides the Department with an annual services agreement for specific technical assistance and resources.
- The College of Behavioral and Community Services, University of South Florida (USF), maintains a key role in Florida's child welfare system. The current major collaborative efforts with Department and CBCs and other child welfare providers involve the following three components of USF:

- [Florida Mental Health Institute \(FMHI\)](#) conducts numerous training and research projects conducted by [FMHI Affiliates](#) that focus on child welfare, foster care, mental health services for children in child welfare systems, and policy research related to children and families. Categories include child welfare system and practice improvement, community supports, and facts, figures, and data support on child well-being.
- [Center for Child Welfare \(The Center\)](#). The Center was established through a Department contract to support and facilitate the identification, expansion, transfer of expert knowledge, and child welfare best practices to child welfare stakeholders throughout Florida. The Center’s web site provides comprehensive information about all facets of the child welfare system, including policy, the continuum of services, legislation, Florida Safe Families Network (FSFN), Results Oriented Accountability (ROA), just to name a few. The Center is home to “[Just in Time Training](#)” (part of QPI). This service responds to requests for training topics and provides live and recorded training for foster parents, related caregivers and child welfare professionals. The Center’s site is mobile friendly.
- [Child Welfare Training Consortium \(Training Consortium\)](#) provides training and support services to child welfare provider organizations across Florida. Services include organizational needs assessment; culture change; consultation and technical assistance; design development and implementation of evidence-based, research-driven, child welfare curricula; in-service training for an array of human services professionals; team-building seminars and workshops to enhance organizational performance and customer satisfaction; on-the-job coaching; consultation and ongoing professional development for new and experienced child welfare professionals.
- [Ounce of Prevention Fund of Florida, Inc. \(The Ounce\)](#) identifies, funds, supports and tests innovative programs to improve the life outcomes of children, preserve and strengthen families and promote healthy behavior and functioning. The Ounce is one of 50 state chapters of Prevent Child Abuse America (PCA America). With funds from the federal Community-Based Child Abuse Prevention Program (CBCAP) grant, the Department continues to contract with The Ounce for activities related to the annual child abuse prevention campaign, family support services, and parent support services.
- Department of Health (DOH) is a partner with the Department across the full continuum of child welfare services including outreach to families, infants affected by substance use, statewide prevention campaigns, [Child Protection Teams](#) and an array of other programs under [Children’s Medical Services](#) for children in foster care. The current major collaborative efforts with DOH include the following programs under their purview.
 - [Child Abuse Death Review Committee \(CADR\)](#) operates under the purview of the Department of Health. CADR, established in [s. 383.402, Florida Statutes](#), provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Florida Abuse Hotline (Hotline). CADR’s duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. More information about CADR and collaboration with the Department is in Appendix A, Description of Child and Family Services Continuum.
 - [Florida Perinatal Quality Collaborative \(FPQC\)](#), College of Public Health, University of South Florida operates under a contract with the DOH to advance perinatal health care quality and patient safety for Florida mothers and infants through the collaboration of all stakeholders in the development of joint quality improvement initiatives, data-driven best practices, and promotion of education and training. FPQC created an expert multidisciplinary advisory group to standardize assessment and treatment of NAS to reduce the length of hospital stay

and ultimately the cost to care for these infants. Information about the NAS project is posted on FPQC's website.

- [Florida Interagency Coordinating Council for Infants and Toddlers \(FICCIT\)](#) is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17. The role of FICCIT is to assist public and private agencies in implementing a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to infants and toddlers with disabilities and risk conditions and their families.
- [Florida's Office of Early Learning/Early Learning Coalitions \(OEL\)/\(ELC\)](#) govern day-to-day operations of statewide early learning programs and administer federal and state childcare funds; there are thirty regional early learning coalitions and the Redlands Christian Migrant Association responsible for delivering local services. The Department and ELC collaborate on an ongoing basis to develop and implement policy to provide "at-risk" childcare as a safety management service for parents with children under protective supervision as well as "at-risk child care subsidies" to eligible relative caregivers.
- Department of Children and Families/Department of Juvenile Justice Crossover Team and Local Champions. One Department and one DJJ Crossover Champion serve in each circuit as the point of contact for crossover-related matters and to be the champion of local collaboration efforts and education of staff and community partners. The Champions develop local collaboration plans to address the needs of crossover youth and their families. Department/DJJ Headquarters' Team holds quarterly calls with Crossover Champions; develops specialized training; and creates and disseminates a newsletter. More information is provided in Appendix A, Description of Child and Family Services Continuum.
- [Statewide Association of Heart Galleries](#) works to support local Heart Galleries as well as raise the awareness of children available for adoption. "Each Heart Gallery works with partnership agencies in their area to break down the labels and stereotypes of children in foster care and recruit foster parents, mentors, volunteers and adoptive families. By photographing these children in their best light, capturing their hope, their vulnerability, their pride, Heart Galleries brings the cause of adoption into the hearts of millions of caring citizens each year."
- The Department of Education, Agency for Persons with Disabilities, Department of Juvenile Justice, and the Department of Children and Families collectively developed an [Interagency Agreement to Coordinate Services for Children Served by More Than One Agency](#). The coordination of services and supports across agencies ensures positive educational and meaningful life outcomes for Florida's children. The Department participates in several workgroups and committees within the DOE, including the State Secondary Transition Interagency Committee for students with disabilities; the Now is the Time Project for Advancing Wellness and Resiliency in Education; (AWARE) State Management Team for student mental health services; and, Every Student Succeeds Act (ESSA). The Department also collaborates on an ongoing basis with the DOE, the Florida College System, State University System, and the Board of Governors regarding campus-based coaching initiatives to improve postsecondary outcomes for former foster youth.
- Florida's Department of Law Enforcement (FDLE) is a long-standing partner to develop and update methods to obtain background criminal history information. The Department provides a co-located position in the FDLE Missing and Endangered Persons Information Clearing House to ensure that all children missing from the care and supervision of the state are properly reported with local and state law enforcement and the National Center for Missing and Exploited Children.

- Department of Revenue (DOR), Child Support Program is a partner with the Department to develop and implement policies for the use of the Parent Locator Service to find absent parents or to locate relatives for potential child placements and child support in child welfare cases.
- [Wendy's Wonderful Kids](#) sponsored by the Dave Thomas Foundation currently provides adoption recruiters in eight CBCs. Wendy's Wonderful Kids is a strong partner statewide in developing and implementing best adoption recruitment practices.
- [Action for Child Protection, Inc. \(Action\)](#) is a national organization with extensive expertise in safety interventions. The Department contracts with Action to conduct reviews of cases to ensure both CPI and case management fidelity to the practice model. Fidelity reviews are conducted twice per year along with quarterly reviews of Rapid Safety Feedback cases.
- [National Council on Crime and Delinquency \(NCCD\) Children's Research Center \(CRC\)](#) is the developer of the [Structured Decision Making®](#) (SDM) system, a set of research-based assessments that help caseworkers make consistent and equitable service decisions for families. The CRC worked with the Department to implement the evidence-based Risk Assessment used by CPIs to help in identifying family risk levels for future maltreatment. The Department contracts with the CRC to conduct annual Risk Assessment fidelity reviews.
- Children's Services Councils (CSCs) are established by a county commission through a local ordinance. Voters approve taxing authority or other funding for a Children's Services Council. Section 125.901, Florida Statutes, governs the creation and operation of CSCs. Florida is the only state in the nation with laws that allow local county leaders and the residents of those counties to create a special government entity that's sole purpose is to invest in the well-being of children and families. In the counties where CSCs are currently established (Alachua, Broward, Duval, Hillsborough, Manatee, Martin, Miami-Dade, Palm Beach, Pinellas and St. Lucie), the CSC and the CBC often collaborate to provide special studies and evaluations; various types of outreach; interventions and other innovative initiatives that are locally designed and driven.

Most recently, after years in the making, the Children's Trust of Alachua County was established pursuant to Section 125.901, Florida Statutes, and Alachua County Ordinance 18-08, and was approved by the majority of voters in November 2018. A large group of community stakeholders worked for years to get the Trust issue on the ballot and over 61% of the Alachua County voters approved the creation of the Trust. The purpose of the Children's Trust of Alachua County is to provide children's services throughout Alachua County.

STAKEHOLDER INVOLVEMENT IN THE DEVELOPMENT OF THE 2020-2024 CFSP

As a foundation for the five-year plan, the Office of Child Welfare (OCW) conducted interviews with over 55 child welfare system stakeholders currently involved in different collaborative efforts with the Department. Stakeholders included but were not limited to staff from the OCW and other divisions within the Department; members of the Florida Coalition for Children who provide leadership for multiple strategic initiatives and workgroups; youth from Florida Youth SHINE; parents from Florida's first locally organized parent advisory group; relative caregivers; Florida foster parents; members of the Quality Parenting Initiative; the Guardian ad Litem program; Florida Children's First, and the Dependency Court Improvement Program.

The interviews to gather information and feedback necessary for the plan included:

- Other stakeholder activities for 2020-2024 that should be coordinated with the Department's plan;
- The top issues that system stakeholders believe must be addressed over the next five years; and
- The ongoing role of stakeholders in planning and implementation activities.

Stakeholders were provided with a summary report on findings from all CFSP stakeholder interviews and an opportunity for further discussion at the quarterly meeting of the CJA/PIP Taskforce in February. The recommendations gathered from stakeholders are summarized in Chapter 2, Assessment of Performance and Progress to Improve Outcomes, systemic factor of Agency Responsiveness to the Community and are noted throughout the CFSP. At each Child Welfare Taskforce meeting, most recent quarter performance information on PIP progress was presented and reviewed.

VISION AND PRACTICE PRINCIPLES

The mission of the Department is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency (section 20.19, Florida Statutes). The Department's vision is that every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships, and strong community connections.

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

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

OUTCOMES AND PERFORMANCE

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

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

Florida’s Child Welfare Results-Oriented Accountability Program (ROA) was established in [section 409.997, Florida Statutes](#), to provide a comprehensive framework for evaluating the achievement of child welfare outcomes by the Department, Community-based Care lead agencies (CBCs) and their subcontractors. The Office of Child Welfare’s Continuous Quality Improvement Unit’s responsibilities include management of child welfare data, analysis and reporting; quality assurance; research and evaluation; and statewide training.

The Department developed and maintains many quantitative and qualitative resources. [Florida’s Child Welfare Statistics](#) on the Department’s child welfare dashboard provides a broad range of data that can be used to create and view historical trends by state, region or CBC and other information, such as child ages, gender and race. The data on the dashboard and in other reports posted is derived from Florida Safe Families Network (FSFN) and the Department’s quality assurance activities. Primary documents used for analyses in this chapter were the Department’s [Child Welfare Annual Performance Report 2017-2018](#) (2017-2018 Annual ROA Report), PIP progress reports, and 2014-2019 Annual Progress Services Review Final Report (APSR Final Report).

The Department’s Contract Oversight Unit (COU) addresses requirements in [section 402.7305, Florida Statutes](#), for monitoring CBC contracts. The Department completes contract monitoring of each CBC either through an onsite (every two years) or desk review (years not onsite). These reviews incorporate quantitative and qualitative data, stakeholder surveys, focus groups, and licensing feedback. The COU began conducting onsite monitoring using new [Standards for Systems of Care](#) in SFY 2016-2017. To date, 15 onsite reviews of CBCs have been completed. The first baseline data results from the community partner surveys have been compiled and relevant findings are included in this chapter. (See Appendix E for complete baseline findings.) [CBC Contract Monitoring Reports](#) are posted on the Center for Child Welfare (Center).

The Department worked extensively with its child welfare system stakeholders to gather their input on challenges, solutions, and opportunities for ongoing stakeholder involvement in monitoring and updating the CFSP. The Department asked youth, families, and caregivers to provide some examples of “what awesome child welfare work looks like.” This resulted in copies of “Dear adult” letters shared by Florida Youth SHINE and two interviews conducted. One interview was with a parent who succeeded with reunification and recovery from a substance abuse disorder; the other interview was with a foster parent who cares for teens. This feedback was used to provide “Good Casework Examples” throughout the report where related to the content. These examples reflect the gold standards that matter to Florida’s youth, parents and caregivers. The complete feedback received is in Appendix D.

Findings from several recently completed or ongoing evaluations are included in this chapter, including Phase 9 Florida Title IV-E Waiver Demonstration Evaluation Final Report (10/2013-03/2019), Florida Mental Health Institute (FMHI), University of South Florida (USF), March 30, 2019 (Waiver Final Evaluation Report).

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

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

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

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

Protecting children from abuse and neglect is both a federal and state outcome that measures protection from abuse and neglect during and after the provision of child welfare services. The CB encouraged child welfare systems to bring greater attention to prevention services that protect children from future abuse and neglect. To rise to that challenge, the following information shows Florida's results from programs to prevent children from ever experiencing child maltreatment and formal entry into the child welfare system.

Healthy Families Florida (HFF) is an evidence-based home visiting program for high-risk families that is funded by the Florida legislature through funds appropriated to the Department. The program's eligibility criteria exclude families with a history of child welfare reports, focusing services on families who have been screened as having risks for future maltreatment. HFF uses a national home visiting curriculum for parents that is designed to develop the family's protective factors. The program maintains national accreditation with Healthy Families America® to ensure fidelity to the model.

HFF services are currently provided in all 67 Florida counties. A description of HFF is provided in Appendix A, Description of Child and Family Services Continuum. FSFN is used to determine whether any children served have a verified maltreatment within 12 months after their family participated in services.

Table 1: Healthy Families Florida Persons Served

Florida FY 2016-2017	% with No Verified Maltreatment 12 Months after Services
9,960 families 18,313 children	98%

Source: HFF number of persons served; maltreatment determined through FSFN

Family support services are provided by CBCs and/or their subcontractors to families who have been investigated, have children determined to be safe, and who have a high or very high-risk score based on a Risk Assessment completed by the CPI. A description of Family Support Services is provided in Appendix A, Description of Child and Family Services Continuum. At CBC discretion, other families who have not been subjects of an investigation may be offered services. Family support services are intended to prevent the occurrence of a future investigation and maltreatment by strengthening family protective factors.

Table 2: Number of Children in Families Receiving Family Support Services

2016-2017	2017-2018	2018-2019-July through April
22, 827 children	20,676 children	15,426

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

Through the child welfare practice model (practice model), the Department implemented an overarching structure for the provision of four core service types: family support, safety management, treatment, and well-being. A core tenet of the practice model is a differentiation between families whose children are deemed safe but at risk for future maltreatment, who are offered voluntary family support services, and families whose children are deemed unsafe and for whom services are mandatory. Under this practice model, the Department established expectations for each CBC to ensure adequate services are available within each of the identified four service categories.

There are several evaluations completed or underway to assess the efficacy of family support programs which are reporting positive results. The evaluation of the waiver was designed to evaluate the impact of funding flexibility on child welfare outcomes and Florida's service array. The Waiver Evaluation Final Report included the following:

- Front-end prevention services (family support services) increased during the initial waiver and the waiver extension. Expenditures for front-end prevention services (e.g. family support services) have increased from \$16 million per pre-waiver year to \$39.6 million per year during the initial waiver and \$52.3 million per year during the waiver extension.
- The impact of receiving family support services on future maltreatment reports was determined based on a study of 2,895 children receiving family support services (intervention group) and 2,859 children not receiving services (a matched group of children using propensity scoring method). The percentage of children in each group that had any subsequent report of maltreatment, regardless if there were maltreatment findings was:
 - 13.5 percent children receiving family supports (intervention group)
 - 33.1 percent children not receiving family supports (matched group)
 - Findings for subsequent entry into out-of-home care within 12 months of receiving family support services.

- 5.1 percent of children receiving family support
 - 22 percent of children in comparison group
- Limitations of the outcome study include:
 - Study design did not include a comparison group (e.g., counties where the extension of the waiver was not implemented) because the waiver was implemented statewide.
 - Study was limited to measures of CBC performance that relate to selected child permanency and safety outcomes.
 - The findings do not account for the effects of child or family socio-demographic characteristics or any of the CBC or circuit characteristics.
 - Study did not include perspectives of families served.

The Department contracted with USF to conduct an evaluation of family support services, Community-Based Child Abuse Prevention Evaluation. A preliminary report published April 1, 2019 found:

- Families that completed services were found to be at reduced risk of future investigations compared to families that refused services. Families that chose to stop services were found to be at similar risk to families that refused services.
- Duration of services was found to be a proxy for need. This highlights the importance of strong baseline measures of need in order to examine the dose-response relationship (i.e., the effect of service duration on outcomes.)
- Stopping services due to adverse events was a marker for future investigations. In addition, such investigations were more likely to find the child to be unsafe and at high risk.
- Among those with new investigations, parents with mental health problems were more likely to start services.
- Parental substance misuse was associated with stopping family support services by choice.

When completed this evaluation will provide useful research to guide the further development and expansion of family support services.

A follow-up evaluation on family support services is currently being conducted by USF. The evaluation will use the Protective Factors Survey (PFS) which has been used by many states to evaluate the ability of prevention programs to develop certain protective factors in at-risk families. The perspectives of families will be gathered. The evaluation is examining the relationship between receiving family support services and the likelihood of a family having a new protective investigation during or after the end of family support services. The focus is on determining whether the first goal of family support services, to reduce the incidence of child maltreatment, is being achieved.

A foundation of prevention services is established in Florida communities that the Department and its stakeholders want to continue to strengthen and expand. Healthy Families Florida and the family support services provided by CBCs are part of the larger network of prevention services described in Appendix A, Child and Family Services Continuum, Prevention.

The Waiver Evaluation Final Report analyzed the rate of verified maltreatment as a proportion of the state's child population and the data is shown in the table below. Overall, there was a statistically significant reduction in the proportion of child maltreatment victims per 1,000 children in the population by 19.3 percent from SFY 2011-2012 to SFY 2014-2015.

Table 3: Rate of Verified Maltreatment as a Proportion of Florida's Child Population

SFY 2011-2012	SFY 2012-2013	SFY 2013-2014	SFY 2014-2015
13.5%	12.9%	11.9%	10.9%

Source: Phase 9 Florida Title IV-E Waiver Demonstration Evaluation Final Report (October 2013- March 2019), FMHI, USF, March 30, 2019

Florida continues in a strength position on the percent of children with no recurrence of maltreatment in 12 months at 92.54 percent for SFY 2018-2019 to date. This shows steady, incremental improvement over the last four (4) state fiscal years. The rate of abuse per 1,000 days in foster care is showing a rate of 8.89 for SFY 2018-2019 to date; a substantial improvement from a high of 10.55 in SFY 2015-2016 and reaching the target.

Florida consistently saw over 85 percent of victim children within 24 hours of the Hotline receiving a report of abuse, abandonment, or neglect. Improvement has been noted over the last two state fiscal years and the state increased its internal target from 85 percent to 90 percent.

- The qualitative data from the Florida CQI cases shows that the agency made concerted efforts to see children timely which is a slight decrease from 94.6 to 89.9 percent of the cases reviewed; however, a larger decrease was seen in the performance on the PIP monitored cases, from 88.2 to 80.2 percent for Safety Outcome 1, and item 1.
- The PIP monitored cases receive secondary oversight by the Quality Assurance Team within the state’s Office of Child Welfare and a portion receive additional oversight by the Children’s Bureau. It is important to note that the sample size is smaller which could result in more variability in performance.

Table 4: Percentage of Children Served with No Recurrence of Maltreatment

	State Target	Florida FY15/16	Florida FY16/17	Florida FY17/18	Florida FY 18/19 to date
Absence of Maltreatment Recurrence	90.9% or higher	91.4%	91.4%	91.96%	92.54%
Rate of abuse per 100,000 days in foster care	8.5 or lower	10.55	10.48	8.77	8.84

Source: Florida Child Welfare Dashboard /CPI Scorecard

The Child and Family Services Review (CFSR 3) Data Profile shows recurrence of maltreatment, not the absence so the numbers were converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the Children’s Bureau. Both the RSP and observed performance is shown as Florida does not risk adjust which allows for a direct comparison. In addition, the data profile shows performance for three prior fiscal years, not the most recent.

Table 5: Florida Recurrence of Maltreatment Compared to National Performance

	National Performance	Type	Florida FY14/15	Florida FY15/16	Florida FY16/17
Absence of Maltreatment Recurrence	90.5% or higher	RSP	89.25%	88.9%	89.8%
		Observed	91.7%	91.4%	92.1%
Rate of abuse per 1,000 days in foster care	9.67 or lower	RSP	14.19	13.3	14.71
		Observed	10.62	9.91	11

Source: Child and Family Services Review (CFSR 3) Data Profile 12-10-18 (AFCARS) and 10-12-18 (NCANDS), RSP - Risk Standardized Performance

Florida demonstrates good performance in commencing investigation cases and seeing alleged victims within 24 hours. Florida consistently commences investigations and sees child victims within 24 hours of a report being generated at the Florida Abuse Hotline. In February 2019, 90 percent of children were seen within 24 hours. (Florida Key Indicators report February 2019). The qualitative findings from the Florida CQI and PIP monitored cases show concerted efforts being made to see children according to agency timeframes in 89.9 percent of the cases in Florida CQI reviews and 80.2 percent in the PIP monitored cases.

The reason for performance lower than targets on qualitative measures includes not making daily efforts to see all children in a report when not seen at commencement, and not commencing cases within state timeframes for investigations with an immediate response time (four hours in Florida). Each region has implemented strategies to improve performance, an example being Southern region that expects all cases to be commenced within four hours.

Table 6: Percent of Alleged Child Victims Seen within 24 Hours

Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 to date
Percent of Children Seen in 24 Hours or Less	90%	87.2%	84.6%	86.65%	90.08%
Florida CQI Cases	95%	94.6%	90.9%	91.3%	89.9%
PIP Monitored cases (six-month periods)	91.6%	NA	NA	88.2%	80.2%

Source: Florida Child Welfare Dashboard /CPI Scorecard

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

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

Quality Management staff members with the Community-based Care lead agencies (CBCs) conduct a similar RSF review for open in-home services cases meeting the same criteria. Further qualitative reviews include the Florida CQI and PIP monitored cases using the CFSR portal to gauge performance around the federal

outcomes and systemic factors. In addition to the qualitative measures, the Department includes quantitative data on its scorecards to continuously monitor performance around safety and risk assessment and services across all investigations and cases. Regions and CBCs have engaged national experts to provide training on safety planning to ensure child welfare professionals have the skills to construct quality safety plans in collaboration with the families under supervision.

The real-time Rapid Safety Feedback (RSF) investigation quality assurance reviews initially showed improvement in overall performance from April 2016; however, a decline in performance based on reviewer ratings has been noted beginning June 2017 through December 2018. Case Management performance on RSF ratings remains generally consistent with one region of the state scoring lower. The major practice concerns identified in the RSF reviews (investigations and case management) include creating and monitoring effective safety plan, and ongoing supervisory consultation, support, and guidance to ensure sufficient information is collected to support the safety decisions.

Fidelity to the state’s practice model has shown incremental improvement for child protective investigations and after a brief dip, steady improvement for case management, based on semi-annual reviews conducted by Action for Child Protection, national experts in the practice model. CPI fidelity to the Risk Assessment portion of the practice has shown substantial variation in the annual reviews; however, an overall trend of lower performance. These reviews are conducted by the Children’s Research Center.

Safety Outcome 2, Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.

Performance on this item is a strength. This measure determines whether the agency made concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification. Florida maintained steady performance for no verified findings of maltreatment during in-home services and re-entry into care after a prior removal each hovering just below state targets.

Florida has performed consistently above targets in the percent of children with no verified findings of maltreatment within six months of case closure. The qualitative data shows varied performance on item 2 in the Florida CQI cases compared to the PIP monitored cases. The Florida CQI cases show consistent performance above 90 percent and incremental sustained performance in the PIP monitored cases, exceeding the negotiated PIP target.

Table 7: Children with No Recurrence of Verified Maltreatment During and After Services

Scorecard Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Percent of Children with No Verified Maltreatment During In-Home Services	95.0%	94.28%	94.28%	94.28%	94.58%
Percent of Children with No Verified Maltreatment within 6 months of receiving In-Home or Out-of-Home Services	95.0%	96.21%	96.13%	96.24%	96.60%
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.7%	89.55%	90.1%	89.89%	90.72%

Source: Florida Child Welfare Dashboard CBC Scorecard

The CFRS 3 Data Profile shows the rate of re-entry rather than the rate for children who do not re-enter foster care, so data has been converted for easier comparison. The Risk Standardized Performance (RSP) is

calculated by the Children’s Bureau. Both the RSP and observed performance is shown as Florida does not risk adjust which allows for a direct comparison. In addition, the data profile shows performance for three prior years, not the most recent.

Table 8: Percent of Children Who Do Not Re-Enter Care within 12 Months of Permanency

	National Performance	Type	Florida 2014	Florida 2015	Florida 2016
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.9% or higher	RSP	92.9%	91.9%	92.1%
		Observed	94%	92.8%	93%

Source: CFSR 3 Data Profile 12-10-18 (AFCARS) and 10-12-18 (NCANDS); RSP - Risk Standardized Performance

Table 9: Item 2, Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care.

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	92%	92.9%	91.9%	91.6%
Florida PIP Monitored Cases	85.8%	NA	NA	79.8%	86.5%

Source: Federal CFSR Online Monitoring System

Safety Outcome 2, Item 3: Risk and safety assessment and management.

This measure determines if the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Table 10: Item 3, Risk and Safety Assessment and Management.

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95.0%	66%	77.3%	72.6%	76.4%
Florida PIP Monitored Cases	77.7%	NA	NA	67%	71.3%

Source: Federal CFSR Online Monitoring System

Florida CQI quality assurance review scores and the PIP monitored cases have shown some improvement. While not yet reaching negotiated PIP targets, steady incremental improvement has been seen. Regions continue to update their local PIPs. Reasons for performance lower than targets include, insufficient assessments, not assessing all children in the home, insufficient safety plans, and a lack of ongoing monitoring and updating of safety plans based on case circumstances.

Child Protective Investigator (CPI) Rapid Safety Feedback (RSF) review scores have shown a decline in performance after an initial improvement. CPIs continue to struggle with identification of danger threats, assessments, and safety planning. Sufficient supervisor consultation scores have decreased over time which could impact the sufficiency of the assessments and safety planning. Case Management RSF scores have remained consistent; however, low. Case managers also continue to struggle with supervision consultations, assessments, and safety planning. Regions and CBCs have contracted with national experts (Action for Child Protection) for training on the practice model including safety planning.

Table 11: CPI Risk and Safety Assessment and Management

CPI Rapid Safety Feedback Measures	Q4 2016	2016-2017	2017-2018	2018/2019 To date
Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety?	59.8%	65.3%	63.3%	49.4%
Does the present danger assessment support present danger or the absences of present danger?	68.3%	76.8%	68.4%	55.6%
Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?	57%	65.8%	56.6%	43%
Is the present danger safety plan effectively managed and monitored by the CPI?	50.7%	58.3%	51.5%	37.1%
Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?	76.2%	86.8%	77.7%	61.1%
Is the assessment of caregiver protective capacities supported by information?	62.5%	75.6%	69.1%	45.7%
Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?	77.3%	87.1%	79.5%	56%
Does safety planning analysis and justification clearly support the type of safety plan developed?	66.1%	79.4%	71.4%	54.1%
Is the impending danger Safety Plan Sufficient to Control Danger Threats Identified?	73.5%	80%	66.6%	48.1%
Is the Impending Danger Safety Plan Effectively Managed and Monitored by the CPI?	66.9%	75.9%	65.8%	52.2%
Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?	41.6%	43.9%	36.4%	29.6%

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

Table 12: Case Management Risk and Safety Assessment and Management

Case Management Rapid Safety Feedback Measures	2016-2017	2017-2018	2018-2019 To date
Is the most recent family assessment sufficient?	50.8%	52.4	55.2%
Is the most recent family assessment completed timely?	45.2%	45.5%	44.5%
Are background checks and home assessments completed when needed?	70.5%	74.7%	73.5%
Is the information assessed and used to address potential danger threats?	75.9%	78.3%	78.6%
Is the safety plan sufficient?	60.5%	55.6%	55.9%
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	53.1%	47.7%	48%
Is the supervisor regularly consulting with the case manager?	55.8%	59.3%	60.1%
Is the supervisor ensuring recommended follow-up actions are taken?	48%	53.3%	51.1%

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

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

Florida experienced mixed performance in the Scorecard and Federal quantitative measures for permanency. Florida has seen a steady decline in achieving permanency within 12 months of entry into foster care; however, has consistently achieved targets for permanency in 12-23 months and 24 or more months. Florida has also seen a steady increase in the number of placements per 1,000 days in foster care, with a reduction in the current year. Six Sigma black belt projects were completed for each area not meeting targets and work around the analysis will continue into the next year.

Table 13: Timely Achievement of Permanency

Scorecard and Federal Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Percent of children exiting to a permanency home within 12 months of entering care.	40.5%	44.24%	42.93%	40.61%	39.77%
Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months.	43.6%	56.29%	54.14%	54.04%	53.58%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	30.3%	45.47%	44.45%	46.07%	44.84%
Placement moves per 1,000 days in foster care	4.12	4.52	4.84	5.08	4.50

Source: Florida Child Welfare Dashboard

The CFSR 3 Data Profile shows performance for three prior fiscal years, not the most recent for permanency in 12 months and the three most recent years for the other permanency measures. Both the RSP and observed performance is shown as Florida does not risk adjust which allows for a direct comparison.

Table 14: Permanency within 12 Months of Entering Care, National and Florida Performance

	National Performance	Type	Florida 2014	Florida 2015	Florida 2016
Percent of children exiting to a permanency home within 12 months of entering care.	42.7%	RSP	45.9%	43.4%	41.9%
		Observed	46.6%	44.2%	42.7%

Source: CFSR 3 Data Profile 12-10-18 (AFCARS) and 10-12-18 (NCANDS); RSP - Risk Standardized Performance

Table 15: Permanency After 12-23 Months in Care, National and Florida Performance

	National Performance	Type	Florida 2016	Florida 2017	Florida 2018
Percent of Children exiting to a permanency home within 12 months for those in care 12 - 23 months.	45.9%	RSP	50.6%	49.4%	49.4%
		Observed	52.8%	52.2%	52%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	31.8%	RSP	36.4%	34.9%	35.9%
		Observed	43.6%	42.1%	44.8%
Placement moves per 1,000 days in foster care	4.44	RSP	5.68	5.81	6.09
		Observed	5.32	5.45	5.67

Source: CFSR 3 Data Profile 12-10-18 (AFCARS) and 10-12-18 (NCANDS); RSP - Risk Standardized Performance

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

Performance on this outcome is a concern. Through case reviews this item determines whether the child in care is in a stable placement at the time of the review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child’s permanency goals. Florida’s performance remains consistent across the last few years for item 4 during Florida CQI reviews, below the expected 95 percent performance. Florida has not yet reached its PIP target during PIP monitored cases and has shown a slight decrease for the current year to date compared to the first year of the PIP. The reason for performance lower than targets includes services not provided to stabilize placements (which is rated in item 12) and moves made not in accordance with case plans.

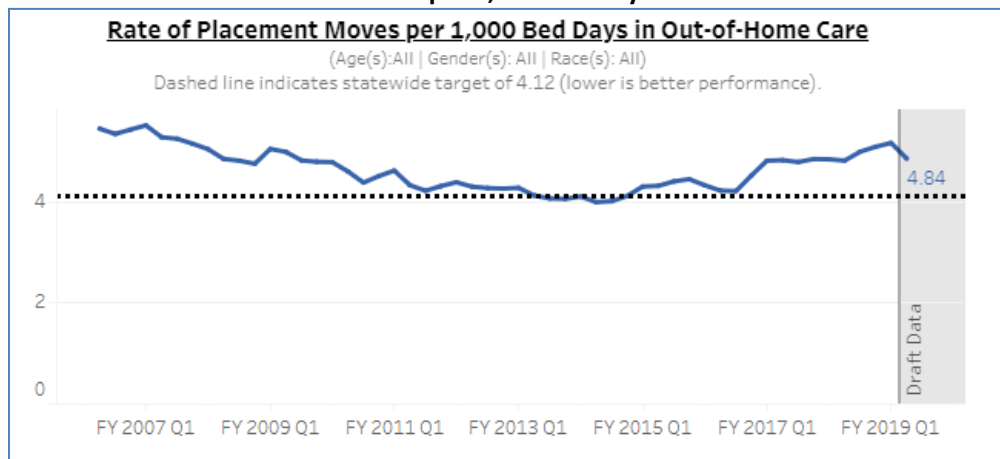
Table 16: Item 4, Stability of Foster Care Placement

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	81%	83.2%	81.5%	80.4%
PIP Monitored Cases	88.5%	NA	NA	79.2%	74.9%

Source: Federal CFSR Online Monitoring System

The following graph shows the actual placement moves per 1,000 bed days in out-of-of home care for all children in care. Until SFY 2016-2017, statewide performance had been slightly better than the initial national standard of 4.12 moves per 1,000 days in foster care over the last six years. In SFY 2017-2018, 11 of the 19 CBCs (58 percent) are meeting or surpassing the national standard. (Source: 2017-2018 Annual ROA Report).

Table 17: Rate of Placement Moves per 1,000 Bed Days in Out-of-Home Care



Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

“I got to meet prospective foster parents before moving in.”

I had dinner with them one night and then came back for an overnight visit. They asked me to dinner to hang out with them, and they asked me what I want, what my expectations were, and I went home afterwards, and I had time to think. They invited me again to sleep over. They wanted me to see if I liked their lifestyle and would I want to spend the rest of my time there or find a better placement. If I didn't have the time to comprehend and think about it, it could have been a placement that failed, and I would have been out to another home.

Source: Youth, Florida Youth SHINE, see Appendix C, CFSP Focus Group Notes

Permanency Outcome 1, Item 5: Permanency goal for child.

Performance on this item is a relative strength. Through case reviews this item determines whether appropriate permanency goals were established for the child in a timely manner. Florida has improved in performance on its Florida CQI and PIP monitored cases, achieving the PIP target during the second PIP measurement period (October 2017 – March 2018). While PIP performance dipped slightly in subsequent PIP measurement periods, performance remains above the CFSR baseline. One of the reasons for lower performance is that goals are not updated timely based on individual case circumstances, for example changing goals to adoption or working on adoption as a concurrent goal.

Table 18: Item 5, Appropriate and Timely Permanency Goals Established

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	74.4%	83.9%	83.3%	85.1%
PIP Monitored Cases	82.1%	NA	NA	76.8%	81.0%

Source: Federal CFSR Online Monitoring System

Permanency Outcome 1, Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement.

Through case reviews, this item determines whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or another planned permanent living arrangement (APPLA). Performance on this item is a concern. Florida has shown a decrease in performance on item 6 on the Florida CQI and PIP monitored case reviews. This mirrors the quantitative performance of children achieving permanency within 12 months. Florida exceeded its CFSR baseline for the first two PIP measurement periods; however, scores have since declined. Preliminary analysis has shown that overall, time to reach each permanency status, reunification, permanent guardianship, and adoption has increased. This performance is also reflected in assessing and providing for the needs of parents (item 12B) and in the frequency and quality of caseworker visits with parents (item 15).

Table 19: Item 6, Concerted Efforts to Achieve Permanency Goal

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	77.7%	80.7%	73.4%	66.1%
PIP Monitored Cases	75.4%	NA	NA	65.6%	59.5%

Source: Federal CFSR Online Monitoring System

Florida’s primary permanency outcome indicator is the percentage of children who achieve permanency within 12 months of removal. Based on first quarter data for this indicator, the statewide percentage of children achieving permanency within twelve months is 40.32 percent. The national standard for this indicator is 40.5 percent. For the same quarter, two regions are performing above the national standard (Southeast region 45.14 percent and Central Region 43.51 percent). As this indicator is based on entry cohorts of children it is one way to evaluate progress over time associated with the application of safety constructs for safety planning and conditions for return. There is further discussion of workforce proficiency and retention under Strong and Healthy Workforce later in this chapter.

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

Florida CQI and PIP monitored case reviews show mixed findings for preserving family relationships and connections for children. While there are no PIP targets for Permanency 2 items, Florida has improved from the CFSR baseline on most items.

Permanency Outcome 2, Item 7: Placement with siblings.

Performance on this item is mixed. Through case reviews, this item determines whether concerted efforts were made, or are being made, to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. Florida’s performance has improved during SFY 2017-2018. A slight dip in performance has been experienced so far during the current year. After initially improving PIP Measurement periods 1 – 3, Florida is no longer performing higher than the CFSR baseline. Reasons for this include a lack of resource families for larger sibling groups, teens, and children in short-term placements.

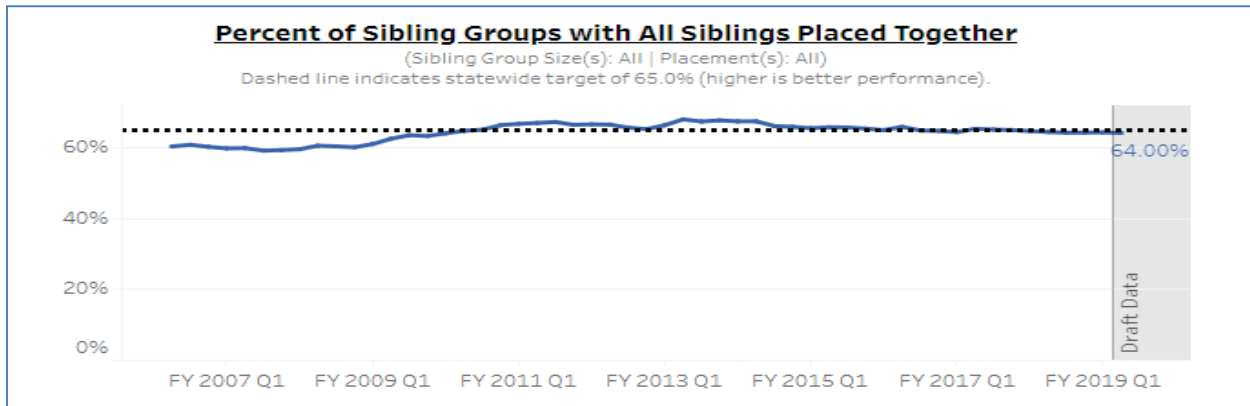
Table 20: Item 7, Concerted Efforts to Place Siblings Together.

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	81.8%	83.7%	84.5%	78.8%
PIP Monitored Cases	NA	NA	NA	72.4%	66.7%

Source: Federal CFSR Online Monitoring System

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

Table 21: Percent of Siblings Placed Together



Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

Permanency Outcome 2, Item 8: Visiting with parents and siblings in foster care.

Performance on this item is a concern. Through case reviews, this item determines whether concerted efforts were made, or are being made, to ensure that visitation between a child in foster care and his or her mother, father and siblings is of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members. Florida continues to struggle with ensuring that children in foster care visit with their parents and siblings. One of the reasons noted for lower performance is the level of caseworker engagement with parents, particularly fathers.

Table 22: Item 8, Visitation with Parents and Siblings in Foster Care

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	66.1%	69.3%	62.5%	56.3%
PIP Monitored Cases	NA	NA	NA	66.4%	59.1%

Source: Federal CFSR Online Monitoring System

“Co-parenting is a recipe for success.”

Mom was reunited with her children in three months. She reports that it was the access to her children during that time and co-parenting with her grandparents that kept her highly motivated. She says that without that access to her children, “the obsession about how they were doing would have been too difficult to bear.”

Source: Parent Advisory Board, Flagler and Volusia Counties, see Appendix D

Permanency Outcome 2, Item 9: Preserving connections.

Performance on this item is a concern. Through case reviews, this item determines whether concerted efforts were made, or are being made, to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends. Florida exceeded its CFSR baseline on this item during the second PIP reporting period; however, performance has since declined. Performance during Florida CQI case reviews has steadily declined from Fiscal Years 2015-2017 – current year-to-date. There are no negotiated PIP targets for this item. Reasons for lower performance include the agency not making concerted efforts to maintain children’s connections to school, faith, and communities.

Table 23: Item 9, Preserving Child’s Connections

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	81.8%	79.3%	75.2%	71.0%
PIP Monitored Cases	NA	NA	NA	76%	78.5%

Source: Federal CFSR Online Monitoring System

Permanency Outcome 2, Item 10: Relative placement

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

Table 24: Item 10, Concerted Efforts to Place Child(ren) with Relatives

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	78.8%	82.7%	80%	82.1%
PIP Monitored Cases	NA	NA	NA	85.6%	79.7%

Source: Federal CFSR Online Monitoring System

Permanency Outcome 2, Item 11: Relationship of child in care with parents.

Performance on this item is a concern. This item determines through case reviews whether concerted efforts were made, or are being made, to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation. Florida CQI reviews showed an initial improvement and subsequent decline as well. There is no negotiated PIP target for this item. Reasons for lower performance include the agency not making concerted efforts to include parents in the children’s appointments and activities. The item report from the Online Monitoring System (OMS) show that efforts were made to include mothers in 65.9% of PIP monitored cases and 55.7% of Florida CQI cases for cases reviewed July 1, 2018 – June 30, 2019. For the same period, efforts to include fathers were found in 45.6% of PIP monitored cases and 46.8% of Florida CQI cases.

“It is best for the child when the foster mom has a relationship with the child’s parent.”

With social media and the active life that this foster mom leads with the children placed in her care, she says there is no way to hide in her community. If the court order allows visitation and contact with parents, she believes that it is best for the child when she also has a relationship with the child’s parents. She says otherwise, children will use social media anyway to connect with their family and it is healthier to keep the relationship out in the open.

Source: Miami foster parent, see Appendix D

Table 25: Item 11, Relationship of Child-in-Care with Parent(s)

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	55.4%	61.3%	53.6%	46.1%
PIP Monitored Cases	NA	NA	NA	62.3%	50.0%

Source: Federal CFSR Online Monitoring System

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

The Children’s Bureau calculates the state’s performance on Well-Being Outcome 1 using the state’s performance on items 12, 13, 14, and 15. The purpose is to determine whether, during the period under review the agency made:

- Concerted efforts to assess the needs of children, parents and foster parents (both initially if the child entered foster care and the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family; and

- Provided the appropriate services.

Florida’s performance on Well-Being 1 items are mixed. Florida has demonstrated improvement on many of the items against its CFSR baseline; however, has not yet reached PIP targets on PIP monitored cases for items 12 and 13.

“The licensing agency provides a “meet and greet” with parents and foster parents to promote co-parenting.”

The meet and greet is within first three days of a child being placed in home. This practice started a year ago. This foster mom is helping one mom find housing; speaks with a different mom through social media; and has one mom who visits frequently in her home. A former teen gave birth to a child and this foster mom wanted both to be placed in her home. When that wasn’t possible, she established a relationship with the teen mom, allowed visitation in her home and helped her over the years. The teen mom, now twenty-one, decided to relinquish parental rights, agreeing to an open adoption of her son with this foster mom. The mom still visits her son at least once a month.

Source: Miami foster parent, see Appendix D

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

The Florida CQI and PIP monitored cases show mixed performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Overall, Florida exceeded the CFSR baseline for item 12 during the second and third PIP measurement periods; however, has since declined in performance. Florida typically performs better in the assessment and provision of services for children and caregivers as shown in the table below. Florida has shown a substantial decline in assessing and providing services to parents, which is also reflected in the decline in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6). Reasons for lower performance include insufficient assessments (parents and foster parents) and not providing needed services to parents and foster parents.

Table 26: Item 12, Assessment and Provision of Services for Child, Parents and Foster Parents

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	63.2%	68.5%	62.6%	58.8%
PIP Monitored Cases	58.4%	NA	NA	51.1%	45.0%
Florida CQI Cases 12 A (child)	NA	84.6%	88.5%	86%	88.5%
PIP Monitored Cases 12 A (child)	NA	NA	NA	87.2%	85.8%
Florida CQI Cases 12 B (parents)	NA	66.9%	72.5%	66.2%	60.0%
PIP Monitored Cases 12 B (parents)	NA	NA	NA	54.1%	45.8%
Florida CQI Cases 12 C (foster parents)	NA	88.8%	88.4%	89.2%	86.4%
PIP Monitored Cases 12 C (foster parents)	NA	NA	NA	85.7%	75.0%

Source: Federal CFSR Online Monitoring System

Well-Being Outcome 1, Item 13: Child and family involvement in case planning.

This item determines through case reviews whether concerted efforts were made, or are being made, to involve parents and children (as developmentally appropriate) in the case planning process on an ongoing basis. Performance on this item is a concern. Florida exceeded the CFSR baseline for involving children and parents in case planning during the first and second PIP measurement periods; however, subsequently declined in performance. Performance in this item is related to the frequency and quality of caseworker visits with parents (item 15) and in the achievement of permanency goals (item 6), all showing a decline in performance after an initial improvement. The findings for involvement of children and parents in case planning are similar to the findings in the baseline data collected from community partners as a component of the COU process described in Agency Responsiveness to the Community. The item report from the Online Monitoring System (OMS) show that efforts were made to include mothers in 78.2% of PIP monitored cases and 73.6 of Florida CQI cases for cases reviewed July 1, 2018 – June 30, 2019. For the same period, efforts to include fathers were found in 54.2% of PIP monitored cases and 61.5% of Florida CQI cases. Children were included in 76.1 of PIP monitored cases and 66.6 of Florida CQI cases.

“The case managers are always there for me when I need them.”

As a foster parent, this foster mom tries to be realistic in setting expectations of case managers. She will text, call or e-mail the case managers when she needs to let them know anything, and she says that without exception, they are responsive. This foster mom feels that “The case managers are always there for me when I need them.” This foster mom believes that it is her responsibility to take the children to their medical appointments, social activities and family visits to the fullest extent she can. She will ask for help only when she really needs it. As a result, she says that the case managers are always responsive to her requests for help.

Source: Miami foster parent, see Appendix D

Table 27: Item 13, Child and Family Involvement in Case Planning

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	63.4%	66.3%	59.7%	58.5%
PIP Monitored Cases	70.7%	NA	NA	64.1%	56.5%

Source: Federal CFSR Online Monitoring System

Well-Being Outcome 1, Item 14: Caseworker visits with child.

This item determines through case reviews whether the frequency and quality of visits between caseworkers and the children in the case are sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals. Performance on this item is a strength. Florida does an excellent job at ensuring all children under supervision in Florida are seen every thirty days, with performance at or close to 99 percent. Lower performance is observed in the quality of those visits as reflected in the RSF and Florida CQI and PIP monitored case reviews, particularly seeing children alone and discussing case planning. The state met its negotiated PIP target for item 14 during the fifth PIP monitoring period.

Table 28: Item 14, Frequency of Caseworker Visits with Child

Scorecard Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Percent of children under supervision who are seen every 30 days.	99.5%	99.05%	99.11%	99.06%	99.0%

Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

Table 29: Item 14, Quality and Frequency of Caseworker Visits with Child

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	64.8%	66.6%	61.5%	60.2%
PIP Monitored Cases	78.9%	NA	NA	68.1%	80%

Source: Federal CFSR Online Monitoring System

Table 30: Quality and Frequency of Caseworker Visits with Child

Case Management Rapid Safety Feedback Measures	2016/2017	2017/2018	2018/2019 To date
Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	62.7%	60.1%	55%
Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	76.9%	76.8%	76.8%

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

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

Performance on this item is mixed. This item determines through case reviews whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals. The item report from the Online Monitoring System (OMS) shows that the frequency of caseworker visits with mothers was sufficient in 73.1% of PIP monitored cases and 64.3% of Florida CQI cases for cases reviewed July 1, 2018 – June 30, 2019. The quality of those visits was found to be sufficient in 71.9% of PIP monitored cases and 70.5% of Florida CQI cases. For the same period, the frequency of caseworker visits with fathers was found to be sufficient in 46.7% of PIP monitored cases and 49.8% of Florida CQI cases while the quality of those visits was sufficient in 63.6% of PIP monitored cases and 66.9% of Florida CQI cases.

“The moment when the big shift in my relationship with the case manager happened.”

During a visit with her case manager, when the case manager asked her how things were going Mom confided that the therapist wanted her to go on a date night with her husband. She told the case manager that she wanted to try to do it. During the next visit with the case manager, the case manager shared that she tried doing date night and it was quite difficult to find the time for it. The mom says that was when the big shift in her relationship with the case manager happened. “That became the moment when she related to me as a person, we were two people having a conversation and I was no longer a degenerate. She related to me as another busy mother having a hard time getting things done. I also felt that I had given her something. It became more of a two-way relationship. From that point on, my case manager would literally help more with managing the schedule. We started working as a team to get things done. I could count on her in a pinch if I was stuck.”

Source: Parent Advisory Board, Flagler and Volusia Counties, see Appendix D

Table 31: Item 15, Caseworker Visits with Parents

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	49.4%	46.1%	36%	38.6%
PIP Monitored Cases	51.1%	NA	NA	38.1%	38.0%

Source: Federal CFSR Online Monitoring System

Florida achieved its PIP target for the third PIP measurement period for caseworker visits with parents. Florida CQI review performance has been trending down over the last few PIP measurement periods. Rapid Safety Feedback reviews show similar results in that frequency of visits with mothers is higher than quality; however, the reverse is true for fathers. Florida will continue working on its key activities in the PIP to improve performance in this area. Reasons for lower performance include not meeting with parents frequently, not meeting with incarcerated parents, and not holding conversations about case planning, child safety, or service provision.

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

This item assesses whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child or on an ongoing basis. Florida performs high on its CQI and PIP monitored cases for Well-Being 2 compared to other items in the tool. In addition, Florida created a scorecard indicator to measure the percentage of children enrolled in school on their 18th birthday. Florida performs relatively well across the board on these measures.

Well-Being Outcome 2, Item 16: Educational needs of the child.

Performance on this item is a concern. Florida performs relatively well on assessing and providing for the educational needs of children under supervision. Florida improved in the performance on its Florida CQI cases; however, has not reached the CFSR baseline during PIP monitored case reviews. Examples of issues that result in lower performance include insufficient assessments and not providing tutoring after identifying a need.

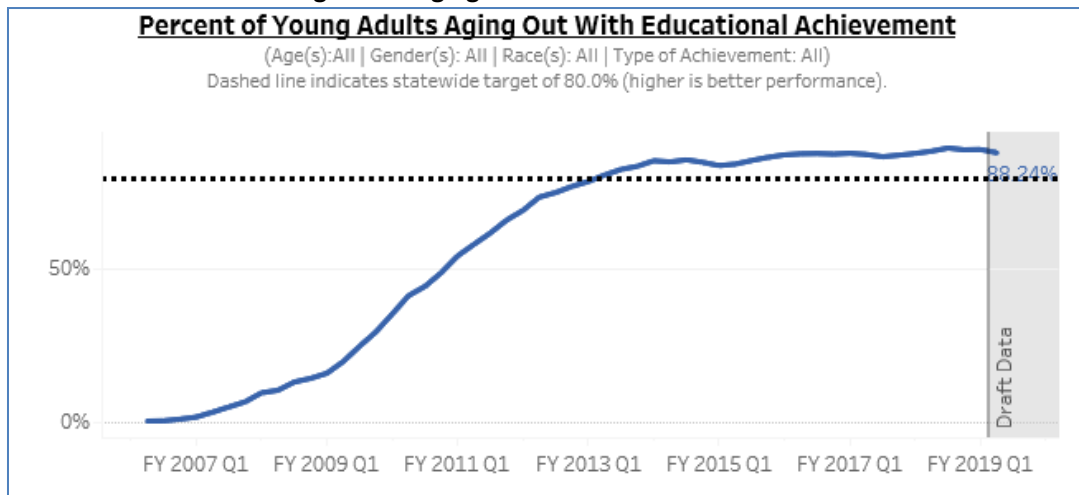
Table 32: Item 16, Educational Needs of Child

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	77.4%	84.2%	80.9%	80.1%
PIP Monitored Cases	NA	NA	NA	81%	75.8%

Source: Federal CFSR Online Monitoring System

The data in Table 33 shows that nearly 90 percent of children reaching age 18 in foster care are enrolled in school.

Table 33: Percent of Young Adults Aging Out with Educational Achievement



Source: Florida Child Welfare Dashboard/ CBC Scorecard

“Maintaining a good relationship with the school comes back to benefit the children.”

This foster mom personally enrolls each child in school and makes it a point to reach out to the principal, counselor and teacher. She feels that maintaining a good working relationship with each child’s school comes back to benefit the children. She is proud of the perfect school attendance record that all her teens have. She does not hesitate to advocate with the school for any testing or service that she feels the children need. She feels that the schools have been more than responsive.

Source: Miami foster parent, see Appendix D

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

Florida performs well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care every seven months performing at 95.9 percent and 90.7 percent respectively for the most recent quarter data is available. Florida has shown improvement in its PIP monitored cases for physical and mental health needs, exceeded the CFSR baseline in the latter.

Well-Being Outcome 3, Item 17: Physical health of the child.

The purpose of this item is to determine whether, during the period under review, the agency addressed the physical health needs of the child, including dental health. Florida’s performance is strong in the quantitative measures and improving during PIP monitored cases for assessing and providing for identified physical health needs. Florida has shown consistent performance during Florida CQI reviews; however, has not reached the CFSR baseline during PIP monitored case reviews. Florida continues to show strong performance in the quantitative measures looking at annual physical and semi-annual dental exams for children. Reasons for lower performance include the agency not completing follow-up appointments or appointments with specialists as recommended during the annual physical examinations.

While there are various services providers in Florida who can service the child welfare system, there is a barrier in providers opting to become Medicaid providers due to the lengthy process to bill Medicaid. The Department recognizes the barrier and continues to allocate funding to each CBC to allow for payment of services for non-Medicaid providers. In addition, the Department allows for the use of the Purchase of Therapeutic Funding to supplement services that Medicaid does not cover. In collaboration with Substance Abuse and Mental Health, the Family Intensive Treatment (FIT) Team is available to provide services to parents with substance abuse issues in select areas throughout the state.

Table 34: Item 17, Physical Health of Child

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	74.86%	77.1%	75.8%	73.9%
PIP Monitored Cases	NA	NA	NA	81.6%	78.9%

Source: Federal CFSR Online Monitoring System

Table 35: Physical Health of Child

Scorecard Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Percent of children in foster care who received a medical service in the last 12 months.	95%	96.08%	96.93%	97.09%	95.9%
Percent of children in foster care who received a dental service in the last 12 months.	95%	92.74%	93.46%	93.55%	90.7%

Source: Florida Child Welfare Dashboard CBC Scorecard

Well-Being Outcome 3, Item 18: Mental/behavioral health of the child.

The purpose of this item is to determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the child. Florida’s performance on the Florida CQI reviews showed a

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

Performance on this item is a concern. The reasons for lower performance include the agency not arranging for identified specialized therapy, further evaluations, and medication management. This item is correlated with the continuity of family relationships and connections as inattention to a child’s important relationships leads to depression and behavioral health problems. There is also a correlation of this item with the available service array discussed under systemic factors.

“My behavior was better when I was moved closer and got to see my dad.”

Make sure kids get visitation. I acted out and changed placements a lot because I didn’t get enough visits with my parents. It was better when I was moved closer and got to see my dad.

Source: Youth, Florida Youth SHINE, see Appendix C, CFSP Focus Group Notes

Table 36: Item 18, Mental/Behavioral Health of Child

Qualitative Measures	State Standard	2015/2016	2016/2017	2017/2018	2018/2019 To date
Florida CQI Cases	95%	71.6%	75.2%	71.4%	64.4%
PIP Monitored Cases	NA	NA	NA	64.4%	60.8%

Source: Federal CFSR Online Monitoring System

Table 37: Summary of Outcomes and Ratings

Safety Outcome 1 Children are first and foremost protected from abuse and neglect	STRENGTH
Safety Outcome 2 Children are safely maintained in their homes whenever possible and appropriate.	CONCERN
Permanency Outcome 1 Children have permanency and stability in their living situations.	CONCERN
Permanency Outcome 2 The continuity of family relationships and connections is preserved for children.	CONCERN
Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs.	CONCERN
Well-Being Outcome 2 Children receive appropriate services to meet their educational needs’	CONCERN (however, remains a relative strength)
Well-Being Outcome 3 Children receive adequate services to meet their physical and mental health needs	CONCERN.

Systemic Factors

This section is organized around the CFSR seven systemic factors. It includes information gathered from child welfare stakeholders including youth, parents, caregivers, Children’s Legal Services (CLS) attorneys, Guardian ad Litem (GAL), advocates, judges and magistrates, child protection investigators (CPIs), case managers, CBC and provider leadership, Department child welfare professionals and others. Information was gathered in a variety of ways and sources and methods are provided.

Statewide Information System

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

Florida Safe Families Network (FSFN) is the state’s official case file and record for each investigation and case and is the official record for all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered into FSFN within 48 hours/ 2 days. Staff may have duplicate paper copies of the case file, along with supporting paper documentation; however, the FSFN electronic case file is the primary record for each investigation, case and placement provider.

FSFN supports child welfare practices and the collection of data. Child welfare staff can readily identify the status, demographic characteristics and goals for the placement of every child who is in foster care. FSFN fully supports the identification of the status of every child in foster care. The accuracy of quantitative reports is critical to the ongoing assessment of Florida’s child welfare system. The Center provides a web page [FSFN Reports, Information and Resources](#) which provides FSFN Questions/Answers; Reference Data; Topic Papers; User Guides; and on-demand video training on general and specific topics to ensure the accurate use of FSFN. Training on FSFN data entry and the importance of documentation is ongoing. Modules on data entry are included in the pre-service curricula for child protective investigators and child welfare case managers.

A finding from the CFSR review in 2016 was that the entering of placements into the system were not consistent across the state. As part of Florida’s Program Improvement Plan (PIP), key activities were identified locally to ensure that children’s placements were entered timely and a case review addendum tool was created to measure the percent of cases in which placements were entered timely during Florida CQI reviews. The addendum tool was implemented beginning January 2018 and initial information collected used as a baseline.

Table 38: Placements Entered in Florida Safe Families Network

Qualitative Measures	State Standard	Jan - Mar 2018	Apr – Jun 2018	Jul – Sept 2018	Oct – Dec 2018
Percent of Children for whom placements were entered timely during Florida CQI reviews	85%	54%	54%	52%	57%

Source: Florida CQI Review Addendum Documented in Qualtrics

Comprehensive Child Welfare Information System (CCWIS) federal regulation replaces previous SACWIS guidance and releases Florida from SACWIS regulations. The new federal CCWIS rules afford states an opportunity to leverage alternative technical and functional capabilities to architect a child welfare system that better supports a state’s environment. With the finalization of the SFY 2018-2019 budget, the Florida

legislature approved designation of the state's child welfare system as a CCWIS. The Department has notified the Division of State Systems at the Administration of Children and Families (ACF) of the state's decision.

The new CCWIS regulation, effective August 1, 2016, governs the way in which state Title IV-E agencies will claim federal funding for child welfare information systems that support the administration of Title IV-E and IV-B programs. The CCWIS regulation includes new requirements around design, data quality, and data exchange standards, and aligns with current and emerging technology. The Department procured a CCWIS Planning Vendor to work with the Department and child welfare stakeholders to define the future state of CCWIS; develop the necessary CCWIS federal and state financial planning documents and in addition the newly required Data Quality Plan prior to June 30, 2019.

Looking ahead over 2020-2024, the CCWIS project lays a foundation for unprecedented data integration and data exchanges across all child welfare partners in Florida. The Department will have the flexibility to enter service and client data directly in FSFN or directly from with "contributing agencies" (effectively CBCs) that operate their own information systems through data exchanges.

All CCWIS data must be non-duplicated, consistently used, timely, accurate and complete. With new CCWIS federal regulation flexibility and technology landscape options, the people and processes will focus on how the CCWIS requirements will be aligned with the end of the Demonstration Waiver (waiver); implementation of the Families First Prevention and Services Act (FFPSA); how the system of care will develop and operate with a standards approach to data; how Florida CCWIS data and change management should be governed; and how CBC ancillary systems and any future data exchanges are prioritized and funded.

CCWIS strategic vision is that CCWIS is an approach to achieving better efficiency for all front-end workers and improving all child welfare outcomes by good quality data integration that will easily provide the right information at the right time to the child welfare workforce about the children and families we serve.

The Department is making progress toward its election of the CCWIS requirements. The Department has contracted with Public Consulting Group (PCG) to provide the following services:

- Defining a multiphase-based approach for transitioning from SACWIS to CCWIS, to include:
 - An implementation approach designed to provide a CCWIS solution;
 - Developing requirements that enable and align the State's child welfare system to CCWIS requirements that will serve as the basis for system enhancements that can be estimated and presented for state and federal approval;
 - Developing the State funding documentation required for funding support of a multiphase-based transition to a CCWIS compliant child welfare system;
 - Developing a data quality plan aligned with federal CCWIS regulations; and
 - Facilitating activities that result in state and federal approval of a plan that clearly defines Florida's multiphase-based CCWIS transition plan.

FSFN is currently not able to provide reports as to specific service array capacity and costs, and services needed but not available. The Department continues to receive feedback through evaluations and surveys, from all stakeholders, that the availability and quality of services are insufficient. This includes all four service array types as discussed in the Service Array (family support, safety management, treatment services, child well-being) and in Chapter 6, Health Care Oversight and Coordination Plan. Each of the five strategic initiatives in the Department's five-year plan will be well-coordinated with CCWIS implementation planning to ensure that the system's need for accurate and timely service capacity information is addressed.

Case Review System

Item 20. The State provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

Item 21. The State provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

Item 22. The State provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Item 23. The State provides a process for termination of parental rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Item 24. The State provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Most components of the Department's case review system are directed in statute, particularly Chapter 39, Florida Statutes, Proceedings Relating to Children, which defines processes and timeframes for judicial hearings and adoption proceedings, case planning requirements, termination of parental rights (TPR), and parental/caregivers' rights relating to hearings and proceedings consistent with federal requirements.

All children under the supervision of Florida's child welfare system, (in-home and out-of-home care, non-judicial or judicial case) are required to have a case plan that specifies services to address the identified danger threats and diminished caregiver protective capacities that result in children being unsafe in order to ensure the safety, permanency and well-being of each child.

The case plan must provide the most efficient path to achieve quick reunification or permanent placement. Every child under Department or contracted service provider's supervision shall have a case plan that is developed as soon as possible, based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case plan includes all available information that is relevant to the child's care including identified needs of the child while under supervision, and the permanency goal.

Section 39.6011, Florida Statutes, requires case plan development within 60 days. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed GAL, and if appropriate, the child and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments are filed with the court and served on all parties.

The case plan can be amended at any time in order to change the permanency goal, employ the use of concurrent planning, add or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and education records.

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

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

Before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If, at any judicial review, the court finds that the parents have failed to achieve the desired behavioral changes outlined in the case plan to the degree that further reunification efforts are without merit and not in the best interest of the child, the court may order the filing of a petition for termination of parental rights (TPR), whether or not the time period as contained in the case plan for substantial compliance has expired. Grounds for TPR are articulated in section 39.806, Florida Statutes.

Subsections 39.502(17) & (18), Florida Statutes, provide that “The parent or legal custodian of the child, the attorney for the department, the guardian ad litem, and all other parties and participants shall be given reasonable notice of all hearings provided for under this part.” All foster or pre-adoptive parents must be provided with at least 72 hours’ notice, verbally or in writing, of all proceedings or hearings relating to children in their care or children they are seeking to adopt to ensure the ability to provide input to the court.

Data reports are available from FSFN that help managers, supervisors, attorneys, and others monitor the status of case reviews and legal status. The QA team has been measuring caregiver notification as part of Florida’s PIP and has shown improvement in this area.

Table 39: Concerted Efforts to Provide Notice of Hearings

Qualitative Measures	State Standard	Jan - Mar 2018	Apr – Jun 2018	Jul – Sept 2018	Oct – Dec 2018
Concerted efforts made to ensure caregivers provided with the right to be heard in court	85%	76%	87%	93%	96%

Source: Florida CQI Review Addendum Documented in Qualtrics

The timeliness of critical court junctures is monitored through the Key Indicators Report published on the Center’s website. This includes timeliness removal date to disposition order (average of 58 days), filing petitions to TPR as appropriate (average 157 days), and percent of children with reunification goals and no TPR activities (most recently 6.87 percent).

The case review process is systematically tracked and monitored. Court orders have been updated to include notice to caregivers and QA reviews have found improvement since the CFSR in 2016. Florida continues to work on including children and parents in case planning activities as noted in item 13 of the CFSR.

The overarching goal of the case review system is to ensure that children achieve permanency in 12 months. With an increasing trend in the length of time it is taking to achieve permanency, and a decreasing trend in the use of in-home services, it is clear that the case review process is not working dependably for all children. There is a growing body of evidence that improved legal services for at-risk of and parents involved in child welfare systems help to overcome many obstacles that otherwise cause children to enter or remain in care.

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

Quality Assurance System

Item 25. How well is the quality assurance system functioning statewide to ensure that it is:

- (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided,
- (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety),
- (3) identifies strengths and needs of the service delivery system,
- (4) provides relevant reports, and
- (5) evaluates implemented program improvement measures?

Florida adopted [Results Oriented Accountability \(ROA\)](#) as its continuous quality improvement framework. While similar to other frameworks, ROA contains research and evaluation sections to ensure that the best solutions are implemented, and those implementations are evaluated to ensure the models are followed with fidelity, and the desired outcomes are achieved.

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

[Windows into Practice](#) documents the Office of Child Welfare's Quality Assurance process including federal requirements, Hotline, Sheriffs' Offices, Child Protective Investigations, and the Community-based Care lead agency standards.

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

The Waiver Final Evaluation Report reported the majority of respondents felt that Rapid Safety Feedback reviews were helpful and useful. Reasons given for this included the ability to address safety concerns in real time; being able to focus on the most vulnerable population (0-3 years with substance abuse and domestic violence accusations); having another learning tool to support the coaching process between supervisors and case managers; and simply having "another set of eyes" on randomly selected cases as a vehicle for bringing new and different issues to the attention of lead CBCs. For some respondents there was a perception that the reviews had increased the quality and frequency of family visits.

Practice Fidelity Reviews. Action for Child Protection conducts two rounds of model fidelity reviews/case reviews of investigations each year using a statewide sample (up to 150 cases) to help Florida assess how the state is progressing collectively and where the state needs to concentrate its resources to achieve full

operation. As part of the *Structured Decision Making*[®] (SDM) initial risk assessment's implementation, NCCD Children's Research Center (CRC) conducts up to two risk assessment reviews per year including related narrative documentation to identify staff strengths and issues with the risk assessment completion.

Performance measurement and other CQI activities are guided by statute, policy, and contract requirements; supported by trained personnel throughout the system; using a set of uniform standards, review tools, and data collection methodologies; with formal and informal feedback mechanisms. Many stakeholder groups are involved in quality assurance and improvement, which, among other things, helps assure CQI is aligned with Department priorities and fidelity is achieved in ongoing practice changes and requirements.

The Department's Contract Oversight Unit (COU) reviews incorporate quantitative and qualitative data, stakeholder surveys, focus groups, and licensing feedback. A summary of [Standards for Systems of Care](#) used for the onsite review is shown in Table 40. The standards assess leadership and governance; workforce management including training; continuous quality improvement process; placement resources and processes practice; and partnership relations.

The Department completes contract oversight reviews of each CBC either through an onsite (every two years) or desk review (years not onsite). [COU Contract Monitoring Reports](#) are available on the Center for Child Welfare. CBCs identify and incorporate improvements needed into their quality assurance plans available at [CBC QA Plans for 2017-2018](#). CBC contract performance expectations are modified as necessary based on COU findings.

The dashboard developed and maintained by the Department's CQI team delivers relevant and timely [Child Welfare Statistics](#) that are available to everyone. The methods used to track child welfare outcomes are available along with information on definitions and algorithms. The dashboard provides current information on Child Welfare Measures, CBC Scorecard, CPI Scorecard, Federal Measures, and Child Welfare Trends. Under "Other Report Links" there are interactive reports on [Children in Group Care](#), [Children in Out-of-Home Care by Placement Type](#), [Foster Home Bed Capacity](#) and [Foster Home Licensing Status](#). In this same section are links to [Key Indicators Monthly Reports](#); [Quality Management Plans for each CBC](#); [Child and Family Services Review Information](#); [Quality Assurance and Continuous Quality Information for each CBC](#); and [Mandated Legislative Reports](#).

Florida has identified quantitative and qualitative outcome measures; numerous drivers to achieve performance targets; multiple methods at the state, regional and local level to communicate and review performance information and develop actions for performance improvement. The Department has an ongoing systematic method for gathering information from caregivers, GALs, and other community partners through the case file review (CFSR) process and COU process.

Table 40: COU System of Care Onsite Monitoring Standards

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

Staff and Provider Training (includes Strong and Healthy Workforce)

Item 26. How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the Child and Family Services Plan (CFSP) that includes the basic skills and knowledge required for their positions?

Item 27. How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

Item 28. How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

A persistent concern raised by all child welfare stakeholders was the high turnover rate of child protection investigators and case managers, which in turn contributes to poor outcomes for children and families. As stated in the Children Bureau's guidance for the 2020-2014 CFSP, the systemic factor of staff training relates to the priority of supporting a strong and healthy workforce. One of the Department's major goals for the five-year plan addresses the need for a stable and proficient workforce and is described in Chapter 3 in Strategic Initiative Four. The various working conditions that contribute to a stable and healthy workforce are addressed in this section.

Statewide Training System

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

The Strong Foundations project in coordination with the Florida Certification Board and The Office of Child Welfare is developing a model of supervision and certification process to promote supervisory learning and capacity. This will create a more supportive learning environment for case managers, reducing turnover that case managers have the time to effectively engage parents to achieve positive outcomes.

All foster parents receive initial pre-service training as required by the CBCs' agreement to conduct all licensing tasks. Section 409.175, Florida Statutes, specifies what must be included in foster parent training, but does not specify one type of training that CBCs must deliver. CBCs currently use Model Approach to Partnerships in Parenting (MAPP); Parent Resource for Information, Development, and Education (PRIDE), a combination of those two, or curriculum the CBC developed that has been approved by the regional licensing office. COU survey responses from the first sixteen CBC onsite monitoring reviews conducted are shown below. A total of 631 foster parents responded to the surveys.

Through a collaborative effort with the Office of Court Improvement and other strategic system partners in Florida, the Strong Foundations project proposes to develop, train, implement and fully support a process to apply Conditions for Return. The implementation of this concept in the practice model is essential to making concerted efforts to achieve the child's permanency goal.

Table 41: Foster Parent Survey, Statewide Responses

Survey Questions	Statewide Average % of positive responses
Q2. The training provided for my initial foster home license was accommodating.	92%
Q3. The training provided for my initial foster home license effectively prepared me to be a foster parent.	83%
Q4. Foster parents are provided opportunities for ongoing training.	87.8%

Source: COU Stakeholder Surveys (See Appendix E)

Ongoing training to CPIs is provided by the regions and the sheriff offices responsible for investigations. Ongoing training for case management is provided by the CBCs. Florida has a statewide coordinated training website hosted through the Center for Child Welfare for QPI "Just in Time Training" site. This site offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff. Licensing specialists record foster parent in-service training hours each year in order to have an accurate record of completed training by the time of relicensing.

A significant component of the COU’s monitoring process is assessing the CBC’s “Workforce Management” against the [System of Care Monitoring Standards](#) for onsite reviews that address Workforce Capacity, Retention Activities, Training (Pre-service and Inservice, and Case Management Supervisor Development). All CBCs receive an onsite review every two years. [COU Contract Monitoring Reports](#) include findings for each standard reviewed.

The Department has capacity to identify needs for training and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. The COU has a comprehensive approach to the review of each CBCs workforce management, including the provision of pre-service and ongoing training. A contract with the Florida Institute for Child Welfare (FICW) will be helpful in evaluating current statewide curriculum. A more in-depth discussion of assessment information is included in Chapter 8, Staff Development and Training Plan.

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

Workforce Proficiency: Basic Skill and Knowledge Requirements

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

A clear theme that emerged from COU stakeholder interviews across many items and input received from CFSP information gathering is the concern of inadequate engagement by child welfare professionals of children, parents and caregivers. The symptoms of inadequate engagement shared by stakeholders are:

- Youth wanting to be heard and wanting to be involved in placement and permanency decisions;

- Caregivers wanting to be heard; involved in case planning and court hearings; to experience qualitative conversations during visits that demonstrate care and concern; wanting their perspectives to be respected and valued; and to be asked what they need to address challenges in caring for children;
- Stakeholders noticing that child welfare professionals often appear “burdened” and “rushed” as a result of caseloads that are too high and paperwork demands;
- It should be noted that there are many opportunities in Florida to promote youth voice and engagement (Florida Youth Leadership Academy (FYLA), Florida Youth SHINE (FYS), [One Voice IMPAACT](#) (Innovative Music, Performance, Arts, Athletics, and Citizenship Training) offered by the FCC. Parent voice and feedback is not yet present at the statewide level or across all CBCs.

Dear adult,

Thank you for loving me. Thank you for fighting for me, for being my voice when I did not have one. Thank you for sacrificing your time, energy and life to a cause greater than yourself. Thank you for your long hours in the office, court rooms and traffic lines. Your dedication to serving foster youth has saved so many children from abusive homes and provided a way out. Thank you for a system that cares for us when our caregivers do not know how to. Thank you for your love, grace and mercy. My life has changed, my purpose is reunited to me. The love you have shown me led to my relationship with God. Thank God for workers that serve others and lay their life for children.

Source: Florida Youth SHINE, see Appendix D

Workforce Stability: Child Protection Investigators

Turnover of child protection investigators is viewed as the single most important challenge to improving the quality of child protection investigations. A stable and experienced workforce is essential in order to demonstrate the skills necessary to engage families and apply the safety concepts with fidelity. The Department’s Glide Path is a competency-based curriculum to develop CPIs professionally. The Department elected to focus efforts on incentivizing competency-based development to increase retention. While the Department acknowledges that most CPIs will not remain employed as a CPI indefinitely, through its Glide Path initiative and other efforts, the goal is to increase the percentage of CPIs who remain at least two years to 80 percent.

To note an important positive finding, the final waiver evaluation found that “Judges and magistrates unanimously reported that CPIs had an inherent passion for child welfare work.”

Subsection 402.402(3), Florida Statutes, requires the Department to provide an annual status report to the Governor, President of the Senate, and Speaker of the House of Representatives as to the educational qualifications, turnover, and working conditions of the Department’s CPIs. The [Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report, October 1, 2018](#) included the following findings:

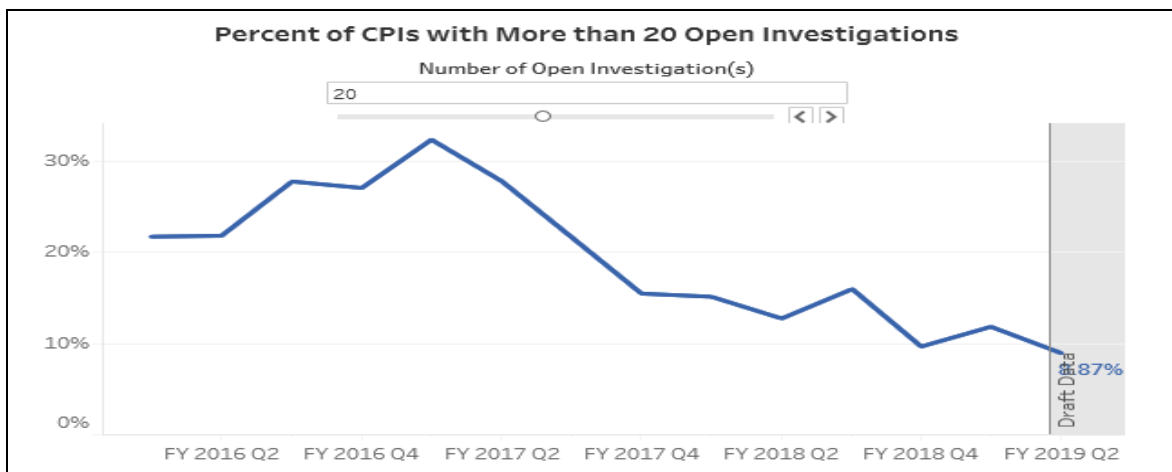
CPI Turnover. The Department lost 555 Child Protective Investigative staff during SFY 2017-2018. When focusing solely on the voluntary separations, many factors noted in the 2018 Annual Child Protective Investigations Survey contributed to the end result. The turnover rates for all child protective investigation positions over the past three years have averaged 37 percent, 34 percent, and 36 percent, respectively. Turnover rates for only the Child Protective Investigator positions over the past three years have averaged 45 percent, 41 percent, and 47 percent. The statewide turnover rate for supervisors over this same time-period averaged 17 percent, 16 percent and 12 percent, respectively.

Child Protective Investigation Survey Results. Annually a statewide survey of investigations staff is conducted. This year’s survey had a 23 percent participation or return rate (361 respondents) with a very even distribution related to time spent on the job. Of the 361 respondents, 26 percent had less than one year on the job, 20 percent had one to two years’ experience, 14 percent had two to three years’ experience, 11 percent had three to five years’ experience, and 18 percent had five years’ experience or more. The findings indicate the following:

- Child Protective Investigator Supervisors are doing a good job directing and supporting their staff. The four highest combined “Strongly Agree/Agree” scores were for supervisors clearly communicating job expectations and responsibilities; providing timely, fair, and honest feedback; and conveying the message that the investigator’s work is appreciated.
- These same sentiments are highlighted as an important characteristic of the job as being “Extremely Important” to receive “Fair Treatment from Supervisors and Managers.”
- It was consistently reported that the job can be overwhelming despite the positive efforts of supervisors to motivate staff, as indicated by the highest combined “Disagree/Strongly Disagree” scoring in the areas of “I have enough time for my personal life,” and “During my weekends I have at least one day without work responsibilities.”
- Several new factors identified as the most important to personal satisfaction which scored higher this year than in past surveys include “Fair Treatment from Supervisor and Manager,” “Pay Incentives (Base Pay and Overtime),” and “Temporary Relief from Caseload Rotation.”
- Consistent with last year’s survey results, the “Ability to Manage Work and Personal Life” and “Time Off with No Work Responsibilities,” also received some of the highest ratings for on-the-job “Characteristics of Importance.” The survey results reinforce the fact that controlling caseload numbers is essential to maintaining a healthy balance between work and one’s personal life.

The Department provides workload trends on the CPI Dashboard and includes them in the Child Welfare Key Indicators Monthly Report. One critical report shows the percentage of investigators, Department and Sheriffs combined, that were carrying more than 20 active investigations. The percentage continues to trend a positive direction, with only 8.87 of all investigators carrying more than 20 active investigations as of December 31, 2018.

Table 42: Percent of CPIs with More than 20 Open Investigations



Source: Florida Child Welfare CPI Dashboard

The standard recommended by the Child Welfare League of America (CWLA) is 12 active investigations per CPI. This is based on caseload guidelines published in June 1993. As the type and mix of investigations, severity and complexity and state standards is significantly variable among states.

Workforce Stability: Case Management

A stable and proficient case management workforce is an essential component for engaging children, families and caregivers involved in the child welfare system. The necessary teamwork required with system partners including CPIs, CLS, GAL, providers, schools, and others depends on positive working relationships that are developed over time. Teamwork is important in assessing the safety and needs of children and families; developing individualized case goals and plans and assessing progress.

An example of an innovative approach that is being implemented in the Central Region under an agreement with the Children’s Bureau is Strong Foundations as described below.

Strong Foundations is a cooperative agreement awarded to Embrace Families, Inc., under the funding opportunity Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. As a cooperative agreement, the Children’s Bureau is working with Embrace Families, Inc. to modify the originally proposed project so that it maximizes impact on statewide outcomes for safety, permanency and well-being. The Strong Foundations project team, which includes Department leadership from the Central Region, has conducted comprehensive problem exploration and root cause analysis, with two key areas of initial focus:

- A model of supervision that will support case managers and reduce turnover so that case managers have the time to engage parents.
- A collaborative effort to ensure universal understanding of conditions for return that will enable consistent application across the state. This will have a significant impact on improving the outcome of children receiving permanency within 12 months of removal. Based on recent survey results and practice model fidelity reviews, Embrace Families has determined that the implementation of conditions for return are not yet being consistently applied statewide.

Embrace Families and the Department are committed to maximizing the statewide impact of this grant. To that end, some of the early statewide analyses conducted which have relevance to the case management workforce have been shared for inclusion in Florida’s statewide assessment.

Strong Foundations: Overview of Problem

Strong, meaningful parental engagement is necessary to establish and maintain relationships with parents. This requires frequent and quality face to face contact with parents focused on building trust, gathering information, and assessing and analyzing needs and progress. Engagement is essential to accomplish lasting behavioral changes in a parent so that a child or children can reside safely in the home without the intervention of child welfare professionals.

Frequent and Quality Visits

The Florida Statewide Quality Assurance Plan requires each CBC to complete an established number of CFSR cases for CQI purposes based on the number of children each area serves. Based on the CQI CFSR Item 15 scores, the Central Region achieved a strength rating for item 15 in 37.8 percent of cases and the state achieved a strength rating of 43.0 percent. The Central Region and the state are not engaging in frequent and quality visits with parents in more than half of the cases reviewed. The frequency and quality of contact between case managers and parents is not sufficient to effectively engage and partner with parents.

In addition to the poor performance on the CQI cases, the state is currently on a Program Improvement Plan (PIP) due to the low scores on this item in Round 3 of the CFSR in 2016. The PIP requires that each CBC participate in CFSRs that are used for monitoring the progress toward achieving the PIP targets established. In the Central Region, there are four CBCs and each agency completes both CQI and PIP monitored CFSRs. As evidenced by the most recent PIP period the Central Region is only achieving a strength rating for frequent and quality contact with parents of 43.75 percent and the state is achieving a strength rating of 39.89 percent of CFSR PIP case reviews. Both the Central Region and state scores are below the PIP target of 51.10 percent.

The state has struggled to achieve the child’s permanency goal timely and make concerted efforts toward the permanency goal. The state of Florida was placed on a PIP for several CFSR items based on performance in Round 3. Permanency Outcome 1 Item 6 (achieving reunification, guardianship, adoption or another planned living arrangement (APPLA) was one of the areas determined to be an area needing improvement and a major focus of the PIP. The Round 3 CFSR Permanency Outcome 1 item 6 score was 67.3 percent and a PIP target of 75.4 percent was established. The state has continued to review and monitor progress toward the PIP goal. Table 43 shows the progress over the 5 PIP periods since Round 3 of the CFSR.

The data indicates that there was an initial increase in the scores however since that time the state has fallen well below the baseline CFSR round 3 score.

Table 43: Statewide Item 6, Concerted Efforts to Achieve Permanency

Round 3 (2016) Baseline	PIP Target	Period 1 (7/17-12/17)	Period 2 (10/17-3/18)	Period 3 (1/18-6/18)	Period 4 (4/18-9/18)	Period 5 (7/18-12/18)	Period 6 (1/19-3/19)
67.3%	75.4%	68.42%	70.18%	61.82%	60%	55%	55.56%

Source: Federal CFSR Online Monitoring System

Root Cause(s) Chain. Based on the identified problem with the frequency and quality of caseworker visits with parent(s) as measured by CFSR reviews, Embrace Families developed a problem statement. Case managers struggle with adequately engaging parents through frequent and quality contacts. Data was collected relating to the problem of frequent and quality contact and a root cause chain was developed based on the data. Table 44 shows the root cause chain that was developed for the identified problem of parent engagement.

Problem Statement	Case Managers struggle with adequately engaging parents through frequent and quality contacts
Why?	Case Managers have high caseloads and competing priorities
Why?	Turnover rates are high in Case Management
Why?	Case Managers don't feel supported by their supervisors
Why?	Supervisors are not providing effective support and supervision of Case Managers
Why?	There is no process in place to ensure that supervisors are able to adequately support and supervise Case Managers
Root Cause(s)	There is no mandated certification process available to supervisors to support their understanding of core supervisory competencies, enhance their ability to supervise, and to provide ongoing learning opportunities

Another factor that contributes to poor parent engagement is the caseload size for case managers. A report was generated from the statewide information system, FSFN, to compare the frequency of contact between case managers and parents whose case goal is reunification with the size of the case manager's caseload.

The case managers with the smallest caseload (less than 20 children) documented seeing parents in the last 30 days in 26.5 percent of the cases with a goal of reunification however case managers with the highest caseloads (more than 25) only documented seeing parent in the last 30 days in 18.2 percent of cases with a goal of reunification. This indicates that the size of the case manager's caseload has a negative impact on the frequency with which the case managers are having contact with the parents whose case goal is reunification. Table 44 shows the statewide average percent of parents with a goal of reunification seen in last 30 days by caseload size (as of 1/17/2019).

Table 45: Parents with a Goal of Reunification seen in last 30 days by Caseload size

Caseload size	% Parents seen
Less than 20 children	26.5%
Between 21 to 25 children	23.6%
More than 25 children	18.2%

Source: FSFN CARS Report, Cases with Reunification Goal (as of 1/17/2019) and selection of cases where both parents were seen in last 30 days.

The Child Welfare League of America (CWLA) recommends 12-15 foster children per case manager or no more than 12 families for workers providing family-centered casework. Embrace Families queried data from every CBC website to analyze current average caseloads (number of children assigned to the case manager) for each case management agency in the state. 75.8 percent of agencies reported case load sizes are over the CWLA recommended case load size. Data for one CBC was not available.

Caseload size has been linked to turnover for case managers. According to a Casey Family report from 2017, the national average turnover rate for case managers is 30 percent. Embrace Families queried each CBC website to gather information about the current turnover rates for case management agencies in Florida. Of the 33 agencies that have available turnover data, 26 are above the national average (78.7 percent). Based on the data collected, there appears to be a connection between caseload size and turnover rates in most agencies. In most areas where caseloads are above the recommended size of 15, turnover is higher than the national average.

Turnover also has an impact on timely permanency. A report was generated from the statewide system, FSFN, which indicates the average number of case managers that were assigned to cases that achieved permanency through reunification or permanent guardianship in 2018 within 1 year and after 1 year. Table 46 shows the results from this report, children who achieved permanency within 1 year had fewer case managers than those who achieved permanency after 1 year.

Table 46: Average Number of Case Managers for Children Achieving Permanency Goal of Reunification or Permanent Guardianship (2018)

Region	Permanency w/in 1 yr.	Permanency after 1 yr.
Central	2.0	3.4
Northeast	1.9	3.3
Northwest	2.0	3.0
Southeast	2.1	2.9
Southern	2.0	4.2
Suncoast	2.4	4.2
Statewide	2.2	3.6

Source and Methodology: Children Entering and Exiting Foster Care on-Demand Listing, OCWDRU Report #1182 as of 2/9/19. Ad hoc FSFN BOE queries created to pull case notes per case ID to get a count on supervisor reviews or supervisory consults. Excluding case note reviews or consults that were not within the child’s out-of-home removal and discharge date. Also excluded case note reviews and consults with 24 hours of each other, which were considered a duplicate entry.

Case Manager turnover is impacted by many factors. The [Florida Study of Professionals for Safe Families, Child Welfare Institute \(FCWI\), Florida State University](#) is a five year longitudinal study of newly hired employees into CPI and case management positions to learn about individual and organizational influences on child welfare employee retention and ultimately child and family outcomes. Early findings from this study involved a cohort of newly hired child welfare workers who were required to complete the pre-service training were followed for 18 months. The focus of the study was on the turnover and employment experiences at 6 months, 12 months and 18 months after completion of the pre-service training. This study found that turnover was related to job responsibilities and supervisor support. The top reasons for leaving the case management position were job responsibilities, agency environment and supervision for those that left between 0 to 6 months and 13 to 18 months. These factors are related to case manager support in daily job functions. Recent exit interview data from a case management agency serving multiple CBCs indicated that the top reason for leaving for case managers was management and leadership. 47 percent of the comments from these exit interviews reported an issue with support. These results were reinforced by a survey completed in 2018 by Embrace Families to assess case manager satisfaction and experiences. This survey indicated that 52 percent of the case managers that responded to the survey reported the need for additional support.

The FICW study also looked at the typical supervision experience for a newly hired child welfare worker. Encouraging supervision was considered necessary for retention. Participants identified that for supervision to be considered encouraging and supportive the supervisor needs to be available on an ad-hoc basis, provide consistent information (as opposed to contradictory information on completion of job functions), provide helpful justifications, and explanations of the work, micromanage the employee through frequent case

consultations and detailed feedback and create a supportive, team atmosphere. The study found that only half of participants considered their supervisor encouraging. These findings were supported by exit data from the case management organization mentioned above. Exit interviews require staff to rate their supervisors on specific activities. The lowest ratings on the supervisor scaling completed by the case managers was “supervisor provides training” and “supervisor recognizes contributions.

Frequent supervision through case consultations and feedback is also important to achieve timely permanency for children. A comparison was completed based on a FSFN report between children who achieved permanency through reunification within 1 year and after 1 year for all children who achieved permanency through reunification in 2018. The report included the average days between supervisor reviews and consults for each group. The results in Table 46 show that children who achieved permanency through reunification within 1 year had more frequent supervision than children who achieved permanency through reunification after 1 year.

Table 47: Average days between supervision for children achieving permanency through reunification (2018)

Region	Permanency w/in 1 yr.	Permanency after 1 yr.
Central	62	88.2
Northeast	82.3	111.2
Northwest	75.9	113.2
Southeast	72.1	88.1
Southern	70.2	77.9
Suncoast	55	51.3
Statewide	64.4	79.5

Source and Methodology: Children Entering and Exiting Foster Care on-Demand Listing, OCWDRU Report #1182 as of 2/9/19. Ad hoc FSFN BOE queries created to pull case notes per case ID to get a count on supervisor reviews or supervisory consults. Excluding case note reviews or consults that were not within the child’s out-of-home removal and discharge date. Also excluded case note reviews and consults with 24 hours of each other, which were considered a duplicate entry.

Conditions for Return. An additional priority focus of the Strengthening Outcomes grant is fidelity to the practice model, focusing on conditions for return. Conditions for return are an essential component of determining when parents with children in out-of-home care are ready for reunification. Despite ongoing training of staff, statewide fidelity as measured through fidelity reviews, remains below the statewide baseline established in 2015. Based on a survey conducted by the FCC of CBCs and case management agency directors, the following were major findings related to the five criteria for conditions for return:

- Case managers have the most difficulty understanding condition 3
 - whether safety services, formal or informal, were available at a sufficient level and to the degree necessary in order to manage the way in which impending danger manifests in the home. What specific safety services need to become available? If there are services that will be provided by the family resource network, what needs to happen?
- Primary issues with ongoing implementation of conditions for return are related to the adequate understanding and collaboration with partners, specifically GAL, the judiciary and CLS.

Service Array and Resource Development

Item 29. How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the Child and Family Services Plan (CFSP)?

- *Services that assess the strengths and needs of children and families and determine other service needs;*
- *Services that address the needs of families in addition to individual children in order to create a safe home environment;*
- *Services that enable children to remain safely with their parents when reasonable; and*
- *Services that help children in foster and adoptive placements achieve permanency.*

Item 30. How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Effective service provision to children, parents, relatives, and other caregivers will be an ongoing priority and focus of the 2020-2024 CFSP. Foundational work was launched by the Department/FCC strategic planning service array workgroup over the past 18 months. In collaboration with Casey Family Programs, activities included:

- mapping the special needs of vulnerable children and parents;
- identification of promising and evidence-based services that should be available to address child well-being needs and parental needs for behavioral health treatment and parenting;
- developing methods and tools for service array capacity analysis by each CBC;
- completing analysis of the current resource base of evidence-based child well-being services;
- establishing a regional planning process based on a self-study and process guide for behavioral health integration for child welfare involved parents;
- pilot testing of Child Welfare Behavioral Health Integration Regional Financial and Service Planning Tool;
- collaboration with AHCA around the changes to Managed Medical Assistance contracts (detailed discussion of changes in Chapter 6, Health Care Oversight and Coordination Plan); and
- groundwork with AHCA to provide continued Medicaid coverage to eligible parents whose children are temporarily absent from the home due to child welfare system out-of-home placements.

There is a wide array of services available across the state. Florida is experiencing success in terms of expanding baseline system capacity for all four types of services: family support, safety management, treatment, and child well-being. The Child Service Array identified existing evidence-based services throughout the state of Florida, permitting local areas to continue identifying additional services to support the child welfare system. The next critical steps for the service array workgroup involve determining the specific capacity needed in each circuit, including methods to achieve and maintain fidelity to promising and evidence-based interventions. FSFN does not currently provide reports about services provided with the answers to these questions. The implementation of CCWIS will provide an opportunity to create standard definitions and methods for documenting service costs. It will allow direct exchange of data with other systems, for example the Agency for Health Care Administration and Medicaid claims. The next five years offer endless opportunities to better gather, assess, and correlate specific services costs with outcome information.

While there are various services providers in Florida who can service the child welfare system, there is a barrier in providers opting to become Medicaid providers due to the lengthy process to bill Medicaid. The Department recognizes the barrier and continues to allocate funding to each CBC to allow for payment of services for non-Medicaid providers. In addition, the Department allows for the use of the Purchase of Therapeutic Funding to supplement services that Medicaid does not cover.

Connection between Service Array, Resources, and Financial Viability

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

- As discussed in permanency outcome 1 Florida's performance in achieving timely permanency is decreasing. The length of stay for children exiting out-of-home care has been steadily increasing and is now nearly three months longer than it was in January 2014. This has resulted in exits from foster care trending at a lower rate than entries, creating an increase in the overall number of children receiving out-of-home care services. The Department and stakeholders have been aggressive with implementation of PIP activities and state and local continuous quality improvement efforts. Although most PIP activities have been completed, CFSR case review results have not achieved the performance targets established.
- Loss of flexibility resulting from the end of the waiver impacts current strategies for funding the service array.

With the end of the waiver and funding flexibility, the Department and the FCC have collaborated to:

- assess the financial impact of the waiver;
- develop a multitude of strategies at the state and local level; assess implementation needs and readiness in each CBC and region; and
- move forward with a phased implementation plan (Path Forward).

Path Forward strategies have been described in detail in the Final Report (Title IV-E eligibility enhancements in FSFN; Extended Foster Care and Extended Maintenance Adoption Subsidy; Guardianship Assistance Program; Candidacy). Based on a set of implementation assumptions and forecasts, a potential financial gap remains for SFY 2019-2020 and a legislative budget request for \$20 million has been submitted. Goal 3, Strategic Initiative Three, in the Department's plan outlines the objectives and activities to successfully transition from the demonstration waiver to new funding strategies.

Functioning of Florida's Service Array

Evaluation results recently received inform further service array development and new funding strategies in the CFSP for 2020-2024. They include:

- Family Intensive Treatment (FIT) Team Evaluation Implementation and Practice Study Report, USF, FMHI, December 2018.
- Florida Children's Service Array Capacity and Gap Analysis Report, USF and Casey Family Programs in collaboration with the Children's Service Array Workgroup. (Phase 2 Report) January 29, 2019.
- [Phase 9, Title IV-E Waiver Demonstration Final Report, USF, FMHI, March 29, 2019.](#)
- Contract Oversight Unit (COU) stakeholder survey findings. Complete COU survey results are provided in Appendix D.

The following provides a summary of assessment findings and COU surveys that reflect needed improvements to service array capacity.

Family Support Services

Family support services are provided to families at risk of future maltreatment. The Florida child welfare system has made concerted efforts over the last several years to implement, expand and evaluate the efficacy of family support services. Preliminary evaluation findings related to reduction in subsequent maltreatment are provided in this chapter under Safety Outcome 1.

The Final Waiver Evaluation reported the following family support services as being the most successful for families: Nurturing Parenting, Nurturing Fathers, Wraparound family support models, Behavioral Educational Therapy, and a Family In-Home Research Support Team. Respondents from 10 circuits reported offering evidence-based or promising practices including Family Connections Program, Nurturing Parenting, Nurturing Fathers, the C.A.R.E.S. model (Coordination, Advocacy, Resources, Education, and Support), Multisystemic Therapy, Home Builders, Family Builders, and Children to Action Teams. There was consensus across waiver evaluation respondents that prevention services and programs would be highly vulnerable to elimination or reduction with the loss of waiver funds.

Safety Management Services

Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. During the time a child is served by the child welfare system, the CPI or case manager responsible must be able to assess the family and conditions in the home to determine whether specific criteria are met for an in-home safety plan. One of the criteria for an in-home safety plan is the availability of appropriate safety management services. If a child is placed in out-of-home care, “conditions for return” are established that describe what must change for the child to be reunified and protected in the home with an in-home safety plan. An adequate array of safety management services helps to prevent unnecessary out-of-home placements and to achieve timely reunification. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-7, Chapter 8, Safety Management Services](#).

The Final Waiver Evaluation reported the following findings related to safety management services capacity based on focus groups conducted with CPIs and caseworkers:

- Formal and informal safety management services are being utilized in safety plans. Formal safety management services noted included crisis management teams, safety management services teams, mobile response teams, Family Builders, specialized response services available to CPIs, House Next Door (available to case managers). Informal safety management services included faith-based community programs, relationships with learning coalitions, and supports identified by case managers.
- The extent to which safety management services were sufficiently available varied across communities.
 - Inadequate capacity and waitlists for services were identified as significant challenges during the caseworker focus groups.
 - CPIs indicated that at times, long waitlists could mean the difference between being able to implement an in-home safety plan and needing to remove a child, since immediate services may be crucial to ensuring the child’s safety.
 - Another challenge reported by CPIs was that initiation of services may be delayed as a result of assessment, authorization, and intake processes that must be completed first.
- Overall, the focus group findings highlighted the critical need to ensure that all communities have sufficient safety management services available that can be implemented immediately with families.

A related issue is the proficiency of CPIs and caseworkers in assessing family conditions to determine if criteria for an in-home safety plan and/or conditions for return to reunify a child. An accurate assessment

will also help to determine what types of safety management services are needed. More discussion and assessment information about worker proficiency in these areas is addressed under Staff and Provider Training (starting on page 45) in this chapter. The Department outlined training for conditions of return which came to a halt during the 2018/2019 legislative session after language was submitted to change the practice of conditions of return. Bill language was not passed allowing the Department to proceed with the planned training. The Department is currently collaborating with Strong Foundations who was granted a collaborative agreement to focus on conditions of return and supervisor training statewide.

COU survey findings from CPIs and case management on question four (Q4) reflect the same themes as the final waiver evaluation findings and provide quantitative information:

- 49.8% of CPIs reported that formal safety management services are adequate during investigations for in-home safety planning.
- 53.2% of case managers reported that formal safety management services are adequate for in-home safety planning.

Treatment Services

Treatment services are usually formal services and interventions to achieve fundamental change in parent functioning and behavior associated with the reason that the child is unsafe. Treatment services must be trauma-informed, the correct match to the problem, the right intensity, a cultural match, accessible and affordable. A few treatment service examples are in-home family preservation services; Child Parent Psychotherapy; Nurturing Parents; substance abuse services (outpatient, residential, aftercare) and mental health services.

“Dealing in the real world without drugs and having a safe place to share made the difference for me.”

Mom was a poly-substance abuse user, she says she “used everything there was.” When her daughter was born exposed to substances, she was offered participation in “Family Drug Court” which she agreed to do. She wanted to do residential treatment and take the baby with her as she was concerned about enough time for bonding. She was advised to see how she did with intensive-outpatient treatment first. For her, the outpatient services were much better than past residential treatment. I was “out in the world with real life stuff going on to bring back to my groups and therapist every day. When you are inpatient, there is not the real world to cope with. Dealing in the real world without drugs and having a safe place to share made the difference for me.”

Source: Parent Advisory Board, Flagler and Volusia Counties, see Appendix D

The final waiver evaluation reported the following findings related to treatment services:

- Leadership at CBCs were asked through interviews which treatment services they had found to be the most successful for parents and caregivers served by their CBC. The following were the responses:
 - The wraparound approach with families, as seen in the Placement Partnership Program, described as being very family-centered, where informal supports were valued as much as formal supports.
 - Co-locating services for families, as seen in the Kids in Distress model where services inclusive of parent education, domestic violence intervention, substance abuse outpatient treatment, and mental health counseling and therapy are coordinated for families. This helps families with the accessibility of services.
 - Behavioral analysis being included in programs, as happens in Parenting for Success.
 - Services that “put trauma first.”

- The practice of having a behavioral health consultant work with CPIs to help identify parents with mental health issues was noted.
- Programs treating substance abuse such as the FIT (Family Intensive Treatment) program.
- CPIs and case managers discussed questions about treatment services in focus groups.
 - Diversity and availability of services varied greatly across the focus group sites.
 - Providers that offered in-home services were identified as a particularly important and beneficial resource, especially for families with limited means of transportation and multiple service needs. The most commonly identified in-home services included parenting programs, therapy, targeted case management, and wraparound programs; however, many participants reported limited availability of these types of services in their communities, and some reported a complete lack of service providers who work with families in the home. Furthermore, most caseworkers agreed that there was a need for greater variety of services.
 - Rural communities reported a lack of services to be a significant challenge.
 - The ability to individualize case plans to each family's unique needs was limited by the availability of services within the community.
 - Case managers reported concerns regarding inadequate, poor quality treatment services. While participants expressed that quality services did exist, these were often described as being scarce. Particularly domestic violence services, such as batterers' interventions, and substance abuse services were frequently reported as being ineffective or of poor quality.
 - The quality of mental health services within some communities was also considered questionable, and many rural communities lacked options, having only one provider for the entire county.
 - Concerns were expressed that many mental health providers, such as counselors, were not licensed, and that many providers were overburdened, which further contributed to poor quality work.
 - Lack of insurance was an issue that prevented many families from accessing services.
 - Waiver evaluation participants noted that providers frequently are unable to engage families quickly.
 - Mental health and substance abuse providers often have waitlists. It was also noted, that there were not enough providers to meet the needs of child welfare involved families which led to the waitlists.
 - Socioeconomic status was also reported as a barrier. For some families this meant that they were living below poverty level, and for other families it meant that they had private insurance, but still were unable to afford services.
 - It was reported that funding for more substance abuse services was needed in communities. Another participant described how child welfare workers were seeing an increase in substance abuse issues, but there were not enough service providers to meet the growing need.

Family Intensive Treatment Teams (FIT). The FIT team model was designed to provide intensive team-based, family-focused, comprehensive treatment services to families in the child welfare system experiencing parental substance abuse. A core component of the FIT model is the integration of substance abuse, mental health, and child welfare services for families served. Findings published in the December 2018 FIT report include the following recommendations:

- Given the variability of some findings across domains it is suggested that Department, FIT providers, and managing entities review the current FIT program guidelines and identify areas that could benefit from more guidance and detailed expectations. Based on the evaluation, these areas include:
 - the referral process;
 - minimum standards concerning the frequency and type of FIT team and child welfare communication;
 - frequency and content of FIT progress reports;
 - the expected level of involvement of FIT teams in child welfare-based meetings and dependency court hearings; and
 - a set of core evidence-based substance abuse, mental health and parenting interventions to be used by FIT programs.
- In addition, it is recommended that continued cross-system training, education, and meetings occur to maximize what one provider called “collaborative learning” among child welfare and behavioral health professionals.

Follow-up on FIT Evaluation findings is addressed in Strategic Initiative 1 of the Department’s plan in Chapter 3 under Objective 1.5, Collaboration with the Office of Substance Abuse and Mental Health.

Child Well-Being Services

Well-being services are specific, usually formal, services/interventions utilized to assure the child’s physical, emotional, developmental, and educational needs are addressed. The assessment of the child strengths and needs indicators is used to systematically identify critical child well-being needs that should be the focus of thoughtful, case plan interventions. The survey of child well-being services that was conducted as part of Children’s Service Array Capacity and Gap Analysis Report, Phase 2 identified the following recommended services available:

- Applied Behavioral Analysis, Child Parent Psychotherapy, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy were the most commonly identified interventions.
- One CBC reported that they offered none of the identified interventions but reported other services not on the survey list.
- Communities Connected for Kids, Family Support Services of North Florida and Families First Network identified the highest number of interventions recommended by the statewide workgroup.
- Each CBC reported a variation of services needed in the area they serve.
- It was commonly reported that the identified interventions did not have enough capacity to meet the needs of children in the child welfare system.
- A prominent theme was the need for substance abuse services, applied behavior analysis services and an expansion of the capacity for currently implemented interventions.
- When CBCs were asked about future plans implementing evidence-based practices and funding for those practices, nine CBCs responded ‘yes’ and 10 indicated ‘no.’
- Additional comments provided by participants reflected the following themes:
 - Although a service may be eligible for Medicaid funding, the process for local providers to obtain a Medicaid provider ID is very difficult and limits the CBCs ability to diversify funding streams.
 - Supporting evidence-based practice is difficult due to the added implementation costs including staff training.

- Providers are striving to implement evidence-based practices with fidelity with limited resources.
- Additional considerations associated with findings:
 - Capacity and effectiveness were determined based on open-ended questions posed to CBC contracted and Medicaid providers.
 - Continued research will be needed to define exact capacity and need.
 - Related Service Array Issues Reported in the Final Waiver Evaluation Report
- Common challenges described were:
 - Turnover among case managers and CPIs;
 - Increases in the number of children in out-of-home care;
 - Lack of substance abuse and mental health services. Participants perceived the increases were due to increases in opioid use and increased recognition of mental health concerns through the assessment process implemented by the child welfare practice model; and
 - Poverty, lack of housing, generational Department involvement, and a negative perception of the Department were reported barriers for child welfare involved families across stakeholder groups.

A study published in June 2018 conducted by Casey Family Programs in collaboration with the children's service array statewide workgroup provided a framework for a statewide capacity analysis. The framework provided subgroups of children with specific needs, the appropriate services to meet those needs and the evidence-based and promising interventions that should be available to meet those needs. The report was shared with each of the Family Safety Program Offices in the Regions to continue building capacity of evidence-based service in their local areas. An example of a subgroup matrix is provided in Table 48 below for children ages 0-5.

Table 48: Subgroup Matrix for Children 0-5

Population Group	Data	Needs	Services	Evidence-Based and Promising Interventions
Children who are ages 0-5	51.5% of all children removed are age 4 or younger	<ul style="list-style-type: none"> nurturing caregiver emotional regulation protective environment quality pediatric car, well-informed caregiver on needs of child (substance exposed) 	<ul style="list-style-type: none"> development screening & assessment thorough assessment of attachment and bonding medical evaluation school readiness socialization protective environment counseling school support other supportive caregivers play therapy art therapy behavior management 	<ul style="list-style-type: none"> Applied Behavior Analysis ACT Raising Safe Kids Attachment and Bio- Behavioral Catch Up Child Parent Psychotherapy Combined Parent-Child Cognitive Behavioral Therapy Homebuilders Parent-Child Interaction Therapy Safecare Safe Environment for Every Kid

Source: Child Service Array Report, Phase 1, Casey Family Programs, June 2018.

COU survey findings from foster parents and Guardian ad Litem reflect the same themes as the final waiver evaluation findings and provide quantitative information:

- Foster parents report satisfaction in 55.9% of cases regarding mental health services for children (question 11)
- GALs report satisfaction in 60.5% of cases regarding services that children need to meet their needs.
- GALs report that their perception is that children receive services timely in 36.1% of cases (question 11) which does not correlate with the FL CQI or PIP Case Review findings.

Evidence-Based Practices (EBP)

The final waiver evaluation sought to identify and document the array of EBPs implemented throughout the state. Following initial identification of a variety of EBPs, and in collaboration with the statewide service array workgroup, the evaluation team selected two EBPs for a more in-depth assessment of their implementation, utilization, and practice fidelity. The selected practices were Wraparound (www.nwi.org) and the Nurturing Parenting Program (www.nurturingparenting.com). Both practices are identified as Level 3 – Promising Practices according to the criteria established by the California Evidence-Based Clearinghouse (www.cebc4cw.org). These practices were selected based on their reported use across multiple regions of the state and recent initiatives that have encouraged expansion of their implementation throughout the state. Both practices are frequently used as in-home service interventions, and thus are also congruent with the goal of the waiver to prevent placement in out-of-home care.

Sixty-three percent of the agencies that were using Wraparound reported that they or their contracted providers measured fidelity to the model. The fidelity tool most commonly in use was the Team Observation Measure (TOM), an instrument available through the National Wraparound Initiative that is completed during family team meetings. While there was considerable consistency in the fidelity tools that agencies used, the extent to which fidelity data were readily available and being analyzed varied considerably. Most agencies stated that they received reports from their providers, but typically these focused on established performance measures and did not require providers to compile aggregated fidelity data.

Recommendations from the final Waiver Evaluation that pertain to service array include:

1. Continue to identify strategies to fill current service gaps at the community-level, particularly safety management services, affordable housing and childcare, and substance abuse treatment.
2. Develop funding strategies to fill current service gaps at the community-level and expand the availability of providers who offer in-home services.
3. Develop requirements for CBC lead agencies and their contracted providers to measure and track fidelity to evidence-based practices and programs that they are using.
4. Establish procedures and expectations for tracking and reporting service utilization among child welfare involved families.
5. Ensure that CBC contracts with service providers include language requiring the evaluation and demonstration of service effectiveness and requirements for assessing and reporting client outcomes to the child welfare agency/case manager.
6. Utilize models that can predict which children and youth will have the greatest unmet need in order to help triage children and youth such that youth with the highest anticipated need can be connected to needed services promptly.
7. There is a need for increased efforts to provide outpatient mental health services and especially underscore the need for regular comprehensive mental health assessments that include evaluation of the type and the quantity of mental health services needed for the child.

These recommendations will be incorporated into the CFSP objectives and activities for:

- Strategic Initiative 1 to identify the specific service array gaps in each circuit and implement strategies necessary to expand capacity.
- Strategic Initiative 3 to track implementation progress; identify and provide additional implementation support when needed; and fully leverage new funding opportunities provided by the Families First Prevention and Safe Families Act (FFPSA).

Agency Responsiveness to the Community

Item 31. How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Item 32. How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Statewide Stakeholder Concerns and Recommendations for the CFSP

A description of the involvement of child welfare stakeholders in the development of the 2020-2024 CFSP is provided in Chapter 1. This is a summary of the major themes gathered from stakeholders to inform the CFSP goals, plan and continued ways to collaborate as the plan is implemented. The Department clearly responded to these themes in the development of each of the CFSP goals and objectives for 2020-2024 presented in Chapter 3. The themes are also reflected in the ongoing planning and implementation process to ensure strong stakeholder involvement and investment in the outcomes.

Feedback from Florida Youth SHINE (FYS)

A focus group dedicated to the topic of the 2020-2024 CFSP was conducted at their statewide January 2019 quarterly meeting in Tampa. Their notes are presented in their entirety as documented by FYS in Appendix C. The most common, priority themes reported were:

- Children should be involved in meeting a prospective caregiver before the placement happens and given the opportunity to provide feedback about the match to his/her culture, values, and need for ongoing contact with family.
- Children need to be continuously informed about their rights, their options and choices. This includes whether or not they want to achieve a goal of reunification, placement with a sibling, or adoption.
- Input from children needs to be asked-for and listened-to at the individual and system level.

Feedback from Parents

Family Engagement Advisory Board of Volusia, Flagler Counties. The Community Partnership for Children is the first CBC in Florida to create, formalize, and fund parent opportunities to provide input to the child welfare system. To ensure the Family Engagement Advisory Board has independence from the child welfare system, the CBC contracts with Healthy Start of Flagler and Volusia Counties to deliver a Parent Partner Program modeled on the Parent Partner Practice Model of Des Moines, Iowa. The Family Engagement Advisory Board is the cornerstone of the Parent Partner Program. The Parent Partner Program provides parent peer mentoring, parent support opportunities, and collaborates with the Quality Parenting Initiative (QPI) to actively promote co-parenting. The Parent Partner program is an intricate part of the Early Childhood Court Program (ECC) program. The Community Partnership for Children views all of these initiatives (QPI, ECC, and Parent Partners) as key to enhancing the system of care for the children and families served.

Discussion with the Family Engagement Board in February 2018 for purposes of gathering feedback for the CFSP focused on the question, "What can the Department do to support and promote the involvement of parents in other parts of the state?" The answers are summarized below:

- Provide training and other supports for parents to become parent mentors and leaders. For example,
 - Establish a resource page on the Center for Child Welfare website about parent leadership training, parent mentoring, and family advisory boards.
 - Obtain training and technical assistance from the National Alliance of Children's Trust and Preventions Funds.
- Encourage CBCs and Case Management Organizations to create and actively use parent advisory boards.
- Promote and assist with the statewide development of Certified Peer Recovery Specialists. It was noted that the current background screening process for becoming a Peer Recovery Specialist makes it very difficult for some parents in recovery to become certified peer recovery specialists.

Feedback from Relative and Foster Family Caregivers

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

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

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

- Practice Model/Stable and Skilled Workforce
 - High turnover of CPIs and case managers is the number one problem—child welfare professionals do not stay long enough to develop the skills needed for excellent child welfare work.
 - The Practice Model:

- Is well-embedded in law and policies.
 - The proficiency process, development and implementation, should be continued.
 - After implementation and continuous quality improvement efforts, it will be time to consider refinements to the model.
- Develop methods to assess workforce capacity, including workload standards, common definitions of turnover and ways of measuring caseloads.
- Training managers are considering best practices for the professional development of supervisors.
- Financial Vitality (PATH Forward)
 - Major concerns about the waiver going away.
 - Implementation planning to transition from the waiver has been excellent- local needs assessments and readiness, communication and technical assistance.
 - Moving forward requires that the system establish methods for tracking implementation benchmarks and rapidly identifying challenges and solutions.
 - Transitioning from the waiver is complex, involving “a lot of moving and interdependent parts.”
- Prevention
 - Retool the front end to be evidence-based.
 - Begin now to further develop Title IV-E candidacy criteria and an implementation plan for prevention services.
 - Continue to strengthen the partnership with DOH and Statewide Child Abuse Death Review Committee to implement targeted and research-informed campaigns to reduce preventable child deaths. (Child Death Review Team Offer)
- Hotline (Intake). Florida’s standards for accepting calls by the hotline for investigation are too broad; Florida investigates families at a high rate with relatively low numbers of verified reports.
- Child Protection Investigations
 - High turnover remains a challenge and impedes development of a highly proficient workforce. This is a shared problem experienced by Sheriffs’ conducting investigations.
 - CPIs consistently report the need for more evidence-based in-home services to prevent the need for child removals.
- Current Joint Strategic Initiative Planning Process
 - Continue and strengthen the current collaborative planning and plan tracking process established between the Department and the Florida Coalition for Children (FCC).
 - Monthly communication with the Department must continue; it has been very helpful in aligning local efforts.
 - The Quarterly FCC Leadership Meetings open to all FCC members and other stakeholders are an effective venue for reporting on all Performance Improvement Plan projects.
 - The Child Welfare Task Force which meets quarterly is effective for broader information sharing.
 - The team for Strategic Initiative 1, Service Array for Children and Parents was viewed by many as a model of productive teamwork.

- Continue efforts to get AHCA to the table. AHCA’s participation is viewed as key to the development of an effective service array and financial viability.
- Strengthen the alignment of related system initiatives and teamwork among stakeholders.
- Develop better ways for Florida stakeholders to share best practices across the continuum of child welfare services. Use the new COU monitoring process to identify and share best practices.

Local Systems of Care Responsiveness to the Community Stakeholders

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

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

The COU plans to use this baseline information in ongoing monitoring reviews as a method for tracking CBC progress in improving responsiveness to community partners through collaboration and teamwork. Selected results that pertain to community relationships are shown below.

COU Community Partner Survey Results

- 80 percent of providers agreed that, “The CBC is responsive to the needs of my clients.” (question 2)
- 87.1 percent of providers agreed that, “The CBC has a good working relationship with my organization.” (question 9)
- 81.3 percent of providers agreed that, “The CBC collaborates with my organization to advocate for issues of mutual concern related to child welfare.” (question 3)
- 69 percent of providers agreed that, “The CBC seeks input and participation from my organization to improve the quality of services.” (question 6)
- 76.2 percent of providers agreed that, “The CBC has an effective mechanism for resolving conflict with my organization.” (question 8)
- 23.9 percent of GALs agreed that, “The GAL is kept informed about developments in assigned cases.” (question 6)

“The importance of everyone being on the same page.”

This foster mom believes that it is important for everyone involved with a child “to be on the same page.” She will often include the case manager, GAL and a child’s therapist in one text. She says that when they go a court hearing, she doesn’t want to ever hear someone say, “I didn’t know that.” This foster mom receives a monthly e-mail about court dates from each case manager. She can attend in person or request to be present by phone. Her participation and voice in hearings has earned her the respect of the Miami judges. She has good working relationships with GALs.

Source: Miami foster parent, see Appendix D

COU Foster Parent Survey Results

- 53.8 percent of foster parents agreed that, “I am kept informed by case managers about case developments for children placed in my home.” (question 21)
- 62.8 percent of foster parents feel appreciated by the child welfare system. (question 25)
- 42.6 percent of foster parents agreed that, “The child welfare system provides supports to foster parents to reduce stress.”
- 60.1 percent of foster parents agreed that, “The case manager responds in a helpful manner when there are challenges with children placed in my home.” (question 6)
- 59 percent of foster parents agreed that “Case managers respond to my communications within one business day.” (question 17)
- 51.3 percent of foster parents agreed that, “I have the opportunity, which includes sufficient notice, to participate in staffings for children placed in my home.” (question 18)

COU Guardian ad Litem Community Partner Survey Results

- 63.8 percent of GALs agreed that, “The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning or children who are assigned to them.” (question 3)
- 23.9 percent of GALs agreed that, “Case managers respond to my communications within one business day.” (question 6)
- 68.9 percent of GALs agreed that, “When there are differing opinions between the GAL and case managers regarding a case, there is an opportunity to escalate the differences.”
- 24.7 percent of GALs agreed that, “When children make a placement move, the GAL is informed within one business day of the move.” (question 13)
- 50.4 percent of GALs agreed that, “I am provided with opportunities to learn about system barriers and challenges and the activities the CBC is taking to overcome these.” (question 17)

COU Child Protection Investigations (CPI) Survey Results

- 64.8 percent of CPIs agreed that, “The CBC provides opportunities to give feedback regarding the array of services available.” (question 3)
- 59.9 percent of CPIs agreed that, “When case managers schedule multidisciplinary staffings on cases open to investigation, CPIs are invited.” (question 6)

COU Case Manager Survey Results

- 77.6 percent of case managers agreed that, “The CBC provides opportunities to give feedback regarding the array of services available.” (question 3)

COU Children’s Legal Services COU Survey

- 80.1 percent of Children’s Legal Services attorneys agreed that “When there are differing opinions between CLS and case management, if necessary, the CBC is responsive.” (question 15)

Foster Parent Licensing, Recruitment, and Retention

Item 33. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Item 34. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Item 35. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Item 36. How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. CBC contracts define the requirements for licensing tasks, including an option for an Attestation Model. Florida Statutes and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite federal code (sections 409.175 and 409.145(2)(e), Florida Statutes, [Rules 65C-13, 65C-14](#) and [65C-15, Florida Administrative Code](#), and 42 U.S.C. §671(a)(20)(B)(i)-(2)).

The Department issues licenses to Child Placing Agencies and Child Caring Agencies which are renewed annually. The Regional Licensing Units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code. In addition, CBCs and their provider complete the licensure of family foster home with oversight from the Department. Samples of files are reviewed to ensure compliance with Florida Administrative Code. Contract managers review day-to-day compliance of CBCs.

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

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

The most common finding reported in the CBC Contract Monitoring FY 2017-2018 Year End Report in this area relates to the placement processes:

- As a whole, CBCs had recruitment plans that identified a target based on analysis of their needs; however, in many areas there was a lack of a strategic analysis of the needs of the children coming into care, paired with a strategic recruitment plan aimed at recruiting homes to meet those specific needs.
- There were two common elements found during onsite reviews:
 - There was not a consistent way to ensure that everyone had real time access to foster parent capacity. Many placement specialists maintained individual spreadsheets and individual updates

were only shared with the entire placement team on a weekly or sometimes monthly basis. This resulted in a lack of knowledge in the areas served and inefficiencies resulting from the need to contact co-workers who would consult with their individually maintained placement spreadsheets.

- The second most common challenge was related to ensuring the most appropriate placement match for children entering out-of-home care occurred. While most CBCs have begun implementation of the [Child Placement Agreement](#) and the [Placement Assessment](#), most are struggling with a limited capacity of foster homes available for placement which in turn limits the specialists' ability to match the child to the most suitable placement. This ties back to additional sub-categories under placement process – foster parent recruitment and retention. Individual [CBC Contract Monitoring Reports](#) are posted at the Center.

Resource Family Outcomes, Findings in Final Waiver Evaluation Report.

Resource family outcomes that were examined were the number and proportion of licensed foster families that were active at the end of a specific fiscal year and have remained in an active status for at least 12 months and the proportion of newly recruited licensed foster families during a specific fiscal year. Findings indicated considerable variability over time in the proportions of licensed foster families that were active after 12 months and the proportion of newly licensed foster families. Examination of statewide rates over time suggested that proportion of licensed foster families that were active after 12 months and the proportion of newly licensed foster families remained stable. This is a concern given the growing population of children in out-of-home care. Table 49 shows the proportion of licensed foster families statewide that were active after 12 months slightly decreased over time from 74.7 percent in SFY 2014-2015 to 72.8 percent in SFY 2017-2018.

Table 49: Proportion of Licensed Foster Families that Were Active after 12 Months statewide



Source: Final Waiver Evaluation Report

The proportion of newly recruited licensed foster families.

This measure examined the subset of foster families who were recruited for the first time during a specific fiscal year in relation to the number of children served. The number of foster families who were recruited for the first time during a specific fiscal year was examined for SFY 2014-2015, SFY 2015-2016, and SFY 2016-2017. This number was not available for SFY 2017-2018. In SFY 2014-2015 ChildNet-Broward had the highest proportion of newly recruited foster homes (9.1 percent).

In SFY 2015-2016, Kids First of Florida had the highest (13.8 percent) proportion of new foster homes. In SFY 2016-2017, Family Support Services of North Florida had the highest proportion of newly recruited foster families (9.1 percent). Overall, the proportion of newly recruited foster families increased over time by 7 percent from 4.4 percent in SFY 2014-2015 to 5.1 percent SFY 2016-2017.

Background checks

Florida ensures background checks are completed in all licensed foster homes. All foster home licensing packets are approved by CBCs with a sample reviewed by DCF licensing specialists. Florida requested a recent technical assistance eligibility review by the Children's Bureau Regional Office and background screenings were found in all Florida foster home licensing files; however, one home study completed by another state did not contain documentation that the results of the fingerprint checks were reviewed. Requirements for background checks are provided in [CFOP 170-1, Chapter 6, Requesting and Analyzing Background Checks](#).

Cross-jurisdictional resources

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). Appendix A, Child and Family Services Continuum, includes a description of how the ICPC operates in Florida.

[CFOP 170-10, Chapter 8, Relative/Kinship Caregiver Support](#) provides the expectations for child welfare professionals to discuss the supports available for relative caregivers. Supports include Kinship Navigator (if available), Medicaid, at-risk childcare, Temporary Cash Assistance, etc.

To improve child and family permanency and well-being, a broader mix of homes continues to be necessary to ensure adequate placement matching. Goal 2, Strategic Initiative 2 describes the strategies that the Department will employ to improve the array of placement services available, including a determination of the capacity needed so that each CBC has the temporary caregiver capacity necessary to ensure that children in care can heal, maintain important connections, and thrive.

CHAPTER 3. THE PLAN FOR ENACTING THE STATE'S VISION

The Department's vision is that every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships, and strong community connections. To improve the achievement of these outcomes, the Department and the Florida Coalition for Children (FCC) implemented multiple strategic planning initiatives to address critically needed system improvements. In 2018, leadership from the Department and the FCC began implementation of five strategic initiatives to address service array; placement services array; the Path Forward to transition from the demonstration waiver; practice proficiency and a stable workforce; and cross-system collaboration. Statewide workgroups involving system stakeholders were created; workplans for each initiative were developed; and meetings were held monthly to report on progress being made with each initiative.

Based on assessment of current statewide performance there are four new overarching goals that the five strategic initiatives will be aligned with.

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

Strategic Initiative 1, led by the Service Array workgroup, was designed to determine service array capacity that each circuit needs for sufficient treatment and well-being services. Analysis was completed of the underlying needs of children and families involved in Florida's child welfare system; corresponding evidence-based interventions were identified; and baseline capacity assessments and processes were completed. The Strategic Initiative 1 workgroup will be continued to take the lead with further development and implementation of the Goal 1 workplan.

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

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

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

Strategic Initiative 3, led by the Path Forward workgroup, developed and implemented a number of new Title IV-E strategies to replace the flexible spending authority provided by the Title IV-E Demonstration Waiver. Strategic Initiative 4, led by the Cross-System Collaboration workgroup, was established to work with other state-level agencies providing services to children and families involved in the child welfare system to identify and achieve efficiencies in service coordination. Both workgroups will continue their complimentary work to ensure that the broad array of services needed are available through a combination of different financing strategies and improved collaboration and coordination with existing community resources. Both workgroups have current identities as Strategic Initiative 3 and Strategic Initiative 4 which will be continued for the sake of continuity. Both workgroups will be continued to take the lead with further development and implementation of the Goal 3 workplan.

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

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

Participants involved in interviews for the CFSP are strongly invested in ongoing collaboration to continue and complete the strategic initiative work already begun as reflected in the following comments:

“The current five DCF/FCC strategic initiatives ‘create the perfect blueprint’ for the Child and Family Services Plan.”

“It’s an opportune time to review and refresh the strategic initiatives.”

“As I heard Commissioner Milner of the Children’s Bureau say, it’s time to ‘reimagine’ child welfare--let’s ‘reimagine’ each of our current five strategic initiatives.”

Other stakeholder feedback that the Department received to strengthen the current joint strategic planning process included:

- Improve the inclusion of youth, families, caregivers, and frontline caseworkers in planning so that their voices are heard;
- Improve communication about the strategic initiatives so all stakeholders can be well-informed; and
- Align the strategic initiatives with other ongoing Office of Child Welfare (OCW) responsibilities to ensure the most efficient use of resources.

The Department’s strategic initiative workplans have been updated to address the four new goals and child outcomes which have been prioritized for performance improvement:

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.
- Children have permanency and stability in their living situation.
- The continuity of family relationships and connections is preserved for children.
- Families have enhanced capacity to provide for their children’s needs.
- Children experience improved well-being resulting from attention to meet their physical, dental, developmental, educational, and behavioral health needs.

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

- Roles and responsibilities of workgroup members, including ongoing communication and information sharing with local and/or statewide organizations, other statewide workgroups;

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

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

The Department believes that a dedicated focus on reducing preventable child welfare events; redesigning the placement array; implementing new funding strategies; stabilizing the workforce; and strengthened collaboration will result in the system’s ability to shift twenty-five percent of system resources to the front end of the child and family services continuum, prevention services.

GOAL 1. PROTECT CHILDREN FROM ABUSE OR NEGLECT THROUGH PREVENTABLE CHILD DEATHS, PREVENTABLE ENTRIES TO CHILD WELFARE SYSTEM, AND PREVENTABLE ENTRIES TO FOSTER CARE.

Reason for goal selection. Florida has been using the Florida Safe Families Network (FSFN) to track the outcomes of Healthy Families Florida (HFF) for many years, demonstrating that 98 percent of children in families served do not experience a preventable event of future maltreatment. Florida has made strides with implementation of family support services, requiring programs to address the evidence-based family protective factors and outcome evaluations are underway. As described in Chapter 2 in the assessment of the systemic factor for Service Array and Resource Development, CPIs and case managers report the critical need for more family support capacity, in-home safety management, treatment, and child well-being services to prevent entries to the child welfare system, child removals and/or entries to foster care.

New funding under the Families First Services and Prevention Act (FFSPA) is available for evidence-based interventions to prevent children from future maltreatment and involvement in the foster care system. Data presented in Chapter 2 shows strong and consistent system performance in keeping children safe during and after services. To continue the system’s ability to keep children safe at home, the system must be able to

maintain and expand current capacity for in-home services including implementation of evidence-based standards.

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

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

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

Activities Year 1:

- 1.1.1. Review and update workgroup membership.
- 1.1.2. Create charter.
- 1.1.3. Update workplan for FFY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five.

Activities Years 2-5 for all objectives:

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

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

Activities Year 1:

- 1.2.1. Maintain cross-sectional analyses on core data elements stratified by child maltreatment verification status and primary cause of death, with an emphasis on data-driven prevention recommendations for each data element.
- 1.2.2. Provide a multi-year trend-analysis of all sleep-related death incidents from 2014-2017.
- 1.2.3. Augment data pertaining to cases of child fatalities to provide local committees with all-encompassing information related to their circuit’s death incidents. These efforts will be developed and implemented in a collaborative setting where the state level CADR team and the OCW will review child fatalities in vital statistics as compared to the fatalities that are reported to the Florida Abuse Hotline (Hotline). This will help to determine if there is under-reporting of child maltreatment-related fatalities; or over-reporting of non-maltreatment related fatalities.

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

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

Activities Year 1:

- 1.3.1. Develop or update local agreements to increase the number of expectant mothers with substance abuse disorders who enter the hospital with an initial plan of safe care and leave the hospital with an agreement (voluntary) to participate in a home visiting program.
- 1.3.2. Coordinate with Healthy Start and Sunshine Health Plan to increase the number of mothers in substance abuse treatment with an infant (under the age of 1) who have a plan of safe care and are actively following up on referrals for early intervention services.
- 1.3.3. Develop a state-level approach for tracking and analyzing the outcomes of in-home visiting programs.

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

Activities Year 1:

- 1.4.1. Based on findings from the final waiver and prevention evaluations, develop modifications as necessary to existing family support policies including performance outcomes.
- 1.4.2. Collaborate with Children’s Legal Services (CLS) to conduct a study of barriers to closing cases where parent and child are reunified, and post-placement supervision is longer than 6 months.
- 1.4.3. Develop and implement a standard method to determine local capacity and need for family support services.
- 1.4.4. Identify recommendations for CCWIS project team and participate in CCWIS design sessions to develop CCWIS data standards for accurate tracking of family support, family preservation, and reunification services and costs.

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

Activities Year 1:

- 1.5.1. Determine the capacity available for addressing behavioral health needs of parents using “The Child Welfare Behavioral Health Integration Regional Financial and Service Planning Tool” as modified based on the pilot tests completed in February/March 2019.
- 1.5.1.1. Identify recommendations for CCWIS data standards for accurate tracking of families in child welfare receiving substance abuse services (obtaining data through a direct interface instead of the less dependable matching of data bases required with Master Client Index).
- 1.5.1.2. Identify a member of the workgroup to participate in CCWIS design sessions as appropriate to convey and apply the recommended data standards.

<p>1.5.2. Identify any improvements needed to the planning process for Regional Integrated Child Welfare/Behavioral Health Services Plans that meet the Department’s integration standards.</p> <p>1.5.3. Incorporate the requirement for Regional Integrated Child Welfare/Behavioral Health Services Plans into ME contracts.</p> <p>1.5.4. Review findings in the final Family Intensive Treatment (FIT) Team Evaluation Implementation and Practice Study Report, University of South Florida (USF), Florida Mental Health Institute (FMHI), April 15, 2019 and determine changes needed to contract standards, CBC referral processes or other practices.</p> <p>1.5.5. Collaborate with the Contract Oversight Unit (COU) in the development of integrated CBC and ME monitoring to include focus on integration of child welfare and behavioral health in practice.</p>
<p>Objective 1.6. Collaborate with the Florida Office of Substance Abuse and Mental Health, Office of Court Improvement and parents to develop methods to support and promote parent partnership opportunities.</p> <p>Activities Year 1:</p> <p>1.6.1. Collaborate with the Office of Court Improvement to develop and implement a pilot project involving improved legal services for parents to prevent entry into the child welfare system.</p> <p>1.6.2. Provide training opportunities and other supports for parents to become parent mentors and leaders. For example:</p> <ul style="list-style-type: none"> • Establish a resource page on the Center for Child Welfare (Center) about parent leadership training, parent mentoring, family advisory boards. • Obtain training and technical assistance from the National Alliance of Children’s Trust and Preventions Funds. <p>1.6.3. Encourage CBCs and Case Management Organizations to create and actively use parent advisory boards.</p> <p>1.6.4. Promote and assist providers with the development of Certified Peer Recovery Specialists. CFSP feedback received from parents was that the current background screening process for becoming a peer recovery specialist makes it very difficult for some parents in recovery to become certified peer recovery specialists.</p>
<p>Benchmarks and Milestones</p> <ol style="list-style-type: none"> 1. Co-chairs and workgroup members identified by July 1, 2019. 2. Charter created by September 1, 2019. 3. Workplan established by November 1, 2019 to include milestones for each objective and an interim performance benchmark for each year towards reaching PIP targets by year five.
<p>Rationale and Resources for Objectives</p> <ol style="list-style-type: none"> 1. Program Improvement Plan (PIP) Goal 1, Strategy B 2. PIP Goal 3, Strategies A and B 3. Final demonstration waiver evaluation. 4. FIT Team evaluation. 5. Family support evaluation. 6. Service array workgroup products from 2018-2019 work.

End results

- Florida parents will be more resilient and will benefit from having more information and resources to protect, nurture and care for their children.
- Parents who have achieved successful recovery and permanency outcomes will be able to coach and mentor other parents in child welfare and assist in shaping family-centered improvements at the local and statewide system level.
- Child welfare professionals will be able to access the safety management services necessary to maintain children safely in their homes.
- Children will receive the well-being services necessary to heal from trauma and other physical, behavioral, developmental, and educational challenges resulting from maltreatment experienced.
- Parents will receive the individualized treatment services necessary to maintain their children at home or achieve reunification.
- Families will have enhanced capacity to meet their children’s educational, physical/dental health, and mental/behavioral health needs through an adequate array of available community services.
- CBCs will be able to continue to demonstrate beneficial and cost-effective prevention outcomes for children and families in Florida communities.

GOAL 2. PROVIDE CHILDREN WITH IMPROVED PERMANENCY, STABILITY, AND FAMILY CONNECTIONS THROUGH A REDESIGNED PLACEMENT SERVICES ARRAY.

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

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

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

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

Activities Year 1:

- 2.1.1. Review and update workgroup membership.
- 2.1.2. Create charter.
- 2.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four and five.

Activities Years 2-5 for all objectives:

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

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

Activities Year 1:

- 2.2.1. Review the comprehensive statewide survey of kinship support services when completed by FICW and determine the next steps.
- 2.2.2. Support and learn from activities in FFY 2018 Kinship Navigator Funding under Title IV-B, Subpart 2 received by the Department and awarded to CHN. Grant activities include:
 - Implement the evaluation activities necessary for CHN to achieve kinship services’ status as evidence-based (Children’s Bureau’s FFSPA List).
 - Provide in-depth training and technical assistance to regions to replicate the evidence-based model.
- 2.2.3. Collaborate with Department/CBC/Case Management Organization licensure specialists to determine any supports they need to assist relatives in resolving any challenges to become licensed under GAP.
- 2.2.4. Develop ways that kinship peer navigators can support the implementation of GAP, including the creation of feedback loops to identify any implementation challenges not timely resolved at the local level.
- 2.2.5. Collaborate with the COU to develop community partner surveys for relative and non-relative caregivers.
 - 2.2.5.1. Review survey data to assess implementation of the Guardianship Assistance Program (GAP) and kinship navigator/other relative/non-relative supports.
 - 2.2.5.2. Develop recommendations for policy, practice, and/or contract changes.
 - 2.2.5.3. Develop a method for assessing additional capacity needed in each CBC to provide sufficient kinship navigator services.

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

Activities Year 1:

- 2.3.1 Collaborate with workgroup responsible for developing “at-risk” definition to align with new FFSPA criteria for Licensed Residential Facilities.
 - 2.3.1.1. Develop a method for conducting an impact and gap analysis of regional placement needs based on new types of care settings and child needs.
 - 2.3.1.2. Determine policy changes, FSFN enhancements and other resources needed to fully implement Licensed Residential Family Based Treatment facilities.
 - 2.3.1.3. Develop CBC specific regional action plans for conversion/transition of group care and associated recruitment plans for placement capacity necessary.
 - 2.3.1.4. Review and assess criteria for Enhancements to Grants to Improve Well-Being of Families Affected by Substance Abuse and recommend follow up actions to promote community applications for these funds.
- 2.3.2. Collaborate with caregiver networks of foster parents, relatives and Florida Youth SHINE to assist them with:
 - Becoming well-informed about changes in the placement services array;
 - Developing formal and informal methods to provide communication to their peers about changes.
 - Developing specific methods for gathering feedback from providers, youth and caregivers about implementation of changes.

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

Activities Year 1:

- 2.4.1. Review lessons learned from the pilot and determine any changes needed, implementation approach, and implementation supports necessary.
- 2.4.2. Determine the data necessary for ongoing data collection and methods for collection.
- 2.4.3. After implementation, assess aggregated data to determine what training, ongoing policy changes, support and/or services might prevent allegations, or actual maltreatment in care from occurring.

Objective 2.5. Identify recommendations for CCWIS project team and participate in CCWIS design sessions to develop CCWIS data standards associated with new placement array services; kinship navigator services; and the new investigation process for caregivers/local system of care when there is an allegation of licensed caregiver abuse.

(To be developed in alignment with final approved Advance Planning Document for CCWIS, (2020-2024))

Objective 2.6. Children’s Legal Services will contribute to a reduction in the number of open cases where a child is available for adoption by providing relevant data to each region.

Benchmarks and Milestones

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

Rationale and Resources for Objectives

1. Program Improvement Plan (PIP) Goal 2, Strategies A and B
2. PIP Goal 3, Strategies A and C
3. Final demonstration waiver evaluation.
4. Service array workgroup products from 2018-2019 activities.

End results

- Children and youth will have better options and engagement in the process of determining how to best meet their needs while in temporary care.
 - Appropriate matches to child/youth needs and preferences.
 - Alignment with family culture and preferences.
 - More siblings will be placed together.
 - Children will be placed in closer proximity to the people and places that provide ongoing continuity in relationships.
- Children will have permanency and stability in their living situations.
- Parents will feel supported and assisted by caregivers in achieving reunification with their children.
- Caregivers will feel respected and valued and will receive the system supports they need to provide excellent parenting to the children placed in their care.
- Child welfare professionals will have the range of placement options and caregiver supports necessary to engage children/youth, parents and caregivers in shaping excellent temporary out-of-home care experiences.

GOAL 3. FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN’S NEEDS AND CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS THROUGH COLLABORATIVE STRATEGIES AND NEW FINANCING.

Reason for goal selection. The results of the final waiver evaluation described in Chapter 2 document the positive results from flexible spending authority. System stakeholders are concerned about maintaining current system capacity to deliver sufficient and quality services at a time when service demands are greater than ever before.

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

<p>Strategic Initiative 3. Develop and implement methods for supporting and monitoring the transition of the child welfare system from the waiver to traditional Title IV-E claiming.</p>
<p>Objective 3.1. Map out the path forward to monitoring the financial health of the child welfare system after the waiver ends.</p> <p>Activities Year 1:</p> <ul style="list-style-type: none"> 3.1.1. Review and update workgroup membership. 3.1.2. Create charter. 3.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five <p>Activities Years 2-5 for all objectives: Review progress on prior activities; review progress on achieving performance targets; identify and address challenges; update and/or add new activities.</p>
<p>Objective 3.2. Establish a process for monitoring implementation progress (Extended Foster Care, Extended Maintenance Adoption Subsidy, Guardianship Assistance Program, Candidacy).</p> <p>Activities Year 1:</p> <ul style="list-style-type: none"> 3.2.1. Establish financial viability targets and methods for tracking and reporting progress. 3.2.2. Establish methods for assessing quality of eligibility determinations across all new programs (EFC, EMAS, GAP, and Candidacy)
<p>Objective 3.3. Establish appropriate audit trails for new funding methods.</p> <p>Activities Year 1:</p> <ul style="list-style-type: none"> 3.3.1. Update cost pools. 3.3.2. Simplify and standardize cost allocation plans.

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

Activities Year 1:

- 3.4.1. Develop policy that addresses the administrative capacity and costs necessary for Title IV-E claiming.
- 3.4.2. Determine the investment necessary to meet requirements for well-supported, promising and evidence-based services.

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

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

Activities Year 1:

- 3.5.1. Continue implementation activities to continue Medicaid coverage for parents during a child welfare initiated temporary absence (of children).
- 3.5.2. Develop cost analysis of capacity expansion for each type of service.
- 3.5.3. Identify funding options and determine best course of action.
- 3.5.4. Develop state plan amendments (Title IV-E and) Medicaid) necessary.
- 3.5.5. Develop Legislative Budget Requests (LBR) as necessary.

Benchmarks and Milestones

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

Rationale and Resources for Objectives

1. Program Improvement Plan (PIP) Goal 1, Strategy B
2. PIP Goal 3, Strategies A and B
3. Department's policy/implementation paper on Medicaid Coverage during Child Welfare Initiated Temporary Absence.
4. Final demonstration waiver evaluation.
5. FIT Team evaluation.
6. Service array workgroup products from 2018-2019 work.

End results

- The child welfare system will achieve financial vitality while improving in-home service availability for families and increasing timely exits from foster care.
- Regions/CBCs will have successfully transitioned from the waiver to accurate, high-quality, and timely Title IV-E eligibility determinations and claiming.
- Reallocation of resources to pre-crisis/prevention services will be achieved.

Reason for goal selection. Children and families in the child welfare system often have a range of needs and multiple agencies are involved. The many agencies that children, families and caregivers seek to obtain

resources or services from include, but are not limited to: substance abuse, behavioral health, domestic violence, early childhood development, schools, Women, Infant and Children program, housing authorities, and workforce development.

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

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

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

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

Activities Year 1:

- 4.1.1. Review and update workgroup membership.
- 4.1.2. Create charter.
- 4.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five.

Activities Years 2-5 for all objectives:

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

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

Activities Year 1:

- 4.2.1. Explore ways to support the continued expansion of Early Childhood Courts, including training for CLS, CPIs, and Case Managers to enhance the understanding of the opioid crises, the effects on family systems; medication-assisted treatment (MAT) and recovery; and child welfare practices that support treatment engagement and recovery.
 - Expectations for CPIs and case managers; and
 - Evidence-based services availability and funding, including Medicaid and FFSPA.
- 4.2.2. Explore ways to address forthcoming ECC evaluation findings and recommendations from University of South Florida, June 30, 2019.

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

Activities Year 1:

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

<p>4.3.2. Support the GAL Program in the establishment of a training and certification process for professional GAL child advocate employees. This includes the GAL Program’s establishment of a statewide training program.</p> <p>4.3.2.1. Determine ways to help GAL child advocate employees better understand core practice model concepts related to Safety Planning, Conditions for Return, and Concurrent Planning.</p> <p>4.3.2.2. Determine recommendations for improving teamwork with GALs to improve child stability; parent relationships; continuity of family connections; and services that address child well-being needs.</p>
<p>Objective 4.4. Continue to actively support the “Crossover Youth Collaboration Protocol” and statewide guiding principles.</p> <p>Activities Year 1:</p> <p>4.4.1. Department’s COU will continue to gather and assess information about CBCs’ working relationships with local juvenile justice providers.</p> <p>4.4.2. Review the findings gathered by the Department’s COU and recommend any state-level actions that would assist with improving teamwork.</p>
<p>Objective 4.5. Collaborate with the Florida Coalition Against Domestic Violence (FCADV) to consider state level actions to improve local partnerships.</p> <p>Activities Year 1:</p> <p>4.5.1. Develop recommendations and strategies to establish effective oversight and utilization of batterer intervention programs that are based in domestic violence perpetrator accountability (The Duluth Model).</p> <p>4.5.2. Consider other methods to improve local collaboration and services integration, such as the development and pilot testing of a system self-assessment tool on standards for effective and collaborative interventions between child welfare professionals and domestic violence advocates.</p>
<p>Benchmarks and Milestones</p> <ol style="list-style-type: none"> 1. Co-chairs and workgroup members identified by July 1, 2019. 2. Charter created by September 1, 2019. 3. Workplan established by November 1, 2019 to include additional milestones and interim benchmarks for each year towards reaching PIP targets by year five.
<p>Rationale and Resources for Objectives</p> <ol style="list-style-type: none"> 1. Program Improvement Plan (PIP) Goal 1, Strategy B 2. PIP Goal 3, Strategies A and B 3. Department’s policy/implementation paper on Medicaid Coverage during Child Welfare Initiated Temporary Absence. 4. Final demonstration waiver evaluation.
<p>End results</p> <ul style="list-style-type: none"> • Children, families and caregivers will experience excellent teamwork with and among the providers involved. • Providers will be able to improve their interventions and services through efficient and cost-effective collaboration with other agencies.

GOAL 4: PROVIDE THE WORKING CONDITIONS THAT THE CHILD WELFARE WORKFORCE NEEDS TO FULLY ENGAGE CHILDREN, FAMILIES AND CAREGIVERS IN TEAMWORK TO ACHIEVE CHILD SAFETY, PERMANENCY AND WELL-BEING.

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

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

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

Activities Year 1:

- 5.1.1. Create workgroup with sub-committees for investigations and case management.
- 5.1.2. Create charter that includes common goals and tasks; specific responsibilities of the two sub-committees.
- 5.1.3. Update workplan for FY 2020-2024 to include the activities already identified for year one and determine the activities for years two, three, four, and five.

Activities Years 2-5 for all objectives:

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

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

Activities Year 1:

- 5.2.1. Develop a standardized Child Protection Supervisor core competency training and coaching model.
- 5.2.2. Develop ways to use technology to increase the efficiency, for example mobile applications that interact with FSFN; use of electronic signatures with mobile tools.

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

Activities Year 1:

- 5.3.1. Collaborate with Embrace Families, Inc. to ensure maximum statewide benefit from activities associated with grant funding from Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. Embrace Families, Inc. developed a

<p>cooperative agreement with the Children’s Bureau to implement additional statewide analyses of case management stability and proficiency.</p> <p>5.3.2. Develop a unified process for capturing case management workforce characteristics and data (for example: turnover, vacancy, caseload, and years of experience).</p> <p>5.3.2.1. Identify recommendations for CCWIS data standards for accurate capturing of workforce data.</p> <p>5.3.2.2. Identify a member of the workgroup to participate in CCWIS design sessions as appropriate to convey and apply the recommended data standards.</p> <p>5.3.3. Develop a standardized Case Manager Supervisor core competency training and coaching model.</p> <p>5.3.4. Complete an inventory of case management responsibilities and develop strategies to reduce workload demands and create efficiencies through innovative practices and technology.</p>
<p>Objective 5.4. Create a formal process for the Secretary of the Department to convene a child welfare task force (tiger team) when a region and/or CBC needs workforce reinforcement brought in from other parts of the state to provide immediate relief to staff impacted by a natural disaster or other traumatic circumstances. In the past, the Department has organized and implemented child welfare task forces without the benefit of an established approach such as:</p> <ul style="list-style-type: none"> • after Hurricane Michael when many families, including child welfare staff and providers, lost their homes and places of employment; • when there have been extremely high backlogs of investigations that remain open for more than 60 days due to a pattern of high turnover rates in child protection investigations units; and • Instances when CBCs have an extreme workload crisis and needs support for case managers.
<p>Benchmarks and Milestones</p> <ol style="list-style-type: none"> 1. Co-chairs and workgroup members identified by July 1, 2019. 2. Charter created by September 1, 2019. 3. Workplan established by November 1, 2019 to include additional milestones and interim benchmarks for each year towards reaching PIP targets by year five.
<p>Rationale and Resources for Objectives</p> <ol style="list-style-type: none"> 1. CFSR Systemic Factors Item 19, Statewide Information System; 2. CFSR Systemic Factor Item 25, Quality Assurance System; 3. CFSR Systemic Factor Items 26 and 27, Staff and Provider Training 4. Department Disaster Plan.
<p>End results</p> <ul style="list-style-type: none"> • Children, families and caregivers will report higher levels of engagement and satisfaction with services/supports to achieve safety, permanency, and well-being. • The Department will be able to demonstrate that Child Protection Investigators and case managers have working conditions that enable them to spend the time needed for high quality conversations with children, families, and caregivers. • CBCs will be able to demonstrate that contracted providers of family support, treatment, and well-being services are making concerted efforts to meet standards for trauma-informed care and supported or well-supported evidence. • Research-informed workload standards and supervision practices.

The Performance Target Matrix for 2020-2024 Child and Family Services Plan provides performance targets for federal measures associated with each of the goals and strategic initiatives. Targets established in Florida's Performance Improvement Plan that were achieved or not met are carried forward with the expectation that performance will be maintained or achieved by September 30, 2020. For the new goals established in the CFSP, performance targets will be achieved by the end of the plan period, September 30, 2024.

PERFORMANCE TARGETS FOR 2020-2024

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

		Goal 1	Goal 2	Goal 3		Goal 4
	CFSP Target Date for Achievement	Strategic Initiative 1	Strategic Initiative 2	Strategic Initiative 3	Strategic Initiative 4	Strategic Initiative 5
Safety Outcome 1: Children are first and foremost protected from abuse and neglect.						
Percent of Alleged Child Victims Seen within 24 Hours.	91.6% 9/30/2020					X
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.						
Item 2, Services to family to protect child(ren) in the home and prevent removal or reentry.	85.8% 9/30/2020	X	X	X	X	X
Item 3, Risk and Safety Assessment and Management.	77.7% 9/30/2020	X				X
Permanency Outcome 1: Children have permanency and stability in their living situations.						
Item 4, Stability of foster care placement.	88.5% 9/30/2020	X	X			
Item 5, Appropriate and Timely Permanency Goals Established.	82.1% 9/30/2020					X
Item 6, Achieve Reunification, Guardianship, Adoption, or Other Planned Living Arrangement.	75.4% 9/30/2020	X			X	X
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children						
Item 7, Placement with Siblings.	90% 9/30/2024		X			
Item 8, Child visits with Parents and Siblings in Foster Care.	90% 9/30/2024		X			X

PERFORMANCE TARGETS FOR 2020-2024

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

		Goal 1	Goal 2	Goal 3		Goal 4
	CFSP Target Date for Achievement	Strategic Initiative 1	Strategic Initiative 2	Strategic Initiative 3	Strategic Initiative 4	Strategic Initiative 5
Item 9, Preserving Child’s Connections.	90% 9/30/2024	X	X		X	X
Item 10, Relative Placement.	90% 9/30/2024	X	X			X
Item 11, Relationship of Child in Care with Parents.	90% 9/30/2024	X	X			X
Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.						
Item 12, Needs and Services of Child, Parents, and Foster Parents.	58.4% 9/30/2020	X	X	X	X	X
Item 13, Child and Family Involvement in Case Planning.	70.7% 9/30/2020				X	X
Item 14, Quality and Frequency of Caseworker Visits with Child.	78.9% 9/30/2020		X			X
Item 15, Caseworker Visits with Parents.	51.1% 9/30/2020		X			X
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.						
Item 16, Educational needs for Child.	90% 9/30/2024	X	X			X
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.						
Item 17. Physical Health of the Child.	90% 9/30/2024	X		X	X	
Item 18 Mental/Behavioral Health of the Child.	90% 9/30/2024	X		X	X	

CHAPTER 4. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

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

The two federally recognized tribes in Florida are familiar with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR) and the accessibility of the documents on Florida's Center for Child Welfare website (The Center). In 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 case planning services of the Seminole Tribe of Florida (STOF) Family Services Department handles credit reports for tribal children. The Miccosukee Tribe provides case planning services to its own children; the Department has not received specific information as to whether that includes credit reports. The Department requires the Community-based Care lead agencies (CBCs) to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group.

The Department is responsible for child protective investigations for the tribes. Each area of the state has staff serving as ICWA liaisons. The Department's operating procedure, [CFOP 175-36, Reports and Services Involving American Indian Children](#), describes processes to be used by CPIs and case managers.

Florida continues to work in collaboration with the state's two federally recognized tribes, the STOF and the Miccosukee Tribe of Indians of Florida, by maintaining and encouraging ongoing contact, support, staff interaction, and opportunities for the tribes to participate in statewide initiatives and training. A third tribe, the Poarch Band of Creek Indians (a federally recognized tribe from Alabama with a reservation located close to the Florida - Alabama border), also is included in the Department's outreach efforts. All three tribes are invited to participate in the annual statewide Dependency Summit.

The Department's point of contact along with special projects administrator of the Seminole Tribal Court convenes regularly scheduled conference calls every two months to discuss issues, such as upcoming trainings, training needs, data needs, plans to identify statewide compliance, and review of complex cases from a statewide perspective. There is broad participation during the bi-monthly conference calls to include Department regional staff, DCIP, Department General Counsel, CLS, and Tribe Liaisons.

Based on discussion between the Department and the STOF, there is agreement that a mutual goal for 2020-2024 CFSP is to execute the draft Statewide Memorandum of Agreement (MOA). Once the MOA is executed representatives of the STOF and the Department will:

1. Collaborate in the development and implementation of training for child welfare professionals across the state (CPI, CM, CLS, and the courts) which include attention to unique local issues.
2. Collaborate in the development of a case management tool kit which would assist the field with implementation of quality active efforts.
3. Continue to strengthen the relationship between the STOF and the Department with ongoing, regular communication involving the circuit ICWA specialists to identify ongoing practice challenges and solutions.

Pending the signing of the MOA, the Department provides, at the STOF's request, child abuse and neglect investigations and certain case management functions on the Seminole reservations. Florida's courts hear dependency court cases resulting from investigations conducted by the Department or its contracted

agencies on STOF reservation in Hollywood. The progress and outcome of the cases being heard on the reservation is positive and resulted in having all future ICWA cases heard on an ongoing basis.

The tribal representatives for the state's two federally recognized tribes are:

Miccosukee Tribe of Indians of Florida

Jennifer Prieto, Director, Social Services Program
Post Office Box 440021
Miami, Florida 33144
Telephone: (305) 223-8380 extension 2267 FAX: (305) 223-1011

Seminole Tribe of Florida

Designated Tribal Agent for ICWA
Attention: Shamika Beasley, Tribal Family & Child Advocacy Compliance & Quality Assurance Manager
Center for Behavioral Health
3006 Josie Billie Avenue
Hollywood, Florida 33024
Telephone: (954) 965-1314 ext. 10372 FAX: (954) 965-1304

Natalie Gomes, Head of the Tribal Program
Center for Behavioral Health
3006 Josie Billie Avenue
Hollywood, Florida, 33024

Additionally, the representative from the Alabama tribe:

Poarch Band of Creek Indians

Martha Gookin, Department of Family Services
5811 Jack Springs Road
Atmore, Alabama 36502
Telephone: (251)368-9136 extension 2602 FAX: (251) 368-0828

CHAPTER 5. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

This plan reflects the activities that will continue to be conducted over the next five years to ensure that there are a sufficient number of foster and adoptive homes that meet the needs of children served by the child welfare system. Findings from the Contract Oversight Unit (COU) reviews of Community-based Care (CBC) placement resources and processes are included in Chapter 2 in Foster Parent Licensing, Recruitment, and Retention. With regard to recruitment plans, the COU found that, "As a whole, CBCs had recruitment plans that identified a target based on some analysis of their needs; however, in many areas there was a lack of a strategic analysis of the needs of the children coming into care, paired with a strategic recruitment plan aimed at recruiting homes to meet those specific needs." Individual [CBC Contract Monitoring Reports](#) are posted at the Center for Child Welfare (Center).

Strategic Initiative 2, the Placement Services Array, will address the need for a standardized approach to capacity assessment, more customized recruitment planning, and refinement as appropriate to the COU standards for placement resources and processes.

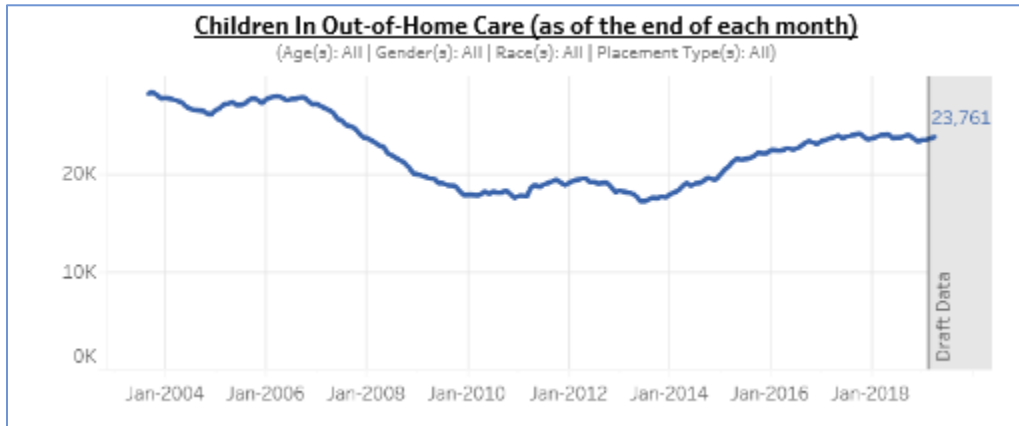
CHARACTERISTICS OF CHILDREN FOR WHOM FOSTER AND ADOPTIVE HOMES ARE NEEDED

All Children in Out-of-Home Care

As of April 30, 2019, there were 23,761 children in out-of-home care. Table 2 shows the statewide age and gender distribution, and placement types. This information is available on the Child Welfare Dashboard, Trend Reports. Each region and CBC use the dashboard to create local profiles. The following information reflects the characteristics of the statewide number of children in care as of April 30, 2019:

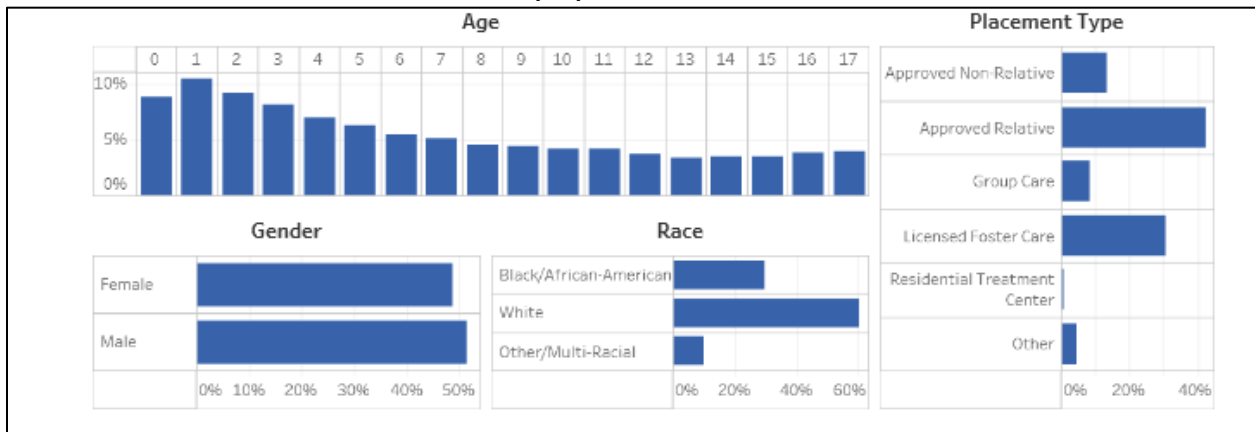
- Placement settings:
 - 56 percent with approved relative/non-relative caregivers
 - 31 percent with licensed foster families
 - 8 percent in group care
 - 5 percent in other settings
- Race: 68 percent White, 30 percent Black/African American, and 2 percent are a mix of other races
- Gender: 51 percent are male, and 49 percent are female
- Age: 50 percent are 0-5 years of age; 32 percent are 6-12 years of age; and 18 percent are 13-19 years of age
- Of 5,714 sibling groups, 63 percent are placed together (Source: CBC Scorecard Dashboard, 3/31/19).
 - 78 percent of sibling groups placed together are placed with relative/non-relative caregivers
 - 20 percent of sibling groups placed together are placed in licensed foster care
- The size of sibling groups placed together in care
 - 66 percent of sibling groups are comprised of 2 children
 - 24 percent of sibling groups are comprised of 3 children
 - 10 percent of sibling groups are comprised of 4 or more siblings
- 37 percent of children in out-of-home care are placed outside of their removal county with wide variation across CBCs. (Source: March 2019 Child Welfare Key Indicators Monthly Report based on updated FSFN data through February 2019)

Table 1: Children in Out-of-Home Care as of 4/30/2019



Source: Florida Child Welfare Dashboard

Table 2: Children in Out-of-Home Care as of 4/30/2019



Source: Florida Child Welfare Dashboard

Children Entering Out-of-Home Care

A total of 1,195 children entered care between 4/1/2019 and 4/30/2019. (Source: Child Welfare Dashboard, Trend Reports) The following information is about the characteristics of the new children entering foster care:

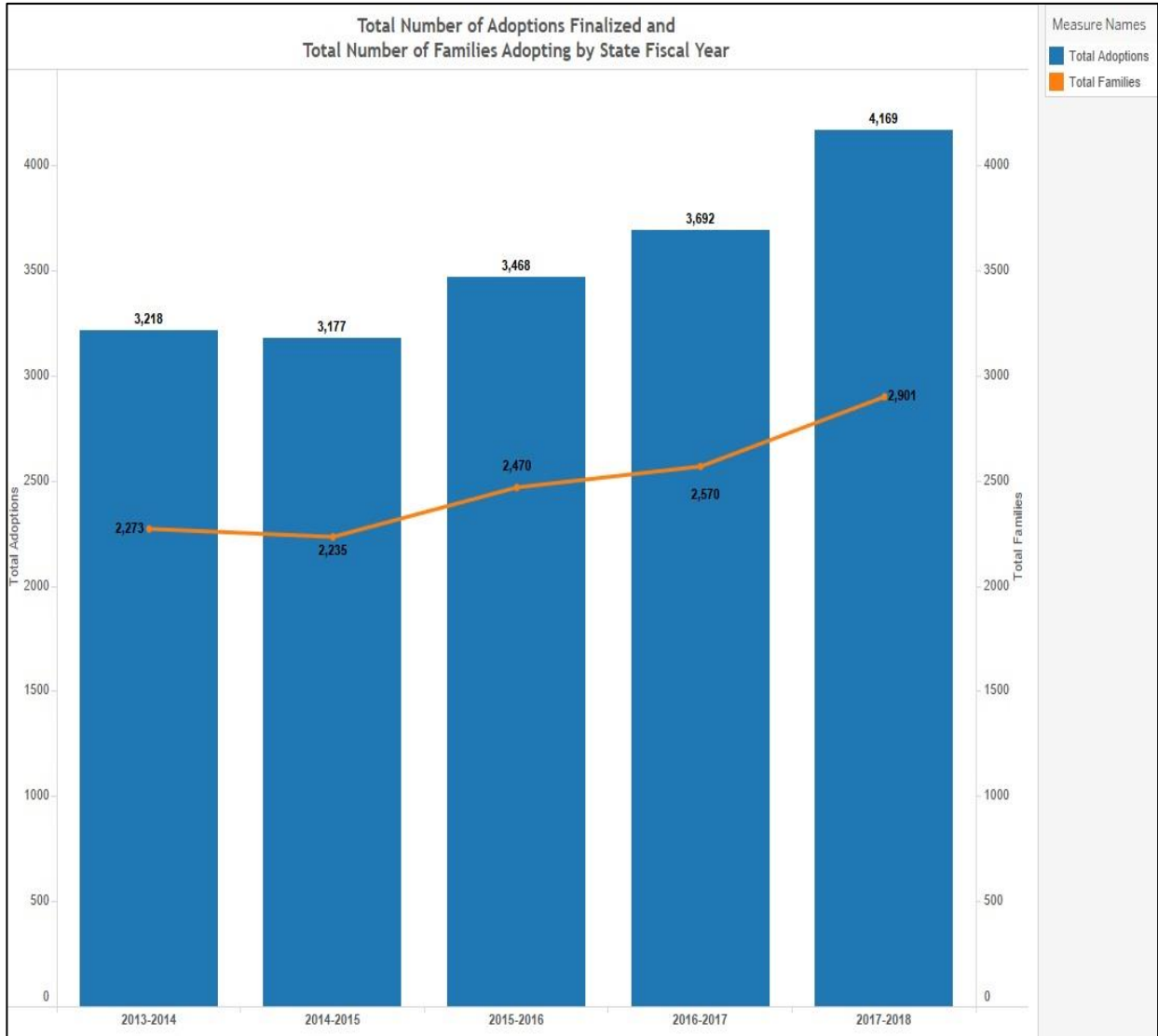
- Age:
 - 22 percent were 0-1 year of age
 - 36 percent were 2-5 years of age
 - 30 percent were 6-12 years of age
 - 14 percent were 13-17 years of age
- Gender:
 - 46 percent female
 - 54 percent male
- Race:
 - 59 percent White, 32 percent Black/African American, and 8 percent a mix of other races

Characteristics of Children with a Goal of Adoption

As shown in Table 3, 12,449 children were adopted from foster care during the last five years, with an upward trend each year. Of the 2,901 children adopted in 2017-2018:

- 50 percent were adopted by relative caregivers,
- 26 percent by foster parents, and
- 24 percent by recruited families.

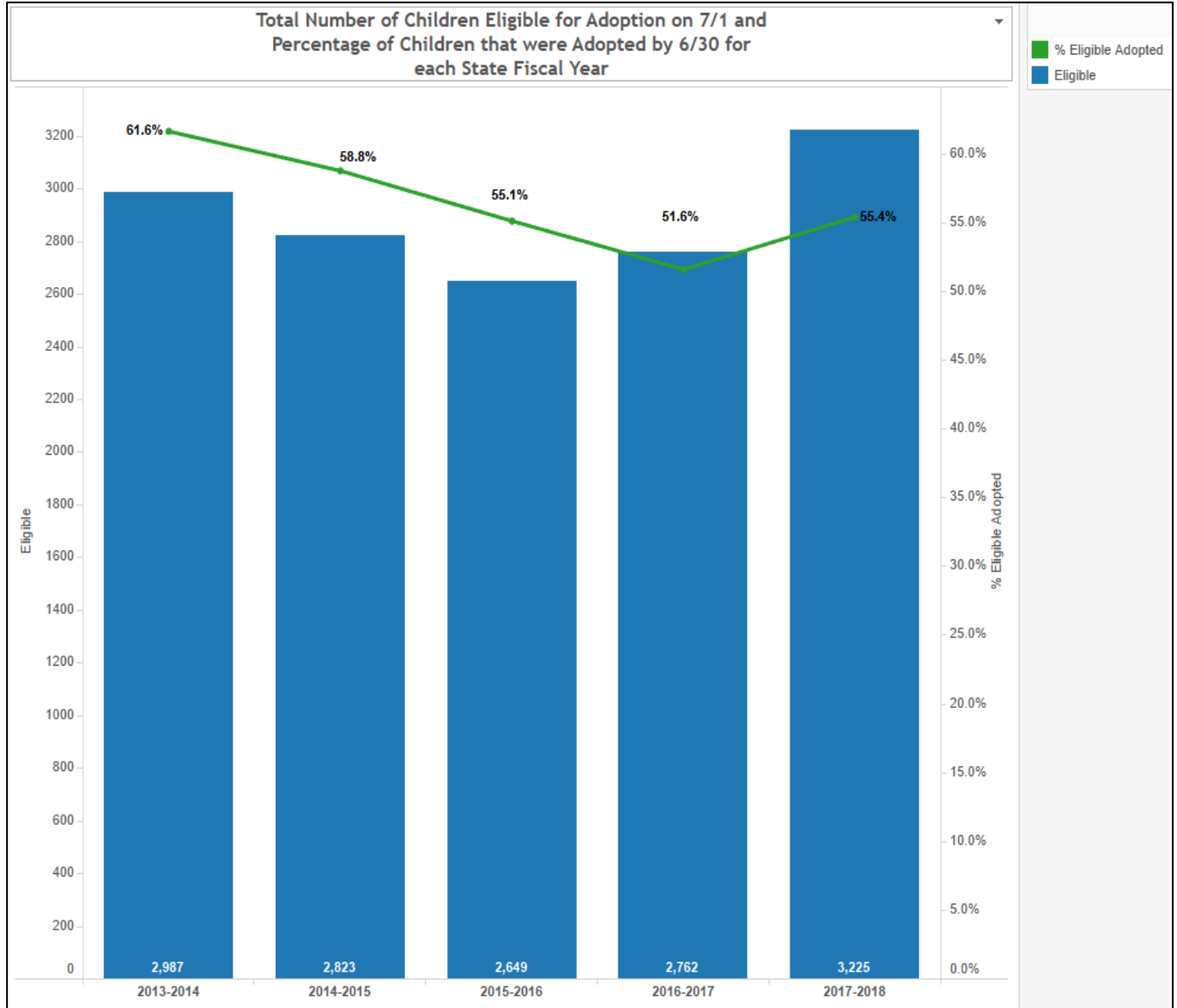
Table 3: Total Number of Adoptions Finalized and Total Number of Families Adopting



Source: Adoption Incentive Annual Report November 15, 2018

Table 4 illustrates the overall trend in the number of children eligible for adoption on July 1 of the particular fiscal year and the subset of those children who were subsequently adopted by June 30 of that fiscal year. The number of children eligible for adoption increased from 2,762 in SFY 2016-2017 to 3,225 in SFY 2017-2018 and the percent adopted increased from 51.6 percent to 55 percent for the same time period.

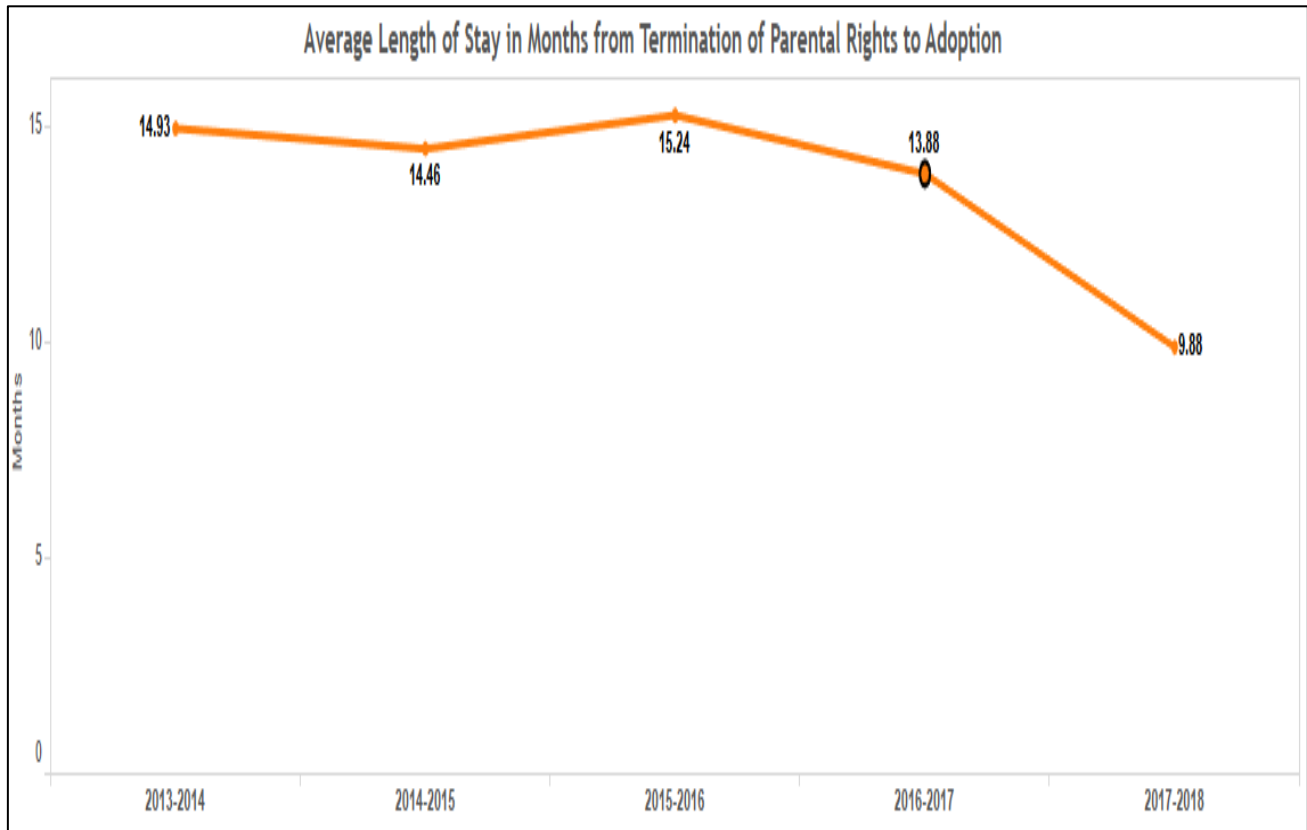
Table 4: Number of Children Eligible for Adoption on 7/1 & Percentage of Children Adopted



Source: Adoption Incentive Annual Report November 15, 2018

In Florida, children are not eligible for adoption until the parental rights of their legal and/or biological parents have been terminated. Table 5 below represents the average length of time from the termination of parental rights (TPR) to finalized adoption for children. The chart shows the statewide average for the length of time from TPR to adoption finalization decreased from 15.24 months FY 2015-2016 to 9.88 months in FY 2017-2018; a five-month decrease (32.8 percent improvement).

Table 5: Average Length of Stay in Months from Termination of Parental Rights to Adoption

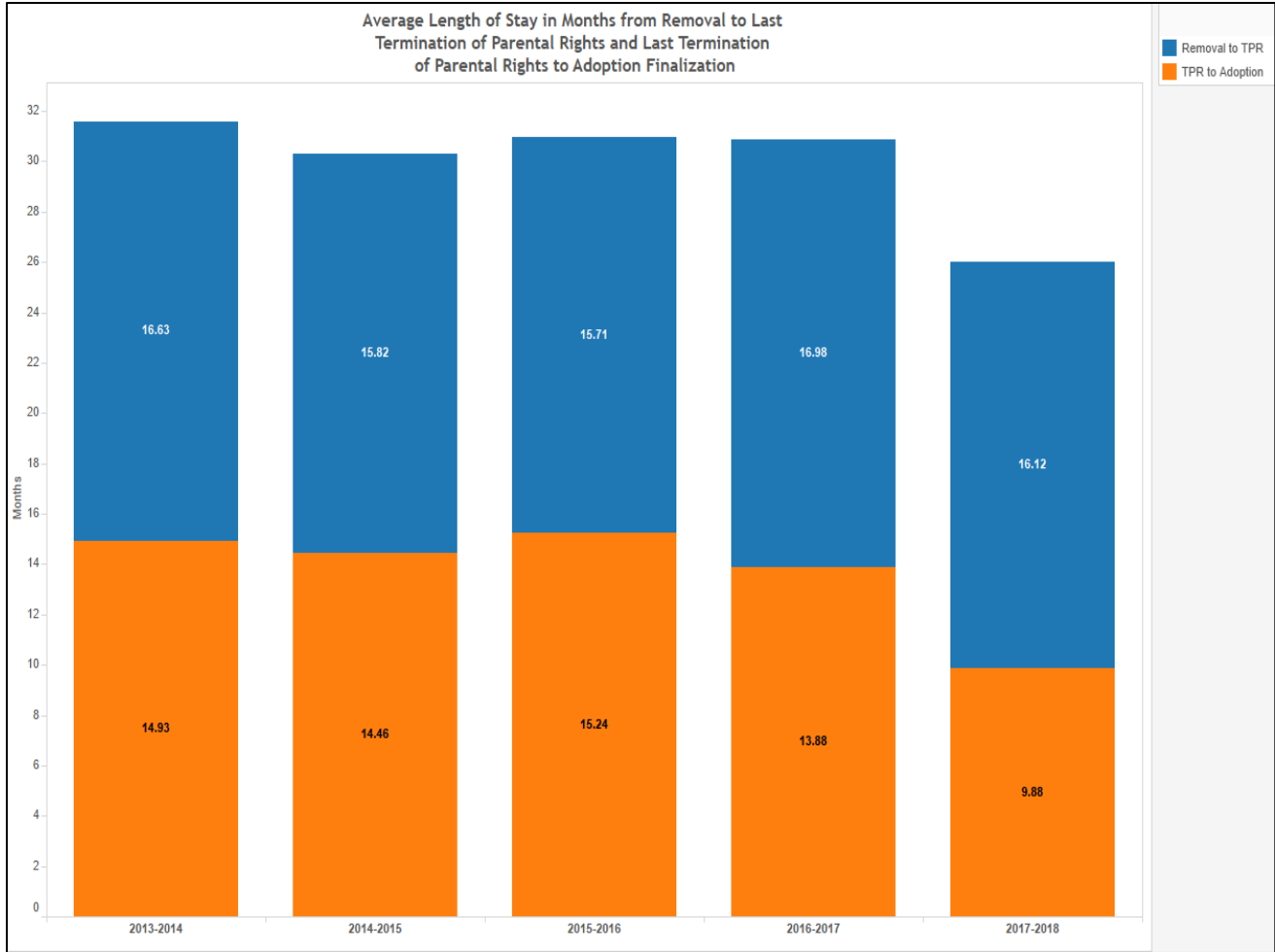


Source: Adoption Incentive Annual Report November 15, 2018

There are two clear phases of the adoption process. The first phase of the adoption process is the time between the removal of the child from his/her biological and/or legal parents to the termination of paternal rights (TPR) of both parents.

The second phase of the adoption process begins with the TPR of both parents and ends with the finalized adoption of the child. Table 6 displays the length of time to complete each phase of the adoption process during the last five state fiscal years, as well as the total length of time it took to reach adoption completion. During FY 2017-2018, there was a decrease in the amount of time from removal to TPR by .086 and a decrease in the length of time from TPR to adoption of four months compared to FY 2016-2017 for an overall improvement from 30.86 months to 26 months from removal to adoption.

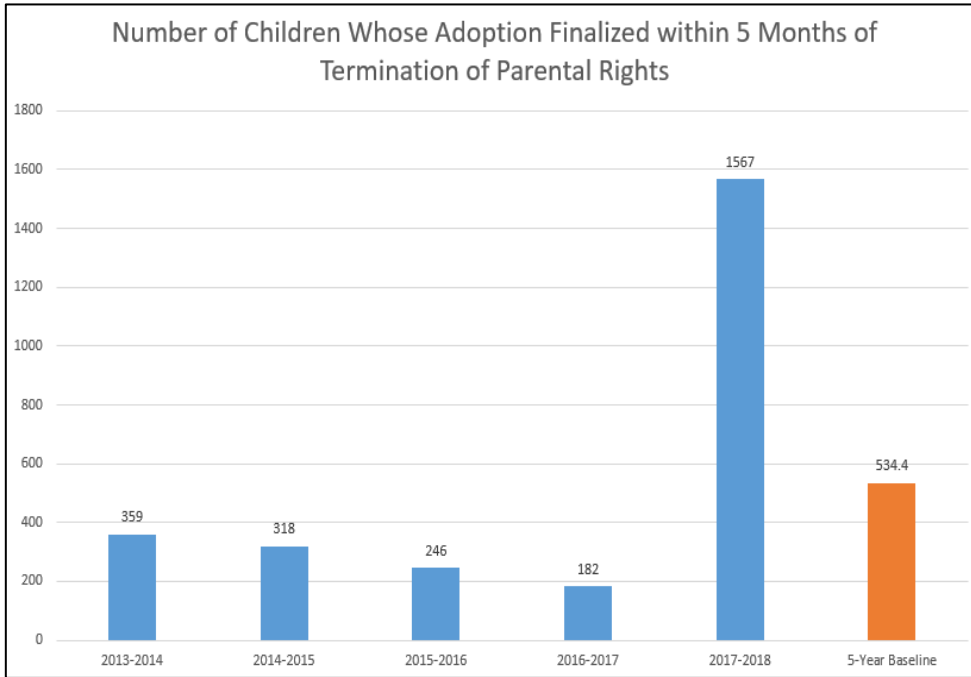
Table 6: Average Length of Stay in Months from Removal and Time to Finalization from TPR



Source: Adoption Incentive Annual Report November 15, 2018

Table 7 shows the number of children adopted within five months of TPR increased in FY 2017-2018 compared to previous fiscal years, with a five-year average of 534.4 children. The increase in the number of available children achieving permanency within five months of termination of parental rights correlates to the decrease in the length of time from termination of parental rights to adoption. The implementation of the CBC Adoption Incentive Program has contributed to this population of children reaching permanency sooner.

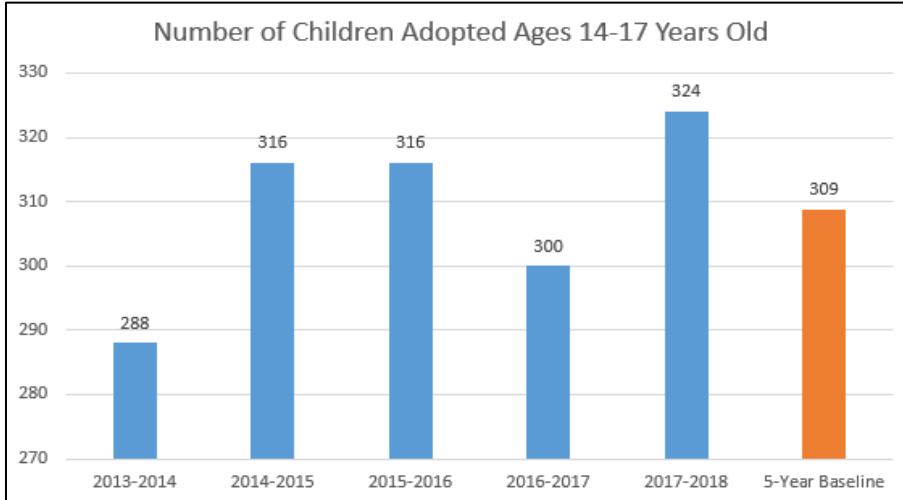
Table 7: Number of Children Adopted Within 5 Months of TPR



Source: Adoption Incentive Annual Report November 15, 2018

Table 8 shows the number of children ages 14 to 17 years old who were adopted by year.

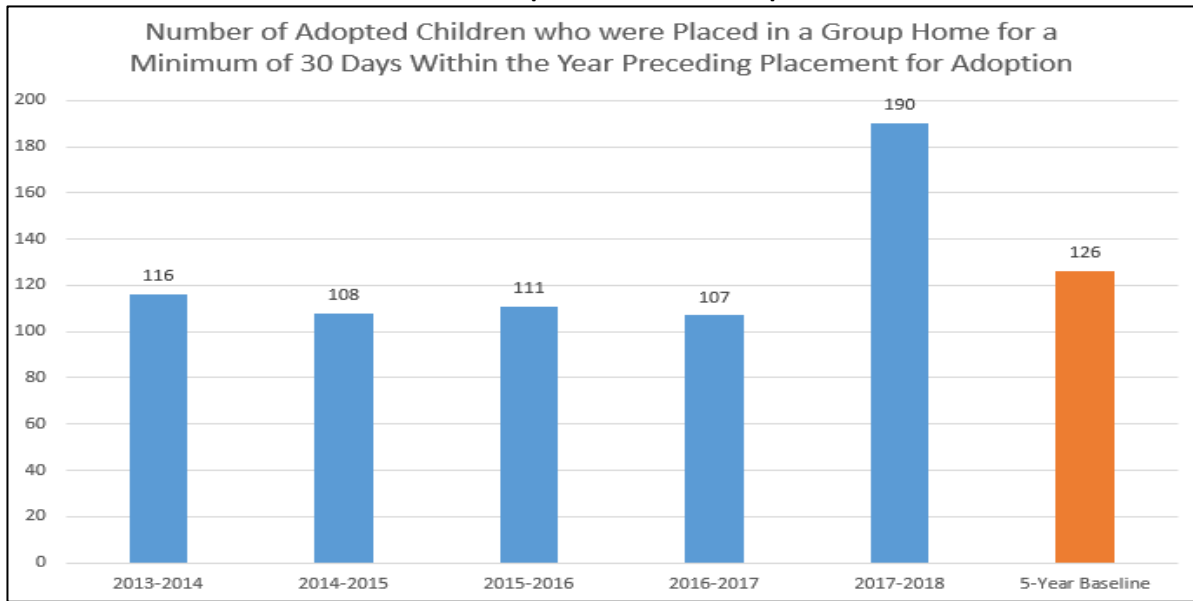
Table 8: Number of Children Adopted Ages 14-17 Years Old



Source: Adoption Incentive Annual Report November 15, 2018

Table 9 below indicates that the number of children who were placed in group homes for 30 days within the year preceding their adoption placement has increased. Approximately 4.6 percent of all finalized adoptions in FY 2017-2018 had a child’s last FSFN placement coded as group care. These group care findings are consistent with the observed data for the last four FYs of the percentage of children who were adopted after having spent 30 days or more in group care.

Table 9: Number of Children Placed in a Group Home Prior to Adoption



Source: Adoption Incentive Annual Report November 15, 2018

After reviewing the baseline data and trends, the Department believes there are four populations for whom achieving adoption finalization is more complex and challenging. Those populations are:

- Children whose adoption finalized within five months or less of termination of parental rights;
- Children available for adoption 24 months or longer;
- Children adopted between the ages of 14- and 17-years-old; and
- Children adopted who had been residing in group care for 30 days preceding their adoption placement.

RECRUITMENT AND RETENTION STRATEGIES

1. Outreach and Dissemination Activities

Websites and Social Media

The Department hosts or sponsors multiple websites to assist with recruitment of foster/adoptive families.

- [Fostering Success](#) provides information about the benefits of being a foster parent; multiple publications about foster parenting including the process; links to local contacts and resources; a calendar incorporated from the Foster/Adoptive Parent Association's (FAPA) website that includes local association meetings and events; links to multiple other websites with information about foster parenting and Florida resources; and videos that share stories about fostering children who need temporary care.
- [Explore Adoption](#) - One of the major initiatives Florida uses to recruit adoptive families is the Explore Adoption campaign and associated website. Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is part of a sibling group. Through public education, expanded partnerships and social media, Explore Adoption invites Floridians to learn more about the children immediately available for adoption in their home state and community. The initiative puts a new face on public adoption by telling many stories of families who have enriched their lives by adopting Florida's children.

- Center for Child Welfare - The Center for Child Welfare maintains current Florida information and publications for prospective and current foster and adoptive parents.
 - [Foster Parent Resources](#)
 - [Adoptive Parent Resources](#)

CBCs, case management organizations, and child placing agencies also have websites. Social media links are found on these websites or are available through the major online services (such as Facebook and YouTube). The Department hosts a blog on its Facebook page featuring foster and adoptive parent experiences.

Quality Parenting Initiative (QPI)

The Department has actively engaged with QPI to support and broaden the initiative’s presence and positive impact on foster care in Florida. QPI provides ongoing technical assistance to participating CBCs in Florida; provides monthly conference calls for QPI sites to share implementation information; and collaborates with the Department on most projects that impact Florida caregivers. QPI is a major contributor of innovation and tools for recruiting, developing, and supporting caregivers.

The QPI philosophy is that in order to thrive, all children and youth need excellent parenting. When parents cannot care for their children, the foster or relative family must be able to provide the loving, committed, skilled care that the child needs, in partnership with the system, to ensure children and youth thrive. Both the caregiver’s parenting skills and the system’s policies and practices should be based on child development research, information and tools. QPI promotes the concept that when caregivers are well-supported and well-engaged as team members, not only will children thrive but other Florida families will be more likely to become a foster parent. QPI offers practices that result in improved retention of foster parents, which also results in improved success with recruitment.

QPI is an approach, a philosophy and a network of sites that share information and ideas about how to improve parenting and recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers. The child welfare system commits to fully supporting excellent parenting by putting the needs of the child first. The key elements of the approach are:

- Defining the expectations of caregivers;
- Clearly communicating expectations (the Brand Statement) to staff, caregivers and other stakeholders; and
- Aligning system policy and practice with those expectations.

When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth. Caregivers receive the support and training they need to work with children and families, understand what is expected of them, and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children, youth and families will improve. The Department is committed to implementing QPI in every circuit by 2024.

One QPI best practice is “the comfort call.” The comfort call is a phone call made by the Child Protection Investigator or caseworker and foster parent to the birth parent(s) shortly after a child is removed from their home to comfort the child, take the first step in establishing a positive co-parenting relationship between the foster parent and birth parent(s), and discuss vital information needed to meet the child’s needs. This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement. This call should always occur within 12 hours, if at all possible, otherwise, as soon as it can be done once the child is placed. During the call the foster parent

should allow the birth parent(s) to be the expert on their child by discussing information needed to meet the child's needs.

The [Quality Parent Initiative Florida](#) website provides a wealth of resources for foster parents and caregivers and for CBC staff. A significant number of recruitment tools are provided which include various campaign flyers; recruitment presentations and scripts; a mock recruitment plan; information for developing a targeting recruitment plan; and transition planning information.

Other Family Finding Methods

The Office of Child Welfare (OCW) will continue to explore ways to develop additional capacity to provide technical assistance and training to CBCs or other providers to replicate the "Family Finding Model." Some CBCs are currently implementing this model. The Family Finding Model is an approach designed to discover "lost relationships," people who could be re-engaged to have meaningful connections with youth in foster care, possibly provide a home. One of several "discovery strategies" in Family Finding is the use of Mobility Mapping. In this work, the youth is walked through a process where they remember where they have lived and who were the important people in those locations. This elicits memories of the relationships that can be captured in order to help build a team of supportive adults.

Permanency Roundtables

Permanency Roundtables developed and implemented with technical assistance and training from Casey Family Programs continue to provide a dependable method for child-specific family finding. The purposes of the permanency roundtable process are:

- Develop a child-specific plan to achieve permanency;
- To stimulate thinking and learning about pathways to permanency for other children in foster care; and
- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

Rapid Permanency Reviews (RPR)

Rapid Permanency Reviews, also developed by Casey Family Programs and implemented with technical assistance and training from Casey, are an effective process to find any local operations barrier or bottleneck that is keeping a child in care. The OCW currently has three trained implementors who can provide regional trainings. OCW is committed to finding ways to provide additional training and technical assistance to the field.

Florida State Foster/Adoptive Parent Association (FAPA)

The FAPA is a key partner in recruitment activities. The association conducts quarterly training sessions, hosts an annual training conference, and attends Children's Week activities during Florida's annual legislative session. Partnership with the association provides opportunities for feedback from current caregivers for recruitment and retention efforts. The association continues to provide wonderful "real life" examples of foster care/adoption experiences to share with the media and others for recruitment purposes.

Adoption Benefits for State Employees and Other Eligible Applicants

The Department provides state employees and other eligible applicants who adopt a special needs child from Florida's child welfare system a one-time lump sum of \$10,000 for a special needs child and \$5,000 for a non-special needs child. In 2017, individuals eligible to receive this benefit expanded to include employees of a charter school or Florida Virtual School.

Successful Foster Parent Recruitment Strategies

Licensure specialists in the OCW will continue to conduct quarterly statewide calls with the regions and CBCs to report on local recruitment and retention strategies and share best practices. There will continue to be a focus on finding homes for siblings and teen youth in care. The recruitment strategies for each CBC are recorded by the OCW and posted on the Department's Child Welfare Dashboard for [Placement in Out-of-Home Care Data](#). (Refer to the Additional Data section at the bottom of the web page, CBC Recruitment Strategies.)

Each CBC is asked to present their most effective recruitment strategies. The most effective strategies across all agencies include:

- Faith-based outreach and social media/printed marketing were the top two effective strategies reported statewide;
- Word of mouth and financial rewards;
- Foster Parent Associations/Support; and
- Quality Parenting Initiative.

Successful Adoptive Parent Recruitment Strategies

Throughout the state CBCs reported the use of various tools and practices used in the preparation of appropriate adoptive families, matching children with families, and providing post-adoption supports. Examples follow:

- The Family Match Pilot created by Adoption-Share utilizes data analytics and predictive models to assist adoption staff in their decisions regarding matching children available for adoption with prospective adoptive parents. Several CBCs documented their participation in the Family Match Pilot during spring of 2018. Currently, there are 538 prospective adoptive families registered on the site and 61 available children have been matched to prospective adoptive families.
- In partnership with Casey Family Programs and the Department, ChildNet-Broward, Community Partnership for Children, Embrace Families, Inc., and Family First Network implemented the Rapid Permanency Review (RPR) process model. The RPR process is a method intended to identify barriers and bright spots related to the permanency efforts of children in care. The focus of the RPR process is children who have been in foster care for two years or more with a goal of adoption who have been in the same family type setting for at least six months. The intent is that these children will achieve permanency in a safe home and that barriers will be mitigated and/or removed, resulting in a positive impact.
- Family Support Services of North Florida has implemented an initiative called "Pop-In for Permanency"- a recruitment event that opens the door for anyone in their adoption journey to learn more about the process, view a list of waiting children, and gather information on all aspects of adoption. Family Support Services of North Florida reported that since implementation, approximately 76 families have participated in the recruitment event and nine matches have been completed.

Adoption Promotion and Support Services

In Florida, Adoption Promotion and Support Services are an important factor for promoting the adoption of children by relative, non-relative and licensed foster caregivers. These services are also important to prospective adoptive parents who are not yet as knowledgeable about the needs of the children they will adopt. A description of adoption promotion and support services is provided in Appendix A, Description of Child and Family Services Continuum.

ADOPTIVE PARENT TRAINING, COMMUNICATION, AND ORGANIZATIONS

The Department hosts a statewide training opportunity for adoptive parents twice a year, once in January and once in May. Each training contains a general information and question and answer session conducted by the state's adoption policy specialist.

The Department continues to collaborate with the Florida Association of Heart Galleries to provide general awareness of the needs of foster parents, respite providers, mentors, volunteers and adoptive families. The Department's Communication Office works closely with foster/adoptive families and child welfare personnel throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with CBCs.

Post-adoption members were not included in the eligibility for the Sunshine Child Welfare Specialty Managed Care Plan until July 2015. Since that time the Sunshine Plan has learned that this population, and their adoptive families, require a different coordinated care approach to promote the long-term stability of the adoption. Sunshine Health implemented a specific health care program to provide specialized services for post-adoptive families. Sunshine Health specialized care managers work directly with the adoptive family. For members preparing to transition out of the foster care system due to a pending adoption, Sunshine Health care managers with expertise in adoption educates the adoptive family about the child's needs and care and the benefits available through the Sunshine Plan. Care management staff also connect post-adoption families to needed services and when appropriate develop comprehensive, integrated care plans for at risk and complex members. Sunshine Health also has expanded availability of adoption competent therapists within the Sunshine Health network. Through these proactive interventions and supports Sunshine Health intends to prevent crises from arising that could lead to hospitalizations, higher levels of care, or adoption disruptions.

INFORMATION AND ACCESS STRATEGIES

The Department uses and will continue to use several different strategies for potential and existing caregiver access to information, services, resources and supports.

Guardianship Assistance Program (GAP)

The 2018 Florida legislature authorized the Department to develop and implement the Title IV-E GAP starting July 1, 2019. Relative and non-relative caregivers (referred to as fictive kin) who are committed to caring for children placed in their care will be eligible for guardianship assistance payments. The child would be eligible not only for subsidies paid to the caregiver for the care of the child, but also for Title IV-E Medicaid coverage, and nonrecurring legal costs incurred in establishing permanent guardianship for the child. Relative and non-relative caregivers will have the option of choosing to become licensed under Level 1 foster care licensure standards or continuing to provide care as an approved home.

Kinship Navigator Funding and Services

Florida received FFY 2018 Kinship Navigator Funding under Title IV-B, Subpart 2. The Department has used the funds to contract with the Children's Home Network (CHN) 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. 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. CHN will provide services to counties with fully implemented kinship care services. In addition, they will provide expanded services to partially implemented kinship care services programs in Hillsborough County and implement services in other counties of the Suncoast and Southern regions.

Kinship caregivers may need a variety of support and services that may include referrals for legal assistance, parenting support, support groups, housing assistance, health, child care, 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.

“The case managers laid it down for my grandpa, after everyone goes away, what would benefit me the most?”

“My grandparents did not ask for a lot. My grandmother enjoyed the case manager stopping by for visits. The case managers had a good relationship with my family.” This mom graduated from drug court one week before her baby turned one. She says that the case managers involved stressed the importance of her family’s ongoing support. “They laid it down for my grandpa, after everyone goes away what would benefit me the most. I agreed that if I relapsed I would ask my grandpa for help. We all signed a written agreement. The whole experience really educated my grandpa. I now have a relationship with him that I didn’t have before. I feel that I got into child welfare because I didn’t go to him for help when I needed it. Now I can call him and drop the kids off and he is always willing to help. My grandpa really understands what support I need.”

Source: Parent Advisory Board, Flagler and Volusia Counties, see Appendix D

Peer-to-Peer Navigation

Peer-to-Peer Navigation is a service provided by family support navigators who are grandparents or other relatives hired by CHN to connect kin caregivers to resources and services and help them navigate the various systems.

CHN will complete a Fidelity Study to determine if the program is adhering to its evidence-based approach. It shall include training on assessment instruments and data collection. The study will report how adequate the program model is being implemented; assess if the program is meeting all the requirements and services to become an evidence-based program; provide evidence if the model meets the needs or if changes need to be made.

The Department expects that CHN will complete the evaluation activities necessary to become and maintain status as evidence-based as determined by the Children’s Bureau. Based on the results of the CWI kinship inventory, the Department will work with the regions to develop an implementation plan to expand availability of kinship navigator services in every region. The plan will include steps for the programs to implement services with fidelity to the evidence-based model.

Investigations of Foster Parents

As discussed in the APSR/Final Report, the Department developed and piloted a new process for the investigation of alleged maltreatment by a foster parent. Although there has been a continued and significant decline in verified abuse occurring in foster care, an investigation is difficult for the caregiver and the child welfare system involved. The Department, CBCs, and the QPI project collaborated in the development of the new pilot process. There is a strong shared belief that with the right ongoing caregiver support, training, and services, no child in foster care should experience maltreatment by a caregiver.

The new process will ensure that investigations include a thorough assessment of the system's provision of necessary supports provided to the foster parent. The goal is to learn from each report investigated what training, ongoing support and/or services might prevent allegations, or actual maltreatment in care from occurring.

Adoption Information Center and Multiple Websites

The Department will continue to contract for the statewide adoption information services provided by the [Adoption Information Center](#). This statewide resource operates as a clearinghouse in every area of adoption. The services of the Adoption Information Center are free and include a toll-free helpline for providing adoption information and referral services to potential and current adoptive parents; adult adoptees; birth relatives; pregnant women, and professionals. The Department will continue to maintain multiple statewide websites for obtaining information about fostering and adoption.

CBCs will continue to offer the following based on local needs and capacity:

- Deliver training and supportive services in multiple locations (churches, neighborhoods, etc.) which helps with transportation;
- Provide childcare services so that families can attend pre-service and in-service trainings;
- Designate staff at CBCs for foster parent liaison work;
- Provide Foster parent mentors (voice of experience); and
- Conduct site visits when prospective parents inquire. The purpose of the site visit is to answer questions the parents have, and also to do a preview of the home to determine if there are any apparent barriers to becoming a foster or adoptive parent.

TRAINING FOR DIVERSE COMMUNITY CONNECTIONS

- Discussions about working with children and foster parents from various diverse communities are woven throughout the Licensing Specialty Pre-Service curriculum which thoroughly addresses this topic.
- The Department's Training Program developed and will continue to provide Cultural Competence Train-the-Trainer workshops. The goal is to educate child welfare trainers so they can in turn teach child welfare professionals how important it is that they are aware of and understand the dynamics of cultural competence when working with Florida's diverse population. This training will help the child welfare professional become accustomed to and understand different cultures, especially those they are most likely to be working.
- The Office of Child Welfare will continue to update as necessary and utilize the Cultural Competency Tip Sheet provided to licensing staff at the Statewide Licensing Training in January 2019.
- The Department will continue the contract with the Center for Child Welfare which includes maintaining and updating a web page [Cultural Competency and Diversity Publications and Resources](#). The Center also offers online training on [Cultural Competency and Diversity](#).
- The Department will continue to host the Child Protection Summit annually – this comprehensive conference will continue to include opportunities for diversity training, such as working with children who have special needs, being sensitive to children's cultures, and understanding and working with gender identity matters.
- The Adoption Information Center and the Department will host statewide in-service adoption trainings, one in January and one in May. The two-day trainings are conducted by nationally

recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien and Dr. Wayne Dean. The attendees include adoption case managers, adoption supervisors, Guardians ad Litem, private adoption agency staff, and Children's Legal Services' attorneys.

STRATEGIES FOR DEALING WITH LINGUISTIC BARRIERS

The Department has a [2019 Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency](#). The guide provides the Department's protocols for provision of auxiliary aids and services to ensure accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons with Limited English Proficiency. The plan's provisions apply to all Department programs and contracted client services providers who provide direct services to clients/customers or potential clients/customers. Each of the six Regions within the Department, as well as the Headquarters Office, has an Auxiliary Aids Plan unique to their location.

For persons with linguistic challenges, the plan provides for:

- translation of written materials;
- competency of interpreters and translators;
- provision of interpreters in a timely manner;
- other means of communication; and
- effectiveness of communication.

The plan also provides significant resource information in the appendices, including:

- in-person communication etiquette guide;
- interpreter and translation services poster;
- Florida relay information;
- Assistive listening devices;
- Directory of agencies and organizations;
- Language line services; and
- Video remote interpreting.

NON-DISCRIMINATORY FEE STRUCTURES

The Department ensures that fees, if charged, are fully disclosed and defined in an impartial manner.

- All out-of-home care and adoption services are available free-of-charge.
- Prospective adoptive families may choose to pay for a private adoption home study to expedite the process.
- Rule 65C-15.010, Florida Administrative Code, governs "Finances" for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

PROCEDURES FOR TIMELY SEARCH FOR PROSPECTIVE ADOPTIVE PARENTS

All children available for adoption and who have no identified family must be, according to Florida Statute, on the statewide website Explore Adoption with a photo and narrative within 30 days of termination of parental rights. In addition, the national photo listings at [AdoptUSKids](#) and [Children Awaiting Parents](#) are also utilized.

The Department will continue to collaborate with One Church One Child in their efforts to recruit adoptive families for children in foster care by engaging local churches across Florida. Additional child specific recruitment efforts will be conducted for National Adoption Month in November, December, and again for Black History Month in February. A video of an available child, primarily a teen, will be shown each day in November, December and February on Explore Adoption. The recruitment event is called “30 Days of Amazing Children” and each video will show a child speaking directly to the camera about topics important to him/her. During February, only videos of the African American available children will be shown. These recruitment efforts have resulted in increased numbers of inquiries to the Department’s Adoption Information Center.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days and the event generates numerous inquiries and interest to the Department’s toll-free number.

Currently, the Dave Thomas Foundation’s Wendy’s Wonderful Kids program has Wendy’s recruiters in eight CBCs.

RECRUITMENT AND RETENTION PLAN

1. The Contract Oversight Unit will continue to conduct comprehensive reviews of each CBC which include evaluation of [Standards for Systems of Care](#) for Placement Resources and Process. The COU review includes assessment of local recruitment plans and the CBC’s analysis of the needs of children served. The reviews include stakeholder interviews with foster caregivers and will be broadened to include relative caregivers.
2. The Office of Child Welfare will:
 - 2.1. Collaborate with and support Goal 2, Strategic Initiative 2, Placement Services Array workgroup, including developing agreement ongoing respective roles, responsibilities, and communication.
 - 2.2. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution:
 - 2.2.1. Guardianship Assistance Program.
 - 2.2.2. Kinship support services.
 - 2.2.3. Extended Maintenance Adoption Subsidy.
 - 2.3. Implement a quality parenting initiative in every circuit by 2024. Develop and implement one or more pilots of the QPI best practice of “comfort calls.”
 - 2.4. Continue quarterly statewide calls with recruitment and retention specialists in order to continue identify and share “best practices” for foster parent recruitment and retention.
 - 2.5. Develop and implement an approach for statewide implementation of the completed pilot project on investigations of allegations concerning foster parent abuse/local system of care.
 - 2.6. Explore and strengthen ways to build local capacity to provide post-adoption services and achieve more parity across CBCs.
 - 2.7. Enhance Adoption Documents and Registry (ADORE) system functionality to expand matches and build out reports, including more functionality for matching sibling groups.
 - 2.8. Develop operating procedures for the role of the Adoption Applicant Review Committee which is in administrative code.

3. The Florida Foster/Adoptive Parent Association (FAPA) identified strategies that their organization will provide over the next five years to contribute to recruitment and retention of foster caregivers. The Department will collaborate and support FAPA as the organization:
 - 3.1. Continues to provide quarterly and annual education conferences with relevant training for foster, adoptive and kinship caregivers.
 - 3.2. Continues to implement Foster Allegation Support Team and continue to track trends around the state regarding foster and adoptive parent allegations of abuse. Provide training statewide to understand the process and their rights. Provide advocates locally to support families who call in.
 - 3.3. Continues to collaborate with the Department Regional Managing Directors (RMDs), and staff, CBC CEO's and staff, QPI and staff to:
 - 3.3.1. Resolve local concerns raised. FAPA will monitor Facebook pages of all local FAPA's and support groups for foster and adoptive parents to identify local concerns and support local resolutions. This allows FAPA to educate families on who are the partners in the system of care and what roles they play. Help support and redirect their expectations.
 - 3.3.2. Support new processes and legislation, such as the Guardianship Assistance Program (GAP), to ensure that caregivers have consistent information and tools to support better outcomes.
 - 3.3.3. Demonstrate to regional leadership that stronger communication and inclusion of local chapters of FAPA can be an avenue to improve the system of care.
 - 3.3.4. Promote the inclusion of seasoned, dedicated foster and adoptive parents within the CBCs, on their respective Board of Directors and within the provider agencies. No one understands the journey of a foster or adoptive parent better than one who has lived the journey. FAPA plans to highlight through social media and on their website CBCs that have added relative and foster parent caregivers to the Board of Directors and CBCs that have hired foster parents to run their system of care--seasoned educated foster and adoptive parents (foster parent peer champions).

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CHAPTER 6. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The Agency for Health Care Administration (AHCA) is responsible for the administration of Florida’s Medicaid program. Florida provides a Statewide Medicaid Managed Care program that is responsible for both physical and behavioral health care for Medicaid recipients. Sunshine Health Child Welfare Plan (Sunshine Plan) was created by AHCA in collaboration with the Department to provide specialized health care and behavioral health services to children and youth in the child welfare system. To be eligible for enrollment in the child welfare specialty plan a child must be served by the child welfare system as documented by an open child-welfare case or post-adoption case in Florida Safe Families Network (FSFN), including young adults who choose to remain in extended foster care up to the age of twenty-six years. All children in out-of-home care, including children placed with relatives or in foster care, are automatically enrolled in the Sunshine Plan. Families may opt out of the Sunshine Plan, for example children with complex medical issues who need the Children’s Medical Services Plan. Other examples would be the family’s desire for their child to stay with their existing Managed Medical Assistance (MMA) plan and providers.

The Sunshine Plan subcontracts with Cenpatico, a behavioral health managed care organization, to provide mental health and substance abuse services. Another subcontractor, Community-based Care Integrated Health (CBCIH), a consortium of child welfare CBCs, provides assistance with plan operations and facilitates communication between child welfare and managed care services. The Sunshine Plan has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders and the provider network, including an adolescent psychiatrist, a pediatrician, and a CBCIH representative.

A major focus of the Sunshine Plan has been the integration of physical health, behavioral health and child welfare services for children. To accomplish integration, the Sunshine Plan provides funding for health and behavioral health expertise as part of the plan’s core operations within the CBCs to be available for frontline support. Teamwork is promoted across all levels of expertise:

- Sunshine Plan Care Management team of licensed nurses and behavioral health clinicians provides specialized care management to meet the unique needs of children in child welfare;
- Community-based Care Integrated Health (CBCIH) provides care coordination and clinical expertise to support the CBC care coordinators and case managers;
- Nurse care coordinators provide local care coordination at each CBC;
- Behavioral health care coordinators provide local care coordination at each CBC;
- Adoption coordinators provide local care coordination at each CBC for post-adoption members.

The Phase 9 Florida Title IV-E Waiver Demonstration Evaluation Final Report (10/2013-09/2018), resubmitted March 29, 2019, provided the following information about Medicaid enrollment for children in the child welfare system:

- The majority of children enrolled in Medicaid after removal from the home were also enrolled prior to removal;
- Medicaid-funded service use was much higher after removal from the home, especially behavioral health services;
- The majority of children who receive in-home services are Medicaid enrolled and use Medicaid-funded services;

The Sunshine Plan reports serving approximately 40,000 children. Half of the children served are in out-of-home care, including children placed with relatives. Forty percent of children served were adopted from the child welfare system (post-adoption).

As of May 6, 2019, 67.54 percent of the children in out-of-home care are enrolled in the Sunshine Plan (Source: CBC Integrated Health data received from FSN and matched with AHCA eligible and Child Welfare Specialty Plan enrolled). Children opting out of the Sunshine Plan are enrolled in other Medicaid managed care plans that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services and supports provided by Sunshine for the child welfare population the Department and CBCs strive to increase enrollment in the Sunshine Plan.

LESSONS LEARNED SINCE DEVELOPMENT OF PRIOR CHILD AND FAMILY SERVICES PLAN

The Sunshine Plan and other MMAs were awarded five-year contracts by AHCA in 2014. Prior to re-procurement AHCA conducted a major evaluation of the entire statewide managed care program, including all specialty plans ([Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida's Managed Medical Assistance \(MMA\) Program, Final Report, University of South Florida, December 12, 2016](#))

The evaluation included a special focus on how well the needs of the child welfare population were met. This included determining whether children in child welfare had better access to services and benefited from the integration of physical health, behavioral health and child welfare services in the specialty plan. The study also examined differences in patterns of service utilization between children in the child welfare system who were enrolled in different MMAs. Sunshine Health was the only incumbent specialty plan to win a second AHCA contract. The evaluation results led to improvements and expanded benefits in the Sunshine Plan as well as other MMAs.

The Sunshine Plan and MMA plan enrollment analysis found that for Medicaid eligible children receiving out-of-home child welfare services during state fiscal year (SFY) 2014-2015, 53 percent were enrolled in the Sunshine Plan as of December 2015. Study results indicated that children diagnosed with mental health disorders were more likely to be enrolled in the Sunshine Plan whereas children with physical health problems were more likely to be enrolled in other MMA plans. The latent class analysis revealed two classes of children:

- Children with Multiple Needs (Class 1), representing 3 percent of children served in out-of-home care, and Children in Families with Complex Needs (Class 2), representing 97 percent of children served in out-of-home care; and
- When the likelihood of enrollment in the Sunshine Plan was examined, results indicated that compared to Children in Families with Complex Needs (Class 2), Children with Multiple Needs (Class 1) had much higher probability of enrollment in the Sunshine Plan versus other MMA plans (66 percent for Class 1 vs. 23 percent for Class 2).

The evaluation showed that overall, access to services in the Sunshine Plan was reported to be good for the services that were available. There is a barrier in providers opting to become Medicaid providers due to the lengthy process to bill Medicaid. The Department recognizes the barrier and continues to allocate funding to each CBC for payment of services for non-Medicaid providers, as well as supplemental funding for services that Medicaid does not cover.

Challenges experienced by CBC respondents included:

- Delays for authorization of services;
- A lack of approval of services after evaluation recommendations; and
- Delays when switching a child from another plan to the Sunshine Plan and limited services for children diagnosed with autism, developmental delays or conduct problems.
- The most often reported and significant challenge was the lack of providers overall:

- There is a general shortage of specialized physical and dental providers;
- The lack of specialized therapeutic foster care (STFC) and therapeutic group care (TGC) was reported as a concern by all the agency respondents;
- Sometimes the capacity of the local Sunshine Plan provider network necessitates that CBCs enroll children in a Standard MMA plan available in their area;
- Providers reported that there is a statewide shortage of qualified behavioral health professionals for suitability assessments used to determine Statewide Inpatient Psychiatric Program (SIPP) placements.
- Most CBCs also reported challenges with access to Statewide Inpatient Psychiatric Program (SIPP) services (related to the shortage of qualified behavioral health professionals noted above);
- Caregivers and CBC case managers echoed that the primary challenge experienced was the lack of providers.

Currently there is no lack of services for dental or physical services/providers in the communities. Children receive timely EPSDT and dental check-ups. Sunshine’s Child Welfare Specialty Program led statewide for annual dental visits, with the only five-star rating on the 2015 AHCA Medicaid Health Plan Report Card for dental measures. The managed care plans available for children in care are Dentaquest, Liberty Dental plan, and MCNA Dental.

Sunshine also has case managers who are trained in physical and behavioral assessments, referrals, and evidence-based care. The case managers are located state wide and work in coordination with the CBC’s to coordinate care and set up appointments. They also work together to identify complex physical need and coordinate services.

The evaluation conducted by USF explained the broader context of Florida’s shortage of qualified behavioral health care professionals.

“Health Professional Shortage Areas (HPSAs) are designated by the Health Resource and Service Administration (HRSA) as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers) (HRSA, 2016). Sixty-two (62) of the 67 Florida counties have an area, population, or facility designated as a mental health HPSA, with sixteen entire counties designated as a mental health HPSA (HRSA, 2016).^[1] Additionally, 13 Florida counties were designated as a primary medical care HPSA, five counties^[2] have a primary medical care HPSA Service Area designation, and 47 counties have primary medical care HPSA designated low-income or low-income migrant populations. Two counties had facilities designated as primary medical care HPSAs. Further, since 2000, 32 of 67 Florida counties have received either a medically underserved area (MUA) or a medically underserved population (MUP) designation (HRSA, 2016).” (Page 7, [Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida’s Managed Medical Assistance Program, University of South Florida, 2016](#))

^[1] HPSA facility designation is made if a facility is providing mental health services to an area or population group designated as having a mental health professional(s) shortage, and the facility has insufficient capacity to meet the psychiatric needs of the area or population group.

^[2] Clay County (Keystone Heights–Clay), Collier County (Immokalee/Everglades), Escambia County (Atmore), Martin County (Indiantown), and Pinellas County (Bayview).

Recommendations for all MMA Standard and Specialty Plans

Evaluation recommendations, applicable for all MMA Standard and Specialty plans, concerning the service system overall and the need to eliminate policies and financing restrictions that impose limitations on service access. Considering widespread use of the wraparound model in Florida as a best practice, it should be easier to access an array of blended services without what were viewed as unnecessary restrictions. Furthermore, it was noted that for a system of care model to be successful, improvements in the continuum of behavioral health services should be made. As described by multiple stakeholders, integral partners in this process are the managing entities (ME) across the state responsible for the contracting of behavioral health services and tailoring funding to meet the service needs of each of their assigned regions. It was mentioned that improved coordination with the MEs would be an opportunity for improvement in some regions.

A recommendation and challenge mentioned by several respondents related to the MMA plans overall was the low reimbursement rate for medical services and psychological evaluations. The low rates affect the ability to develop the provider network and sometimes requires that a CBC pay for a necessary service. One CBC also mentioned delays in payment as a factor that negatively impacts maintaining and developing the provider network.

A need to improve access to needed services for children with developmental and intellectual delays in the child welfare system was emphasized by stakeholders. Specifically, there is a need for facilities that provide Statewide Inpatient Psychiatric Program (SIPP) services for children with intellectual delays and behavioral health services for children with Autism Spectrum Disorders.

Additionally, multiple respondents highlighted that there are no services for children with behavior problems who do not have a mental health diagnosis. Respondents suggested creating a level of care for these children; one that is below a SIPP, but above a Therapeutic Group Care (TGC). A legislative budget request for the upcoming year was submitted to serve this population. The level of care would be licensed by the Department.

For Standard MMA plans, a recommendation was made to provide training to the health plan representatives about child welfare and the dependency system and to have service managers for the Standard plans attend multi-disciplinary staffings for children in care. This would provide those who are involved in care coordination and utilization management with a better understanding of a child's medical needs.

Furthermore, it was recommended that a current contact list of service managers for the Standard MMA plans be made available to child welfare staff responsible for care coordination to improve service access. It was suggested that AHCA could be helpful in building a connection with the Standard MMA plans.

Recommendations for the Child Welfare Specialty Plan

- Most CBCs indicated a desire to enroll all children in child welfare in the Sunshine Plan due to good care coordination and communication with Sunshine Health and their understanding of the child welfare system.
- CBCs recommended that the provider network continue to be built in a strategic manner based on the number of children eligible for the Sunshine Plan, service needs, and service utilization.
- The availability of 24-hour Sunshine Plan telephonic medical services through Sunshine Plan to prevent the need for urgent care or emergency room services.
- Sunshine Health described the need to provide continued training about the Sunshine Plan for stakeholders across the child welfare system, including judges, GAL, dependency case managers, foster parents, and adoptive parents, and to facilitate dialogue with these stakeholders to understand the barriers that exist.

MEDICAID PROGRAM ENHANCEMENTS

AHCA established four new quality improvement goals for managed care, three of which have special relevance to all children including those in the child welfare system:

- Reduce potentially preventable medical events
 - Admissions
 - Readmissions
 - Emergency department visits
- Improve birth outcomes
 - Reduce Primary Cesarean Section Rate
 - Reduce Pre-term birth rate
 - Reduce rate of Neonatal Abstinence Syndrome
- Improve access to dental care
 - Increase the percentage of children receiving preventive dental services
 - Reduce potentially preventable dental related emergency department visits

Each MMA plan, including the Sunshine Plan, had to determine how their plans would help to achieve these goals. AHCA has established performance metrics in each MMA plan as appropriate that track these goals. Information, data and plan approaches to achieve these goals is provided in [Statewide Medicaid Managed Care Quality Initiatives](#), January 25, 2019.

Another quality improvement that AHCA implemented to provide members with more options for behavioral health services is the benefit “in lieu of services” (ILOS). One example would be the provision of infant mental health services (pre and post assessment) in lieu of a psychological assessment. Health plans must still pay for all behavioral services listed in the Medicaid State Plan. Each health plan’s enrollee handbook lists Medicaid State Plan services and ILOS, and whether the health plan must prior authorize the benefit. Health plans can offer an ILOS when that alternative service or setting is:

- Medically appropriate but costs less than the service or the place of service listed in the Medicaid State Plan;
- Optional for enrollees. Health plans may not require enrollees to use an ILOS instead of a service listed in the Medicaid State Plan; and,
- Listed in the health plan’s signed SMMC contract with the State.

More details about ILOS can be found in [Statewide Medicaid Managed Care In Lieu of Services \(ILOS\)](#).

Dental services for Medicaid recipients were previously included in Medicaid Managed Care Plans. AHCA tracked whether preventive dental services for children improved under the Medicaid Managed Care Program and determined that overall, 37 percent of all children served received dental services as of FFY 2017, compared to 27 percent prior to implementation. To further improve dental care results, AHCA removed dental services from all MMA plans and the Child Welfare Specialty Plan and procured dedicated dental plans committed to higher performance outcomes. As of December 2018, dental services are accessed directly through three different dental providers. Detailed information on the reasons for the change and the new dental benefits provided is posted on the AHCA website [Statewide Medicaid Managed Care Dental Program Overview, October 2018](#).

The Department and CBCs have continued to improve information sharing with parents and caregivers as to the enhanced benefits and services for children enrolled in the Sunshine Plan. Even when families choose to opt out of the Sunshine Plan, children receive the same basic health and behavioral health services in other Managed Care Plans. Other Managed Care Plans also had to address service enhancements required by AHCA based on concerns identified in the USF evaluation.

Enhancements to the Sunshine Plan

Measures to respond to the AHCA quality improvement goals and other recommendations that resulted from the child welfare managed care evaluation include:

- Reduced and/or eliminated the prior authorization process for high performing providers;
- Expanding the use of telemedicine;
- Improved availability of transportation;
- Expedited the process for provider credentialing;
- Designated a dental plan liaison;
- Provide new health risk assessments for serious mental illness, diabetes, asthma and pregnancy;
- Strengthened outreach and a variety of supportive services to teens who are pregnant;
- Expanded availability of adoption competent therapists with Sunshine network;
- No longer allow delegation of the grievance system to subcontracted providers;
- Created a Healthy Rewards Program to increase participation; and,
- Enhanced Emergency Management Plans to improve access to primary services needed after normal business hours.
- Expanded services to support youth transitioning.
 - Specialized Care Management;
 - Targeted transition planning in coordination with the CBCs to address healthcare needs and social determinants of health (housing, education, and employment);
 - Training/workshops for youth related to accessing healthcare as they transition; and,
 - Partnerships and coordination with agencies/programs serving Transitional Independent Living youth throughout the state.
- Strengthened services for post-adoption children.
 - Community partnerships with organizations and adoption supports;
 - Network development; and,
 - Training to adoptive parents, CBCs, and other stakeholders.
- Sunshine Health innovations developed to help members get services, education, and community services:
 - “Aunt Bertha” is a community resource database to help members and caregivers identify local community resources and supports;
 - Telemedicine options to provide live chat access with pediatric and behavioral health clinicians; and,

- Krames-Staywell Health Library provides members with health information on 4,000+ topics through a mobile application or online.
- In Lieu of Services benefits (ILOS) to improve access to appropriate behavioral health services:
 - Mobile Crisis Assessment and Intervention in lieu of Emergency Behavioral Health Care/In-Patient (new);
 - Infant Mental Health Pre- and Post-Testing Services in lieu of Psychological Testing (new);
 - Family Training and Counseling for Child Development in lieu of Targeted Behavioral Overlay Services (TBOS) (new);
 - Community-Based Wraparound Services in-lieu of TGC or SIPP (new);
 - Detoxification or Addiction Receiving Facilities in lieu of Inpatient Detoxification (new);
 - Ambulatory Detoxification Services in lieu of Inpatient Detoxification Hospital Care (new);
 - Drop-In Center in lieu of Clubhouse Services –ages 18 and over (new); and,
 - Crisis Stabilization Unit in lieu of Inpatient Psychiatric Hospital Care (continued).

Detailed information about Sunshine Plan covered services can be found at [Sunshine Health Child Welfare Specialty Plan](#).

The child welfare managed care evaluation and the changes made to all MMAs and the Sunshine Plan provide an important blueprint for ongoing evaluation of Florida’s efforts to provide excellent health and behavioral health care to children in the child welfare system. To summarize:

- The evaluation conducted provides a deeper analysis of the challenges related to the well-being service array for children discussed in Chapter 2 under Service Array.
- The recommendations identified, and solutions implemented as of the development of this CFSP will continue to inform the collaborative activities with the:
 - Strategic Initiative 1, Establish Sufficient Service Array Capacity;
 - Strategic Initiative 2, Redesign of the Placement Services Array; and,
 - Strategic Initiative 3, Path Forward to Transition from the Waiver.
- The Department plans to continue to actively participate on the Sunshine Advisory Board to monitor implementation of the new plan and expanded benefits, and to communicate and co-ordinate activities with the five strategic initiatives.

HEALTH AND BEHAVIORAL HEALTH SERVICES FOR CHILDREN ACROSS ALL MEDICAID MANAGED CARE PLANS.

In addition to the analysis of lessons learned over the last five-year period, the Health Care Oversight and Coordination Plan includes:

Schedule for initial and follow-up health screenings that meets reasonable standards of medical practice.

During child protection investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same

condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

The Department requires that a child's physical health needs must be assessed within five working days of removal from his/her own home. Any child who appears to be sick or in physical discomfort must be examined by a licensed health care professional within 24 hours. The Department's requirements for initial health care assessments are provided in [65C-29.008, Florida Administrative Code](#).

Medicaid requires the provider to assess and document in the child's medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) or Child Health Check-up. [Medicaid Well Child Visits](#) (Child Health Check-Up Visits) include preventive and comprehensive services for children in the Medicaid program. They follow the Bright Futures/American Academy of Pediatrics [Recommendations for Preventive Pediatric Health Care](#).

In addition, the Department requires a Comprehensive Behavioral Health Assessment (CBHA). A CBHA is an in-depth assessment of a child's emotional, social, behavioral, and developmental functioning within the family home, school, and community, as well as the clinical setting. The child welfare professional responsible for a child must make a referral for a CBHA for all children within seven days of the child's removal from his/her household. A CBHA must be filed with the court. The requirements for a CBHA, including provider qualifications, are provided in the [Specialized Therapeutic Service Coverage and Limitations Handbook](#), AHCA, March 2014.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

In all cases, the child welfare professional has primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child's care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral must be documented in FSFN. There are rigorous court reporting requirements to keep the court well-informed about the child's current health, dental and mental health status. The case manager must create a Judicial Review Report in FSFN to submit before each court hearing that provides information on current diagnosis, treatment(s) received, progress being made, and any treatment gaps.

For children enrolled in the Sunshine Plan, the plan provides a care management team of licensed nurses and behavioral health clinicians to provide ongoing specialized care management to meet the unique needs of children in child welfare. Among other responsibilities, the care coordinator is responsible for monitoring compliance with scheduled appointments; planning for pediatric and psychiatric treatment that is tailored to the individual enrollee and aligns with evidence-based guidelines for pediatric and psychiatric treatment. Sunshine Health also funds nurse care coordinators and behavioral health care coordinators at each CBC to support the ongoing provision and coordination of services needed.

As discussed in the description of the systemic factor of Service Array, Chapter 2, Florida stakeholders express concerns about the availability and quality of behavioral health providers to meet the well-being needs of children. Strategic Initiative 1, Objective 1.5 will address capacity and quality issues through joint planning activities with the Office of Substance Abuse and Mental Health.

How medical information for children in care will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Each child has a Medical/Mental Health record in FSFN that the case manager is responsible for updating. The record includes all medications that are prescribed, including the reasons for each medication. The Department provides "read-only" access to the Guardian ad Litem program. The Medical/Mental Health record is also used to provide a high-level FSFN monthly healthcare report that provides leadership point in time performance in four areas:

- Percent of children in out-of-home care for whom a Medical/Mental Health record has been created.
- Percent of children in out-of-home care who have received a medical service within the last twelve months. This is a CBC scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Medical Service in Prior 12 Months](#)).
- Percent of children in out-of-home care who have received a dental service within the last twelve months. This is also a CBC scorecard measure posted on the Child Welfare Dashboard ([Percent Receiving a Dental Service in Prior 12 Months](#)).
- Immunizations up to date. This is the percent of children in out-of-home care whose immunizations are up to date.

[Rule 65C-30-011\(4\), Florida Administrative Code](#), requires the creation of a Resource Record for every child in out-of-home care. The child's resource record must be physically located with the caregiver, whether the child is in licensed care or placed with a relative or non-relative. The case manager is responsible for ensuring that medical and court-related documentation are kept current at each visit that is made at least every 30 days. If additional information is needed in the child's resource record, the case manager and the caregiver are expected to work together to ensure that the child's resource record is updated. The child's caregiver is responsible for updating the resource record after every health care, psychological, psychiatric, behavioral and educational service or assessment provided to the child.

Data sharing and management is facilitated by the Sunshine Plan's partnership and formal agreement with CBCIH. CBCIH provides Sunshine Health with information on the location of the child and authorized callers. Sunshine Health provides CBCIH with claims data that is then added to the CBCIH electronic information system, Integrate, which provides all CBCs with a view of the child's access to care with details on the type of provider seen, date seen, diagnosis, medications filled, and date filled. This database provides an integrated system for CBCs to access essential health information for the members served. Sunshine Health also provides CBCIH with monthly files identifying children who have not received an age appropriate preventive service and those that have. This information is provided by CBCIH to the applicable CBCs so that they can assist in getting the child the services needed.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

The Sunshine Plan's Nurse Care Coordinators and Behavioral Health Coordinators are located at the CBCs to work directly with child welfare case management staff and caregivers on a daily basis in developing a comprehensive, coordinated care plan for each member. CBCs participate in integrated staffings and share concerns about quality and gaps in services. CBCIH employs physical health and behavioral health experts as a resource to the CBCs. These experts consult with the sub-contracted CBC Nurse Care Coordinators and Behavioral Health Coordinators in accessing, integrating, and assuring continuity of care.

This team-based, integrated model and collaboration with CBCs helps Sunshine Health, providers, members, caregivers, families (as authorized and appropriate), and other stakeholders improve outcomes for children in child welfare. Examples of how Sunshine case management staff, CBC Care Coordinators, and CBC case managers work together as a team to assure continuity of treatment include:

- For inpatient admissions, Sunshine utilization management staff and care management teams contact the CBC Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.

- Sunshine Health’s physical health and behavioral health care coordinators conduct weekly integrated case rounds with CBCIH to review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.
- CBC Coordinators work with the case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health care managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The behavioral health specialist, CBC Coordinator and case manager jointly review all care recommendations for children in higher levels of care Specialized Inpatient Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child’s Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

There are statutes, administrative rules, and operating procedures that govern psychotropic medication monitoring and oversight for children in the child welfare system. Section 409.912(51), Florida Statutes, does not allow for Medicaid reimbursement for psychotropic medication without the express and informed consent of the child’s parent or legal guardian. The physician must document the consent in the child’s medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications for children. This program includes the development of Florida-specific best practice guidelines and their dissemination through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

The Department protocols for monitoring and oversight of psychotropic medications are established in Rule 65C-35, Florida Administrative Code. The express and informed consent of a child’s parent(s) or court authorizations for a prescription for psychotropic medication for a child in the custody of the Department must be obtained.

- A Psychotropic Medications Detailed Summary Report is produced weekly from FSFN, providing a variety of information about children in care who receive psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department’s Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by CBC prescribed one or more psychotropic medications; and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child age 10 and under on two or more psychotropic medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 18.
- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and

suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

The Agency for Health Care Administration has an established Medical Care Advisory Committee that serves in an advisory capacity on health and medical care issues. The committee includes:

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care;
- Members of consumer groups, including Medicaid recipients; and,
- Agency heads from the Department of Children and Families and the Department of Health.

The Sunshine Plan has a dedicated child welfare medical director. The Sunshine Plan has a Child Welfare Advisory Committee comprised of representatives from stakeholder organizations. Currently the Advisory Committee includes representation from the Foster and Adoptive Parent Association, a young adult who transitioned out of the foster care system, Florida State University's Center for Prevention and Early Intervention Policy, Guardian ad Litem Program, executive directors of two CBCs, and Department child welfare state and regional leadership. Sunshine Health also has representation from providers including a child and adolescent psychiatrist, a pediatrician, and a CBCIH representative.

The procedures and protocols established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

The CBHA is the Department's established, independent assessment process for assessing a child's emotional or behavioral issues. The CBHA assessor may recommend additional specialized assessments necessary. The case manager may refer the child for an updated CBHA to assist in determining services that would allow the child to maintain his or her current placement.

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses.

Section 39.523(1) and (2), F.S., requires any child removed from a home and placed into out-of-home care have a comprehensive placement assessment completed to determine the level of care needed by the child and match the child with the most appropriate placement. Rule 65C-28.004, Florida Administrative Code, addresses this requirement. <https://protect2.fireeye.com/url?k=f8ed7fab-a4b95680-f8ed4e94-0cc47a6d17cc-3efa0165904d0407&u=https://www.flrules.org/gateway/ruleNo.asp?id=65C-28.004> The rule (1) requires an initial assessment to determine whether relative or non-relative placement is an appropriate out-of-home placement; (2) requires a multidisciplinary team staffing to prior to placement in licensed care; (3) specifies factors that must be considered by the multidisciplinary team; (4) sets forth documentation requirements; (5) establishes requirements for the placement and care of children with special behavioral and physical health needs; and (6) sets forth child welfare professional placement responsibilities.

Steps to ensure that the components of the transition plan development process of the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

The court is required to hold a judicial review hearing within 90 days after a child's 17th birthday and may review the status of the child more frequently during the year before the child's 18th birthday. The Department is required to include in the judicial review report, among many other items, written verification that the child has a current Medicaid card and all necessary information concerning the Medicaid program sufficient to prepare the child to apply for coverage upon reaching the age of 18. Youth transitioning have a variety of managed care choices and need assistance to understand how to navigate the system and select a plan of their choice.

Health and behavioral health planning are essential elements of transition planning activities. Additionally, youth are provided information about the importance of designating another person to make health care treatment decisions on their behalf should the youth or young adult become unable to make these decisions, and the young persons does not want a relative to make these decisions.

To augment existing CBC efforts to prepare transitioning youth for adult life, the Sunshine Plan reviews each 17-year-old member's transitional independent living plan and works with the CBC Coordinator and case manager to identify any needs for ongoing case management, including disease or condition management. For those who need ongoing case management, Sunshine Health assigns a care manager who educates the member about their physical and behavioral health needs, diagnoses and current treatment protocols and how to continue accessing care through the Medicaid system. The care manager collaborates with all stakeholders and caregivers to coordinate needed services and resources for a successful transition, such as identifying a new care plan and answering questions about benefits.

Sunshine Health continues to enhance the program to increase member access to other transition support services that address social determinants of health, including housing, through partnerships and linkages with centers that serve transitioning youth. Sunshine Health provides workshops at these centers on healthcare education including the importance of preventive services, health care visits, and how to access care.

For any child who may meet the requirements for appointment of a guardian pursuant to Chapter 744, Florida Statutes, or a guardian advocate pursuant to section 393.12, Florida Statutes, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-appointed guardian ad litem, the temporary custodian of the child; and the parent, if the parent's rights have not been terminated. At the judicial review hearing, if the court determines pursuant to Chapter 744, Florida Statutes, that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child.

LESSONS LEARNED

Florida has experienced several major hurricanes over the past five years that required activation of the disaster plan for preparations, evacuation and sustained post-hurricane recovery efforts.

- Hurricane Hermine, September 1, 2016, which made landfall near the Big Bend of Florida. Many counties received flooding up to nine feet due to river swelling.
- Hurricane Matthew, October 7, 2016, moved north along the east coast never making landfall but the eye barely missed Cape Canaveral. Matthew killed twelve people in Florida, created flooding, high winds and knocked out power to 1.1 million people.
- Hurricane Irma, September 10-11, 2017, which made landfall on Cudjoe Key as a Category 4 hurricane, then made a second landfall on Marco Island. Irma killed at least 80 people in Florida. According to the National Hurricane Center's Tropical Cyclone Report, June 30, 2018, the storm left behind at least \$50 billion in damage.
- Hurricane Michael, October 10, 2018, made landfall near Mexico Beach, Florida in the Florida Panhandle. Hurricane Michael was the strongest hurricane to ever hit the Florida Panhandle and the second known category 5 landfall on the northern Gulf Coast. Many of the Department's child protection investigators and 40 of 47 case managers employed in the area either lost their homes or had extensive damage. There was also significant damage to many of the Department and provider buildings in the affected area.

Post Hurricane Irma

The Department amended the disaster plan requirements for group care facilities in response to lessons learned during Hurricane Irma.

- All Child Caring Agencies are required to have disaster preparedness and evacuation plans. Effective January 2, 2018, Rule 65C-14.004, Florida Administrative Code, requires group home providers to include a disaster preparation and evacuation plan as a part of their licensing application packet.
- Revisions were also made to Rule 65C-14.010, Florida Administrative Code, Group Care Licensing to specify:
 - language that shall be included in each disaster and preparedness and evacuation plan,
 - how often plans shall be updated, and
 - the requirement to follow the directives of local emergency management centers.

Post Hurricane Michael

As of the end of May 2019, six months after Michael struck, the Department continues to provide various levels of support to the counties impacted. Department leadership reflected on the lessons learned from this catastrophic event:

1. The cycles of grief for staff are visible and sustained. The trauma experienced by staff needs to be a consideration as they return to work.
 - The Department's Employee Assistance Program (EAP) has been needed across all programs, multiple times, in varying levels. EAP is an especially important resource as many local mental health and substance abuse programs lost facilities and continue to experience staff

shortages. A range of EAP options are important to ensure access, face-to-face, phone, pamphlets, and multiple times.

- Initial assistance onsite for staff with needs immediately after the hurricane.
 - Assistance as staff were able to return to the office and began seeing peers for the first time and sharing their losses.
 - Long-term for staff who need more. The Panama City office is bringing a full-time mental health clinician on site for employees from the end of May to mid-July 2019.
- The Department permitted the child welfare team to come back to work but not necessarily do their normal work. A week after the hurricane, all team members were requested to come to the office if they were able. This allowed the Department to assess the level of team members recovering and if they were mentally able to return to investigative work; many were not. Some Department personnel did not recognize that they were not ready to return to work. The Department did not require personnel to return on a specific day and instead operated as if they may not return and built outside resources to support day-to-day workforce needs. This allowed the Department to not force someone to return when unable to work. Temporary employees were utilized for a variety of needs outside of their normal work duties which allowed affected Child Welfare personnel to continue receiving pay.

2. Workforce reinforcements during post-hurricane recovery.

- The hardest hit areas received personnel from other locations to assist with child protection investigations, case management and other child welfare responsibilities. Other areas not as severely impacted did not receive any outside assistance. While everyone in the affected was impacted, the level of loss was different, and additional support would have been beneficial.
- Regional and Office of Child Welfare assistance was immediate for investigations. Teams were created immediately and worked to bring in vehicles, supplies for employees, respond to immediate investigation needs, placed orders for work supply needs, and arranged for deliveries outside of the disaster area so that a team member could deliver supplies when normal means were not feasible.
 - One major activity of the Assessment Response Team in the Northwest region was a review and triage of all investigations. This allowed for assignment of investigation based on individual family needs/dynamics. Statewide assistance was within two weeks. The assistance provided at the statewide level ranged from offsite reviews to a team of more than 30 individuals assisting with open investigations. This was crucial to managing the investigation workload and ensuring families were served with quality.
- Case management utilized Office of Child Welfare, investigations and case management teams from across the state to contact each family receiving case management services and determine their status. This was a critically important first step. Case management support from outside agencies was not long term. This has negatively impacted an already struggling workforce. Long term case management support is needed from the onset.
- Due to the severity of the damage, some staff members have relocated from the storm affected areas. Other personnel have taken positions in construction due to the competitive pay. Creative solutions and resources are needed to recruit employees to an area with

limited housing availability such as, bonuses, raises for relocating, support with costs for relocating, etc.

The Department's General Services Unit responsible for the Disaster Plan is reviewing the lessons learned from Michael and will determine how the information can be incorporated into various briefings and trainings as the 2019 hurricane season approaches.

STATEWIDE DISASTER PLANNING

The Department's published [Emergency/Disaster Plan](#) provides guidance for all Department program operations. Although Tropical Storm Watches and Warnings are the most often experienced events, the Department's plan addresses active shooter events; bomb threats; building issues; emergency drills and evacuation plans; fire; flooding; fog; hazardous materials; pandemic; tornado watch and warning; smoke, wild fire, and dense fog; and suspicious package. The Emergency/Disaster Plan provides detailed expectations for "Activities to be Carried Out Prior to Hurricane Season, During a Pre-Watch Period, During a Tropical Storm or Hurricane Watch, During a Warning Period, and During the Post Storm Phase." Guidance is provided as to the responsibilities of Program Administrators and Directors, Managers and Supervisors. This plan includes staff in the Office of Child Welfare, the Interstate Compact Unit, the Hotline, Children's Legal Services and Child Protection Investigations.

As part of its disaster preparedness efforts, the Department posts information about office closings and other operations changes on a disaster section on its website and encourages Floridians to sign up for the Department's text and email alerts at www.myflfamilies.com to receive instant notification of emergency food services available in their areas. Individuals and families who sign up for these alerts will be the first to know if their area will receive emergency food assistance. This new technology is just one of the many innovative ways our Department is reaching out to communities across the state to assist them in their time of need. In addition, families and individuals who are current food assistance clients may receive replacement of benefits for the value of the food lost because of damage to their home or sustained electrical outages.

REQUIREMENTS FOR LOCAL DISASTER PLANS

Each Community-based Care agency (CBC) has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. All written plans are updated and submitted annually to the Department. Copies of the written plans are provided to the Department's Office of General Services and regional contract managers, and are made available to the circuits, regions, and within all CBCs. The disaster plans address how the CBC and any subcontracted case management agencies will:

- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families who care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.
- The case manager explores with the family the expected duration of interruption, alternative service providers, transportation considerations, etc. Local agencies make determinations of the extent of damage and interruption of services. If the CBC identifies that certain services to children may be interrupted (such as speech therapy, mental health services, tutoring or other educational supports, etc.), the CBC will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors inform staff of the alternative services available.
- If a family relocates intrastate due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying

new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. Primary and secondary workers would also work together and with the local providers in their respective areas to ensure that new providers have current, relevant information about the child's needs and status in service provision prior to the child leaving his/her originating county.

- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information about service needs and will request that the assigned local case manager contact the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to initiate continued services to address the child's previously identified needs as well as any new needs identified based on the case manager's contact with the family.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records that are external to the Florida Safe Families Network.

The Office of Child Welfare (OCW) and the Office of General Services (OGS) continue to be vigilant in communicating the need to review and revise, when necessary, all Emergency Plans from Community-based Care lead agencies (CBCs) and their subcontracted providers. The Department also reminds stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan.

CHAPTER 8. STAFF DEVELOPMENT AND TRAINING PLAN

TRAINING PLAN OVERVIEW

The 2020-2024 Child and Family Services Staff Development and Training Plan (Training Plan) describes Florida's three staff development and training goals listed below, along with corresponding initiatives.

The initiatives were developed with input from the Department's child welfare training manager, regional training managers, the Children's Legal Services (CLS) training manager, sheriff's office providing child protective services training managers, and CBC training managers.

GOAL 1: Professionalize and Strengthen the Training Infrastructure

- Initiative 1.1 Trainer Credentialing
- Initiative 1.2 Professionally Developed Pre-Service Curricula
- Initiative 1.3 Leadership and Guidance

GOAL 2: Promote a Culture of Career-Long Learning

- Initiative 2.1 Career-Long Learning
- Initiative 2.2 Supervisor Professional Development
- Initiative 2.3 Proficiency in Florida's Child Welfare Practice Model

GOAL 3: Fully Integrate Training into the Continuous Quality Improvement (CQI) Process

- Initiative 3.1 Continuous Improvement of Training
- Initiative 3.2 Strengthen the Link Among Training, Data, and Quality Assurance

CHILD WELFARE TRAINING PROGRAM

Headquarters Training Unit

Over the next five-year period, the training unit staff will oversee the implementation of the Training Plan. The unit staff members will serve as liaisons between the field and the Administration for Children and Families (ACF) regional representatives.

Organizationally, the Department's training unit is situated within the Office of Child Welfare (OCW). Since being reorganized in November 2014, the training unit has grown in size and expertise to better meet the training needs of the state. Currently, the unit consists of three full time employees: a manager, a subject matter and training specialist, and a curriculum developer. The unit also consists of three other personal services (OPS) employees: a curriculum designer and two Title IV-E training funding specialists. The above positions are dedicated to training initiatives, training funding, and curriculum development.

Programmatically, the training unit is responsible for ensuring that all training and staff development activities are in direct support of Florida's Child Welfare Practice Model (practice model) and Florida's goals for prevention, safety, permanency, and well-being. Specifically, the training unit ensures the following:

- The Department's vision and practice principles outlined in section 39.001, Florida Statutes, are effectively taught and reinforced through curricula, structured field experiences, coaching, and supervision;
- Training curricula and field experiences align and support the practice model and are safety focused, trauma-informed, and family-centered;

- Child welfare trainers have ready access to quality training materials that meet statewide and local needs; and
- Local child welfare trainers and managers within the regions, sheriff's offices, and CBCs are adequately prepared and supported.

Administratively, the training unit is responsible for:

- Tracking training activities of the Department and CBC training providers to ensure they are supportive of the Child and Family Services Plan (CFSP) goals and objectives, and, the ongoing professional development of child welfare staff;
- Designing and developing training materials and resources. This includes all Pre-Service and In-Service materials for legislative changes, statewide program initiatives, and other statewide training needs;
- Procuring and monitoring contracts for training materials and resources when the need cannot be met internally; and
- Monitoring the expenditure of Title IV-E training dollars by the Department's regional training offices, sheriff offices, and CBCs.

STATEWIDE TRAINING

The Florida Abuse Hotline (Hotline) and each region, CBC, and sheriff's office either has an in-house training program or contracts with a University or other child welfare provider for a training program. According to information collected from each of these entities in March 2019, there are 32 training managers statewide with varied roles and responsibilities. Some training managers solely manage their program while others provide training in addition to their managerial duties.

There are 126 trainers statewide (not including training managers that train). Of these trainers, 21 only teach In-Service training. The remaining teach Pre-Service or a mixture of both In-Service and Pre-Service training. While the training unit at the OCW is responsible for all Pre-Service training development and some In-Service training development, each entity has autonomy as to when and where these materials are delivered. Each entity also oversees the development and delivery of much of the In-Service training.

Children's Legal Services has their own training team consisting of two trainers, a Deputy Director and Statewide Training Director. The two trainers and the Deputy Director are each assigned to two regions. To the extent possible, in addition to training and publications, they offer individualized support and assist with trial strategies and co-chair the more complex trials. In addition to the actual facilitation, the team manages various administrative needs, such as locating, contacting, negotiating and entering into contracts for presenters; preparation of litigation and court materials; identification and supplying necessary legal books, etc.

OFFICE OF COURT IMPROVEMENT (OCI) TRAINING PROGRAM

The Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Child and Family Services Improvement and Innovation Act (2011), expanded the availability of federal Title IV-E dollars to training for court personnel. This opportunity to utilize federal funding to expand Florida's training plan to include training dependency case managers, family court managers, and magistrates who hear cases involving dependent children.

There is a high demand for court personnel training, in general. The following factors create a significant demand for training:

- The ongoing implementation of Florida Dependency Court Information System (FDCIS);

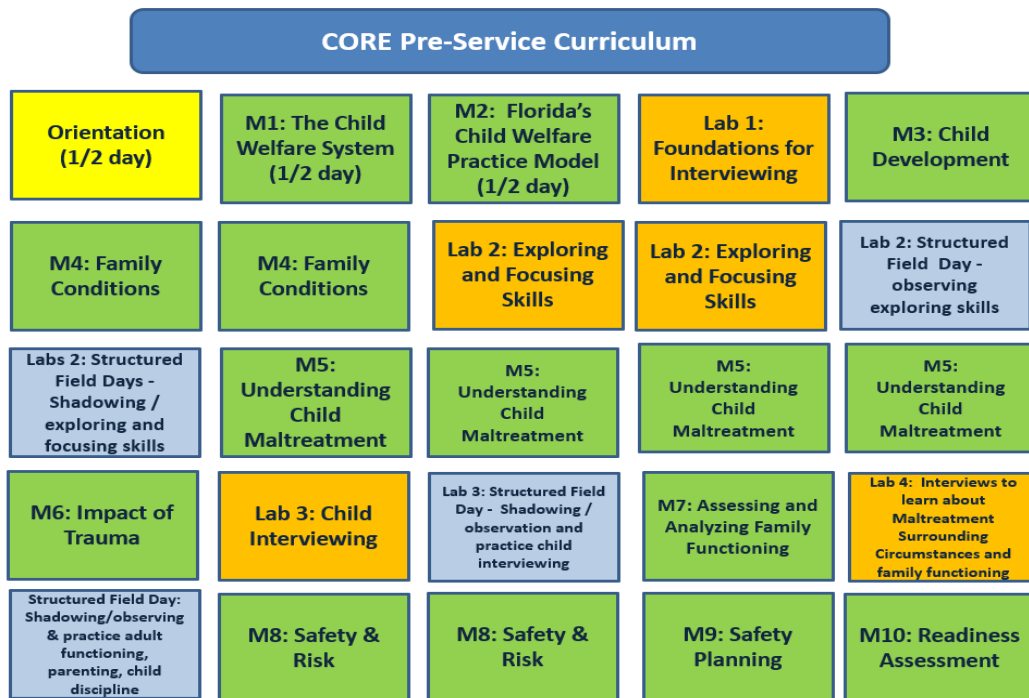
- The Performance Improvement Plan (PIP) developed in response to findings in the 2015-2016, Child and Family Services Review (CFSR);
- Cutting edge research in the areas of trauma, brain development, and child development; and
- Ongoing research findings and recommendations from the new Florida Institute for Child Welfare (FICW).

DESCRIPTION OF THE INITIAL TRAINING AND CERTIFICATION FOR NEW CHILD WELFARE PROFESSIONALS

Pre-Service Curricula for Child Welfare Professionals

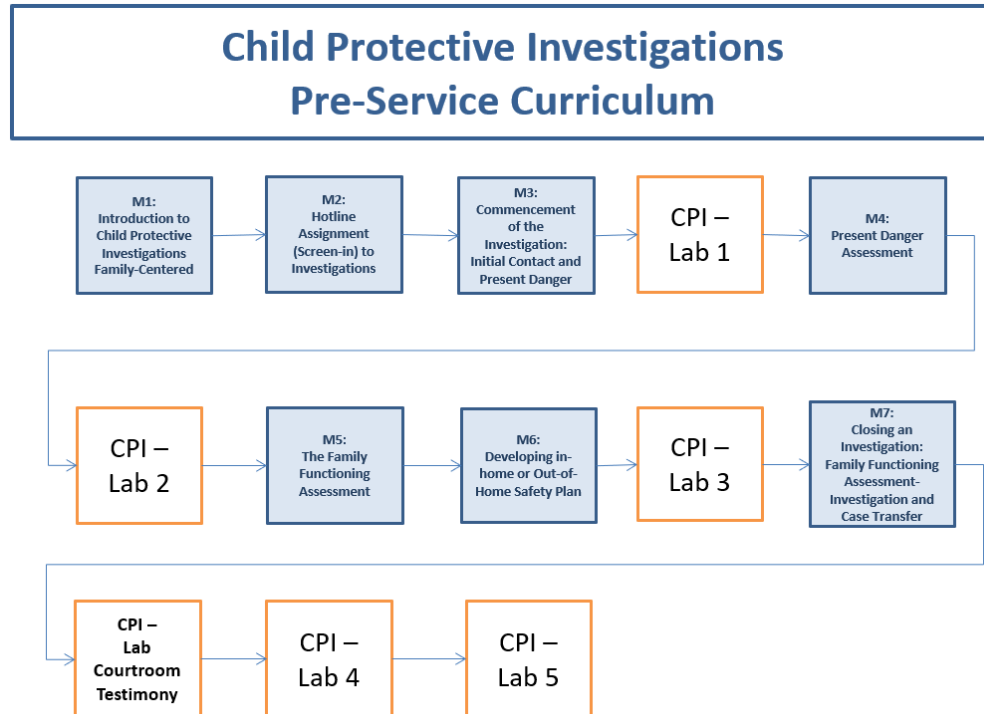
When hired, Child Welfare Professionals including case managers, child protective investigators (CPIs), licensing specialists, and adoption specialists complete the standardized Pre-Service training. With the implementation of the practice model there was a need to design and develop a new Pre-Service curriculum that was fully aligned with the practice model. As the above chart illustrates, the curriculum is separated into two parts: Core, which all child welfare professionals complete and Specialty Tracks which are discipline specific. This curriculum was implemented beginning with the Core curriculum in 2015. The full Core Pre-Service curriculum is posted and available on Florida’s Center for Child Welfare (Center) website:

<http://www.centerforchildwelfare.org/CoreCurriculum.shtml>



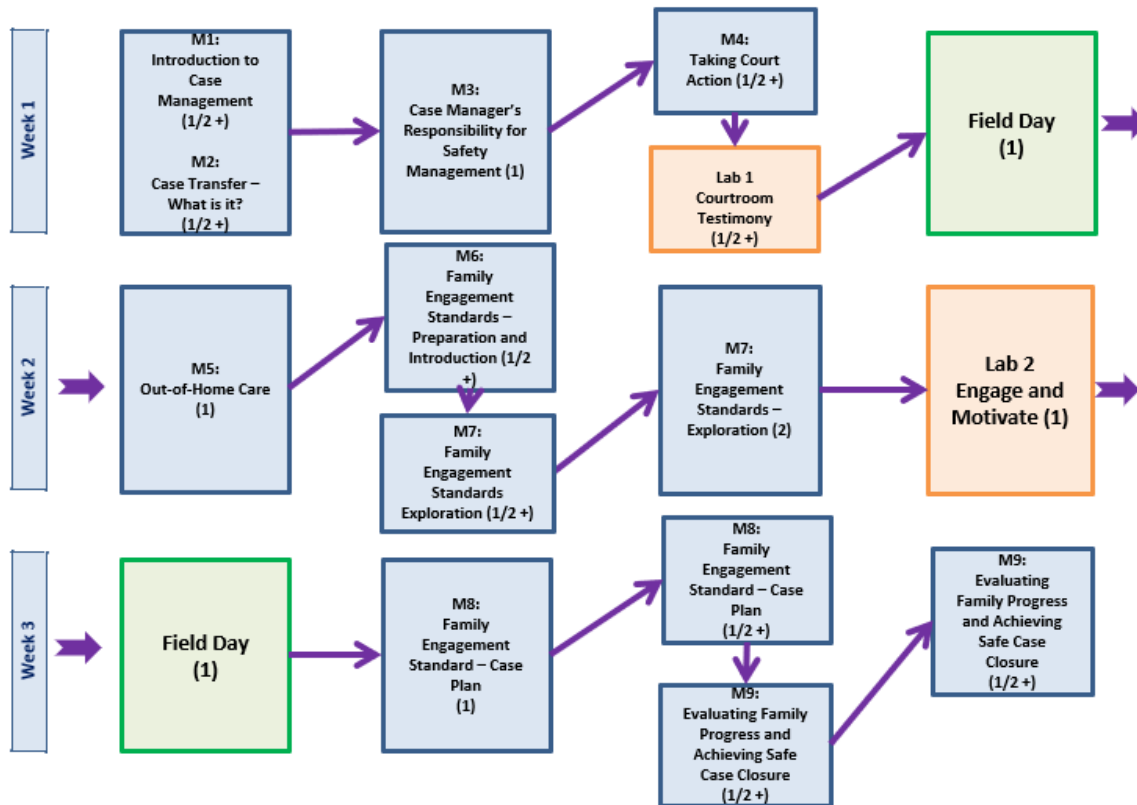
Core is a five-week curriculum consisting of classroom-based modules, laboratories (Labs), structured field days, and a readiness assessment. It is the first step in Pre-Service training and is comprised of the fundamental topics child welfare professionals must gain knowledge, skills, and abilities in before working with children and families. These topics include child development, family functioning, child abuse and neglect, the impact of trauma and trauma-informed care, family-centered practice, and the underlying concepts and components of Florida’s practice model. The labs specifically focus on the development of interviewing techniques and communication skills that can be used with families, both adults and children.

The full Core Pre-Service curriculum is posted and available on the Center for Child Welfare website: <http://www.centerforchildwelfare.org/CoreCurriculum.shtml>



The **Child Protective Investigators Specialty Track**, released in 2015, is taken by CPIs following Core and consists of three weeks of classroom, laboratories, courtroom testimony experiences, and ends with a readiness assessment. This curriculum focuses on how to conduct family-centered investigations and includes how to: commence an investigation, assess for danger threats, develop a safety plan, take court action, assess for risk, and determine if further intervention is needed through case management or prevention services. The full Child Protective Investigations Specialty curriculum is posted and available on the Center for Child Welfare website: <http://www.centerforchildwelfare.org/CPICurriculum.shtml>

Case Management Pre-Service Curriculum Specialty Track



The **Case Management Specialty Track**, released in 2016, consists of three weeks of classroom, laboratories, and field days. All case management staff including Independent Living Case Managers, Adoption Specialists, Independent Living Specialists, and Licensing Specialists complete this curriculum. It focuses on the fundamentals of case management including safety management, the court process, how to meet the needs of children in out-of-home care, assessment, case planning, permanency options, engaging the family to motivate change, and achieving a safe case closure. This curriculum is currently being revised to incorporate additional adoption specific material. The full Case Management Specialty Track is posted and available on the Center for Child Welfare website:

<http://www.centerforchildwelfare.org/CaseManagementCurriculum.shtml>

Foster Care Licensing Pre-Service Curriculum Specialty Track



The **Foster Care Licensing Specialty Track**, released in 2017, is an additional one-and-a-half-week-long training following Core and Case Management training for Foster Care Licensing Specialists. It focuses on recruiting, supporting, assessing, and retaining foster homes through the licensing and relicensing process. The full Foster Care Licensing Specialty Track is posted and available on the Center for Child Welfare website: <http://www.centerforchildwelfare.org/FLicensing.shtml>

Florida Abuse Hotline (Hotline) Counselor

The **Abuse Hotline Counselor Specialty Track** is taught in conjunction with Core training for staff at the Hotline. In total, the child welfare specific training for Hotline Counselors is 6-8 weeks of classroom training. In addition to Core, this training includes the following concepts and learning objectives:

- **Jurisdiction and Screening Criteria (3 days):**
 - Hotline counselor trainees learn the foundational components of Jurisdiction and Screening Criteria. Hotline counselors will learn how to utilize these foundational components to guide their decision-making process; and, know how to apply them.
- **Assessing a Call (2 days):**
 - Trainees are taught the Intake Protocol and how to collect sufficient information to make the correct screening determination.
- **Customer Service (Internal and External) (1 day):**
 - Trainees understand how the Hotline defines exceptional customer service. This training also teaches counselor trainees practical ways to model the behavior during Hotline calls.
- **Documentation (Intake Narrative Writing) (2 days):**
 - Trainees learn how to construct fact-based narratives that reflect the information provided by the reporter which justifies the screening decision and response priority assigned to the intake. Trainees also understand that the constructed narrative paints an accurate picture of the family dynamics.
- **Systems Navigation (5 days):**
 - Trainees learn to navigate all systems needed to successfully complete the job duties of a Hotline Counselor. These systems include Florida Safe Families Network (FSFN), FHP, Florida Access, Calabrio (Workforce Management/Quality Management System), and Vital Statistics.
- **Laboratories (Labs):**
 - Trainees enter mock calls, internet and facsimile received reports to reinforce the objectives learned during Systems Navigation Training. (3 days)
 - Trainees process through mock calls that simulate various scenarios that a counselor will experience. The mock calls help trainees to hone their interviewing skills. (2 days)
 - Trainees listen to live calls and input documentation into FSFN Sandbox to practice narrative writing. (3 days)
 - At the conclusion of classroom training, trainees enter Practicum during which they process live calls and electronic reports under the guidance of the training staff. (2-4 weeks)
 - After concluding the Child Welfare Training where abuse counselors are taught how to process calls related to child victims, the class then transitions to the Pre-Service curriculum for Adult Protective Services training where processing calls related to vulnerable adult victims is taught. This training takes an additional three (3) weeks.

Children Legal Services Attorneys

New CLS Attorneys are contacted by the CLS training team shortly after hire to provide them with the onboarding process and agenda for the new attorney training. This training spans four to five days and is provided on a quarterly basis to approximately 100 attorneys per year. It includes basic child welfare information as well as litigation skills and workshops. Designed after the National Institute of Trial Advocacy methodology, it is an intensive training that provides the newly hired attorneys with all core subjects and litigation skills necessary to try cases. Follow up is conducted with new attorneys by the training team 90 days after hire to offer support and mentorship.

Child Welfare Certification. Child welfare professionals who specialize in child protective investigations, case management including adoptions, and foster care licensing, must earn a child welfare certification through a third-party entity, the Florida Certification Board. After completing the Pre-Service curriculum, the child welfare professional must pass a certification exam and meet additional requirements, including formal education requirements, to achieve provisional certification.

Once provisionally certified, the child welfare professional is given a training caseload with a reduced number of cases for the first thirty days. After the first thirty days, each agency decides on the professional's caseload size based on their individual knowledge, skills, and abilities.

A provisionally certified child welfare professional must meet the following requirements to earn full certification:

- Complete 1,040 hours of on-the-job experience in his or her certification designation;
 - Complete six field observations, as defined by the third-party credentialing entity;
 - Obtain twenty hours of individual supervision;
 - Obtain ten hours of group supervision; and,
 - Obtain an additional ten hours of individual and/or group supervision with an attestation from the supervisor that the child welfare professional has the ability to competently perform child welfare services.

Absent special circumstances, a child welfare professional has one year from provisional certification to attain full certification. To maintain certification, the child welfare professional must complete a minimum of 40 hours of continuing education every two years. The Florida Certification Board tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

MAJOR TRAINING GOALS, INITIATIVES AND PROGRAMS

This training plans goals and initiatives were designed with careful consideration of the current state (assessment based on the data available) and visioning for where Florida will be in five years, in response to the assessment. The initiatives were developed based on the current Training Plan and a survey of the Department's regional training staff, sheriffs, and CBC training partners. A survey of training managers from the regions, CBCs, and sheriff's offices was conducted in February 2019 to gather input on the immediate needs of the training community and to assist in the development of the 2020-2024 CFSP. This Training Plan reflects a combination of both current and new initiatives.

GOAL 1: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1 - Trainer Credentialing

- Previously, child welfare trainers had widely varying degrees of training experience and expertise. Some trainers held credentials from the former child welfare credentialing program, however, there was no process for ongoing certification.

In an effort to professionalize and credential child welfare trainers, the Child Welfare Training Consortium with the University of South Florida (USF) was awarded a contract by the Department to develop and implement the Training Coaching and Competency Program (TCCP) for Pre-Service trainers. The focus of this program is to build and enhance trainer knowledge and delivery.

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- In November 2018, the TCCP began accepting applications from current Pre-Service Trainers. After applying, trainers are required to complete assessments on both their Core Pre-Service content knowledge and training delivery abilities. If trainers are unable to pass the content knowledge assessment, or choose not to take the delivery assessment, they must attend fundamental courses which conclude with an assessment of their content and delivery skills. Once the trainer is deemed competent in content knowledge and delivery skills, they can obtain a child welfare certification as a Child Welfare Trainer.
- As of March 2019, 110 Pre-Service trainers have applied for the TCCP and, of this group, 49 trainers have become certified as child welfare trainers. Once certified, child welfare trainers are required to attend 20 hours of annual training, including at least one in-service course from the TCCP.
- The future plan is for all trainers who teach the Pre-Service curriculum to be either certified as a child welfare trainer or be in the process of becoming certified through the TCCP. Trainers who are already certified will continue to develop their knowledge and competency as a pre-service trainer by attending in-service trainings.

Initiative 1.2 - Professionally Developed Pre-Service Curricula

- Pre-Service training is developed, or contracted, by the OCW.
The Pre-Service curricula is posted on the Center website and available to all Pre-Service trainers. Training materials are routinely shared with the Seminole Tribe of Florida (STOF) through the trainer network.
- Currently, there is no standardized statewide Pre-Service curricula for FSFN which leaves Pre-Service trainers responsible for developing and implementing their own FSFN training that complements the existing Pre-Service training. This leads to inconsistent FSFN training practices.
- The Case Management Specialty track does not fully meet the needs of Adoption Specialists which requires additional on-the-job training to be provided once the adoption specialist completes the Pre-Service training.
- The Pre-Service training is not updated on a regular basis. When surveyed 71 percent of training managers identified having updated Pre-Service curricula as their number one priority.
- The future plan is all Pre-Service training curricula to meet the needs of all child welfare professionals, including adoption specialists, and be updated, standardized, and professionally designed. It is also planned for FSFN training to be fully incorporated throughout the curricula.

Initiative 1.3 - Leadership and Guidance

- The training unit does not have the workforce to administer a statewide training program and uphold an effective and efficient infrastructure for training (Pre- and In-Service curricula; supervisory and specialty track training; and FSFN training).

- The future plan is to develop a Steering Council to provide input and guidance regarding future training endeavors. It will review, evaluate, and recommend improvements as needed. In addition, a study will be done to evaluate the current administration of the child welfare training program.

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1 - Career-Long Learning

- All certified child welfare professionals must receive 20 hours of continuing education each year. The content and topics are not specified. A wide variety of in-service training is offered, depending upon the CBC, and where the new employee is employed.
- The state does not have standards for in-service curricula development. In-service training for child welfare professionals may come from any source. When surveyed, 40 percent of training managers reported their CBC develops in-service curricula in-house, 20 percent reported their CBC purchases curriculum from outside vendors, and 30 percent reported their agency uses statewide curricula developed or purchased by the Department.
- There is no statewide program for continuing specialty learning after certification. Some areas of the state have informal specialty tracks for child welfare professionals.
- Currently, CLS provides a three-day annual training for up to 120 CLS attendees each year. Every two to three years, this training is a supervisor/lead trial attorney training. The training includes advanced litigation skills and techniques, stress management, and workshops on substantive issues in child welfare. Presenters include the training team, statewide CLS attorneys, and national and state experts on litigation. The first day is dedicated to a follow-up training for all the newly hired CLS attorneys over the past year and serves as a refresher for the other attendees.
- During the last two years there have been great strides made in increasing the number of standardized trainings on areas of statewide need, such as:
 - Opioid Use Disorder: This online training series was developed in collaboration with the Office of Substance Abuse and Mental Health (SAMH), the Florida Association of Alcohol and Drug Abuse (FADAA) and national experts. It was designed for CPIs, child welfare case managers, judges, judiciary staff and child welfare stakeholders in Florida. It consists of six comprehensive modules focusing on increasing understanding of the opioid crises in Florida, the effects on family systems, medication assisted treatment (MAT) and recovery, and how to work effectively with treatment providers. The Department will continue to promote ongoing use of the modules to improve safety planning, including conditions for return, for parents with substance abuse disorders. These online modules can be found at <https://www.training.fadaa.org/>.
 - [Comprehensive Addiction and Recovery Act of 2016: Plans of Safe Care \(02/05/2019\) \(0.5 hour\)](#)
 - [Families with Multiple Risks Require Multiple Partners \(09/06/2018\) \(2.0 hours\)](#)
 - [Changing the Course: Pathways to Addiction Stabilization & Recovery for Families & Youth \(09/05/2018\) \(1.0 hour\)](#)
 - [Keeping Families Together: Integration of Child Welfare & Behavioral Health \(09/05/2018\) \(1.0 hour\)](#)
 - [Fetal Alcohol Spectrum Disorders: Identification and Interventions \(06/29/2018\) \(1.0 hour\)](#)

- [Florida's Opioid Response Training: Core Opioid Overview \(03/16/2018\) \(2.0 hours\)](#)
- [MAT 101: Recommended Strategies for Medication Assisted Treatment \(12/01/2017\) \(1.0 hour\)](#)
- [Addiction: What Happens to Adult Functioning and Protective Capacity When Drugs Hijack the Brain \(08/30/2017\) \(1.0 hour\)](#)

They are also posted on the Center for Child Welfare's (the Center) page for eLearning Videos under the Topic [Substance Abuse](#). These webinars will continue to be used for orientation and training of the child welfare professional community.

- Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ): These trainings consist of an online [Introduction to LGBTQ Basics for Child Welfare Professionals](#) and a more in-depth classroom training on [Working with the LGBTQ Community](#).
- Cultural Competency: This one-day classroom training for child welfare professionals focuses on increasing the awareness of personal cultural identity, learning how to identify stereotypes, managing personal biases, learning to avoid and respond to micro-aggressions, and how to conduct a cultural assessment. Two train-the-trainer sessions were conducted last year where trainers were taught both the curriculum and how to have difficult and potentially emotionally charged conversations around cultural competency. Thirty trainers from around the state were trained in 2018 and there are plans for an additional 15 trainers to receive the training in 2019.
- Legal Topic Trainings: Approximately one time per year and as needed, the CLS training team develops training material for the managing attorneys and CLS regional directors to provide to community partners around the state. The topic for 2017-2018 was Overcoming Barriers to Permanency.
- The future plan is to develop and provide more In-Service trainings that meet identified statewide specialization needs. In addition, exploration will be conducted to ascertain if the 20 hours of annual training required to be completed by child welfare professionals should include required content and topic areas that all child welfare professionals must complete.

Initiative 2.2 - Supervisor Professional Development

- There is no standard statewide In-Service supervisor curriculum for child welfare supervisors, however, various agencies have developed their own in-house supervisor training programs. When surveyed 31 percent of training managers reported their agency has designated courses to prepare new supervisors for their new role, 15 percent reported their agency provides on-the-job training such as shadowing or mentoring, and 26 percent reported that there is no standardized training at their agency used for new supervisors.
- The Department began to address the lack of standardized in-service curricula. A train-the-trainer on strength-based supervision model for child welfare supervisors was conducted in 2019 by Dr. Cynthia Lietz. This national model includes core supervisor concepts such as parallel process, family-centered practice, critical thinking, clinical and group supervision as well as administrative, education, and supportive supervision.
 - Goal 4, Strategic initiative four, is the evaluation and alignment of Florida's practice model to strengthen workforce competencies and stability. One of the objectives included in this strategic initiative is to develop a standardized core competency training and coaching for case management supervisors.

- In 2019 CLS implemented a Leadership Academy to prepare the next generation of CLS leaders to be qualified and transition seamlessly into lead trial attorney, supervising attorney, managing attorney, and regional director positions. The participants will engage in an 18-month curriculum, consisting of in-person training, webinars, quarterly group calls, one-on-one mentoring, and semi-annual feedback. Although the program has an 18-month curriculum, a new class of 20 participants will be selected each year. Participants who graduate from the Academy will gain the following skills: effective decision making, conflict resolution, emergency management, team empowerment, negotiation, supportive and constructive communication, responsible delegation, identifying when and how to provide support vs. when and how to take action, accountability, how to re-enforce CLS best practices, knowledge of the duties and responsibilities of CLS positions, knowledge of human resource (HR) practices, and knowledge of the Predictive Index system to manage different personalities.
- Every two-three years CLS is planning to provide a supervisor training as part of their annual three-day training. This training will include advanced litigation such as litigation feedback and support to the frontline attorneys, and workshops on leadership, and other core skills necessary to be a CLS supervisor. The training will be provided by the CLS training team and other state and national presenters. There are also plans to integrate approximately 20 lead trial attorneys.
- The future plan is to continue to offer the Leadership Academy for CLS leaders, evaluate the effectiveness of the strength-based supervision model for child welfare supervisors using pre- and post-evaluations, and if it is found to be effective, support agencies in providing the training model. In addition, there are plans to develop standardized competency training for child welfare supervisors, including case management supervisors.

Initiative 2.3 - Proficiency in Florida's Child Welfare Practice Model

- After adoption of the practice model and initial implementation training, there was a need for ongoing education to ensure fidelity to the practice model. To meet this need, a proficiency process was established for CPIs frontline supervisory staff. The process is also available for Sheriff's Offices. Currently, there is no established proficiency process for case management.

Thus far, the Department has collaborated with the FCC on case management proficiency. One objective of Goal 4, strategic initiative four, is to develop and implement a case management proficiency process that develops model experts who can consult and provide guidance to supervisors and case workers to create a real work environment for the transfer of knowledge around core competencies and model fidelity.

- The future plan is to establish a case management proficiency process that will develop model experts who are able to develop proficiency in their individual agencies.

GOAL 3: Fully Integrate Training into the Continuous Quality Improvement (CQI) Process

Initiative 3.1 - Continuous Improvement of Training

- There is no ongoing formal evaluation method to assess the quality of training being conducted across the state.
- The current worker training management system is under-utilized and incomplete. Some CBCs have purchased and/or developed their own learning management systems that do not feed into the current statewide worker training management system.

- Training that is provided across the state is tracked and reviewed by one of the training unit's specialists to ensure the trainings meet established criteria for support of the CFSP goals and objectives.
- The Department has established university partnerships to conduct level two (learning) and three (behavior) evaluations of large-scale curricula such as Pre- and In-Service and those designed to support major system or methodology changes.
- The future plan is to develop a statewide worker training management system that is compatible with CCWIS and is multi-functional for frontend users and reporting. In addition, standardized evaluation methods will be established across the state so that ongoing assessment of training quality can be conducted.

Initiative 3.2 - Strengthen the Link among Training, Data, and Quality Assurance

- Not all areas of the state have formalized processes for systematically using quality assurance review findings and other assessment data to inform training. However, there is no established method or requirement for CBCs to develop and submit an annual training plan.
- The future plan is to obtain annual training plans from each Department region, Sheriff's Office, and CBC that incorporate statewide needs and are based on quality assurance review findings and other assessment data.

Training Funding

The Department allocates funding specifically for training among CBCs, sheriff's offices conducting protective investigations, and Department regions providing direct services. Funds are for the purposes of providing child welfare services staff with the mandated Pre-Service training, and advanced In-Service trainings that reflect the agency's system of care and meets both the agency's and individual training needs. Additionally, the Department uses training funds from other grants, such as the Children's Justice Act (CJA), in order to meet the specific training needs that support the goals and objectives of the grant program. CBCs are restricted to using these funds for child welfare education and training services only. To ensure appropriate expenditure of these funds, each agency receiving training funds submits quarterly training reports.

As the end of the waiver is nearing the Department is planning to return training costs to a benefiting federal program approach. This includes the implementation of Title IV-E programs that are currently not being implemented by the state such as traditional Title IV-E foster care, candidacy, Extended Foster Care (EFC), and the Guardianship Assistance Program (GAP). It is anticipated that revisions to the cost allocation basis for trainer and trainee costs will need to be made based on benefiting programs and the expectation that there will be a higher rate of Title IV-E participation. The state is still working towards developing the cost allocation plan for this approach and do not have any expenditure activities as of this date to provide a revised estimate. The Department will continue to work with the Children's Bureau through the normal cost allocation amendment process and negotiate the new allocation basis.

Training Tracking

Aside from standardized statewide Pre-Service curricula for newly hired child welfare professionals, training conducted across the state varies among the regions, the CBCs, and the sheriffs' offices based on their individualized needs. On a quarterly basis, the regions, the CBCs, CLS, and the sheriffs' offices submit a training report that includes a summary of all training courses they have conducted. To strengthen reporting, updates to the Quarterly training reports were made in July 2017 and implemented with the CBCs. The updated training report template is easier to use and has an added data element for training descriptions. These updates have been successful and were implemented with the sheriff offices and Department regions beginning in July 2018.

APPENDICES

Appendix A Description of Child and Family Services Continuum

Appendix B John H. Chafee Independence Program and Educational and Training Vouchers

Appendix C “What does awesome child welfare work look like?”

Appendix D Stakeholder Surveys

Appendix E Child Welfare Training Manager Surveys

Appendix F Certifications and Assurances

Appendix G Financial

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APPENDIX A. DESCRIPTION OF CHILD AND FAMILY SERVICES CONTINUUM

The services described are the primary components of Florida's child welfare system. This includes responsibilities of the Department of Children and Families (Department) and contracted providers; basic descriptions of interventions and relationship to the practice model; service coordination among the system components; coordination with other services and benefits; and strengths, gaps and relationships to activities in the Child and Family Services Plan (CFSP). The list below reflects where special topics required to be addressed are included in components of the child welfare services continuum.

Florida's Practice Model

Prevention

- Efforts to Track and Prevent Child Maltreatment Deaths
- Populations at Greatest Risk of Maltreatment
- Family Support Services
 - Title IV-B, Part 1, Stephanie Tubbs Jones
 - Title IV-B, Part 2, Promoting Safe and Stable Families (PSSF), 26 %

Intake (Child Abuse and Neglect Statewide Hotline)

Child Protective Investigations

Case Management Services

- Monthly Caseworker Visit Grants and Standards for Caseworker Visits

In-Home Protective Services

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Title IV-B, Part 2, Promoting Safe and Stable Families (PSSF)
 - Family Preservation, PSSF
 - Family Reunification, PSSF

Out-of-Home Care

Independent Living Services

Adoption

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Adoption Promotion and Support Services, PSSF
- Services for Children Adopted from Other Countries

Interstate Compact on Adoption

FLORIDA'S CHILD WELFARE PRACTICE MODEL

Florida's practice model consists of seven professional practices. As used throughout Florida Administrative Code and operating procedures, a "Child Welfare Professional" means an individual who is primarily responsible for case activities that meets the criteria for Florida Certification as a child protection investigator, case manager, or a licensing counselor.

The practice model is designed to ensure that the family is the primary point of communication, involvement, and decision-making. [CFOP 170-5, Child Protective Investigations](#), and [CFOP 170-9, Family Assessment and Case Planning](#), provide uniform processes that enhance the ability of CPIs and case managers to engage with the family and those who know the family. The following are the core components of the child welfare practice model. Safety concepts are underlined to show how they are incorporated in the practice model. Safety concepts are codified in statute, administrative code, and operating procedure.

1. Engagement

- Provides parent(s)/legal guardian(s) with information that empowers them;
- Builds a partnership with the parent(s)/legal guardian(s) and their resource network to collect sufficient information to complete the family assessment and develop a safety plan;
- Results in co-construction of the case plan which includes goals for what must change to enhance caregiver protective capacities and the right match of treatment services and supports; and
- Supports the family to undertake and maintain the needed change(s).

2. Teamwork

Teamwork occurs throughout the time a child welfare professional works with the family. The child welfare professional partners with the family, the family's network, other professionals, and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning, and assessment of family progress. Effective teamwork promotes commitment and accountability of the family and all team members toward common goals for the family.

3. Collect Information

Sufficient information gathering is an essential ingredient for effective decision-making. Information is gathered to meet information standards described in six information domains: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline.

Hotline counselors begin gathering information when a report is received. The CPI assigned to investigate alleged child maltreatment assesses immediate circumstances and information already known about family conditions to accurately identify children in present danger. The CPI gathers additional information in the six information domains from multiple sources to complete the Family Functioning Assessment-Investigations and a Risk Assessment to determine the likelihood of future harm.

4. Assess and Understand Information

The child welfare professional uses the six information domains to assess family functioning and conditions. The assessment describes the presence or absence of danger threats to child safety, the vulnerability of children, caregiver protective capacities, the sufficiency of safety plans and progress in achieving case plan outcomes. A child welfare professional will analyze sufficient information gathered to describe family conditions and determine whether a child is safe or in impending danger (not safe). When information clearly supports that the parent(s)/legal guardian(s) or other person with significant

caregiver responsibility has sufficient caregiver protective capacities to care for and protect the child despite family conditions, the child is determined to be safe. The investigator completes the Family Functioning Assessment-Investigations to document information gathered as the basis for safety decisions.

5. Plan for Child Safety

A child welfare professional creates the least intrusive safety plan necessary as follows:

- A Present Danger Safety Plan is developed when a child is found in immediate (present) danger until more information is gathered and assessed.
- When sufficient information is gathered an Impending Danger Safety Plan is created or updated. The plan may be an in-home or out-of-home plan. If a child is placed out of the home, Conditions for Return are established to describe what needs to happen for the child to be reunified with an in-home safety plan.
- When conditions of return are met, a child in out-of-home care should be reunified with an in-home safety plan. The parents continue to receive treatment services and other interventions until they have successfully completed their case plan.

6. Plan for Family Change

Information gathered through the Family Functioning Assessment-Ongoing results in the development of case plan outcomes related to what behavior(s) or condition(s) must change to keep a child safe. The case plan includes specific, measurable, attainable, reasonable, and timely outcomes that are developed jointly with the family. The child welfare professional responsible assists the family in identifying the services and supports necessary to achieve each outcome.

7. Monitor and Adapt Case Plans

The case manager is responsible for developing the Family Functioning Assessment-Ongoing and Progress Updates. These assessments are the foundation for the case plan and any modifications to the case plan. Case plans are monitored and adapted to identify:

- Changes in caregiver protective capacities;
- Changes in child needs;
- Safety plan sufficiency;
- Parent level of motivation; and
- Case plan goal.

Implementation of the Families First Prevention and Services Act (FFPSA) provides new opportunities to expand and strengthen prevention services and support the overall improvement of child welfare practice. The Department will continue efforts to ensure that child welfare professionals are developed and supported to practice with fidelity to the safety constructs and skills associated with Florida's Child Welfare practice model. The relationship of these skills and constructs is included in each component of the service continuum, beginning with the discussion of Family Support Services. These constructs and skills are essential to prevent unnecessary family disruption; reduce family and child trauma; interrupt intergenerational cycles of maltreatment; and build a well-functioning child welfare system.

PREVENTION PROGRAMS, A STATEWIDE AND LOCAL COLLABORATIVE APPROACH

Table 1: Persons Served in Prevention Programs

	SFY 2016-2107	SFY 2017-2018
Circle of Parents	No data collected	Baseline being established this year
Healthy Families Florida (HFF) Source: HFF	9,960 families 18,313 children	9,682 families 18,122 children
Family Support Services Source: FSFN	22, 844 children	20,704 children

The Department is the Community-Based Child Abuse Prevention (CBCAP) lead agency designated to administer the CBCAP Grant, which includes the development, implementation, and monitoring of the Child Abuse Prevention and Treatment Act (CAPTA) Plan. The CAPTA Plan is described in the CBCAP Grant Annual Report submitted to the Children’s Bureau in January 2019 for the reporting period October 1, 2017 through September 30, 2018.

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

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

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

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

As described in Chapter 2, Service Array, the Title IV-E Waiver Demonstration Final Report (Final Waiver Evaluation) was successfully used by Community-based Care lead agencies (CBCs) to create and expand a variety of local services to prevent families from formally entering the child welfare system and to help children remain safely in their home. The Department’s Regions and CBCs have established strong partnerships locally to reach families in need.

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

The Office of Child Welfare provides ongoing technical assistance and supports OACP's many activities, particularly development and implementation of OACP's five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including the Departments of Education (DOE), Health (DOH), Juvenile Justice (DJJ), Law Enforcement (FDLE), and the Agency for Persons with Disabilities (APD), are partners.

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

Public Awareness Campaigns

Governor Ron DeSantis signed a [proclamation](#) designating April as Child Abuse Prevention Month to remind Floridians of the importance of preventing child abuse and neglect and in recognition of the annual Pinwheels for Prevention™ campaign. In celebration of April as Child Abuse Prevention Month, Governor DeSantis also announced the appointment of First Lady Casey DeSantis as Chair of the Florida Children and Youth Cabinet.

Florida's annual campaign conducted in April is Pinwheels for Prevention™. Florida's Prevent Child Abuse (PCA Florida) Chapter travels throughout the state providing training and orientation for the agency's public information staff and to local prevention and permanency councils. The annual Pinwheels for Prevention™ campaign includes:

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

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

Prevent Child Abuse Florida (PCA Florida)

PCA Florida is the Prevention Services Unit in the Ounce of Prevention Fund of Florida, Inc. (Ounce). Through a contract with the Department, the Ounce serves as the state Chapter Liaison for Prevent Child Abuse America (PCA America). The Ounce maintains the charter agreement with PCA America. The Ounce participates in and accesses the network of state chapters for research-based best practices, campaign strategies and resources, and summaries of successful prevention services and supports.

Parent Peer Support

The Department contract with the Ounce also funds the Circle of Parents® Program. The Ounce provides training and technical assistance to local providers throughout Florida who agree to host and facilitate a local meeting using the Circle of Parents® model. The technical assistance provided includes how to recruit families and sustain a local Circle.

Part of a national model and network, the Circle of Parents® provides a non-judgmental, supportive environment led by parents and other caregivers. The practice of shared leadership among facilitators and parents ensures participants both receive and provide help to others. Families receive resource information through the informal, family-friendly group meeting format. The interaction of families provides reassurance that challenges parents face are neither unique nor insurmountable. Parents improve communication and problem-solving skills through their discussions of the frustrations and successes involved in challenging family circumstances.

Currently, there are more than 50 Circle of Parents® programs throughout Florida. The program's webpage on the Ounce's website offers an interactive map to find a local meeting.

<https://www.ounce.org/circlegroupsmap.html>

The Ounce and regions are currently working to develop Circles that will specifically serve fathers. The Ounce is also collecting data to establish the number of parents participating in Circle of Parents®.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS

- **Child Fatality Prevention Website**

The OCW created and maintains the [Child Fatality Prevention](#) website which provides a data dashboard and child fatality information. This website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. It is the Department's hope that the data and the narratives provided are "a call to action for communities to join the Department to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths." Additionally, the Department and community partners use this data to improve child welfare practice to better protect children and assist at-risk families.

This website includes information regarding all child fatalities called into the Florida Abuse Hotline (Hotline) alleged to be a result of abuse or neglect. The definitions for abuse, abandonment, and neglect can be found in [Chapter 39, Florida Statutes](#). The data can be sorted and viewed by county, child's age, causal factor, and prior involvement. The website features current year data. The Department is working to include five years of historical data to provide the capability for greater trend analysis. Current data reveals three notable trends:

- Drowning continues to be a primary cause of preventable death among children in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to child safety.
- Asphyxia, often the result of unsafe sleep practices, claims the lives of younger children.
- Trauma/wounds caused by a weapon, primarily the use of firearms or bodily force (e.g., fists or feet) to inflict harm, also ranks in the top three causes of child deaths.

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

This webpage is updated weekly with information available from the Hotline and the Department's field staff. Supporting documents are posted after the case is closed following a review by a regional child fatality prevention specialist. Information provided includes the cause and circumstances surrounding the death; age and gender of the deceased child; previous reports of child abuse or neglect; and actions taken by the Department.

- **Statewide Child Abuse Death Review Committee (CADR)**

Established in [section 383.402, Florida Statutes](#), CADR provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Hotline. CADR's duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the Department of Health (DOH).

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 2018.

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

- Share and analyze data (FSFN, CADR, and vital statistics);
- Determine additional data elements needed;
- Identify evidence-informed child fatality prevention programs focusing on sleep-related and drowning fatalities; and
- Jointly plan and implement targeted campaigns.
- Perform supplemental analyses on select data elements including, but not limited to, multi-year analysis on 2015, 2016, and 2017 fatalities when the remaining child fatality cases are closed and reviewed by local committees.
- Examine the influence of brain injury and trauma patterns within a family on maltreatment and fatality likelihood.

- **Critical Incident Rapid Response Teams (CIRRT)**

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

The Department provides ongoing CIRRT training and recruits professionals from the Department and other agencies who can participate on CIRRT reviews. The Department is responsible for organizing and leading the onsite reviews, facilitating the team's findings, and preparing the individual reports. The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter. 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](#).

POPULATIONS AT GREATEST RISK OF MALTREATMENT

The Department and DOH provide a number of 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. All of the following prevention services are targeted to populations at the greatest risk for future child maltreatment.

- **Coordinated Intake and Referral for In-Home Visiting Services**

The [Memorandum of Agreement Between Florida Association of Healthy Start Coalitions, Inc. and The Florida Department of Children and Families](#) outlines the ongoing collaboration that occurs to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state's universal prenatal and infant screens. Over the past four years, DOH and Healthy Start Coalitions pilot-tested and then implemented a statewide strategy to further maximize community resources and link families with local programs that best match their needs and preferences. The local Healthy Start Coalition is now responsible for reviewing all universal screens conducted in their community and providing outreach to families to let them know what home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be HFF, Nurse-Family Partnership, or Parents as Teachers.

- **Universal Newborn Screening**

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

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

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

There are 32 Healthy Start coalitions and one county Health Department that provide Healthy Start services covering all of Florida's 67 counties. The coalitions conduct assessments of community resources and needs, identify gaps and barriers to effective service delivery, and develop a service delivery plan to address identified problem areas and issues. The range of Healthy Start services available to identified women and infants include:

- Information, referral and ongoing care coordination and support to assure access to services;
- Psychosocial, nutritional, and smoking cessation counseling;
- Childbirth, breastfeeding, and substance abuse education;
- Home visiting through the child's age of 3 years; and
- Inter-conception education and counseling.

- **Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (Ounce)**

Funds for HFF are appropriated by the Florida legislature to the Department. The Ounce administers HFF through service contracts with 35 community-based agencies in 67 counties (42 counties in their entirety and 25 counties in the highest-risk zip codes). Sites are required to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families, unless there is justification of why they are not able to meet the minimum 25 percent contribution. Table 1 shows the number of families served by HFF. This program is a substantive and important investment made by the Florida legislature in evidence-based prevention designed for families at risk of child maltreatment or other adverse childhood experiences. HF-Florida outcomes are discussed in Chapter 2 in Safety Outcome 1.

HFF works diligently to maintain the program's national accreditation with Healthy Families-America (HFA). HFA is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse-America (PCA-America). Rigorous research has demonstrated HFA effectiveness, based on nineteen publications of randomized control trials. HF-America meets the criteria for federal funding established by the Maternal Infant Early Child Home Visiting (MIECHV) for expectant parents and parents of newborns experiencing stressful life situations. In 2011, the Department of Health and Human Services (HHS) named HF-America as one of seven proven home visiting models. HF-America shows impacts in all eight domains examined by the Home Visiting Evidence of Effectiveness (HomeVEE) review for the MIECHV program:

- Increase in positive parenting practices;
- Improvement in child health;
- Reduction in juvenile delinquency, family violence and crime;
- Improvement in child development and school readiness;
- Improvement in family economic self-sufficiency;
- Improvement in maternal health; and
- Increase in linkages and referral with essential community services.

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

The Department at the state and regional levels and CBCs have a long history of collaboration with HFF to expand access to Florida’s most vulnerable families and strengthen community collaboration. HFF is always “at the table” with the Department and other prevention partners to understand new threats to family well-being, such as Florida’s opioid crisis, and how to ensure that existing programs have the capacity to respond. Last year, HFF’s 38 community-based projects served 9,960 families and their 18,313 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

- 98 percent of children in families served were free from abuse during services and one year following program completion;
- 99 percent of children were connected to a primary healthcare professional; and
- 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.

Child abuse and neglect has costly short and long-term consequences including hospitalization, child welfare services, special education, and juvenile delinquency. Conservative estimates put the cost of treating these consequences at \$105,131 per child annually. HFF is proven to prevent child abuse and neglect in high-risk families at a cost of only \$2,100 per child annually.

- **Services for Families with Substance-Affected Baby (NAS)**

Title V, Section 503, Infant Plan of Safe Care, P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016 (CARA) went into effect on July 22, 2016. The federal legislation made several changes to Child Abuse Prevention and Treatment Act (CAPTA). Implementing the changes required the creation of a Florida team of cross-system partners. Florida’s team was originally selected by the Children’s Bureau to attend the 2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers. Participation in the Academy provided teams with federal guidance, subject matter experts and technical assistance through the National Center on Substance Abuse and Child Welfare (NCSACW).

The initial Florida multidisciplinary and multi-agency team will continue to work on the following long-term goals over the 2020-2024 plan period:

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

Included on the current statewide leadership group are the OCW and 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 is to

standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Data from the 2012 Census Bureau shows Florida has a NAS rate of approximately seven cases per 1,000 live births. Florida's rate is higher than the national rate of 5.8 cases per 1,000 live births for the United States. Infants with NAS have longer hospital stays than healthy newborns without NAS. Mean hospital charges for NAS increased from \$39,000.00 in 2000 to \$53,400.00 in 2009. Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures.

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

Plans of Safe Care

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 170-8, Chapter 1, Plans of Safe Care for Infants Exposed to Pre- or Post-Natal Substance Use](#).

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

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

Depending on the concerns and the level of need of the family, agency involvement may vary. All mothers and infants will be screened by Healthy Start both prenatally and postnatally. Should concerns of child maltreatment arise at the time of the infant's birth or through Healthy Start 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.

As a result of the Florida team's progress with the policy academy goals, in January 2018 the OCW, SAMH, and Office of Deputy Secretary/Director of Service Integration in collaboration with the DOH was approved for 18-24 additional months of In-Depth Technical Assistance (IDTA) through the NCSACW. The IDTA application requires state teams to identify implementation or innovation counties or regions in which to develop and test policies, practices and strategies. Florida's innovation regions are the Northwest Region including Escambia and Bay Counties and the Northeast Region where work will focus on Duval County.

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 Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT), FPQC, Early Learning Coalitions (ELCs), and DOH Universal Screening workgroup to strengthen outreach and supports to families at risk.

Early Intervention Services for Infants with Neonatal Abstinence Syndrome (NAS)

Florida's [Early Steps](#) program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with NAS with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support.

Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protection investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

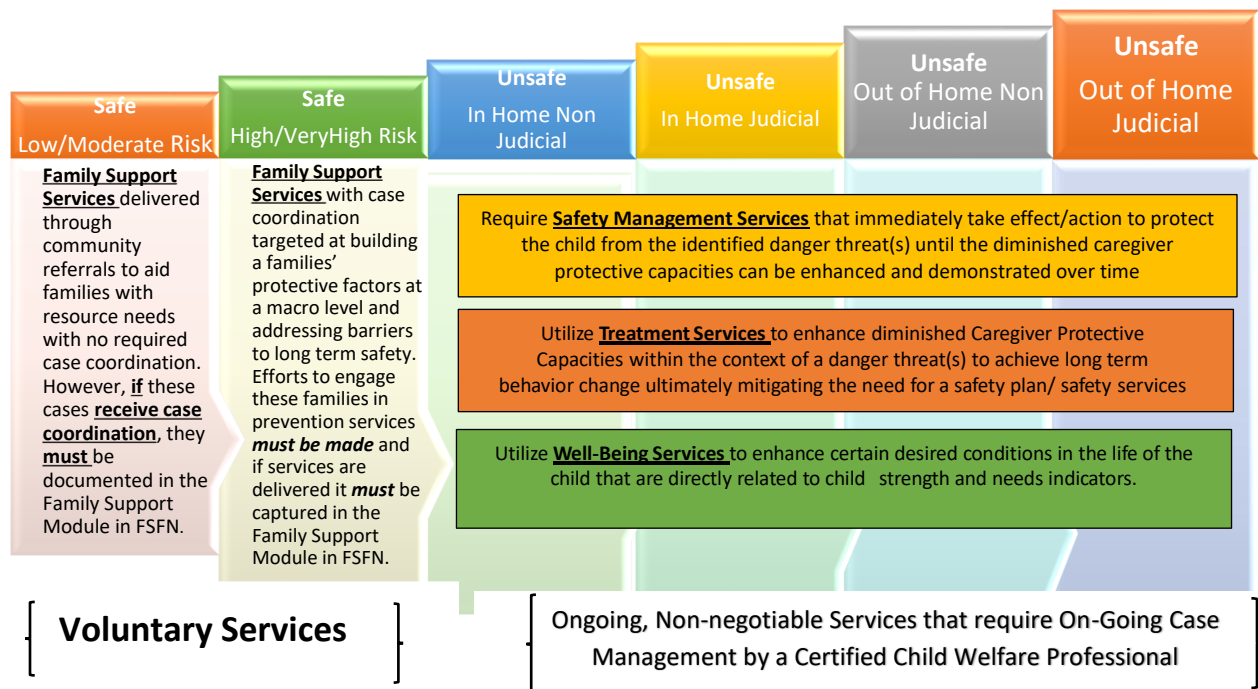
- **Florida Abuse Hotline: Assessment, Screening, and Special Conditions Referrals**

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Florida Abuse Hotline (Hotline) do not allege abuse, abandonment, or neglect and are more appropriately addressed by the provision of resources or services outside of the child protection system. Situations reported to the Hotline that do not rise to the level of a protective investigation may be addressed as a "Special Condition." Special Condition referrals are accepted when a child needs services or supervision and there are no allegations of abuse, neglect or abandonment. Special Conditions include: Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance. In 2017-2018, the Hotline screened in 247,750 special conditions reports that were followed-up by the regions and CBCs. The Department's procedures for Special Conditions are published in [CFOP 170-5, Special Conditions](#).

- **Family Support Services (26 percent of the Promoting Safe and Stable Families federal grant (PSSF)**

Florida’s Service Array chart below reflects how the child welfare continuum is designed. The household of any report that has been screened-in by the Hotline and investigated by a Child Protection Investigator (CPI) is assessed using the Structured Decision-Making Assessment Tool® (SDM) adapted by the National Council on Crime and Delinquency (NCCD’s) Children’s Research Center (CRC) for use in Florida. The Risk Assessment is an actuarial assessment which estimates the likelihood of future harm to children in the household.

CPIs complete the risk assessment at the end of an investigation. Families with children determined to be safe but living in high or very high-risk households are the focus of active outreach efforts. The CPI makes every effort to connect the family with community-based family support services that are specifically planned to reduce risk of abuse or neglect. Discussion with the family about risk levels can be very effective in helping the family understand why the CPI remains concerned about the family even though child welfare system involvement is not being pursued.



The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Family Support Services. The Department dedicates the full allowable 26 percent of the federal PSSF grant to fund family support services. Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

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

At local discretion, family support referrals may also come from local community sources or assessments. Basic information about the family and services received are captured in FSFN as a “Prevention” type of

family support. This allows for the assessment of outcomes over time as to whether any future maltreatment reports are received, and if there are maltreatment findings.

Table 1 on Appendix page 4 provides the number of children and families that were provided with Family Support Services. The Department’s procedures for outreach and family support services are published in [CFOP 170-4, Family Support Services](#).

As noted in Chapter 2 under description of the service array, the Final Waiver Evaluation reported positive findings for families that received family support services based on the risk assessment tool (intervention group) compared to a matched comparison group who were not assessed with the risk tool. Specifically, children in the intervention group had a lower rate of recurrence of maltreatment, lower rate of entry in out-of-home care, and a lower re-entry rate.

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

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

INTAKE - FLORIDA ABUSE HOTLINE (HOTLINE)

Table 2: Florida Abuse Hotline Data

Number of Reports	FY 2017-2018
Total Child Abuse Reports and Special Conditions Contacts	355,923
Total Child Abuse Reports and Special Conditions Contacts Screened-In	247,750
Total Investigations (Initial, Additional, Supplemental)	227,000
Total Special Condition Contacts	20,750
Reporting Rate per 1,000 Children in General Population Florida’s child maltreatment reporting rate exceeds the national average (including twice the national average in SFY 2012-2013) and Florida is in the top 10 states in the nation for reporting by calculating children investigated per 1,000 children in the general population.	68.96

Source: 2018 Annual Performance Report 2017-2018, Submitted to Florida Legislature October 2018

Reporting in Florida

Florida’s single-entry point to child welfare services is the Hotline. Table 2 shows the number of calls, calls screened-in for an investigation, other call types, and the reporting rate per 1,000 children in Florida’s population. All child abuse and neglect allegations are received through the centralized Hotline located in Tallahassee. Reports may be made in English, Spanish, or Creole on different toll-free numbers provided. The Hotline also uses an interpreter service by making a conference call to the service and requesting whatever language the reporter speaks; the counselor assesses the call through the interpreter.

Reports may be made by one of the following methods:

- Toll-free telephone: 800-96-ABUSE
- Toll-free Telephone Device for the Deaf (TDD): 800-453-5145

- Toll-free fax transmission: 800-914-0004
- Internet at <https://reportabuse.dcf.state.fl.us>

[Section 39.201](#), Florida Statutes, requires that “Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child’s welfare must report such knowledge or suspicion to the Florida Abuse Hotline. Members of the general public may report anonymously if they choose.”

Screening Reports to Determine Response Path

When the Hotline accepts a report for investigation the following criteria must be met:

- The victim must be a child, as defined in Florida Statutes - born alive, under the age of 18, and not emancipated or married.
- There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator’s relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.
- There must be an alleged maltreatment as described in, [CFOP 170-4 Child Maltreatment Index](#).
- There must be an acceptable means to locate the child.

The Hotline determines initial response times based on an assessment of present or impending danger, as indicated by the information provided. Based upon having more complete or up-to-date information than initially collected by the Hotline, a CPI supervisor may change the response time established by the Hotline.

There are three investigation types in which a child has been alleged to be maltreated: In-Home, Other, and Institutional. The main determinants in identifying the type of investigation are the alleged maltreater’s relationship to the alleged child victim(s) and the setting or location at which the alleged maltreatment occurred.

The Hotline assigns one of the following timeframes for the investigation:

- An immediate response time established by the Hotline requires the investigator to attempt to make the initial face-to-face contact with the alleged child victim as soon as possible but no later than four (4) hours following assignment by the Hotline.
- A 24-Hour Response time established by the Hotline requires the investigator attempt to make initial face-to-face contact with the alleged child victim as soon as pre-commencement activities are completed but no later than 24 hours following assignment by the Hotline.

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in FSFN which is then forwarded to crime intelligence staff to complete criminal history checks. The complete abuse/neglect report is then forwarded to the appropriate investigative office in the county where the investigation has been assigned.

Background Screening Unit

The Hotline operates a Background Screening Unit with criminal intelligence staff who complete criminal history checks for the following purposes:

- Investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in the household 12 years or older.
- Emergency and planned placements of children in Florida’s child welfare system to assess caregivers.

Procedures for child welfare staff for all types of background checks are published in [CFOP 170-1, Chapter 6, Requesting and Analyzing Background Records](#).

The type of checks to be performed and data sources accessed for investigations or placements are based on the program requesting the information as well as the purpose of the request (investigations or placements). The crime intelligence staff members have access to the following criminal justice, juvenile delinquency, and court data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;
- National Crime Information Center (NCIC) – National criminal history records and dispositions;
- Hot files (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders;
- Department of Juvenile Justice (JJIS) – Juvenile arrest history;
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database (current driver’s history, license status, photos, signature);
- Department of Corrections (DOC) – current custody status, supervision, incarceration information;
- APPRIS/Justice Exchange Connection – Jail databases for current incarcerations, associated charges, and booking images; and
- Sexual Predator Website- This database provides face sheets that includes charges and release status of Sexual offender/Predators.

When a CBC case manager or CPI is considering a placement, the agency must contact the Background Screening Unit and request criminal history record information on potential caregivers and household members for a child requiring removal from his or her current residence. When a CBC or child welfare professional is considering permanent placement of a child, fingerprint submissions must be obtained within 10 days for all persons in the placement or potential placement home over the age of 18 years following the Hotline’s query of the NCIC database for the purpose of a placement initially requested by an CPI or case manager. The Department provides a comprehensive web page with information about [Background Screening](#).

CHILD PROTECTIVE INVESTIGATIONS

Table 3: Child Protection Investigations Data (FY 2017-2018)

Total Investigations (Initial, Additional, Supplemental)	227,000
Total Special Condition Contacts	2,750
Percent of Children Seen in 24 hours (DCF Standard is 85% or higher)	89.6%
Percent of Investigations Completed in 60 Days	96.8%
Of children determined to be unsafe, the percent removed from home	54.7%
Of children determined to be safe, the percent remaining at home with in-home safety plan	39.1%

Source: 2018 Annual Performance Report 2017-2018, Submitted to Florida Legislature October 2018

Table 3 shows the number of total investigations conducted in FY 2017-2018, special conditions contacts (discussed in prevention on page 12) and other data associated with investigations completed.

Core Responsibilities

Child protective investigations and related legal actions are codified by requirements outlined in Chapter 39, Florida Statutes, Rule 65C-29, Florida Administrative Code, and Department operating procedure, [CFOP 170-5, Child Protective Investigations](#).

Florida's CPIs are charged with three main responsibilities. First, investigators are directed to determine "whether there is any indication that any child in the family or household has been abused, abandoned, or neglected" and to identify the individual responsible for the maltreatment. Second, CPIs are required to conduct and complete a child safety assessment to identify the source of all danger threats in the home and assess the protective capacity of the caregivers responsible for caring for the child. Third, and lastly, when a child has been maltreated or is at high or very high-risk of being maltreated, CPIs are to determine "the protective, treatment, and ameliorative services necessary to safeguard and ensure the child's safety and well-being and development and cause the delivery of those services."

Child Protection Team (CPT) Consultation

Children's Medical Services with the DOH is statutorily directed, per section 39.303, Florida Statutes, to develop, maintain, and coordinate one or more multidisciplinary CPTs in each region of the Department. CPTs are medically directed and specialize in diagnostic assessment, evaluation, coordination, consultation, and other supportive services.

Each CPT's main purpose is to supplement the child protective investigation activities of the Department or designated sheriffs' offices by providing multidisciplinary assessment services to the children and families involved in child abuse and neglect investigations. CPTs may also provide assessments to CBC providers to assist in case planning activities, when resources are available. Information from CPT assessments are critical in developing the family assessment information domains, determining findings and establishing safety actions. The CPI must make a referral to CPT when the report contains the following allegations as mandated by subsection 39.303(2), Florida Statutes:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
- Bruises anywhere on a child five years of age or under.
- Any report alleging sexual abuse of a child.
- Any sexually transmitted disease in a prepubescent child.
- Reported malnutrition of a child and failure of a child to thrive.
- Reported medical neglect of a child.
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home.
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.

Co-located Behavioral Health Specialists

Each region has a behavioral health consultant housed with child protection investigations and funded through the State Targeted Opioid Response grants. Some additional behavioral health consultants have been funded by the Managing Entities (MEs) responsible for behavioral health services in each region. This resource has proven to be extremely helpful to the CPIs in determining behavioral health needs for the parents.

When information available at pre-commencement or obtained during the family functioning assessment indicates that substance misuse is believed to be occurring in the home the CPI must consult with a substance abuse expert in order to:

- Assess whether substance misuse is out of control to the point of having a direct and imminent effect of child safety;
- Identify specific harm(s) to the child caused by or highly correlated with the substance abuse;
- Provide input on what safety actions need to be incorporated into a safety plan for children of substance abusing parents to control the direct and imminent effects of the parent or caregiver's substance misuse or relapse event;
- Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g. need for medical detox, intensive outpatient, etc.);
- Explore the potential use of the Marchman Act with the family in order to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance use for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member; and
- For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse; and explore the feasibility of the substance abuse expert accompanying the investigator to the interview site when available, based on local protocols and working agreements.

Co-located Domestic Violence Advocates (CPI Project)

The [CPI Project](#) results from collaboration with the Florida Coalition Against Domestic Violence (FCADV). FCADV receives funding from the Florida legislature to provide domestic violence advocates that are co-located with CPIs. The domestic violence advocates assist CPIs and case managers in clearly identifying batterers' patterns of coercive control, gathering information to address harmful batterer behaviors, and assess the impact of that behavior on the children. Domestic violence experts widely agree that positive family outcomes are more likely to occur when child welfare workers partner with the non-maltreating parent in their efforts to protect the children while holding the batterer accountable.

Currently there are a total of 40 certified domestic violence centers, covering all 67 counties in Florida that participate in FCADV's CPI Project. FCADV has supported each domestic violence center, together with the partnering CPI Unit, to develop Memorandums of Understanding, referral documents, and releases that are necessary for information sharing. Through intensive technical assistance and partnership, FCADV has identified best practices in the interest of children and families from these projects and has shared them throughout the state to support replication and sustainability.

The Department will continue to engage in strong collaboration with the FCADV to address violence in the family. FCADV provides intensive support to certified domestic violence centers, CBCs, and local Department offices. After years of partnership, the Department's Domestic Violence Program Office and FCADV possess a clear understanding that early involvement of domestic violence advocates in cases where child abuse and domestic violence co-occur can reduce risk to children by providing immediate resource and referral information and safety planning for the non-offending parent and their children. The CPI project bridges the gap between child welfare and domestic violence service providers to enhance family safety, create permanency for children, reduce removals of children from non-offending parents, and hold batterers accountable. Continued collaboration with FCADV over the next five years will explore how to improve interventions and accountability for perpetrators of domestic violence.

Completion of the Family Functioning Assessment (FFA)-Investigations (Safety Determinations)

At the conclusion of the investigation, the CPI completes the Family Functioning Assessment-Investigation in Florida Safe Families Network (FSFN). This provides an assessment of the six information domains, parental protective capacities, impending danger threats, child needs, and a determination of child safety.

All children identified in the FFA-Investigations as unsafe are considered at imminent risk for entering foster care (out-of-home care) because of the identification of an impending (ongoing) danger threat in the home and the insufficient protective capacity of the child's caregiver(s).

Upon the determination a child is in impending danger, the CPI must develop and implement an in-home safety plan with the provision of safety management services or place the child out-of-home with relatives or in licensed care. The least intrusive safety action is dependent upon the CPI answering 'Yes' to all five of the following questions:

- 1) The parent(s)/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.
- 2) The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
- 3) Safety services are available at a sufficient level and to the degree necessary to manage the way in which impending danger is manifested in the home.
- 4) An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the need for results of scheduled professional evaluations.
- 5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home safety plan.

The safety analysis completed by the CPI must provide sufficient information to support the Yes/No determination for each of the five criteria. If a child's safety cannot be ensured in the home by implementation of a safety plan and the provision of safety management services, the CPI must identify the 'Conditions for Return' (what needs to change regarding any 'No' response) to allow the child to be returned home (with an in-home safety plan and provision of safety management services).

Risk Assessment

As described in family support services under the prevention component of the child welfare continuum, the CPI completes a risk assessment at the completion of the investigation to identify the risk of subsequent harm. For families whose children are determined to be safe however have very high or high risks of future involvement with the child welfare system, the CPI makes every effort to connect the family with community-based family support services that are specifically planned to reduce risk of abuse or neglect.

Referral for Case Management and Treatment Services

When the CPI completes the FFA-Investigations and determines that the child is unsafe, an immediate referral for case management services is made. The investigator must establish the least intrusive actions necessary for the family to receive case management and the ongoing supervision necessary:

- 1) Child remains in home with no judicial actions.
- 2) Child remains in home with judicial actions.
- 3) Child is placed out of home temporarily with court approval and supervision.

The CPI collaborates with Children's Legal Services to seek court oversight whenever judicial actions are considered necessary. Prior to a child being removed from the home, the Department must determine if,

with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and receive the treatment services necessary to strengthen their protective capacities. If at any time it is determined the child's safety and well-being are in danger, the child welfare professional responsible must modify the safety plan which may require increasing the level of intrusiveness.

CASE MANAGEMENT (SERVICE COORDINATION, CONTACTS, CHILD VISITS)

Rule 65C-30.002, Florida Administrative Code, requires that the transfer of primary responsibility for a case involving an unsafe child from an investigator to a case manager be achieved through a case transfer conference. Operating Procedure [CFOP 170-1, Chapter 7, Case Transfer from Investigations to Case Management](#) provides the responsibilities that the CPI must attend to prior to case transfer including documentation in FSFN; and the information that must be presented and discussed at a case transfer conference.

At the point of formal case transfer from child protective investigations to case management services (judicial or non-judicial), case managers take over responsibility for ongoing supervision of the child and family. The scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child.

Case management responsibilities are to:

- 1) Monitor and modify safety plans and conditions for return when children are in out-of-home care.
- 2) Assess parent motivation for change; assess caregiver protective capacities and any associated underlying needs that must be addressed; assess child strengths and well-being needs; assess family resources and proposed solutions (Family Functioning Assessment-Ongoing);
- 3) Collaborate with the family to develop an individualized case plan that addresses the family's underlying needs and the protective capacities that must be strengthened in order to care for and protect their children.
- 4) Identify and coordinate the treatment and/or other intervention services that are a match to family needs (e.g. substance abuse treatment, domestic violence shelter services, and for mental health treatment);
- 5) Arrange and monitor services necessary for child well-being, including family time for children temporarily separated; co-parenting with temporary caregivers; any services necessary for the child's health, mental health, developmental and educational progress; ensuring that supports and services are provided for the temporary caregiver and/or child for the child to experience stability in a temporary out of home setting;
- 6) Support families preparing to reunify or adopt;
- 7) Assist families in obtaining other services and other supports necessary to address multiple needs; and
- 8) Track family progress and complete updated assessments using tools in FSFN (Family Functioning Assessment-Ongoing and Progress Updates).

If there is judicial oversight of a family, the case manager has ongoing responsibilities for collaborating with CLS to keep the court informed about the child and family's needs and progress and to support requirements provided in court orders. Case management and treatment services are provided to children with in-home or out-of-home safety plans.

Caseworker Contacts

As reported in Chapter 2, Florida does an excellent job ensuring that all children under supervision are seen every thirty days, with performance at or close to 99 percent. In SFY 2018-2019 the CQI process determined that 62.9 percent of cases reviewed statewide were rated as having sufficient quality of visitation with children.

Caseworker contacts is the term used in Florida Administrative Code for “visits.” Contacts are a vital component of the child welfare continuum for children and families regardless of the child’s setting or permanency goal. Caseworker contacts with children, parents, and caregivers are all equally important and are included in this discussion.

CASEWORKER VISIT GRANT AND STANDARDS

Florida uses the caseworker visit grant funds to support monthly caseworker visits with children receiving case management services. These funds help to enhance the quality and frequency of the visits with children. The Department’s Quality Visit Guidelines and Quality Visit Tool address the core qualitative expectations for caseworker discussions with children, parents and caregivers. During the 2020-2024 plan period, the Department plans to develop guidelines for case worker conversations with children about parental substance use. Grant funds will be used to assist the Strategic 4 workgroup with plan activities to improve caseworker recruitment, retention and training. (See Chapter 3, Goal 3 plan.)

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

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

Florida exceeds the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in out-of-home care occurring in the child’s residence.

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

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

- Children:
 - A face-to-face contact with the child to occur no less than once every 30 days.
 - Face-to-face contact with the child is required once every seven days when a child is initially placed in licensed care or with a relative or nonrelative.
 - Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child’s life.
- Parent(s):
 - Face-to-face contact a minimum of every 30 days unless parental rights have been terminated or the court rules otherwise.
 - Caregiver(s):
 - Face-to-face contact a minimum of every 30 days.

Standards for Quality of Caseworker Contacts

The standards for case managers regarding the management of a safety plan are provided in [CFOP 170-7, Develop and Manage Safety Plans](#). The standards for efforts to engage parents; develop the FFA-Ongoing and

Progress Updates; engage children and families in case planning; and documentation requirements have been codified in [CFOP 170-9, Family Assessment and Case Planning](#). Many of the standards for safety management, assessment, and case planning activities can only be met through thoughtful, respectful conversations that the caseworker has during their contacts with children, parents and caregivers.

As discussed in Chapter 2, Well-Being Outcome 1, Item 2, Florida performs well at ensuring all children under supervision in Florida are seen every thirty days, with performance at or close to 99 percent.

IN-HOME PROTECTIVE SERVICES

Table 4: Children Served In-Home Protective Services

Of children investigated and determined to be unsafe, the number receiving services in the home	10,808 children end of month count on 4/30/2019 (1)
Of children determined to be unsafe, the percent remaining at home with in-home safety plan	39.1% State FY 2017-2018 (2)

Sources: (1) Dashboard Child Welfare Trend Reports

(2) 2018 Annual Performance Report 2017-2018, October 2018

Least Intrusive Interventions

When an investigator determines that a child is unsafe, [Rule 65C-30.009, Florida Administrative Code](#), requires the following priority order or least intrusive actions:

- Child remains in home with no judicial actions.
- Child remains in home with judicial actions.
- Child is placed out of home temporarily with court approval and supervision.

Table 4 shows the number and percent of children found to be unsafe as a result of an investigation and the percent of unsafe children who remained at home with an in-home safety plan. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and the treatment services necessary to strengthen their protective capacities. The child is at serious or imminent risk of removal without the provision of in-home safety management services while the parent(s) receive adequate treatment services.

- If at any time it is determined the child’s safety and well-being are in danger, the safety plan must be modified to control for the danger, which may include increasing the level of intrusiveness
- **In-Home Non-Judicial Services.** In this initial tier, the child remains at home and the case manager manages the safety plan; develops the Family Functioning Assessment-Ongoing Services (FFA-O); and works in partnership with the family to develop a case plan based on the identified needs in the FFA-O. If, during in-home non-judicial services, there is no progress in increasing the diminished protective capacities or the safety plan is no longer sufficiently controlling the danger, the case manager will increase the level of intrusiveness of the safety management services and pursue judicial intervention.
- **In-Home Judicial Services.** In-home judicial services occur when it has been determined through safety analysis that the child can remain in the home with safety management services while receiving services under the supervision of the court. Judicial oversight is needed for the family to engage in treatment services and to achieve the case plan outcomes.

In focus groups of case managers that were conducted as part of the Final Waiver Evaluations, case managers expressed beliefs that it was better to keep the family together if child safety can be ensured. Most

commonly, the perceived benefit to using an in-home approach was a reduction in the trauma experienced by children. Several participants expressed that the act of removal itself might be more traumatizing to the children than the actual abuse or neglect, emphasizing the impact that removal has on a child's mental health and sense of self. Others noted that keeping children in the home was less traumatic for the entire family. In situations where removal was deemed necessary, the focus continued to be on preserving the family unit.

The Final Waiver Evaluation noted that child welfare professionals generally worried more about children who remained in the home with a safety plan than they did about children who were removed, despite their acknowledgement of the trauma caused by removal.

In-Home Safety Plan and Safety Management Services

The first responsibility of the case manager after the case has been formally transferred is to review the effectiveness of the safety plan and modify it as needed. The availability of an appropriate array of local safety management services is essential in order to keep children safe at home with an in-home safety plan. Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-7, Chapter 8, Safety Management Services](#).

As described in the APSR Final Report, the Department and CBCs have focused on the development of an adequate safety management service array to increase the number of children able to remain at home. Funding was approved by the legislature so that each CBC had the resources to ensure formal safety management services would be available in each area. With the transition from Waiver funding to traditional Title IV-E claiming, the Department will be exploring opportunities to use Title IV-E Candidacy for eligible safety management services.

The Department and CBCs have provided a significant amount of in-service training to CPIs and case managers on safety planning. Participants in the Final Waiver Evaluation reported greater utilization of formal safety management services, such as in-home providers that can help to monitor safety, compared to the prior round of focus groups. Additional reported changes were greater specificity in the safety plans and ensuring that safety plans included concrete actions and resources as opposed to promissory statements. While some respondents continued to express largely negative attitudes towards the use of safety plans, overall there was much greater support for safety planning compared to prior evaluation findings. Several respondents even reported great success with safety plans and their ability to prevent removals through effective safety planning.

In the Final Waiver Evaluation, it was reported that most case managers reported making weekly, and sometimes more frequent, home visits for their in-home cases. Another common strategy was to have a relative or other close family support move into the home to help monitor the situation. While some concerns about safety plans and the ability to ensure children's safety in the home continued, caseworkers in the second round of focus groups conducted expressed increased confidence in their abilities to develop and monitor safety plans. Furthermore, although some resistance remained, for the most part respondents appeared to embrace a shift towards more in-home services. Case managers did express concerns that safety management service capacity is not yet where it needs to be to meet the immediate and diverse needs of families served.

Family Functioning Assessment-Ongoing (FFA-O) and Progress Updates determine child and family needs.

Building on the FFA-Investigation the case manager works with the family and other professionals to develop the Family Functioning Assessment-Ongoing. The case manager completes Progress Updates on an ongoing basis to assess the continuing dependability of safety management, the progress being made by the parent(s) in treatment and the progress associated with the child's well-being. Each assessment addresses:

- Are danger threats being managed with a sufficient safety plan?

- How can existing protective capacities be built upon to make changes?
- What is the relationship between danger threats and the diminished caregiver capacities What must change?
- What is the parent's perspective or awareness of his/her caregiver protective capacities?
- What are the child's needs and how are the parents meeting or not meeting those needs?
- What are the parents ready and willing to work on in the case plan to change their behavior?
- What are the areas of disagreement with the parents as to what needs to change?
- What change strategy will be used to address diminished protective capacities?

When families are well-engaged in both the assessment and the case planning process as has been demonstrated with Florida's Early Childhood Courts (ECC), the Family Intensive Treatment (FIT) Teams and other evidence-based models, the family is more likely to achieve change/recovery. Many evidence-based interventions include the use of facilitated family team meetings to engage the family and their team of helpers in the assessment process and collaboratively developing, tracking and adapting case plans.

A case manager's skills to engage a family are used during the assessment process to help caregivers recognize and identify protective capacities; reach areas of agreement regarding what must change to eliminate or reduce danger threats to child safety. The assessment also includes attention to children's strengths and needs. When the Department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, development and educational needs are addressed by their caregivers. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers, and collateral sources such as child care providers, teachers and/or other professionals.

As noted in Chapter 2, the Florida child welfare system has some distance to go to improve the engagement skills of case managers, attitudes and confidence level related to in-home safety planning. There are high turnover rates of case managers and variability of caseload sizes. These issues impact the ability of the child welfare system to provide families with in-home supervision. Activities within Strategic Initiative 5 under Goal 4 in Chapter 3 and the state's training plan discuss the strategies to address these issues.

Family Preservation Services

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of family preservation services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Family preservation services include:

- Information and referral to include substance abuse and domestic violence related services¹;
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model²;

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

2 Service providers and families come together as critical partners/members of the team where consensus is established and a coordinated plan is developed and adhered to by all parties.

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

- Creation of the Clinical Response Teams³;
- Home safety and maintenance activities
- Use of Wraparound services⁴.

Feedback on the service array was also obtained through the Final Waiver Evaluation focus groups with case managers and CPIs. Diversity and availability of services varied greatly across the focus group sites. Overall, participants emphasized the importance of having a variety of community-based services readily available to meet the multiple and diverse needs of system-involved families. Providers that offered in-home services were identified as a particularly important and beneficial resource, especially for families with limited means of transportation and multiple service needs.

The most commonly identified in-home services included parenting programs, therapy, targeted case management, and wraparound programs; however, many participants reported limited availability of these types of services in their communities, and some reported a complete lack of service providers who work with families in the home. Furthermore, most caseworkers agreed that there was a need for greater variety of services. Rural communities reported a lack of services to be a significant challenge. The ability to individualize case plans to each family’s unique needs was limited by the availability of services within the community.

Treatment Services

Regarding services, participants involved in the Final Waiver Evaluation noted that providers frequently are unable to serve families quickly. It was reported that mental health and substance abuse providers often have waitlists. Socioeconomic status was also reported as a barrier. For some families this meant that they were living below poverty level, and for other families it meant that they had private insurance, but still were unable to afford services.

Participants in the Final Waiver Evaluation reported that the need for mental health and substance abuse services were increasing. Participants perceived the increases were due to increases in opioid use and increased recognition of mental health concerns through the assessment process implemented by the child welfare practice model. Poverty, lack of housing, generational Department involvement, and a negative perception of the Department were reported barriers for child welfare involved families across all stakeholder groups.

As discussed in Chapter 2, under Service Array, adequate evidence-based treatment capacity does not exist across the entire state for families who could be served with in-home supervision. It is expected that Goal 1, Strategic Initiative 1 will result in the expansion of in-home treatment capacity and a greater percentage of families receiving in-home safety management, family preservation services, and treatment services.

Time-Limited Family Reunification Services

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of time-limited reunification services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Time-Limited Reunification services are used for children removed from their home and for the parents or primary caregivers. These services are designed to support

⁶ Community mandated service design where local providers “un-bundle” previously categorical services to families thereby allowing families to receive individualized services for a period of time necessary.

the reunification of a child safely and appropriately within a 12 to 15-month period. Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching (healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship);
- Flexible Support Services (Community mandated service design where local providers “un-bundle” previously categorical services to families thereby allowing families to receive individualized services for a period of time necessary);
- Family Team Conferencing with all families prior to reunification, and just before post-placement supervision services are successfully terminated (Prevention/Reunification Specialists facilitate meetings. These conferences are made available to families referred under the prevention referral process);
- Follow-up care to families (Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family);
- Mentoring/Tutoring services (Activities provided to children to enhance their self-esteem, self-confidence, and provide a positive adult role model. Tutoring allows the child to obtain additional educational support and training);
- Therapeutic child-care services; and
- Parent (adoptive, biological, caretaker, foster) education and training relationship skill building activities (Parent education services are culturally sensitive. Parenting training is provided through educational groups and/or individual sessions. Parenting skills training provided to teach/promote appropriate discipline, anger management, child development and age appropriate behaviors, parent-child communication, self-punishment using role playing, and modeling of appropriate parental behavior. Parenting training is provided through educational groups and/or individual sessions).

The Department will to continue build local capacity for safety management, treatment services, and trauma-informed/evidence-based in-home treatment approaches to prevent the need for out-of-home placements. Strategic Initiative 1 describes the Department’s goals and objectives to increase the number and percentage of families and children who receive services in-home, without the necessity of child removal. Strategic Initiative 5 describes the strategies the Department will employ to improve the stability and practice proficiency of the case management workforce.

OUT-OF-HOME CARE

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

Table 5: Children in Out-of-Home Care

Removal rate per 100 children investigated (1)	6.4
Children in out-of-home care as of March 30, 2019 (2)	23, 761
Percentage of children placed with approved relatives/non-relatives. (2)	55.81%
Percentage of children placed in licensed foster care (2)	30.68%
Percentage of children place in group care (2)	8.25%
Percentage of children in other settings	5.16%

Sources: (1) 2018 Annual Performance Report 2017-2018, October 2018

(2) Dashboard Trend Reports

Reasonable Efforts to Achieve Reunification

Consistent with federal and Florida statutes, the Department must make reasonable efforts to prevent a child's removal from their parent(s)/legal guardians and reasonable efforts to facilitate reunification or other permanency outcomes. Out-of-home care is considered a temporary living arrangement to provide a child with safety; ongoing connections to their parents and other persons the child has important connections with; excellent care and nurturing; other services to help the child deal with trauma experienced including services designed to heal and improve the parent/child relationship; developmental or educational supports needed; health and dental health care; any other services necessary for the child's well-being. Out-of-home care is a service that also supports the parent(s) as they participate in necessary treatment while continuing to co-parent their child(ren). Temporary caregivers are considered a resource to the child and the parent(s).

The CPI initially determines that a family does not meet the criteria for an in-home safety plan and must clearly document which of the in-home safety plan criteria are not met. At that point, the conditions for return are established so that the family has a clear understanding of the specific behaviors and/or conditions that they need to address for the child to be returned to their custody with an in-home safety plan. The case manager must track and modify as necessary the conditions for return, including the identification of services and supports to assist the family in achieving the changes or conditions necessary to have their child reunified with an in-home safety plan. The Department provides guidance in [CFOP 170-7- Establishing Conditions for Return](#).

Conditions for return have been a focus of ongoing training for child welfare professionals, GALs, CLS, and dependency judges. It is an extremely important way to effect reunification of children with their parent(s) as soon as appropriate, rather than wait until a "parent has substantially complied with a case plan," which may be interpreted unfortunately as extensive participation in or completion of a treatment program. Chapter 2 in the description for strong and healthy workforce provides analysis conducted by Embrace Families under the Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes grant that shows the negative impact of case management workforce turnover on the achievement of reunification.

Reasonable Efforts to Achieve Permanency

Community-based Care lead agencies (CBCs) are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child.

The Florida legislature has established in Chapter 39, Florida Statutes, that "time is of the essence for permanency of children in the dependency system. A permanency hearing must be held no later than 12 months after the date the child was removed from the home or within 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first."

SPECIAL EFFORTS TO ACHIEVE PERMANENCY FOR CHILDREN AGE 0-5

- **Identification of promising and evidence-based services**

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

The Service Array Workgroup conducted a further analysis to determine whether each CBC provided the identified evidence-based and promising interventions and funding sources. There is a

substantial foundation of evidence-based and promising services across Florida and provided by each CBC for families with children 0-5 years of age. All CBCs reported needs for additional capacity in order to meet the needs of all children served. Capacity building and expansion is the focus of ongoing objectives in Strategic Initiative 1.

- **Early Childhood Court (ECC)**

Florida stakeholders involved in the CFSP process were united in pointing to the Florida's Early Childhood Court (ECC) as one of most effective efforts in Florida to achieve permanency for children age 0-3. ECC is a problem-solving court docket designed to improve outcomes for abused and neglected children ages 0-3 through an integrated treatment of intensive child/parent therapy, frequent visitation, developmental supports, utilization of trauma-informed judges, and monthly family team meetings and judicial hearings.

As of January 9, 2019, 13,175 children with active cases in Florida's dependency courts were under the age of three when they were removed from their homes. Florida's ECC is currently serving 328 children across the twenty-one ECC sites throughout the state. The following data from Florida's Dependency Court Information System - 2014-2018 shows a comparison analysis of children served and non-served by the ECC:

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

ECC Team success has been achieved by the following practices:

- Monthly hearings in front of a trauma-informed judge or magistrate to ensure timeliness and accountability.
- Monthly family meetings with a multidisciplinary team facilitated by a community coordinator to prioritize family needs and fast track integrated services.
- Intensive child/parent clinical therapy to heal trauma by building parenting capacity and optimizing child well-being. The clinician reports findings to the court/team to inform decisions toward a timely, permanent, and stable family for the child.
- Monitoring and evaluating ECC processes and effectiveness to ensure continuous quality improvement and fidelity to the model.

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

- **Family Intensive Treatment Teams (FIT)**

Family Intensive Treatment teams are a highly effective program model for parents with children 0-5 in out-of-home care that is currently provided by twenty-two providers across all regions and circuits. The FIT team model was designed to provide intensive team-based, family-focused, comprehensive treatment services to families in the child welfare system experiencing parental substance abuse. FIT Teams are available to families with children under in-home protective supervision or with children in out-of-home. Although eligibility criteria require that families have at least one child between the ages of 0 and 10 years, priority is given to families with a child between the ages of 0 and 8 years. A majority of families served by FIT Teams have children ages 5 and under. A core component of the FIT model is the integration of substance abuse, mental health, and child welfare services for families served. To be eligible to receive FIT services parents must be eligible for publicly funded substance abuse and mental health services and have a substance use disorder.

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

- Motivational Interviewing
- Cognitive Behavioral Therapy
- Trauma-Focused Cognitive Behavioral Therapy
- Dialectical Behavior Therapy was reported by eight providers.
- The parenting intervention models being used by most providers were Nurturing Parenting Program and Seeking Safety.
- Eight of the providers reported offering support group activities for parents receiving FIT services such as daily recovery group meetings, peer support and relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended.

A major challenge in offering FIT Team services to parents with children in out-of-home care is that current Medicaid policy does not provide Medicaid for parents of children who have been temporarily removed. The Department and AHCA have identified changes to current policy that would allow continued Medicaid coverage for parents whose children are temporarily absent due to child welfare system involvement. This will help to address the need for substance abuse treatment services, including FIT Teams, for families who would otherwise not qualify.

- **Medicaid Eligibility for Parents whose Children are Temporarily Absent from the Home**

The Department is currently collaborating with the AHCA to establish a process for Medicaid-eligible parents with children temporarily in out-of-home care to retain their coverage. This will be a significant help to parents of the 0-5 years old population who need access to publicly funded substance abuse treatment, including the services of FIT Teams. This initiative is addressed under Goal 1, Strategic Initiative 1.

- **Rapid Safety Feedback Reviews**

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

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

RSF reviews provide immediate feedback to the child welfare responsible for the case. The Waiver Final Evaluation Report reported the majority of respondents felt that Rapid Safety Feedback reviews were helpful and useful. Reasons given for this included the ability to address safety concerns in real time; being able to focus on the most vulnerable population (0-3 years with substance abuse and domestic violence accusations); having another learning tool to support the coaching process between supervisors and case managers; and simply having “another set of eyes” on randomly selected cases.

Florida continues to make progress over the next five-years in expanding the interventions, promising and evidence-based services, and Medicaid funding that will improve the timely resolution of permanency for the 0-5 population of children in out-of-home care.

PLACEMENT MATCHING

- **Multidisciplinary Team Staffings**

The placement assessment process, effective January 1, 2018, determines the level of care needed for each child and to match each child with the most appropriate placement. The placement process established in [s.39.523, F.S.](#), requires a comprehensive placement assessment to be completed, prior to a child's placement in out-of-home care. A multidisciplinary team staffing must be held to determine the level of care needed for the child and to match the child with the most appropriate placement; review of the child's placement as often as necessary to ensure permanency and to address any special issues for the child; providing the court documentation of the placement assessment at each judicial review.

- **Diligent Search and Diligent Efforts**

Per requirements in [Rule 65C-30.003, Florida Administrative Code](#), the CPI will initiate a diligent search to identify and locate any absent parent/legal guardian within 30 calendar days of a child's removal. If the child remains in out-of-home care following closure of an investigation, the case manager will continue diligent search activities until released by the court. In addition, the CPI will initiate, and the case manager will continue diligent efforts to locate and provide notice to the following relatives: all adult grandparents, all parents of a sibling of the child, where such parent has legal custody of such sibling, and other adult relatives of the child (including any other adult relatives suggested by the parents). As noted in the Department's Final Report, APSR, the Department published updated procedures in January 2018 for child welfare professionals responsible for locating parents, relatives, and fictive kin when a child must be placed in out-of-home care ([CFOP 170-1, Chapter 1, Completing a Diligent Search for Parent or Diligent Efforts to Locate Relatives](#)).

Locating parents, relatives, and fictive kin is important for maintaining and strengthening the child's long-term or permanent family connections and developing a visitation plan. These persons are possible placement resources for concurrent planning. They also have specific rights for notice and participation in the child's dependency case. These family connections should not only be used for placement purposes but to also establish long-term emotional support networks with other adults who may not be able to have the child placed into their home but want to remain connected to the child.

FLORIDA'S PLACEMENT SERVICES ARRAY

Florida's placement array offers a variety of different living arrangements. The Department requires that the child welfare professional responsible for placing a child complete a "Unified Home Study (UHS)." The UHS provides for the assessment of a common set of requirements that must be met when the Department places a child into someone's home, whether relative/non-relative, foster care or adoptive home. The UHS is designed to be completed initially as needed for an Emergency Placement Homestudy. It will be subsequently updated if the child is to remain in the home where he/she was placed on an emergency basis. The same UHS may be updated over time, including conversion of a foster home to an adoption placement for the same child. Florida's use of the UHS promotes the continuity of a child's caregivers.

While Florida has a variety of types of placement settings in each CBC, the increasing numbers of children in care are resulting in inadequate placement matching and placement instability. Concerns related to the placement services array are discussed in Chapter 2 under Foster Parent Licensing, Recruitment and Retention. Goal 2, Strategic Initiative 2 in the Department's five-year plan will address improvements necessary in the placement array.

- **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) and Non-Relative Caregiver Program (NRCP), respectively. Each program assists caregivers with providing for the basic needs such as food, clothing, and shelter for children in out-of-

home care, as well as Medicaid. The goal of supporting relatives is to help children achieve stability and well-being with caregiver(s) they know. Relatives/non-relatives participating in this program are not required to be licensed. [CFOP 170-10, Chapter 8, Kinship and Relative Supports](#) outlines the services and supports available for relative/non-relative caregivers caring for dependent children in Florida.

- **Licensed Foster Care**

The Department and CBCs share responsibility for licensing and recruitment. The Department issues licenses to Child Placing Agencies and Child Caring Agencies which are renewed annually. The regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code. CBCs and their providers complete the licensure of family foster homes with oversight from the Department's licensure specialists in the regions. The Department's licensure specialists review samples of files to ensure compliance with Florida Administrative Code.

Assessment information about current licensing recruitment and retention challenges is provided and discussed in Chapter 2; the plan to address improved recruitment and retention is described in Chapter 3; CFSP Goal 2, Strategic Initiative 2, Placement Services Array; and in Chapter 5; Foster and Adoptive Parent Diligent Recruitment Plan.

The OCW's review of licensing requirements in Rules 65C-13 and 65C-30, Florida Administrative Code, determined that there is strong alignment with National Model Licensing Standards. Based on changes in subsection 409.175(5), Florida Statutes, OCW published new operating procedures for levels of licensure and enhanced board rates ([CFOP 170-11, Chapter 16, Levels of Licensure](#), April 18, 2019).

Level 1. Child-specific foster home - The caregiver must meet all level 2 requirements pursuant to this section. However, requirements not directly related to safety may be waived. Level 1 licensure is a requirement for eligibility for the Guardianship Assistance Program implemented July 1, 2019.

Level 2. Non-child-specific foster home.

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

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

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

- **Group Care**

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

- 1) Promote high quality in services and accommodations, differentiating between shift and family-style models and programs and services for children with specialized or extraordinary needs such as pregnant teens and children with DJJ involvement.
- 2) Include a quality measurement system with domains and clearly defined levels of quality. The system must measure the level of quality for each domain using criteria that residential group care providers must meet to achieve each level of quality.

- 3) Consider the level of availability of trauma-informed care and mental health and physical health services, providers' engagement with the school that children in their care attend, and opportunities for children's involvement in extracurricular activities.

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

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

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

The next phase of work involves a statewide pilot and selections of outcomes in the coming year. The Department will also determine what modifications to the quality performance standards are necessary to align with FFSPA requirements in Section 5074(a):(481-487) for qualified treatment programs eligible for federal reimbursement.

ADDRESSING NEEDS OF CROSSOVER YOUTH

Department and DJJ have worked diligently over the past three years to develop and implement interagency efforts statewide for "crossover youth." Crossover youth is a broad term that refers to youth who have an open or closed case with the DJJ and the Department. Youth with an open case simultaneously with the DJJ and the Department are referred to as dually-served youth.

The activities and results of this "crossover" work have been described in the last four APSR's submitted to the Children's Bureau. The Department/DJJ partnership established provides an important foundation for the next five years as the department aligns group home standards with the new FFSPA restrictions on federal reimbursement for children not placed in a foster home and prepares to provide a certification in the state plan assuring that new policies and practices will not result in an increase in the number of youth in the juvenile justice system.

The statewide and local MOU guiding principles and objectives that are currently being practiced are:

- 1) To provide services and supports that are family-centered, culturally and linguistically appropriate and in the least restrictive environment. Residential placement should be provided as a last resort with a transition plan to return the crossover youth to their home as soon as possible.
- 2) To maintain ongoing coordination and collaboration of services to meet the comprehensive needs of crossover youth and their families.
- 3) To provide mechanisms for the equitable sharing of costs for services to crossover youth and their families.
- 4) To effectively involve community partners for the local collaboration of services and minimizing of state costs while providing the appropriate level of services needed.

- 5) To ensure the regular sharing of data for early identification of youth being dually served by DJJ and Department.
- 6) To maintain regularly scheduled joint team meetings for prevention/early intervention in cases to include addressing issues of family engagement and transition planning.

Department/DJJ continue to collaborate as follows:

- Actively implement the state and local MOUs to achieve resolution in complex crossover case
- One Department and one DJJ Crossover Champion serve in each circuit as the point of contact for crossover-related matters and to be the champion of local collaboration efforts, including education of staff and community partners.
- The circuit Champions are responsible developing, implementing and refining local collaboration plans to meet the complex needs of these youth. The local MOU's establish specific local protocols that describe how these guiding principles are put into practice. Prior to the current crossover initiatives, several Florida counties were continuing to implement the "Crossover Youth Practice Model (CPYM)." This is a nationally recognized best practice model, and these Florida groups continue to receive technical assistance from the Center for Justice Reform at Georgetown University (Brevard, Broward, Duval, Flagler, Marion, Miami-Dade, Polk, Putnam, Seminole, Volusia).
- Department/DJJ continues to maintain a Headquarters' Crossover Team to:
 - Facilitate quarterly calls with Crossover Champions;
 - Respond to technical assistance or training needs of Crossover Champions with webinars or other methods as appropriate
 - Creates and disseminates a newsletter with crossover-related updates and information to all statewide crossover champions and Department/DJJ leadership.
 - Utilization of a Crossover SharePoint page, using a cloud-based approach to information-sharing among Crossover Champions and additional relevant parties.
 - Collaborate in maintaining the [DJJ Crossover Youth Profile](#) dashboard. The dashboard shows aggregate level data which highlights information that spans a period of 11 years of dependency involvement including data for children and youth with both open and closed DJJ/Department cases.

Through contracts with Devereux (Central Region), Children's Home Society (Suncoast Region), and National Youth Advocate Program (Northeast Region), the Department continues to implement three specialized treatment programs for potential or dually served youth and their families. The providers engage families and youth with serious emotional and/or behavioral issues to divert them from residential congregate care (group home, juvenile detention, and residential commitment) and stabilizing them to live successfully in the community. These specialized treatment programs are intensive, community-based wrap-around approaches. The USF is conducting an evaluation of this pilot with the final report due on June 30, 2019. The findings from this evaluation will be important in informing the Department's future work to implement prevention approaches aligned with the FFSPA expectations.

A simultaneous initiative developed and implemented by the OCW over the same time-period also reported in the APSRs is restorative justice expertise and capacity-building. Restorative justice is a proactive, prevention-oriented approach to help youth develop healthier relationships, heal from past harm and trauma, and develop non-violent behaviors and ways of coping. The OCW provides ongoing training and technical assistance on restorative justice practices to group care providers to build their capacity.

ADDRESSING NEEDS OF SURVIVORS OF HUMAN TRAFFICKING

Subsection 39.001(5), Florida Statutes, establishes the following goals for the treatment of sexually exploited children who are residing in the dependency system:

- Ensure these children are safe;
- Provide for the treatment of such children as dependent children, rather than as delinquents in the criminal or juvenile justice system;
- Sever the bond between exploited children and traffickers, and reunite these children with their families or provide them with appropriate guardians; and
- Enable these children to be willing and reliable witnesses in the prosecution of traffickers.

The Secretary of the Department and the Florida Attorney General co-chair the Human Trafficking Council. The Council provides recommendations through an annual report to the Legislature.

Local representatives of the Department participate in all human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some are county level and some are regional task forces. These task forces address local or regional needs around education and awareness, legislative response, continuum of care and response, as well as county/circuit plans to respond to cases of human trafficking. The Department has participants on all task forces and takes a leadership role on most of these task forces. This allows for the Department human trafficking unit personnel to have a true statewide understanding of the unique regional needs, flavor and responses, as well as recognizing gaps in continuum of care.

The Department statewide human trafficking prevention director maintains close collaborative working relationships with counterparts from the Attorney General's Office, DJJ, DOH, and the DOE. Collectively these agencies are continuing to build and implement agency strategic plans in human trafficking prevention and a coordinated statewide response. Examples of collaborative projects include school human trafficking awareness trainings for both school personnel and students; evaluation of human trafficking as a public health issue through review of national conversations around the topic; and participation on the Interagency Workgroup on Human Trafficking. In fall 2018, the Department provided an agency strategic plan to Florida State University (FSU) to update their statewide strategic plan for state agencies.

State law requires specialized training for any child welfare professional responsible for a case involving human trafficking. The Department continued ongoing trainings for a wide variety of state and private entities, as well as Department child welfare staff. In addition, Department human trafficking unit staff has coordinated with the United States Institute Against Human Trafficking (USAIHT) to open one of the first homes for male juvenile Commercial Sexual Exploitation of Children (CSEC) victims in the nation as well as other prospective female safe houses. This has included connecting these entities with providers and experts in licensing, cultural competency, and service delivery for CSEC victims, as well as how to build capacity. The Department Human Trafficking Unit staff also provides continual support to service providers providing CSEC-specific services, such as the six safe houses throughout the state.

The Department utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. As shared in prior APSRs, the Department utilizes both a collaboratively developed Human Trafficking Screening Tool (HTST) and a Level of Care Placement Tool to determine victimization and service needs to address the victimization. The DJJ utilizes the same HTST to identify potential trafficking victims within their system.

Based on recognition of the need to engage survivor leadership in the development of policies and procedures a volunteer advisory group comprised of Florida survivor leadership provides feedback to the

Department on a variety of issues as requested. The youth survivor advisory group is made up of survivors between the ages of 18 and 24.

The Department will continue to provide the following activities:

- Host meetings with providers who provide residential services to human trafficking victims. The Department connects the residential providers with licensing and placement staff in regional offices and CBCs. The Department also connects prospective residential providers with current providers for mentorship.
- Work on expansion of the specialized therapeutic safe house model, which is showing promising practice through independent analysis by USF. This includes connecting providers with CBCs to pursue federal grants for potential expansion.
- Implement the recommendations from the 2016 Services and Resources Committee annual report and compile required annual reports.
- Increase the child welfare and substance abuse integration regarding the identification, response, and restoration of victims of human trafficking.
- Address implementation plan for training and utilization of the CANS-CSE and training of mental health professionals.
- Work with the MEs, CBCs, and Medicaid providers to identify clear pathways to obtain specialized treatment for victims of human trafficking.
- Work with CBCs and community partners to identify ways to provide more integrated, victim-centered practice for pregnant and parenting CSEC youth in Department care.
- Work with key providers to increase cultural competency and service options for LGBTQ victims of sex trafficking as a system of care.
- Work with the FICW through FSU to modify the HTST created through Department and DJJ collaboration.
- Continue to work with DJJ and RTI on potential opportunities to complete a reliability study on the HTST.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) AND INTERSTATE COMPACT ON THE ADMINISTRATION OF MEDICAID

The Department is an active participant in the ICPC. ICPC ensures protection and services to children placed across state lines. The need for a compact to regulate the interstate movement of children was recognized over 40 years ago. Since then the Department has worked with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the ICPC such as the time it takes to place children in the dependency system in safe homes across interstate lines.

The ICPC office collaborates with all major child welfare partners, other states, and stakeholders. Each CBC identifies a lead ICPC liaison so that there is a single point of contact for both the CBC and the ICPC office. This streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, quarterly face-to-face meetings, through use of the Interstate Compact System (ICS), and through daily emails.

The Department's compact administrator participates in the AAICPC and currently serves as the association's president. The compact administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with

ICPC central office staff as well as local staff from other states. The compact administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year.

The compact administrator works with CLS, case managers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida child welfare professionals and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the CLS attorneys, judiciary, GALs, Attorneys ad Litem, case managers, supervisors, licensed social workers, CPIs and ICPC liaisons at CBCs. Furthermore, the compact administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Modernization of the ICPC processes is an ongoing technology effort at the national level. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web-based data transmission in the spring of 2008. The goal of the modernization project was to eliminate transmittal of paper ICPC files through the mail, reduce the number of persons who handle a file, and shorten the time spent in the approval process. The assignment of cases by state resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. Staff has also gained additional knowledge of the laws and regulations of their assigned states.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. One of the best features of the system is the generation of automatic e-mail reminders and notices for critical dates in the ICPC process. Additionally, the system includes a feature that allows a case specialist who is in receipt of a new case to determine if the child's records are present in FSFN and, if so, to extract the child's demographic information and import it into the ICS.

The system database, accessed by the courts, CBCs, GALs, and CLS, allows view of the master ICPC file and case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Florida's ICS system served as the basis for the National Electronic Interstate Compact Enterprise (NEICE), a national web-based program through which states can exchange ICPC cases and information. Florida served as one of the six pilot states for the NEICE system in 2014 and served as part of the technical advisory team on the project. The results of the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in June 2015.

ADOPTION

Data on the number of children available for adoption and adoption related information is included in Chapter 6, Foster and Adoptive Parent Diligent Recruitment Plan. CBCs are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. CBCs are responsible for pre-and post-adoption services including the provision of maintenance adoption subsidies.

- **Pre-Adoption Services**

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

- **Adoption Documents & Registry (ADORE)**

Florida Adoption Reunion Registry (FARR) maintains paper applications and associated documents for individuals who registered with the FARR. Additionally, the registry maintains a significant number of closed adoption records in its storage facilities and on encrypted DVDs.

To ensure that documents are located in one centralized location that can be accessed electronically by users, the Adoption Documents and Registry (ADORE) database was created. ADORE is a database system that facilitates the reunification of adult adoptees with birth parents and relatives. Additionally, ADORE permits adoption staff to electronically store, index and retrieve documents related to private agency adoptions or adoptions completed by 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.

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

- **Adoption Competency**

Adoption-competent mental health professionals have completed the Rutgers Adoption Competency, or an equivalent curriculum approved by 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.

- **Sunshine Specialty Plan Services**

As discussed in Chapter 6, Health Care Oversight and Coordination Plan, Sunshine 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, CBCs, and other stakeholders.

- **Adoption Promotion and Support Services**

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Adoption Promotion and Support services. The Department dedicates 23 percent of the federal PSSF grant to fund family preservation services. In Florida, Adoption Promotion and Support Services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure placement is in the best interest of the child. Pre- and Post-adoptive services and activities have shortened and strengthened the process to support adoptive families to forefend disruptions. The adoption of foster children continues to be a state and local partnership. Examples of Adoption Promotion include:

- Child-specific or targeted population recruitment efforts;
- Quarterly matching events for children available for adoption and potential families;
- Heart Galleries³;
- Child Recruitment Biographies⁴;
- Use of social media;
- Media blitzes targeting severely medically fragile available children; and
- Town hall meetings and “Lunch and Learn” activities.

Examples of Support Services include:

- Collaboration with Early Learning Coalitions;
- Home and school visitation with post-adoptive families and children;
- Adoptive parent support groups⁵;
- Counseling referrals;
- Post-adoption specialists;

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are struggling with similar challenges and concerns. These groups generally meet once a month and are appropriate for the languages, cultures, and needs of the participants in each community; receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups); etc. In rural areas where there are limited numbers of adoptive families, newsletters and group emails are being utilized to provide new information about post- adoption services and provide an avenue for adoptive families to communicate with each other.

Research has shown that essential to family resilience are social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need. These can be made available to families through adoptive parent support groups. The post-adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource

³ Traveling photographic exhibit created to find forever families for children in foster care.

⁴ Child Recruitment Biographies continue to be one component utilized for attracting families. In an effort to accurately describe the available children so that families can make an informed decision on whether their strengths can meet the child’s needs, recruitment biographies are updated on an ongoing/as needed basis for all children.

⁵ Activities related to creating new adoptive and foster parent support groups and supporting and maintaining existing parent support groups. The support groups seek to reduce the social isolation of families by developing a peer support network.

persons as speakers for one or more of the support group meetings during the year. Each teen support group has an adoption competent mental health professional facilitating.

- **Prospective Adoptive Parents Surveys**

The Department, in conjunction with the CBCs, conducts an Annual Adoption Survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between June 2018 and August 2018. Overall, participants reported that their CBC Lead Agencies excelled in three areas:

- the timely completion of the adoption home study,
- offering transparency during the adoption process,
- and responsiveness to questions.

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

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

- **Post-Adoption Support Surveys**

The Department, in conjunction with the CBC Lead Agencies conducted a Post Communication Survey from July 2018 – August 2018, to gather feedback from families that requested and received services as a result of the One-Year Post Communication Contact requirement outlined in section 39.812(6), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

- The majority of respondents felt comfortable asking their post-adoption worker for additional help/assistance. Respondents that were uncomfortable reported the top two reasons were that the worker does not return calls, or they did not want to appear that they could not meet their child's needs.
- The top three post-adoption supports needed: assistance with Medicaid, assistance with the adoption subsidy, and assistance with behavioral health.
- Most respondents reported that providers of services understood their needs.
- The top two services that respondents tried to access but were unable to receive were support groups and tutoring.
- The major three reasons for services desired but not available were that there was no provider, the respondent is currently on a wait list, or unable to pay.
- The top two services/supports that respondents wanted from their post adoption worker were updates on local services and phone calls being returned in two days.

Prospective Parent and Post-Adoption Surveys are included in Appendix E.

- **Inter-country Adoptions**

Currently, there are approximately 14 private agencies that handle international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed. If the child of an international adoption is determined to have special needs according to Florida's definition of special needs, the adoptive family would be eligible for post-adoption services provided by the staff of the CBCs.

When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family receive the services in order to help the child and family remain safe; and services are provided to assist with reunification efforts. The CBCs self-report these numbers to 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 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**

As described in the Final Report, Florida received an Adoption Incentive Award for four of the last five 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 Florida has completed approximately 3,000 adoptions annually. The Department anticipates continuing net increases in subsidy costs over the next several years. To meet this expanding need, any future incentive funds will continue to be applied toward subsidies.

The Department's Revenue Management office, each CBC contract manager, and the CBC Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

- **Florida Adoption Reunion Registry (FARR)**

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

APPENDIX B. JOHN H. CHAFEE INDEPENDENCE PROGRAM AND EDUCATIONAL AND TRAINING VOUCHERS

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who are involved in, or who have aged out of, foster care have access to the supports they need. Florida continues to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 6, in SFY 2017-2018 the Florida Department of Children and Families (Department) provided services to 4,495 youth between the ages of 13 and 17 residing in an out-of-home care placement. All of these youth are currently eligible to receive transitional services and supports in the form of independent living needs assessments, opportunities to engage in developmentally appropriate life skill building activities, academic support, and other services that assist in the transition to adulthood. There are an additional estimated 6,000 former foster care youth that have aged out of the Florida foster care system that are between 18 and 22 years of age that are potentially eligible to receive services to become independent.

Table 6: Transitioning Youth and Young Adults

	SFY 2016-2017	SFY 2017-2018
Total number of youth ages 13 to 17 in out-of-home care (end of month counts)	4,362	4,495
Number of youth ages 13 to 17 in relative/non-relative settings (end of month counts)	1,507	1,618
Number of youth ages 13 to 17 in group care (end of month counts)	1,383	1,342
Youth turning 18 while in foster care (end of month counts)	945	969
Youth age 16 and older who were adopted (potentially eligible for PESS) ⁶	123	74
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) ¹	318	210
Number of young adults receiving EFC (end of month counts)	1,437	1,304
Number of young adults receiving PESS (end of month counts)	1,541	1,318
Number of young adults receiving Aftercare Services (end of month counts)	419	398
Unduplicated total number of young adults receiving ECF, PESS, Aftercare (end of month counts)	2743	2,574

Source: FSFN

PROGRAM OVERSIGHT AND MONITORING (COU)

The Chafee program is administered by the Department through contracts with Community-based Care (CBC) lead agencies. All CBC contracts include requirements to administer all services in accordance with federal guidelines, Florida Statutes, and Florida Administrative Code. Florida has highly structured statutory requirements for Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and

⁶ The number of youth who became potentially eligible for PESS based on their discharge from care at ages 16 and 17 to Adoption or Guardianship and having lived in licensed care for at least six months within the 12 months preceding their placement or adoption over the last two SFYs. SFY 2017-2018 totals for this category reflect a method of calculation that represents only those youth assigned to a CBC. This change accounts for any variation in data previously published.

Aftercare Services establishing client eligibility, standards of progress, payment disbursement, and payment amounts, as well as due process and appeals. Requirements in Florida Administrative Code further detail the framework for how the array of Independent Living services is administered, including application and discharge procedures, transition planning, and documentation requirements.

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

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

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

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

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

DESCRIPTION OF PROGRAM DESIGN AND SERVICE DELIVERY

Florida has codified all programmatic and general oversight requirements for Chafee program and ETV within Florida Statute and Florida Administrative Rule. As a result, there are highly structured statutory requirements that govern Independent Living programs, client eligibility, payment calculations, payment disbursement requirements, payment amounts, as well as rights of a client to appeal a denial or termination

of services. Each of the following sections of Florida Statute address requirements for service provision to current and former foster care youth:

- Section 39.013, Florida Statutes, Procedures and jurisdiction; right to counsel
- Section 39.4091, Florida Statutes, Participation in childhood activities
- Section 39.6035, Florida Statutes, Transition plan
- Section 39.6251, Florida Statutes, Continuing care for young adults
- Section 39.701, Florida Statutes, Judicial review
- Section 409.145, Florida Statutes, Care of children; quality parenting; “reasonable and prudent parent” standard
- Section 409.1451, Florida Statutes, The Road-to-Independence Program
- Section 409.1452, Florida Statutes, Collaboration with Board of Governors, Florida College System, and Department of Education to assist children and young adults who have been or are in foster care

REQUIREMENTS RELATED TO CASE MANAGEMENT, CAREGIVER ACTIVITIES, AND JUDICIAL OVERSIGHT

Subsection 409.145(2), Florida Statutes, establishes requirements that caregivers (foster parents and group home providers⁷) participate in all case planning activities, including life skills development, and that caregivers ensure that all children in their care between the ages of 13 and 17 learn and master independent living skills. Per subsection 39.701(2)(a)10, Florida Statutes, a written report must be provided to the court at each judicial review hearing that includes a statement from the caregiver detailing what progress the child has made in acquiring independent living skills. This caregiver statement is required for all foster care children that have received life skills training between 13 years of age but are not yet 18 years of age.

Section 39.6035, Florida Statutes, requires that specific transition plans be developed for those youth that are going to age out of the foster care system.

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

Subsection 39.701(3)(a)4, Florida Statutes, requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of Independent Living programs and services. Subsection 39.701(3)(d)4,

⁷ Per 409.145(3), Florida Statutes, “Caregiver” includes a person with whom the child is placed in out-of-home care or a designated official of a licensed group care facility. In the Department’s system of care, “out-of-home care” usually includes both licensed care such as family foster homes and residential group homes, and unlicensed care such as relative/kinship.

Florida Statutes, requires that the issue of Independent Living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the child affirm that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Young adults who at the age of 18 were in the legal custody of the Department have the option to enter EFC. Section 39.6251, Florida Statutes, details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Contained within subsection 39.701(4), Florida Statutes, are the judicial oversight requirements associated with the program which require the engagement of young adults in case planning and life skill development. Young adults who have chosen to participate in EFC are required to have their case reviewed by the court a minimum of once every six months.

Requirements associated with the application, disbursement of payments, renewal, and appeal or denial of postsecondary educational stipend payments are established within subsection 409.1451(2), Florida Statutes. Section 409.1452, Florida Statutes, also establishes requirements that the Department begin the process of working with the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems. These systems are to provide a comprehensive support structure that helps assist children and young adults who choose to attend college with the opportunity for successful transition from the foster care system to a publicly supported postsecondary educational program. All Florida public postsecondary institutions have the ability to engage former foster care youth in campus based academic support services, intended to improve former foster care student retention and graduate rates.

YOUTH INVOLVEMENT AND VOICE

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

The **Independent Living Services Advisory Council (ILSAC)** is an asset for the youth in Florida and for the agencies that serve them. The council represents a collaborative with youth, foster parents, executive agencies, advocate attorneys, and child welfare service providers. The Council members provide guidance and help to improve services in a non-adversarial and supportive manner. As mandated in Florida law, the Secretary appoints members who submit an annual report summarizing the Council's findings and recommendations.

Council members have a variety of experiences and are from diverse backgrounds, including young people formerly in foster care. The Council continues to be a strong voice for youth and includes a diverse group of stakeholders to ensure various perspectives are heard. The Council works closely with the Department and the CBCs to improve service delivery.

Members of the Council are active in their communities and across the state. They help to provide training and technical assistance to ensure the program is supported at the local and state level. The Department provides staff support to the Council. Both the Council Chair and the members provide advice and consultation to the Secretary, Deputy Secretary, and leadership of child welfare programs.

Through direct participation on **Florida's Children and Youth Cabinet's Youth Commission**, current and former youth in foster care are given the opportunity to develop and advocate on a variety of issues that directly impact state agency efforts such as the Child and Family Services Review process and the agency improvement planning efforts.

Dear adult,

A time I felt my voice was heard was when I spoke to my mentor about any of my problems while in foster care. Even though she was not my life coach she fought for me anyway. Unfortunately, I didn't notice how much she did for me on her own until she stopped working with my group home as a life coach. Now, every time I see her I make sure she knows how thankful I am to have had her in my life during that rough time. My foster care experience was not terrible, but it wasn't a walk in the park either. Thankfully, my mentor had the heart and the kindness to take me in as her youth when I went on her case load. We need more people like this in the system. People who realize that the foster care system is about the youth and when we forget that it is about the youth and when we forget that or silence their voice, we change the whole idea of the system, so that it is no longer about the youth.

Source: Florida Youth SHINE, see Appendix D

Florida Youth SHINE continues to engage current and former youth in foster care across the state of Florida. There are fourteen local chapters that facilitate local meetings and partner with, or serve as representatives on, local Youth Advisory/Advocacy Boards. Florida Youth SHINE conducted a focus group discussion at their statewide meeting in January to provide input to the Department for the CFSP. Their input included ways that the Department could support the operations of local chapters. The Youth SHINE 2018-2019 Advocacy Priority Topics and CFSP Focus Group Notes are in Appendix C.

The mission of the **Florida Youth Leadership Academy (FYLA)** is to inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging them within their communities. FYLA kicked off its first class in December 2007 in Orlando, Florida. What initiated as a professional development project under the direction of 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. FYLA is for youth involved with Florida's child welfare system who meet the eligibility criteria. The 20 FYLA mentees that make up the Class of 2019 are between the ages of 15 and 18 and are paired with an adult mentor who works in child welfare.

Throughout the program year, FYLA youth and their mentors meet regularly in their local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills. Additionally, mentors assist their youth in achieving their individualized goals that they set at the beginning of the year. The FYLA group travels four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Child Protection Summit.

National Youth in Transition Database (NYTD) Survey Administration

The Department continues to contract with Cby25[®] Initiative, Inc. (Cby25[®]) to administer the federally required NYTD surveys to eligible youth and young adults. The survey is provided to a cohort of transitioning young people at ages 17, 19, and 21 for a longitudinal study. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the independence and stability, measuring outcomes relevant to health, housing and transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

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

- services that support youth 13-17 and eligible young adults 18-23 during their transition to adulthood.
- placements and supportive services for young adults who move to the extended foster care program.

PRINCIPLES OF POSITIVE YOUTH DEVELOPMENT

Florida's Quality Parenting Initiative (QPI) empowers Florida's foster care parents and group home providers to become more engaged in the child welfare planning and service delivery process. QPI is designed to help develop new strategies and practices, rather than imposing a predetermined set of "best practices." The core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. Otherwise, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long-term goals.

Section 39.4091, Florida Statutes, empowers caregivers to make decisions and use a reasonable and prudent parent standard when considering age-appropriate extracurricular, enrichment, and social activities for the children in their care. Liability for harm has been removed for caregivers using this standard, weighing potential risk factors and acting in the best interest of the child. The Department and CBCs, along with their subcontracted agencies providing out-of-home care services are to promote and protect children's ability to develop through normal childhood activities.

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

STATEWIDE SERVICES FOR YOUTH OF VARIOUS AGES AND STAGES

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

Services for youth 13-17 years of age

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

Subsection 39.701(3)(a)4, Florida Statutes, requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of independent living programs and services, including the Road to Independence (RTI) program and Extended Foster Care (EFC), including program requirements and benefits, and the tuition fee exemption. The report must describe the youth's plans for living arrangement after age 18 and the life skills services that may need to be continued past age 18; and any other identified obstacles and needs the youth has regarding independent living.

Subsection 39.701(3)(d)4, Florida Statutes, requires that independent living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the youth affirms that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Transition plans must be as detailed as the youth chooses and be conducted in the youth's primary language as specified in [section 39.6035, Florida Statutes](#). Plans should address short and long-term goals; planned

housing arrangement; health insurance coverage; educational goals; financial literacy; driver's license; workforce support and employment services.

If the transitioning youth is eligible and plans to remain in EFC after turning 18 years old the transition facilitator must ensure that the transition plan includes an agreement detailing the chosen qualifying activity and supervised living arrangement as referenced in [Rule 65C-41.004, Florida Administrative Code](#). [CFOP 170-17, Services for Transitioning Youth and Young Adults](#) provides specific requirements for assessments, life skills development and transition plans.

Sunshine Health Child Welfare Plan

As described in Chapter 6, Health Care Coordination and Oversight Plan, young adults up to the age of 26 years and eligible for Medicaid who are in EFC may choose to remain in the Sunshine Health Plan. Expanded health care services as of December 2018 to support youth transitioning include:

- Specialized Care Management;
- Targeted transition planning in coordination with the CBCs to address healthcare needs and social determinants of health (housing, education, employment);
- Training/workshops for youth related to accessing healthcare as they transition;
- Partnerships and coordination with agencies/programs serving transitional independent living youth throughout the state.
- Care Grants –up to \$150 per year, per youth. Used for services or supplies that the youth could use for social or physical activities, such as gym membership, swimming lessons, sports equipment or supplies, art supplies, and application fees for post high school educational needs.
- Transition Assistance funds –A one-time transitional payment of up to \$500 per young adult transitioning out of foster care, or extended foster care, between 18 -21. Used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture).

Services for young adults 18 to 23 years of age

As set forth in Florida Statutes, four categories of independent living services are currently available in Florida for young adults ages 18-23, including:

- Extended Foster Care
- Postsecondary Education Services and Support
- Aftercare Support Services

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, requires the Department to implement EFC for eligible youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program now utilizes Title IV-E funds. One of the key components of the program is that eligible young adults who wish to remain in foster care should have their placement at the time of reaching the age of majority viewed as the preferred placement for the young adult. Should the young adult's placement not be available or practical, it is the responsibility of the CBC service provider and the young adult to identify an alternative placement that may or may not be licensed and that offers a degree of supervision to best meet the immediate and long-term needs of the young adult.

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

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

By offering young adults the option to enter extended foster care, it is believed that the development of necessary permanent connections will be more available to Florida’s former foster youth. Direct care providers in collaboration with the caregiver provide a more collaborative living environment that takes into consideration the shared living plan that should exist when a young adult resides in a natural parenting situation. There are required standardized assessments to determine the appropriate supervised living arrangement type; the transitional services necessary to assist the youth/young adult achieve their goals and reach independent living. The shared living plans include the youth/young adult’s clearly defined goals of transition and appropriate adult behavior.

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

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

EDUCATION AND TRAINING VOUCHERS (ETV) AND POSTSECONDARY EDUCATION SERVICES AND SUPPORT (PESS)

Eligibility for Benefits and Services

Postsecondary Education Services and Support (PESS) replaced the former “Road to Independence” program (RTI), effective January 1, 2014, though the section of Florida Statute still retains that heading. Florida’s PESS program is administered by the CBCs. PESS is a Florida program for eligible former foster youth to receive the skills, education, and support necessary to become self-sufficient and have lifelong connections to supportive adults. Young adults enrolled in eligible post-secondary institutions and who meet other eligibility criteria are eligible for PESS. Depending on certain statutory conditions, eligible youth may receive a monthly financial payment of \$1,256 which may include ETV funding. The financial award is to secure housing, utilities, and assistance

Initial eligibility requirements for both programs require that a young adult:

- Who turned 18 while in the legal custody of the Department and who have spent a total of six months in licensed out-of-home care; OR
- Who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; AND
- Have earned a standard high school diploma, or its equivalent;
- Have reached 18 years of age but are not yet 23 years of age;

- Enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution;
- Submitted a Free Application for Federal Student Aid;
- Has applied for other grants and scholarships; and
- Signed an agreement to allow the Department access to school records.

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

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

Of the three independent living services categories, PESS is the only program that affords youth who are adopted or placed with court-approved dependency guardians after the age of 16 with the opportunity to participate. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and CFCIP federal funds cover room and board and other expenses necessary to pay the cost of attendance.

The law limits PESS to Florida Bright Futures eligible schools. However, there is another, more limited financial support for a young adult who wishes to attend a postsecondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal ETV educational stipend payment of up to \$5,000 may be available, provided the chosen academic institution meets ETV eligibility requirements and the young adult meets the other PESS requirements.

Federal ETV payment amounts are set by a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance. However, the monthly payment for PESS is fixed at \$1,256 per month so any payments in excess of a student's estimated cost of attendance or the \$5,000 federal ETV limit are covered by state funds. In addition, students remain eligible for participation in the program up to their 23rd birthday so students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds.

Students receiving the PESS stipend may also opt into EFC. The method of the payment depends upon whether the young adult is residing in a foster home or group home or is temporarily residing away from the home.

Students must maintain a reasonable standard of academic progress in order to remain enrolled in this program. If the young adult should fall below academic progress as defined by their postsecondary education institution, the young adult will be given a probationary period to maintain eligibility.

Prior experience and statistical evidence have shown that requiring former foster youth to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many former foster youth struggle just to complete secondary education; others need to work to supplement the financial assistance; and others are parenting one or more children. Florida defines "full-time" for this program as nine credit hours, providing additional flexibility for the young adults served, however, a young adult may enroll in additional credit hours.

Any young adult with a recognized disability or who is faced with another challenge or circumstances that would prevent full-time attendance, i.e., nine credit hours or the vocational school equivalent, may continue

receiving PESS provided the academic advisor approves the student’s completion of fewer credit hours. A student is eligible to remain in PESS, or to reenroll in PESS, at any time until their 23rd birthday. Participation in the program is approved annually, based on the individual’s enrollment date.

In addition to the federal ETV and state aid packages listed above, Florida’s public postsecondary institutions also offer Florida’s eligible former foster youth a tuition and fee exemption, remaining valid up to the young adult’s 28th birthday.

Table 7: ETV Awards

	ETVs Awarded	Chafee Awards
Florida FY 2017-18	846	1295
Florida FY 2017-18- 1 st half	730	1002
Florida FY 2017-18-2 nd half only	121	313
Multiplier (year/1 st half of year)	1.16	1.29
Current Florida FY (2018-19)- 1 st half	646	1244
Current Florida FY (2018-2019)- full year estimate	749	1608
First Time Recipients Florida FY 2017-18 (First half)	233	321
First-Time Recipients Florida FY 2018-19 (First half)	183	490

Note that the second half total is based on recipients in the second half of the fiscal year who did not receive a payment in the first half of the FY. The projection method used is shown in the rows of Table 9. This method is consistent with the method used for the APSR and presumes that payments are somewhat seasonal and the share of recipients who only receive payments in the second half of the year will be relative consistent across consecutive years.

AFTERCARE SERVICES

To be eligible for aftercare services, a young adult must have reached the age of 18 while in the legal custody of the Department, but not yet have turned 23. Aftercare services are intended to be temporary in nature or used as a bridge into or between EFC and PESS. Services may include mentoring, tutoring, mental health, substance abuse, counseling, and financial assistance. Both federal and state funds are available to pay for allowable expenses. Aftercare services include, but are not limited to, the following:

- Mentoring and tutoring;
- Mental health services and substance abuse counseling;
- Life skills classes, including credit management and preventative health activities;
- Parenting classes;
- Job skills training;
- Counselor consultations;
- Financial literacy skills training; and
- Temporary financial assistance for necessities, including but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

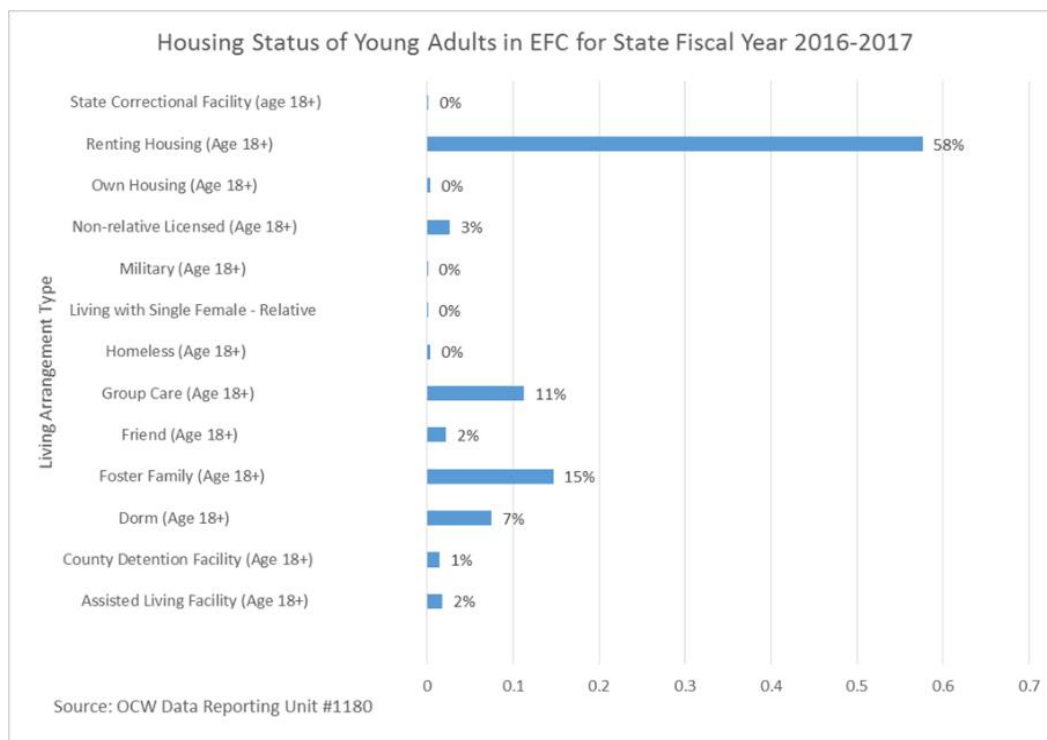
HOUSING (LIVING ARRANGEMENTS)

The Department and the CBCs also track and monitor the data relevant to housing for young adults receiving independent living services. The Department and the CBCs strive to ensure that every young adult served has an appropriate living arrangement and the necessary supports needed for the young adult to become

successful. EFC is the only service category that requires an assessment of the young adult’s living environment as an eligibility factor. Assessment of each young adult’s life skills and abilities helps CBCs determine what level of supervision is needed.

As depicted in Table 10 below, just over half, at 58 percent, of young adults in EFC are reported as renting housing while approximately 14 percent are in licensed placement settings. All living arrangement types showing zero percent reflect each having four or less reported entries.

Table 10: Living Arrangement of Young Adults in Extended Foster Care



Source: FSFN

CONSULTATION WITH TRIBES FOR CHAFEE PROGRAM AND ETV

Chafee program and ETV funds are designated for current and former foster care youth as required by Indian Child Welfare Act (ICWA). The Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. If tribal children do enter licensed foster care, they are entitled to any and all benefits and funding which any child, tribal or not, would be eligible to receive. In 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 at this time.

CHAFEE PROGRAM IMPROVEMENT AND TRAINING

Florida plans on continuing to survey current and former foster care youth and maintain its connections with the Independent Living Services Advisory Council (ILSAC), Florida’s Children and Youth Cabinet’s Youth Commission, Florida Youth SHINE (FYS) and the Florida Youth Leadership Academy (FYLA). These connections will continue to allow current and former foster youth to have a voice in developing, assessing, improving and evaluating the services that they depend on for making the successful transition towards adulthood.

The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and statewide mentors from Florida Youth SHINE. The monthly calls include county wide reports of youth involvement in the

system, their analysis of implementation in their respective regions, recommendations for improvement and a report of their advocacy in their local areas. For example, the FYS dedicated a focus group meeting to the topic of the 2020-2024 CFSP at their January statewide quarterly meeting (see Appendix C for Youth SHINE Advocacy Report and CFSP Notes). The Department will continue to meet with this group as part of a collaborative approach for a youth focused and youth centered service implementation.

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

Case management pre-service training includes a module on how case managers should be preparing foster children and youth for independent living. Individual CBCs provide in-service training on this and other independent living topics.

FLORIDA YOUTH SHINE REPORT



Florida Youth SHINE 2018-2019

Advocacy Priority Topics and CFSP Notes



Introduction

Florida Youth SHINE processed issues locally for several months and then presented them on a statewide level. These discussions were to help youth focus their advocacy efforts at the local and state level. This document culminates a local and statewide perspective and voice. This was presented to DCF at the annual summit in September 2018. Included in this document are notes from a focus group held at the Florida Youth SHINE quarterly meeting in Tampa on January 26, 2019.

Priorities of Advocacy Topics Ranked in Order by Votes:

1. Knowing Your Rights/Bill of Rights (24)
2. Placement Quality, Stability & Group Home Issues (21)
3. Family Integrity and Relationships/Siblings (20)
4. Normalcy and Dignity of Children in Care (13)
5. Transitional Support & EFC/PESS Implementation and Issues (12)
6. Medicaid (9)
7. Counsel for Kids (6)
8. Transportation (5)

Notes on Each Topic from Florida Youth SHINE

Know Your Rights/Bill of Rights

Issues:

- There is a need for us to know our rights and really understand each law
- Important and essential to have a youth voice at tables and that to be valued
- There is a huge value in the youth being at the table when decisions are made about their lives

- This knowledge is not provided
- Language and resources are not understandable and consistent with age
- Bills of rights are not posted anywhere or given out – neither are laws
- Kids understand things differently based on who their case worker is - not consistent information being provided to all kids
- Case workers do not know these things either
- We don't know how to report problems or when there is a problem

Solutions:

- Be provided with age appropriate accessible documents outlining this
- G.A.L, Case manager provides it to us every 6 M.O.S and if there is a new placement and with case plan
- Survey/ test/ document to make sure youth understand
- Foster parents have copy in home
- Youth workshops led by youth
- Workshop/overview for case managers every year- training and required delivery

Placement Quality, Stability & Group Homes

Issues:

- Group Homes
 - Lots of physical violence
 - Different past
 - Different personalities
 - Share undergarments
 - Jealousy
 - Bullying and staff are abusive.
 - Youth are not comfortable it feels like an institution
- So Many Placements!
 - Bounced around; 10 plus placements in your lifetime
 - Come home to trash bags
 - Never see your friends again
 - Settling is easy but leaving is hard and where is my forever home
- Placement Quality
 - No follow up
 - Foster parent trainings need to be better
 - Not individual on needs
 - Dangerous areas
 - In shelters too long - shelters cannot be an option
 - Shelters need to be better quality - even if temporary - terrible for that

Solutions:

- Group home staff need training, certificates and experience prior to employment at group home.
- Ongoing training for staff and for foster parents
- Less options for group homes – kids need to be placed in the best placement for their needs
- Match kids up to best placement possible (similar culture, and area, etc., shouldn't be rushed).
- Kids must receive more time notice prior to movement something mandatory
- Better foster parent trainings. (trauma, etc.)

CFSP Focus Group Responses.

A focus group dedicated to the topic of the 2020-2024 CFSP was conducted at their statewide January 2019 quarterly meeting in Tampa. These notes are presented in their entirety as documented by FYS. As some youth mentors participated in the focus group, their comments are included and noted.

- **If you had a magic wand and could change one thing about the child welfare system, what would it be?**
 - Never see another sibling separated.
 - Don't be afraid to talk to people.
 - Stop separating children from their families.
 - Proper screening for people who work in child welfare
 - Every state should have the tuition waiver.
 - Some better food, please.

- **What advice do you have for Department to help children better in the future?**
 - Match children properly.
 - Every storm has its sunny days, it passes, and it goes. It's good to try new things. It's not good to keep yourself locked in and stuff. You have a lot of opportunities, good and bad, in the system. Don't be scared to be in the system. It can give you good opportunities – college funds, drivers licenses. It can be a good thing.
 - We just want someone to listen to us the first, second, and hundredth time.
 - More focus on kids 14+ on what you're going to do after care. I wish there was more of a push for more people to use the tuition waiver and transition out of care.
 - Inform youth about their rights.

- **What could the Department have done to help you stay with your family or get reunified?**
 - Having a translator would help. I came from Haiti, neither my father nor I understood what was happening.
 - Appropriate services for my mom. She tried really hard to get us back. She took classes that she could get to, but they were the wrong classes.
 - What are some of the reasons you had to move placements and what could have been done differently so you didn't have to move?
 - Make an effort to match the culture of the child and the foster family. When cultures don't match there can be a lot of issues.
 - Make sure kids get visitation. I acted out and changed placements a lot because I didn't get enough visits with my parents. It was better when I was moved closer and got to see my dad.
 - Have certified foster parents – really make sure they know what they are doing.
 - Don't lie to foster parents when making a placement. That gives foster parents expectations that the child can't live up to. They lied to foster parents sometimes and told them I was a good kid with straight As. I would get there and tell them "I'm not going to school."
 - Don't separate siblings. Don't expect kids to be all smiles and giggles in a foster home when you have separated them from the people they love and know them best.
 - Listen to the kids. I was sent to live with a step-father out-of-state to keep me with a sibling I didn't really get along with, even though I told them that I wanted to stay in the foster home where I was doing well. I was abused there and eventually returned to my foster family.

- **What was your experience with getting permanency? What could be done for children to get permanency faster when appropriate?**
 - Give parents a deadline for getting their children back.
 - What about the people who don't want to be reunified? There are situations where parents get their kids back, and other kids don't want to go back because they know how

their parents are. Sometimes I think they want to send the kid back because it would be the cheapest way out.

- If you rush parents do you increase the relapse rate? Parents need to get the services that they need to get their children back.
 - The CBC tried to rush my adoption, they wanted to close it a month before I turned 16, which would have cut me out of services. My adoptive parents couldn't afford to send me to school. I had been with them since I was 9 and it didn't matter to me if I was adopted or not.
 - Some kids don't want to go with their parents because they're scared of what will happen. I don't think that every kid wants to go back home. There's a fear that they might get hurt again.
 - I feel as if some of us don't want to go home and they totally ignore us. I've been in foster care 2 years and have said it 1000 times that I don't want to go home. My case is still open. They're more focused on getting me home than what I think is best for me.
 - The best thing to get permanency quicker is to know the chemistry between the potential guardian or parent. I think there are foster parents who want to do it, but they're not matched up well. There should be a meeting or interview. Know who you are inviting to your house and your heart. I know immediately if someone isn't going to work. We have to know each other before I go to your house and you then find out who I am.
 - It doesn't take youth a long time to know what they like and don't like. Youth know what they want but people don't listen to them. You have to take into consideration what they say. Give them a safe space to ask what they think about a potential placement. Do you think they'll be good for you?
 - I got to meet prospective foster parents before moving in – I had dinner with them one night and then came back for an overnight visit. They asked me to dinner to hang out with them, and they asked me what I want, what my expectations were, and I went home afterwards, and I had time to think. They invited me again to sleep over. They wanted me to see if I liked their lifestyle and would I want to spend the rest of my time there or find a better placement. If I didn't have the time to comprehend and think about it, it could have been a placement that failed, and I would have been out to another home.
 - Growing up I was placed in a home where the lady just wanted to take me for the benefits. I was stuck there 24/7 and I got depressed. She was using me for money.
- **What support do you need to maintain an effective local chapter of FYS?**
 - Our chapter is lucky because we have funding. A lot of CBCs don't have funding for travel or events so the youth in those chapters miss out on participating in meetings and events.
 - Mentors who are passionate about the cause. They will look for passionate people too. They also need the knowledge of what's going on in the area.
 - Mentor suggestion: There should be at least one designated chapter mentor who has being a mentor as part of their job. For me it's 20 percent of my job.
 - Mentor suggestion: In my area mentors are all volunteers. It would be nice if there was a funded position. It would help our chapter be even stronger.
 - We should have a statewide convention.
 - We go to the Dependency Summit and Children's Week during the legislative session, but we only have enough funding for a small group. Maybe we could send more.
 - I like what case manager G did – research what other states are doing for the problems. Saves time and effort.
 - First, we need a place to meet and promotion from the CBC. Youth don't know about us. It has to be a place the youth feel comfortable.
 - I didn't know what FYS was until I got the email and my mentor told me. I think we should get on the radio and tell people. We need more kids. It was a great experience for me to meet more people.
 - Everyone should have a mentor like mine.
 - Cleanse the system. There are lots of people who do things the old way. We need new faces that have genuine caring intent.

- Prepare kids more so you're not sending them out as children you were always bossing around who don't know how to make decision for themselves.
- Let youth know about health insurance and other government programs.
- Mentor: and let them know about all the problems and disconnects about those programs.
- I wish that everyone had the same services and support that I had.
- Mentor: it's crucial that young adults are educated on the benefits and services beginning at 12 or 13. Don't wait until 16 or 16.5. that's not enough time. Legally you're an adult at 18, but you're not ready. We need to make sure they have the tools to be successful. We must start earlier.
- Make sure rights are consistent. We have to make sure everyone is on the same page about what is a right. It shouldn't matter where you're placed.
- Don't be afraid to ask questions.
- More IL classes.
- TIL classes should be realistic. Don't sit me in a class and tell me how to shop. Take me to Walmart and show me the vegetables that are rotten. Show me how to budget to make a meal.
- Mentor: same goes for college too. What good is a tuition waiver if you don't have the skills? The goals have to be S.M.A.R.T. be realistic.
- To be a leader and not let other kids at a group home bring you down. Be yourself and a leader.
- I hate how they make us wait a whole year in the system and then tell us that there's a possibility that you're not going home, and we have to find another placement or adoption. I'm already 17. You should have thought about that before.
- Mentor: more emphasis needs to be on the development of young adults transitioning into adulthood. If they fail out, they'll eventually become a burden on society. A large portion of kids don't make it in college.
- Mentor: for 10 years I've been listening to kids talk about their "blue book" that follows them around, but there's no book on the foster parents about how many kids they've had and how many they've called the police on, etc. the kids should know more about where they're going.

APPENDIX C. "WHAT DOES AWESOME CHILD WELFARE WORK LOOK LIKE?"

The Department requested specific examples from youth, families and caregivers that answer the question, "What does awesome child welfare work look like?" These examples are presented first to show:

- Examples of children and parents who have successfully achieved good outcomes;
- Examples of caregivers and child welfare professionals who demonstrate engagement and teamwork; and
- The gold standards that matter to Florida's youth, parents and caregivers;

1. Youth

Florida Youth SHINE (FYS) conducts an ongoing activity called hear my voice- dear adult. Youth members are invited to write letters anonymously to adults about when they felt special/heard. Some of the letters gathered are shared in the CFSP.

Please hear my voice

Dear adult, thank you for loving me. Thank you for fighting for me, for being my voice when I did not have one. Thank you for sacrificing your time, energy and life to a cause greater than yourself. Thank you for your long hours in the office, court rooms and traffic lines. Your dedication to serving foster youth and have saved so many children from abusive homes and provided a way out. Thank you, law makers, for providing and ensuring that youth have full access to resources. Thank you for my college waiver. Thank you for a system that cares for us, when our care givers do not know how to. Thank you for your love, grace and mercy. My life has changed, my purpose is reunited to me. The love you have shown me, lead to my relationship with God. Thank God for workers that serves others and lays their life for children.

Dear adult, a time I felt my voice was heard was when I spoke to my mentor about any of my problems while in foster care. Even though, she was not my life coach she fought for me anyway. Unfortunately, I didn't notice how much she did for me on her own until she stopped working with my group home as a life coach. Now, every time I see her I make sure she knows how thankful I am to have had her in my life during that rough time. My foster care experience was not terrible, but it wasn't a walk in the park either. Thankfully, my mentor had the heart and the kindness to take me in as her youth, when I went on her case load. We need no more people like this in the system. People who realized that the foster care system is about the youth and when we forget that or is about the youth and when we forget that or silence their voice, we change the whole idea of the system, so that it is no longer about the youth.

I'm 22years old. I went into foster care at the age of 12 and permanent guardianship at 16. During my time in foster care, I felt like I didn't have a voice. I didn't know who to talk to if I had an issue on question. I didn't know who can help me or who to trust. My foster parent didn't want me talking to my case worker about issues that happened in my foster home. I found out about Florida Youth Shine when I was 12 years old, because another youth in my foster home was involved. I saw the advocacy work she was involved in. I saw the advocacy work she did in Tallahassee and the change she was doing. Ever since then I wanted to help change the foster care system like my foster sister did. I joined in 2015 and I learned so much about myself. I was taught that I have a voice and I learned how to use it. I was taught that I am a warrior and a leader. Now I SHINE through Youth Shine.

2. Parent

This story is the result of an interview with a Parent Partner, Family Advisory Board, Healthy Start of Flagler and Volusia counties. The Healthy Start Program Director stated that the Parent Partner has shared her experience with the child welfare system before and her message is powerful. The Parent Partner has been

asked to be part of a panel at the Quality Parenting Initiative (QPI) national conference through sponsorship with the Casey Families Program to tell her story and describe local parenting programs.

“The moment when the relationship with my case manager shifted.”

Victoria’s involvement with Florida’s child welfare system began five years ago when her third child, a daughter was born substance-exposed. She says that she had a history of “staying under the radar.” She had one visit from DCF in the past, some referrals and that was the end of her only prior involvement. Victoria was a poly-substance abuse user, she says she “used everything there was.” When her daughter was born, her son was four years old. She gave birth in a hospital outside of her county of origin. The system “automatically wanted to remove the baby.” She was offered participation in “Family Drug Court” which she agreed to do. She states that the court provided the same services as felony drug court except the participants in Dependency Drug Court did not have to pay out of pocket. The court required random drug tests three times a week; weekly hearings; session with a therapist once a week; three outpatient substance abuse treatment groups; daily NA/AA meetings; and employment. She wanted to do residential treatment and take the baby with her as she was concerned about enough time for bonding. She was advised to see how she did with intensive-outpatient treatment first. The penalty for not complying with all conditions would be jail time.

Victoria says that she was fortunate that her grandparents were willing to care for both children. She did not see her children for twenty-four hours after the removal, and the pain of that separation still lingers. “My body literally ached to be with my newborn. I remembered a dog I once had who howled and cried when her litter was taken away. That was what I felt like.” After the hearing she was able to spend the day with her children. The judge allowed liberal visitation during daytime hours if the grandparents were comfortable. Victoria was not allowed to be at the grandparents’ home overnight. Looking back, Victoria believes that the restriction on night-time visiting was a prudent decision. Her visits with her children always had to be supervised.

“Co-parenting is a recipe for success. My grandparents did not ask for a lot. My grandmother enjoyed the case manager stopping by for visits. My step-father came down from Michigan and stayed for a year to help my grandparents out. The case managers had a good relationship with my family.”

Victoria was reunited with her children in three months. She reports that it was the access to her children during that time and co-parenting with her grandparents that kept her highly motivated. She says that without that access to her children, “the obsession about how they were doing would have been too difficult to bear.”

She continued to participate in intensive out-patient treatment after her children were reunified. Victoria says that in the past she had received inpatient treatment services. “Even at my worst, I was able to get along with everyone. This didn’t help me in my past years of getting treatment. I was a rule-follower, and it may have worked against me as I didn’t share all that the providers should know.” For her, the outpatient services were much better. I was “out in the world with real life stuff going on to bring back to my groups and therapist every day. When you are inpatient, there is not the real world to cope with. Dealing in the real world without drugs and having a safe place to share made the difference for me.”

When you take a UA and fail in any way, if you vary from the program there is a risk of going to jail. The judge would take a lot into consideration before he would send a parent to jail and looked at what the impact would be on the child. The schedule for the drug court was “nearly impossible” with the day-to-day demands of working, participating in treatment, going to twelve-step meetings and caring for her children. Victoria says it was “almost impossible” to meet every requirement. Her weekly hearings were in the afternoons. She drank a lot of coffee in the morning which one time resulted in “a dilute” drug test. Her

case manager told her grandmother that she would have had to drink three gallons of water to make that happen. Victoria reported to the judge that she knew how to dilute for a drug test but assured him that she did not do it that time. She did some research and learned from the Department of Transportation website, in giving advice to employees who needed to pass a drug test, that drinking more than 32 ounces of liquid before a drug test could result in a "dilute." The judge did not want Victoria's children to experience a separation, so he did not give her jail time.

One of the treatment groups that Victoria attended was "Moral Recognition Therapy (MRT)." She says it was about "how to break out of your own prison." One of the steps discussed in MRT was relationships and participants were asked to identify one relationship that needed improvement. She decided that, if I had to find one that is not great, I would pick my case manager." She was resentful for the information that the case manager gave to her family when she had the dilute drug test. Her therapist helped Victoria to see that it takes others a long time to build trust in a person who is recovering. The therapist also helped her to see that it was her responsibility to provide a viable urine sample.

Victoria and her husband also participated in couples counseling. During a visit with her case manager, when the case manager asked her how things were going she confided that the therapist wanted them to go on a date night. She told case manager that she wanted to try to do it. During the next visit with the case manager, the case manager shared that she tried doing date night with her husband and it was quite difficult to find the time for it. Victoria says that was the big shift in her relationship with the case manager happened. "That became the moment when she related to me as a person, we were two people having a conversation and I was no longer a degenerate. She related to me as another busy mother having a hard time getting things done. I also felt that I had given her something. It became more of a two-way relationship."

"From that point on, my case manager would literally help more with managing the schedule. We started working as a team to get things done. I could count on her in a pinch if I was stuck." Victoria graduated from drug court one week before her baby turned one. The case managers involved stressed the importance of my family's ongoing support. "They laid it down for my grandpa, after everyone goes away what would benefit me the most. I agreed that if I relapsed I would ask my grandpa for help. We all signed a written agreement. The whole experience really educated my grandpa. I now have a relationship with him that I didn't have before. I feel that I got into child welfare because I didn't go to him for help when I needed it. Now I can call him and drop the kids off and he is always willing to help. My grandpa really understands what support I need.'

One day after her case was closed, the case manager called her and said she heard about this parent group that "would be perfect for you." The case manager had attended an orientation by Healthy Start of Flagler & Volusia counties about establishing a "Circle of Parents." It is a monthly meeting of parents helping each other, and they offered training for a parent to facilitate the meetings. Victoria went to the resource center to learn more. She met three other parents at her first meeting. She started going once a month and would bring her friends. The meeting was an hour from her home and she was offered a gas card to be sure she could get there.

When the case management agency established a "Family Advisory Board" Victoria was invited to serve on it. She says she would "do little things to help out." After a year of serving on the Family Advisory Board, they had a job opening for a "Parent Partner." Victoria now works full-time as a Parent Partner. Victoria also notes that all the case managers that were involved in drug court are now in leadership positions with the case management agency.

3. Caregiver

The Florida Foster and Adoptive Parent Association recommended an interview with a foster parent in Miami. According to FAPA, this parent is “an exceptional woman, foster parent, adoptive parent, and Mom!”

“Never be afraid to ask for what you need.”

When Lori grew up, her family was busy providing coaching to youth in cheerleading and other sports. Establishing rapport with teens comes naturally to Lori. Several persons encouraged Lori to become a foster parent, including a friend who is a foster parent. Lori’s mother grew up in foster care, and she knew how important it was for a troubled teen to have a loving home. When she got her first placement five years ago, the agency provided mentors through Our Kids. Lori found the one mentor’s guidance particularly helpful and they have established a lasting friendship.

Lori’s primary interest is in helping children heal, be healthy, succeed in school and go home if that is possible. Most of the 80 children that Lori has cared for have been teens. One child was placed as a baby, and she had wanted this teen-age mom, a sixteen old girl in foster care, to be placed with the baby in her home. When that wasn’t possible, she established a relationship with the teen mom, allowed visitation in her home and helped her over the years. The teen mom, now twenty-one, decided to relinquish parental rights, agreeing to an open adoption of her son with Lori. The mom still visits her son at least once a month.

Lori is the biological parent to one 27-year-old daughter and works full-time. In addition to the adopted five-year old son, she currently cares for six teen-agers ranging in age from 13 to 18. All have been stable in her home for over a year. Two of the teens are siblings. Lori does not want to know too much about a child’s history when they are first placed, especially difficulties with other foster parents. “I want them to have a fresh start.” She tells the teens in her care that “if you want to tell me your story, you tell it to me.”

With social media and the active life that Lori leads with the children placed in her care, she says there is no way to hide in her community. If the court order allows visitation and contact with parents, she believes that it is best for the child when she has a relationship with the child’s parents. She says otherwise, children will use social media anyway to connect with their family and it is healthier to keep the relationship out in the open.

The licensing agency provides a “meet and greet” with parents to promote co-parenting within first three days of child being in home. This practice started a year ago. She is helping one mom find housing; speaks with a different mom through social media; and has one mom who visits frequently in her home. One parent is in jail and another is not yet ready for visits.

Lori reports an excellent relationship with the different case managers for her children. She has three case managers right now. As a foster parent, she tries to be realistic in expectations of case managers. She will text, call or e-mail the case managers when she needs to let them know anything, and she says that without exception, they are responsive. “The case managers are always there for me when I need them.” Lori feels that it is her responsibility to take the children to their medical appointments, social activities and family visits to the fullest extent she can. She will ask for help only when she really needs it. As a result, she says that the case managers are always responsive to her requests for help.

Lori also believes that it is important for everyone involved with a child “to be on the same page.” She will often include the case manager, GAL and a child’s therapist in one text. She says that when they go a court hearing, she doesn’t want to ever hear someone say, “I didn’t know that.” Lori receives a monthly e-mail about court dates from each case manager. She can attend in person or request to be present by phone.

Her participation and voice in hearings has earned her the respect of the Miami judges. She has good working relationships with GALs.

Lori personally enrolls each child in school and makes it a point to reach out to the principal, counselor and teacher. She feels that maintaining a good working relationship with each child's school comes back to benefit the children. She is proud of the perfect school attendance record that all her teens have. Currently they are in two different high schools, one middle school and one elementary school. Lori does not hesitate to advocate with the school for any testing or service that she feels the children need. She feels that the schools have been more than responsive. One of her 15-year-olds has been with her for four years. He is in one of best private schools in Miami and she pays for it. He is an outstanding scholar and athlete.

One of the teenage girls recently had a difficult time accepting the news that she was not going to be reunified with her mother. She came home from school and stated that she didn't want to be in care any longer. Lori texted the case manager, therapist and GAL. The therapist came to the home that night to talk to the youth; the case manager went to the youth's mom to see how she was doing, and the case manager came to Lori's home the next day. Everyone's efforts were successful in helping the teen through a difficult time.

Lori does not hesitate to ask for what she needs. This includes posting on social media, including when she has things to give away. When her washing machine broke one time, the agency stepped-up and replaced it. Lori also reports a good working relationship with the placement staff. They know they can call at 3 am in the morning if they need to.

Lori keeps the kids active and busy, "We sacrifice and figure it out. You need to fight for your kids. Knocking down the door to get them what they need." That includes their physical appearance- she never wants anyone to say, "they look like that because they are foster kids."

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APPENDIX D. STAKEHOLDER SURVEYS

Contract Oversight Unit (COU) reviews of Community-based Care (CBC) incorporate quantitative and qualitative data, stakeholder surveys, focus groups, and licensing feedback. The COU began conducting onsite monitoring using new [Standards for Systems of Care](#) in SFY 2016-2017. The Department completes contract monitoring of each CBC either through an onsite (every two years) or desk review (years not onsite). To date, fifteen onsite reviews of CBCs have been completed. [CBC Contract Monitoring Reports](#) are posted on the Center for Child Welfare (Center).

The COU conducts stakeholder surveys as part of on-site CBC monitoring. These baseline results are from the first fifteen CBC on-site reviews conducted. Over the next five years, the COU plans to conduct more frequent stakeholder surveys; to include surveys of relative caregivers; and to utilize information from the National Youth in Transition Database (NYTD).

The COU plans to use this baseline information in ongoing monitoring reviews as a method for tracking CBC progress in improving responsiveness to community partners through collaboration and teamwork.

Each survey provides a list of statements and a scale for responses. The threshold for what constitutes a positive response is based on the percent of responses where the respondents strongly agreed and agreed.

COU Response Scale

Strongly Agree
Agree
Disagree
Strongly Disagree
Not Sure

FOSTER PARENT COU SURVEY

The total statewide number of foster parent responses for COU surveys was 631. The first question in the survey asks for the caregiver's years of experience. The number of years served as a foster parent as a percentage of responses were: 24 percent less than one year; 27 percent one to two years; 23 percent three to five years; and 26 percent more than five years.

COU Foster Parent Survey Baseline

Survey Questions	Statewide Average % of positive responses.
Q2. The training provided for my initial foster home license was accommodating.	92%
Q3. The training provided for my initial foster home license effectively prepared me to be a foster parent.	83%
Q4. Foster parents are provided opportunities for ongoing training.	87.8%
Q5. Prior to the children being placed in my home, I have sufficient information to care for them.	47.7%
Q6. The case manager responds in a helpful manner when there are challenges with children placed in my home.	60.1%
Q7. The case manager responds in a helpful manner when there are challenges related to obtaining Medicaid.	64.7%

Survey Questions	Statewide Average % of positive responses.
Q8. The case manager responds in a helpful manner when there are challenges related to child care needs.	59%
Q9. The case manager responds in a helpful manner when there are challenges related to WIC enrollment.	55.9%
Q10. The case manager responds in a helpful manner when there are challenges related to school enrollment.	60.7%
Q11. The CBC provides support in ensuring children placed in my home receive medical services, including preventive care.	71.3%
Q12. The CBC provides support in ensuring children placed in my home receive dental services, including preventive care.	70.3%
Q11. The CBC provides support in ensuring children placed in my home receive mental health services when needed.	55.9%
Q14. The children placed in my home receive educational support, when needed.	59.9%
Q15. I am encouraged, when appropriate, to maintain relationships with the children's family members through visits and other activities.	84.2%
Q16. I am allowed to make parenting decisions and have my foster children participated in activities appropriate to their age.	89.3%
Q17. Case managers respond to my communications within one business day.	59%
Q18. I have the opportunity, which includes sufficient notice, to participate in staffings for children placed in my home.	51.3%
Q19. I have the opportunity and am provided options which make it convenient to participate in staffings for children placed in my home.	50.9%
Q20. My recommendations are considered when decisions are made about the children placed in my home.	49.8%
Q21. I am kept informed by case managers about case developments for children placed in my home.	53.8%
Q22. I am provided with court dates at least 72 hours before the court hearing.	65.8%
Q23. I am provided Judicial Review Summary Reports at least 72 hours prior to the court hearing.	32.9%
Q24. I am provided with court orders within 30 days of the court hearing.	42.1%
Q25. As a foster parent, I feel appreciated by the child welfare system.	62.8%
Q26. The child welfare system provides supports to foster parents to reduce stress.	42.6%
Q27. I have a clear understanding of who to contact at the CBC if I have unresolved questions or concerns.	68.8%
Q28. The CBC has an effective process, either formal or informal, to resolve conflicts.	57.7%

Source: Surveys conducted by COU Monitoring Team during SFY 2018-2019.

GUARDIAN AD LITEM PROGRAM (GAL) COU SURVEY

The total statewide number of GAL responses for COU surveys was 295. The first question in the survey asks for the GAL's years of experience. The number of years served as a GAL as a percentage of responses were: 15 percent less than one year; 26 percent one to two years; 24 percent three to five years; and 35 percent more than five years.

COU Guardian ad Litem Survey Baseline

Survey Questions	Statewide Average % of positive responses.
Q3. The GAL has the opportunity and is given sufficient notice to participate in staffings or service planning or children who are assigned to them.	63.8%
Q4. The GAL has the opportunity and is provided options that make it convenient to participate in staffings for children who are assigned to them. Options might include use of technology or flexible times.	54.0%
Q5. Case managers respond to my communications within one business day.	29.0%
Q6. The GAL is kept informed about developments in assigned cases.	23.9%
Q7. The GAL's recommendations are considered when decisions are being made about the children who are assigned to them, even if the agency has a different opinion.	47.6%
Q8. When there are differing opinions between the GAL and case managers regarding a case, there is an opportunity to escalate the differences.	68.9%
Q9. The GAL is provided with the Judicial Review Summary Report at least 72 hours before the court hearing.	56.2%
Q10. In my opinion, the children assigned to me receive services that are required to meet their needs.	60.5%
Q11. In my opinion, the children assigned to me receive services they need in a timely manner.	36.1%
Q12. In my opinion, the children assigned to me are placed in the most appropriate placement.	56.5%
Q13. When children make a placement move, the GAL is informed within one business day of the move.	24.7%
Q14. Siblings who are assigned to me are placed together or, if not, visit at least once a month.	37.7%
Q15. Case managers respond to concerns the GAL has about a child's psychotropic medications.	46.3%
Q16. Children assigned to me are allowed to have normalcy in their setting by participating in activities that are considered normal for their age group.	66.8%
Q17. I am provided with opportunities to learn about system barriers and challenges and the activities the CBC is taking to overcome these.	50.4%

Source: Surveys conducted by COU Monitoring Team during SFY 2018-2019.

COMMUNITY PARTNER COU SURVEY

The COU identifies and provides surveys to other community partners of the CBC. Results from 335 providers across the fifteen CBCs is provided in the table below. The responses to the first survey question, "Which statement best describes your knowledge and frequency of interaction with the CBC?" are as follows:

- 67 percent of the providers reported that they are very familiar and have regular contact with the CBC.
- 26 percent reported that they are somewhat familiar and have some contact with the CBC.
- 7 percent reported that they are unfamiliar with and have little or infrequent contact with the CBC.

COU Community Partner Survey Baseline

Survey Questions	Statewide Average % of positive responses.
Q2. The CBC is responsive to the needs of my clients.	80%
Q3. The CBC collaborates with my organization to advocate for issues of mutual concern related to child welfare.	81.3%
Q4. The CBC conducts ongoing public community meetings.	84%
Q5. The CBC coordinates child welfare services in their area well.	79.9%
Q6. The CBC seeks input and participation from my organization to improve the quality of services.	69%
Q7. The CBC provides opportunities for community stakeholders to express satisfaction with services.	72.5%
Q8. The CBC has an effective mechanism for resolving conflict with my organization.	76.2%
Q9. The CBC has a good working relationship with my organization.	87.1%
Q10. Does your organization have a contract with the CBC to provide services?	49% said yes
Q11. The responsibilities of my organization as a contracted provider are clear and established in writing.	95.6% said yes
Q12. My organization is included in the CBC's child welfare strategic planning for our community.	79.1% said yes
Q13. The CBC seeks my organization's input on how to best resolve child welfare issues in our community.	69%
Q14. The CBC's budgeting process and decisions are transparent.	69.2%
Q15. As a contracted provider, my organization receives performance data from the CBC.	88% said yes
Q16: The CBC provides my organization with the opportunity to provide feedback to improve the provision of quality of services.	77.2% said yes

Source: Surveys conducted by COU Monitoring Team during SFY 2018-2019.

CHILD PROTECTION INVESTIGATIONS COU SURVEY

The total statewide number of Child Protection Investigator responses for COU surveys was 339. The first question in the survey asks for the 's years of experience. The number of years served in child protection investigations as a percentage of responses were: 13 percent less than one year; 21 percent one to two years; 22 percent three to five years; and 45 percent more than five years. Of the total respondents, 63 percent were case managers and 37 percent were case management supervisors.

COU Child Protection Investigations Survey Baseline

Survey Questions	Statewide Average % of positive responses.
Q3. The CBC provides opportunities to give feedback regarding the array of services available.	64.8%
Q4. Formal safety management services provide support to CPIs to manage safety plan during the investigation.	49.8%
Q5. The placement of children in foster homes or group homes at removal is timely, meaning within 4 hours.	61.1%

Survey Questions	Statewide Average % of positive responses.
Q6. When case managers schedule multidisciplinary staffings on cases open to investigation, CPIs are invited.	59.9%
Q7. During the time when both the CPI and the case manager have open cases on a family, the case manager keeps the CPI informed of any new information they obtain.	35.7%
Q8. The case transfer process is clearly defined.	75%
Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, case managers, CPI, GAL, service providers, etc.	56.8%
Q10. The quality of information discussed at case transfer is sufficient.	65.5%

CASE MANAGER COU SURVEY

The total statewide number of case management responses for COU surveys was 319. The first question in the survey asks for the case manager's years of experience. The number of years served in case management as a percentage of responses were: 13 percent less than one year; 22 percent one to two years; 19 percent three to five years; and 52 percent more than five years. Of the total respondents, 59 percent were case managers and 41 percent were case management supervisors.

COU Case Manager Survey Baseline

Survey Questions	Statewide Average % of positive responses.
Q3. The CBC provides opportunities to give feedback regarding the array of services available.	77.6%
Q4. Formal safety management services provide support to case managers to manage safety plan during case management.	53.2%
Q5. The identification of foster home or group care placements occurs timely.	57.6%
Q6. When there are multidisciplinary staffings or legal staffings on cases still open to investigations, CPIs participate.	56.6%
Q7. During the time when both the CPI and the case manager have open cases on a family, the CPI keeps the case manager informed of any new information they obtain.	45.1%
Q8. The case transfer process is clearly defined.	71.1%
Q9. All relevant parties participate in case transfer staffings. This includes but is not limited to biological parents, caregivers, case managers, CPI, GAL, service providers, etc.	40.3%
Q10. The quality of information discussed at case transfer is sufficient.	57.9%

CHILDREN'S LEGAL SERVICES COU SURVEY

The total statewide number of Children's Legal Services responses for COU surveys was 121. The first question in the survey asks for the case manager's years of experience. The number of years served in case management as a percentage of responses were: 13 percent less than one year; 25 percent one to two years; 62 percent three years or more.

COU Children’s Legal Services Survey Baseline

Survey Questions	Statewide Average % of positive responses.
Q3. Case managers providing supervision to families are actively engaging with the families.	65.1%
Q4. Case managers consistently make reasonable efforts to assist families.	61.2%
Q5. Case managers work with families to construct individualized case plans.	61%
Q6. Case managers gather quality information regarding case plan progress from service providers, including written progress reports	56.9%
Q7. When requesting reunification, case managers provide sufficient proof to support their decision.	76.2%%
Q8. Case managers are able to properly identify when an in-home safety plan has failed, and whether or not the failure of the safety plan would require an out-of-home plan.	63.3%%
Q9. Outside partners such as foster parents, GAL, behavioral health providers, domestic violence providers and others with pertinent case knowledge are included in case staffing and decision making with respect to child welfare and safety issues such as permanency and placements.	63.6%
Q10. The CBC has an effective diligent search method to locate absent parents, supporting permanency for children.	71.3%
Q11. The CBC has an effective method to locate relatives, supporting family connections.	67.2%
Q12. Case managers consistently communicate with the attorney on a case and keep him or her informed of changes in the child or family’s situation.	63%
Q13. Case managers submit completed Judicial Summary Review Reports to CLS 10 days before court.	52%
Q14. Case managers come to court prepared to respond to questions in court.	60.7%
Q15. When there are differing opinions between CLS and case management, if necessary the CBC is responsive.	80.1%

PROSPECTIVE AND POST-ADOPTIVE PARENT SURVEYS

Prospective Adoptive Parents

The Department, in conjunction with the CBCs, conducts an Annual Adoption Survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between June 2018 and August 2018. The survey inquired about the participants’ overall adoption experience, the quality and timeliness of services, and post-adoption services/supports in their area.

A total of 705 responses were received. Overall, participants reported that their CBCs excelled in three areas:

- the timely completion of the adoption home study;
- offering transparency during the adoption process; and
- and responsiveness to questions.

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

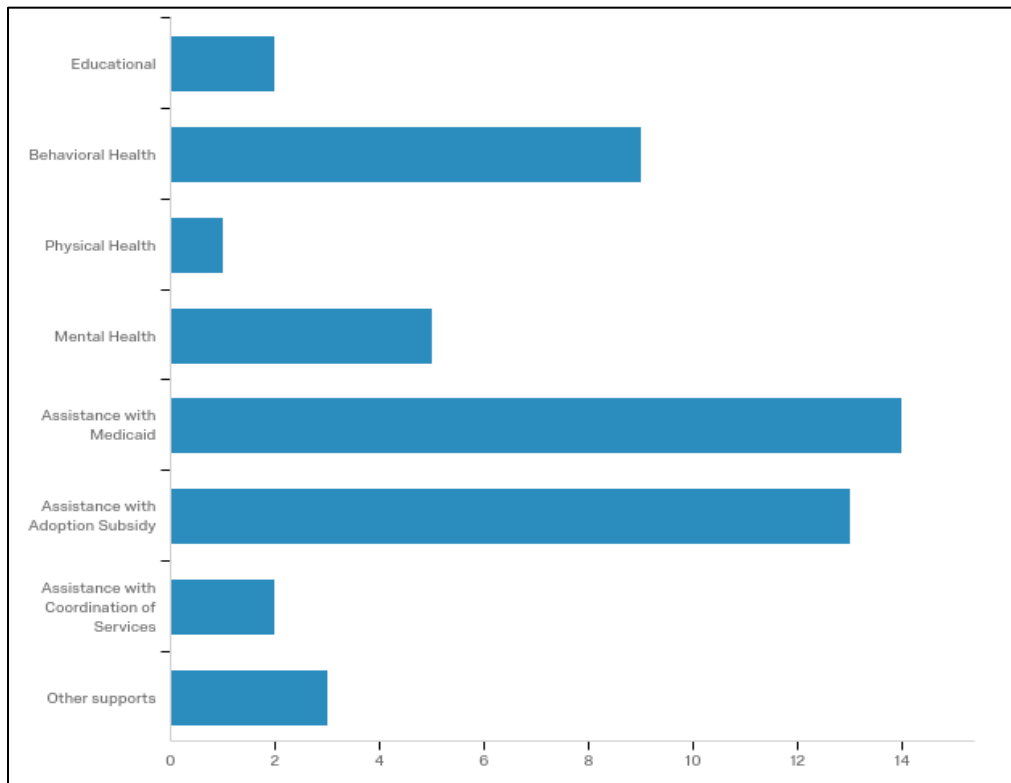
- post-adoption services/supports; and

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

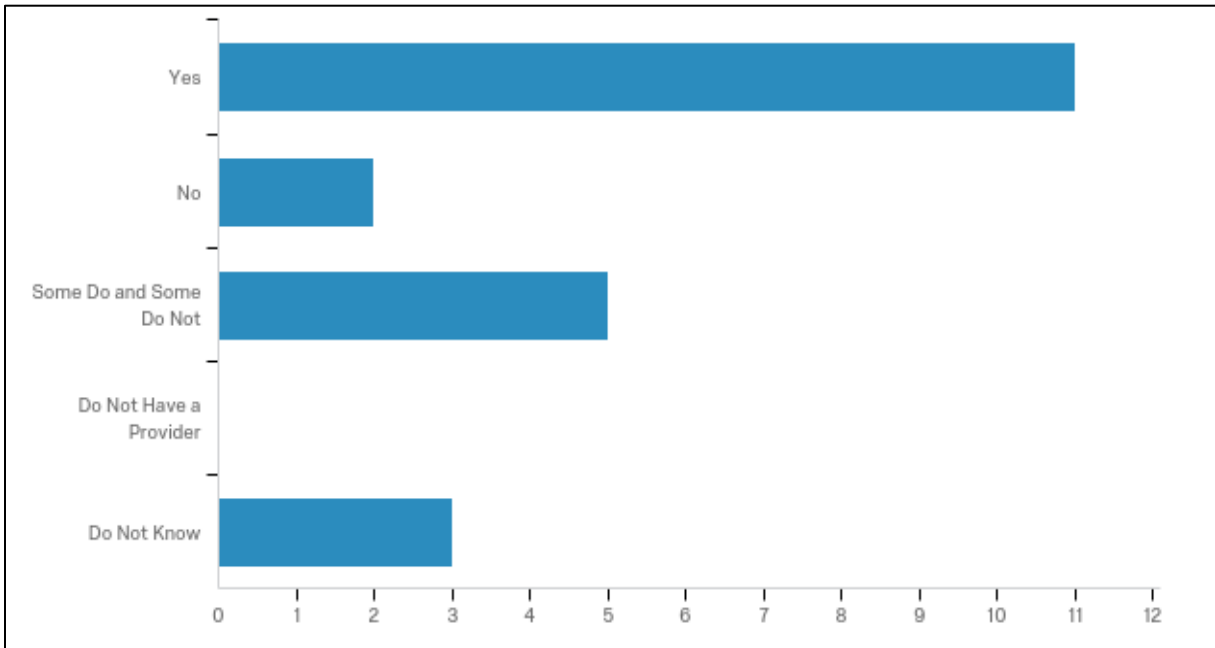
Post-Adoption Support Surveys

The Department, in conjunction with the CBCs conducted a Post Communication Survey from July 2018 – August 2018, to gather feedback from families that requested and received services as a result of the One-Year Post Communication Contact requirement outlined in subsection 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. While 600 families were provided the survey, only 30 responses were received. Based on the total number of survey participants, approximately 80 percent documented receiving Post-Adoption Services and Supports.

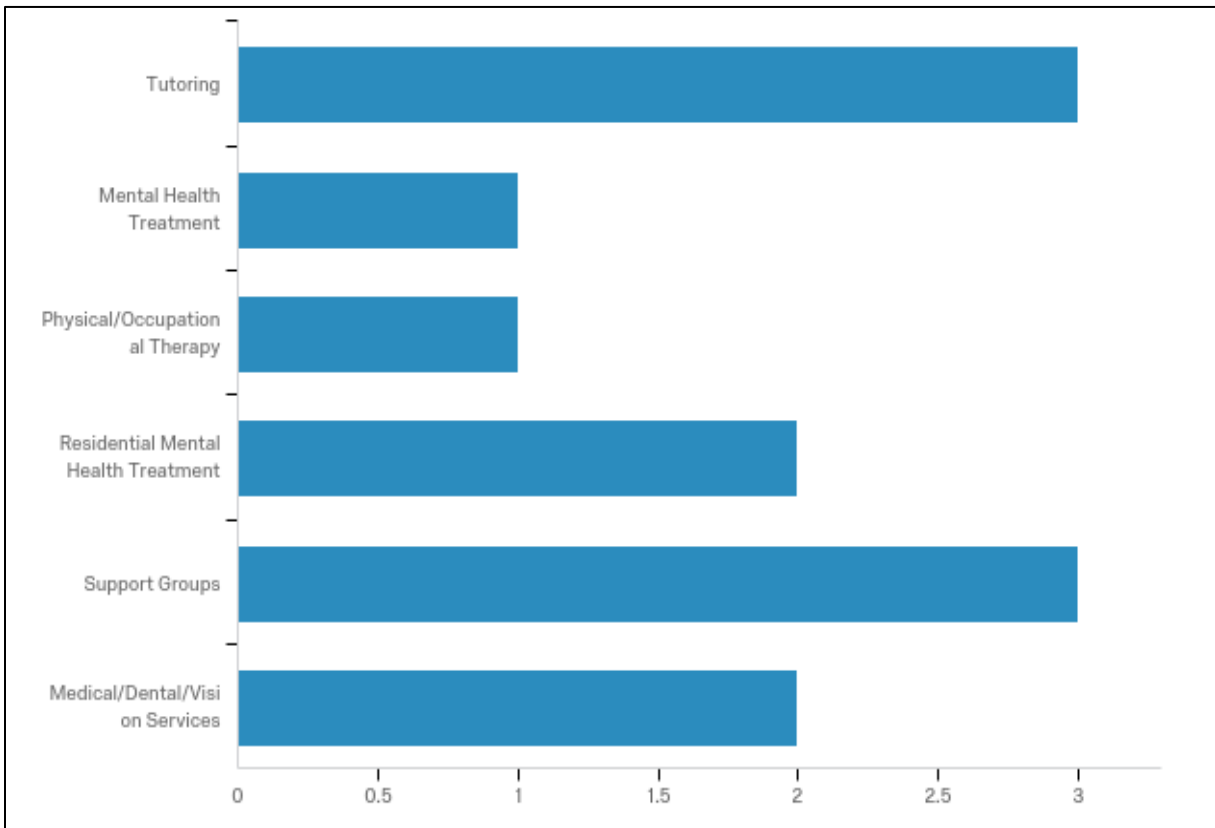
1. What type of Post Adoption Services has your family received? Please select all that apply.



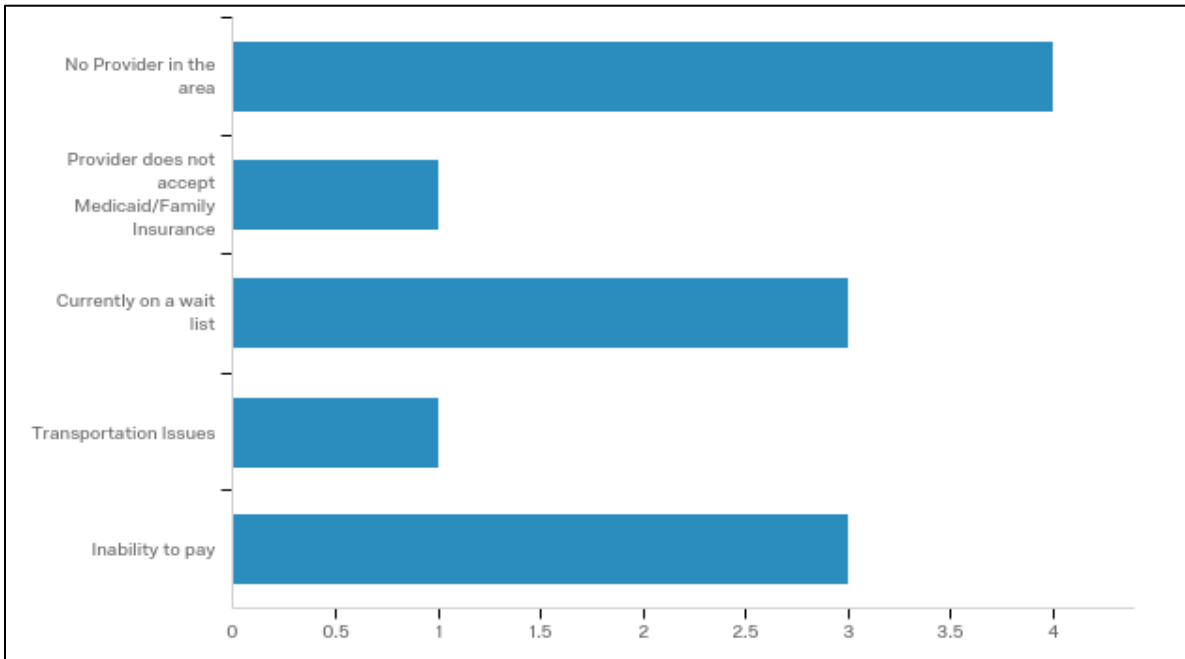
2. Do you feel the providers of the Post Adoption Services understood the issues that your adopted child and family have related to adoption?



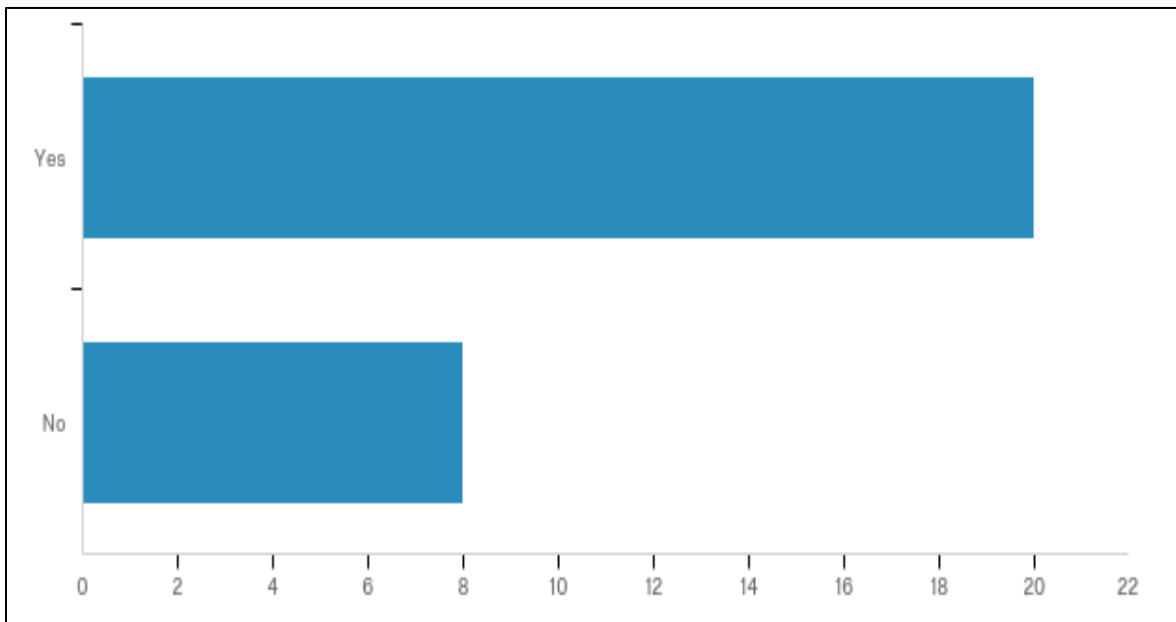
3. What services have you tried to access but are unable to receive? Please select all that apply.



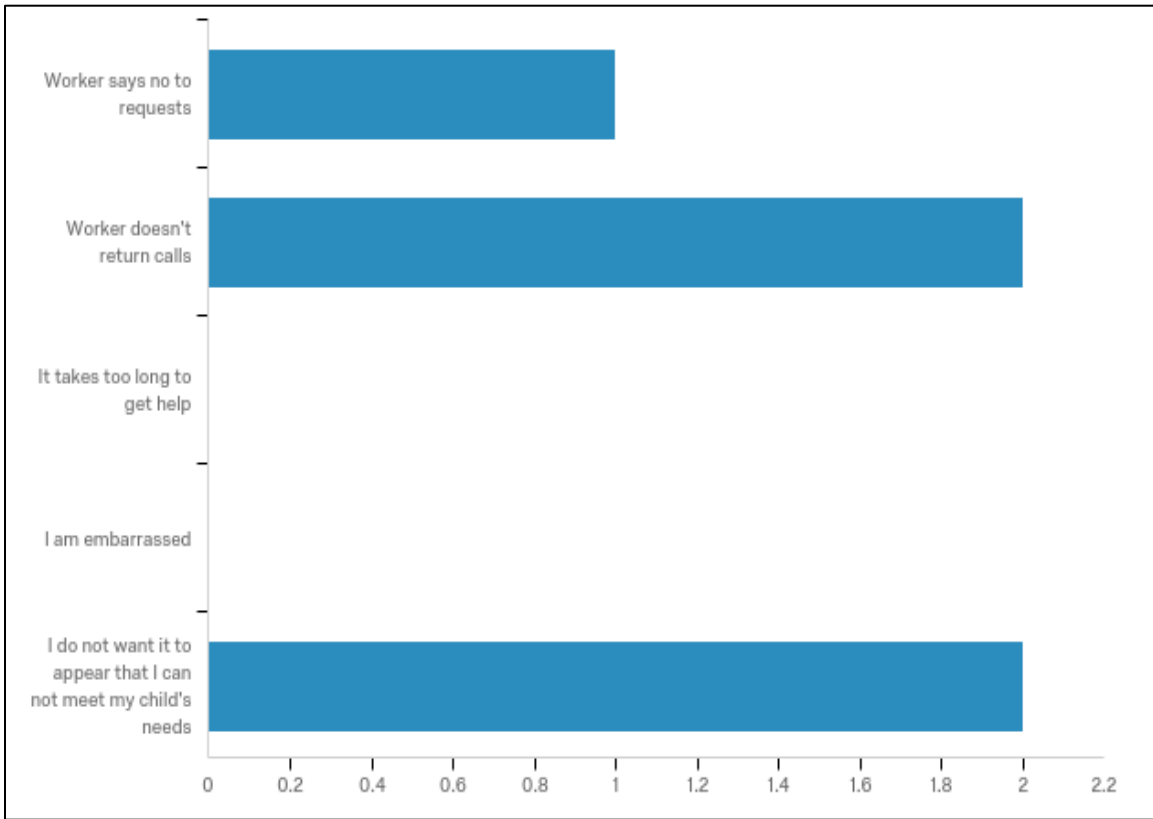
4. A service my child and/or my family needs is unavailable because of the following:
Please select all that apply.



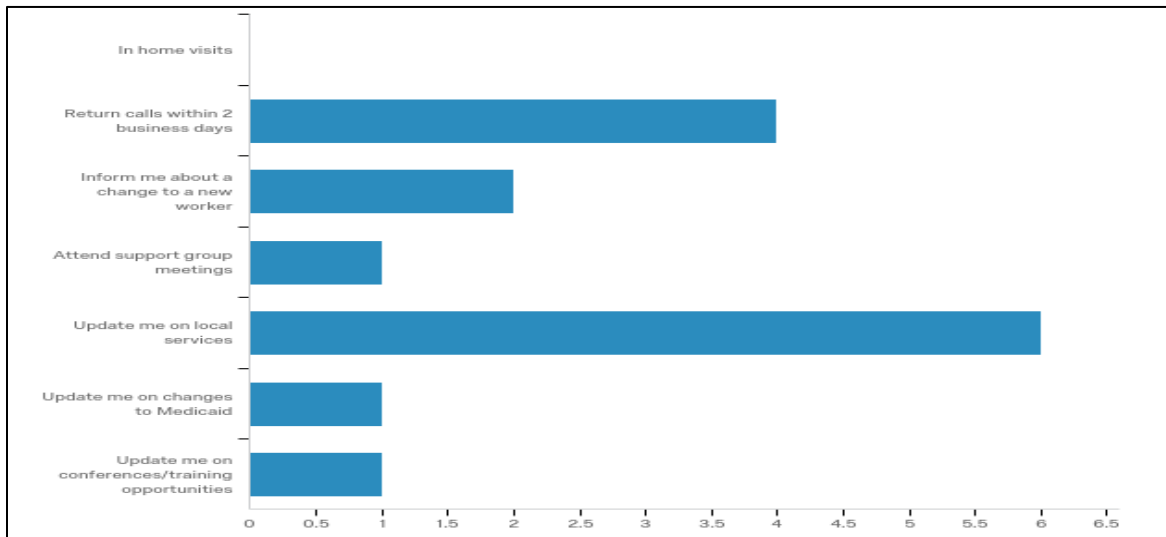
5. Do you feel comfortable asking your Post Adoption Worker for additional help/assistance?



6. Please indicate why you are uncomfortable asking your Post Adoption Worker for additional help/assistance?



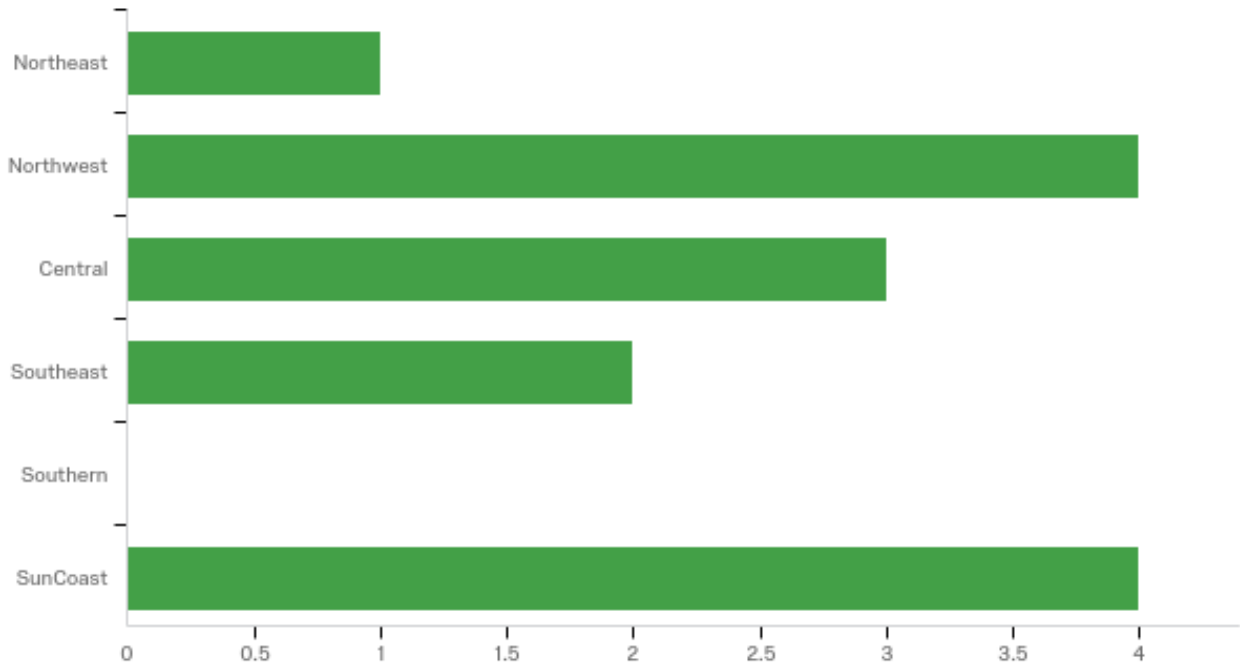
7. Is there a service or support that you want your post adoption worker to provide that is currently not being provided? Please select all that apply.



APPENDIX E. CHILD WELFARE TRAINING MANAGER SURVEY

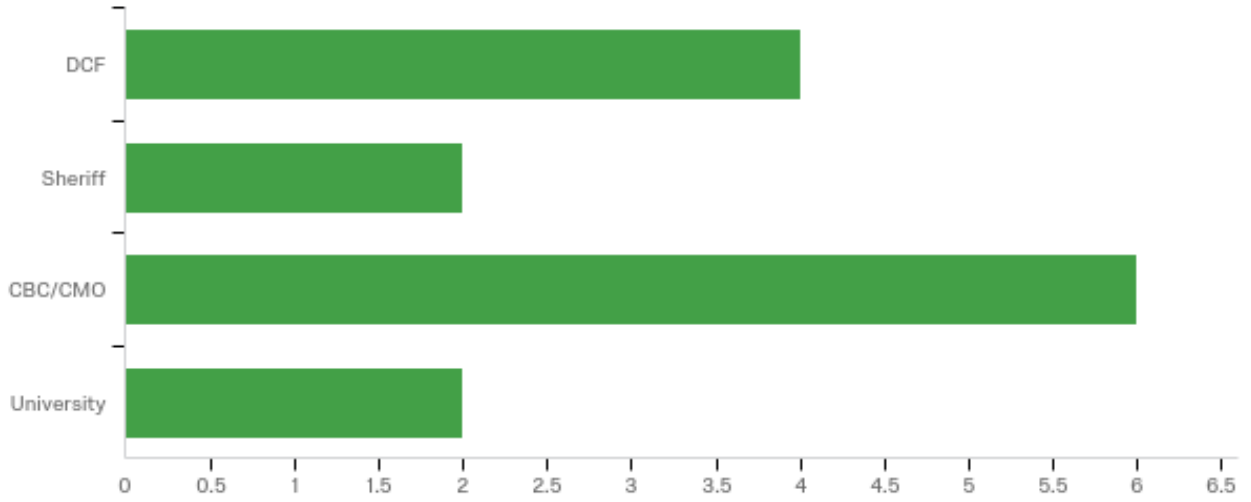
This survey was conducted February 22-28, 2019 by the OCW Training Unit.

Q1 - Please indicate your region



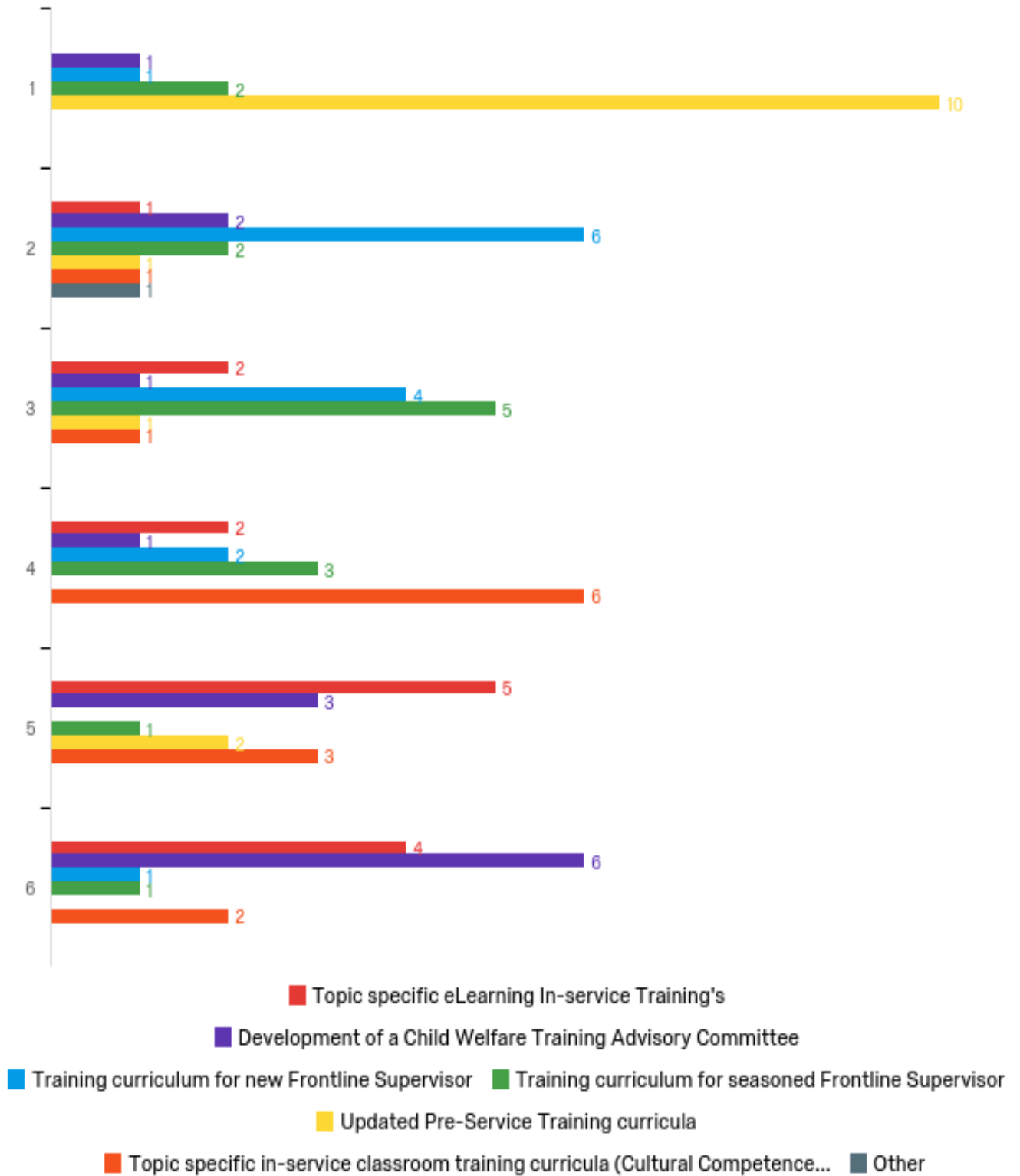
#	Answer	%	Count
1	Northeast	7.14%	1
2	Northwest	28.57%	4
3	Central	21.43%	3
4	Southeast	14.29%	2
5	Southern	0.00%	0
6	SunCoast	28.57%	4
	Total	100%	14

Q2 - Please indicate the agency you work for DCF, Sheriff, Community Based Care Lead Agency/Case Management Organization, or University



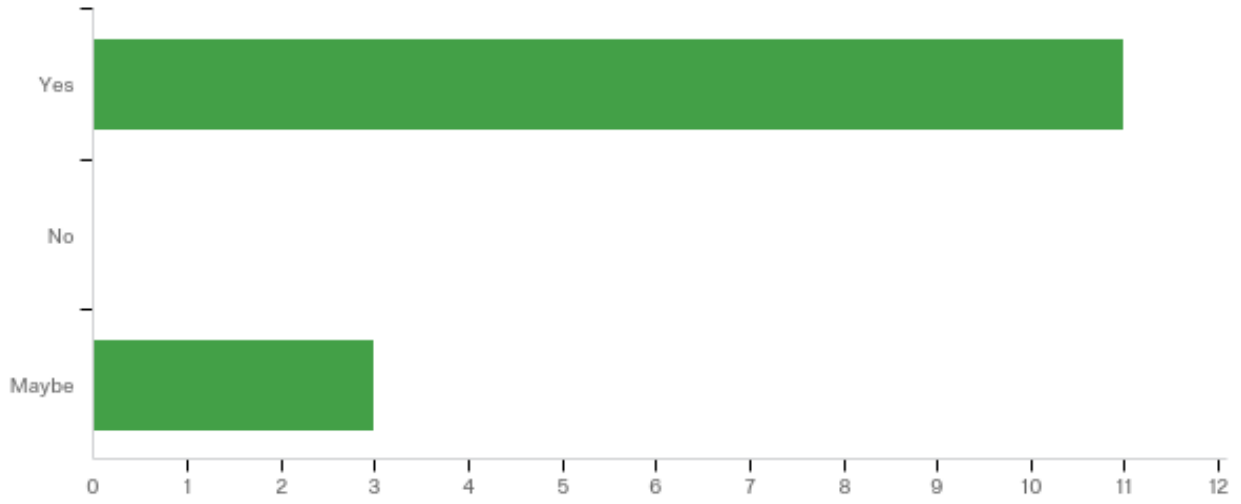
#	Answer	%	Count
100	DCF	28.57%	4
101	Sheriff	14.29%	2
102	CBC/CMO	42.86%	6
103	University	14.29%	2
	Total	100%	14

Q3 - Place the following initiatives in order of priority (1 being highest):



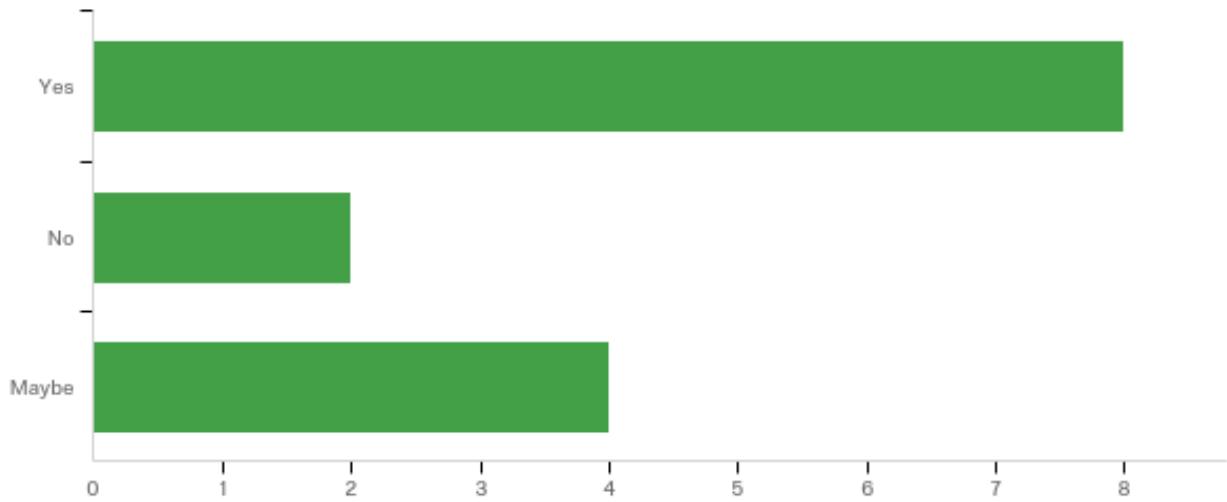
Question	1	2	3	4	5	6	7	Total
Topic specific eLearning In-service Training's	0.00%	7.14%	14.29%	14.29%	35.71%	28.57%	0.00%	14
Development of a Child Welfare Training Advisory Committee	7.14%	14.29%	7.14%	7.14%	21.43%	42.86%	0.00%	14
Training curriculum for new Frontline Supervisor	7.14%	42.86%	28.57%	14.29%	0.00%	7.14%	0.00%	14
Training curriculum for seasoned Frontline Supervisor	14.29%	14.29%	35.71%	21.43%	7.14%	7.14%	0.00%	14
Updated Pre-Service Training curricula	71.43%	7.14%	7.14%	0.00%	14.29%	0.00%	0.00%	14
Topic specific in-service classroom training curricula (Cultural Competence, Human Trafficking etc.)	0.00%	7.69%	7.69%	46.15%	23.08%	15.38%	0.00%	13
Other	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1

Q4 - Do you think there should be a statewide child welfare training advisory committee to guide decision making around statewide training policies and efforts?



#	Answer	%	Count
20	Yes	78.57%	11
22	No	0.00%	0
21	Maybe	21.43%	3
	Total	100%	14

Q5 - If there is a committee should it be made up of only trainers or should it be a mixture of different types of Child Welfare Professionals (i.e. Trainers, CPI Operations, CBC/Case Management Organization Leadership for case management, licensing, adoptions, IL, etc.)



#	Answer	%	Count
25	Yes	57.14%	8
27	No	14.29%	2
26	Maybe	28.57%	4
	Total	100%	14

Comments about a child welfare training advisory committee:

Should be made up of mostly trainers with some Operations/CBC staff as well

Should be a mixture of Operations, field support consultants, case management etc...

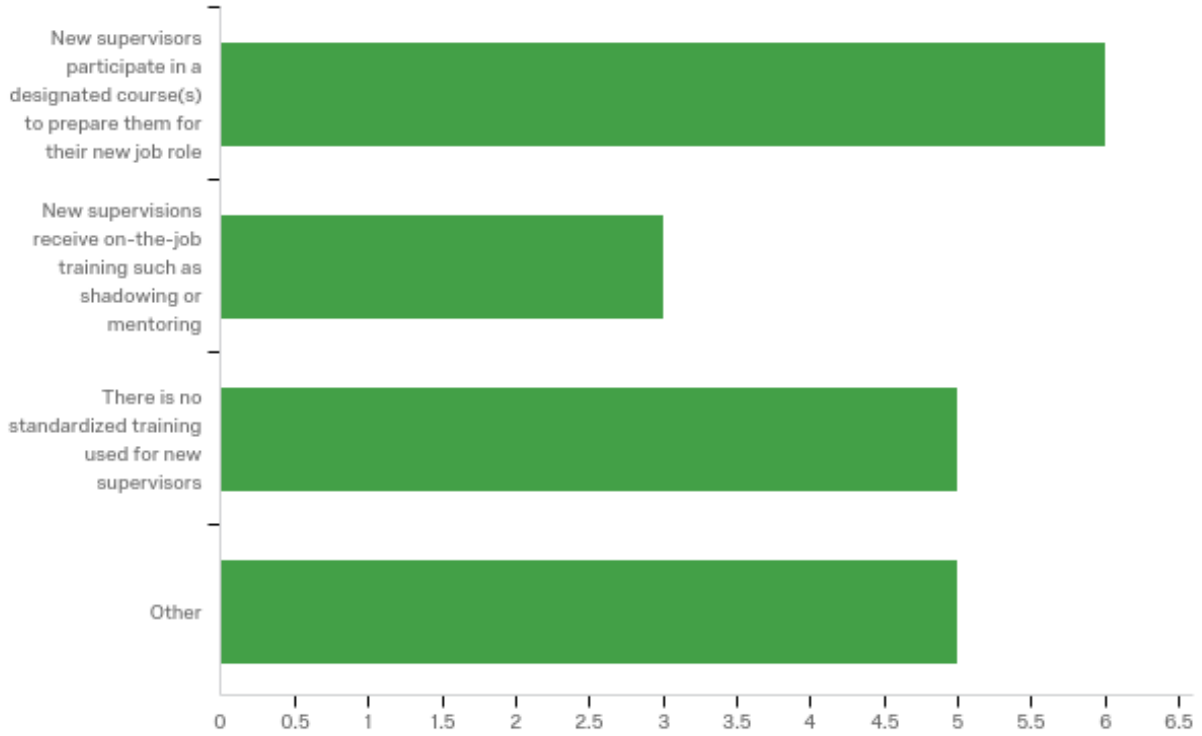
Q6 is confusing. Yes, it should only be trainers. Trainers may go gain feedback from their agency partners.

There should also include at least one participant from the frontline as they are the ones in the field actually working the policies and procedures put into place.

The committee should only be for trainers

Q6 doesn't let you clarify which one you are saying yes to because it asks about both, but it would be better to have a mix of people to get other opinions.

Q6 - What training does your agency provide for new supervisors?



#	Answer	%	Count
58	New supervisors participate in a designated course(s) to prepare them for their new job role	31.58%	6
59	New supervisions receive on-the-job training such as shadowing or mentoring	15.79%	3
60	There is no standardized training used for new supervisors	26.32%	5
61	Other	26.32%	5
	Total	100%	19

Comments about supervisor training:

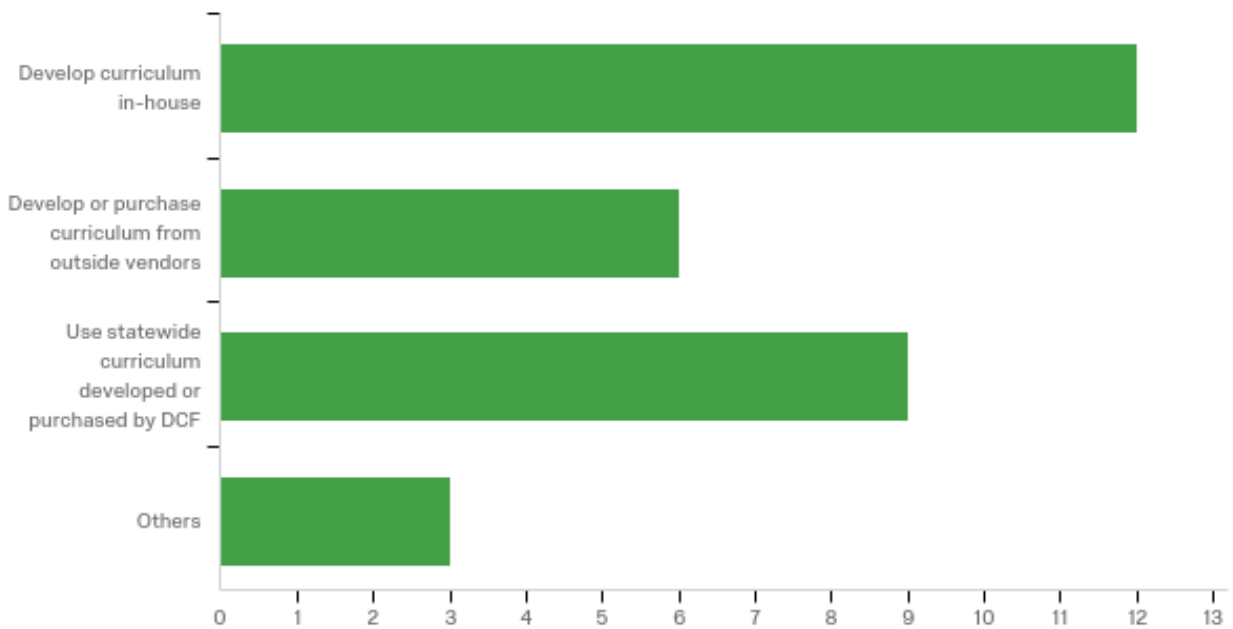
Attend frontline supervisor; other supervisor training; new regional skill building training recently developed

We have developed a Child Welfare Skill Building for Advancement Training Track for up and coming leaders and current leadership with a mixture of trainings and learning circles on many different components.

We have 4 leadership trainings for new and seasoned supervisors per fiscal year. We retired SFE. We sent a trainer to learn Strength Based Supervision and will provide the training for our supervisors.

We do offer SFE training at least once a year, but I feel there needs to be designated mandatory courses and it should be mandatory.

Q10 - How does your agency develop in-service curricula?



#	Answer	%	Count
4	Develop curriculum in-house	40.00%	12
5	Develop or purchase curriculum from outside vendors	20.00%	6
7	Use statewide curriculum developed or purchased by DCF	30.00%	9
8	Others	10.00%	3
	Total	100%	30

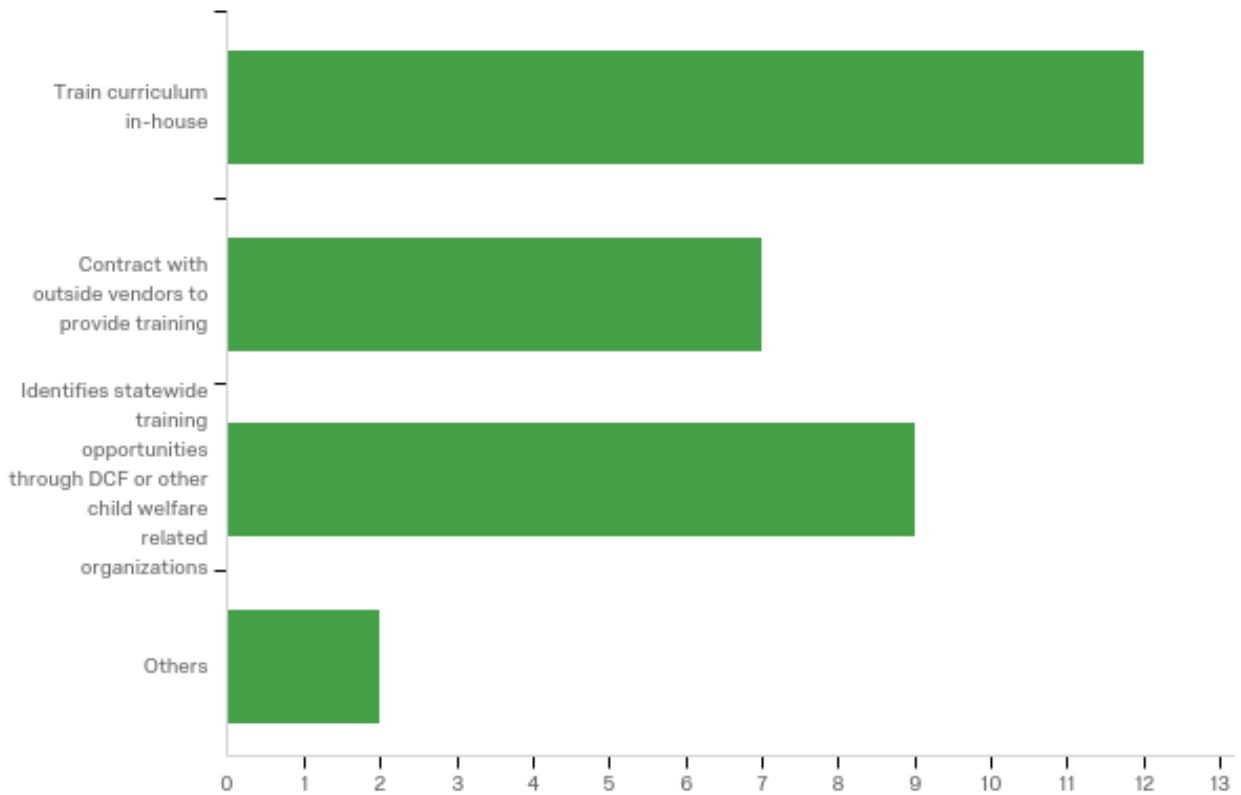
Comments about in-service curricula:

Work with our CBCs and partners to develop in-service trainings

We utilize our trainers and CCSPE's and other SME in topics for in house, we also purchase training from outside vendors. Nice mixture.

Our training contract only covers Pre-Service Training and field/office contacts with provisionally certified Case Managers

Q11 - How does your agency train in-service curricula?



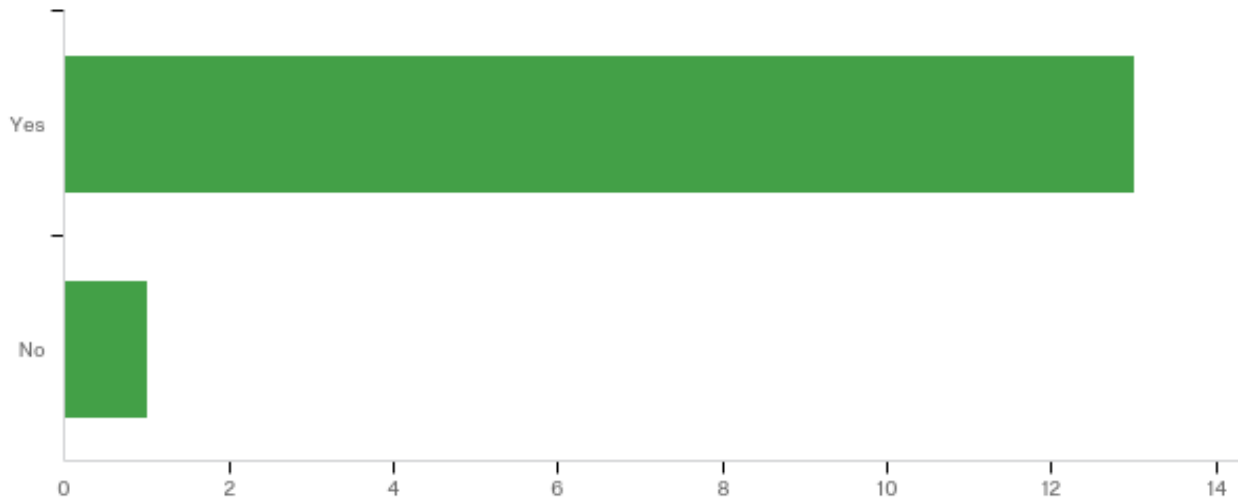
#	Answer	%	Count
4	Train curriculum in-house	40.00%	12
6	Contract with outside vendors to provide training	23.33%	7
9	Identifies statewide training opportunities through DCF or other child welfare related organizations	30.00%	9
8	Others	6.67%	2
	Total	100%	30

Comments about training in-service curricula:

Work with our CBCs and partners to implement in-service trainings along with our trainer.

Our training contract only covers Pre-Service Training and field/office contacts with provisionally certified Case Managers

Q12 - Are you interested in the Office of Child Welfare (DCF headquarters) developing or purchasing statewide in-service training curricula?



#	Answer	%	Count
4	Yes	92.86%	13
5	No	7.14%	1
	Total	100%	14

If yes suggested topics:

I am also interested in utilizing RELIAS training data base for in service type of trainings.

Time Management in Child Welfare

Motivational Interviewing, Scripts for Simulation training for engagement, getting in the door, different scenarios that may be encountered in the field, etc...

Compassion Fatigue, Behavioral Health, Worker Safety

Advanced courses on substance abuse, dv, assessment, and critical thinking.

Mental health diagnoses, human trafficking

Anything practice model related. Time Management for Child Welfare Workers (especially frontline staff). Engaging Families especially children. Child Development, especially how Trauma impacts that.

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APPENDIX F. CERTIFICATIONS AND ASSURANCES

Title IV-B Subpart 1, Assurances for States

Title IV-B Subpart 2, Assurances for States

Child Abuse Prevention and Treatment Act (CAPTA) State Plan Assurance

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

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

Title IV-B, subpart 1 Assurances for States

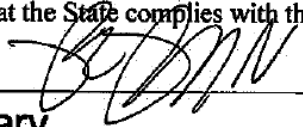
The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and
 - d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].
4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].
5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

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

Certified by: 

Title: **Secretary**

Agency: **Department of Children and Families**

Dated: 4/18/19

Title IV-B, subpart 2 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].
2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].
4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].
7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].
8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].
9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].
10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

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

Certified by: 

Title: Secretary

Agency: Department of Children and Families

Dated: 6/18/19

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurance amended by
P.L. 115-424
The Victims of Child Abuse Act Reauthorization Act of 2018**

(This amendment to CAPTA became effective January 7, 2019)

***Governor's Assurance Statement for
The Child Abuse and Neglect State Plan***

As **Governor** of the State of Florida,

I certify that the State has in effect and is enforcing a State law relating to child abuse and neglect which includes:

Provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect (see section 106(b)(2)(B)(vii) of CAPTA).

Signature of Governor:



Date: 6/25/19

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood**

As Chief Executive Officer of the State of Florida, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

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



Signature of Chief Executive Officer

6/25/19

Date

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Florida, I certify that the State has in effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:

The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];

OR

The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age [Section 477(b)(3)(A)(ii)].

AND:

the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

OR:

the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended or room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

Attachment C - Chafee Certification

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].



Signature of Chief Executive Officer

6/25/19

Date

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APPENDIX G. FINANCIAL INFORMATION

CFS 101, Part I

CFS-101, Part II *

CFS-101, Part III*

CFS-101, Part I (FY 2018 Title IV-B Expenditure Report)

Title IV-B, Subpart I, Historical Comparison for Payment Limitations

State Share (MOE)

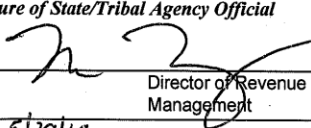
Estimated Expenditures: SFY 2016-2017, Promoting Safe and Stable Families

1992 Comparison to 2017 for State and Local Funds

*The Department is modifying the case management information system to capture the new data requirement for number of families to be served both in Part II and Part III.

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

For Federal Fiscal Year 2020: October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division: FLORIDA		3. EIN:	593458463	
2. Address: (insert mailing address for grant award notices in the two rows below) 1317 Winewood Blvd., Bldg. 2, Rm. 404 Tallahassee, FL 32399-0700		4. DUNS:	604604350	
a) Email address for grant award notices: mark.mahoney@myflfamilies.com diane.sunday@myflfamilies.com		5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FY 2020: Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$17,287,980	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$73,480	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total		
a) Family Preservation Services		24%	\$5,502,406	
b) Family Support Services		33%	\$7,565,809	
c) Family Reunification Services		22%	\$5,043,872	
d) Adoption Promotion and Support Services		21%	\$4,814,605	
e) Other Service Related Activities (e.g. planning)		0%	\$0	
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		0.0%	\$9,951	
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100%	\$22,936,643	
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$1,445,370	
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)			\$0	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$4,928,659	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$7,687,573	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).			\$876,302	
11. Requested Education and Training Voucher (ETV) funds:			\$2,549,769	
REALLOTMENT REQUEST(S) for FY 2019: Complete this section for adjustments to current year awarded funding levels.				
12. Identification of Surplus for Reallocation: a) Indicate the amount of the State's/Tribe's FY 19 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year, should they become available for re-allotment:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official 		Signature of Federal Children's Bureau Official		
Title Director of Revenue Management		Title		
Date 5/29/19		Date		

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


Name of State or Indian Tribal Organization: FLORIDA

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

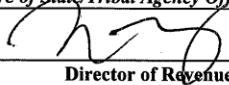
SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- FSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 6,283,172			\$ -				\$ 167,193,634	24,271		number of households	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 5,502,406		\$ -				\$ 7,726,925	10,918		at eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 7,555,809		\$ 4,928,659				\$ 21,653,805	81,101		at eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ 7,863,549	\$ 5,043,872		\$ -				\$ 103,135,157	8,254		at eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 3,067,779	\$ 4,814,605		\$ -				\$ 55,345,317	3,085		at eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. Planning)	\$ -	\$ -		\$ -				\$ -	-		-	-
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 23,466,415	\$ 62,043,984	7,458		at eligible children	6 Regions
(b) GROUP/INST CARE	\$ -						\$ 37,142,634	\$ 43,624,827	2,157		at eligible children	6 Regions
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 97,280,840	\$ 87,568,510	38,976		at eligible children	6 Regions
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 2,707,540	\$ 3,480,500	1,547		at eligible children	6 Regions
10.) INDEPENDENT LIVING SERVICES	\$ -						\$ -	\$ 11,379,450	1,608		eligible 13-22 year old youth	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ 7,687,573	\$ 2,549,769		\$ 6,304,096	749		eligible 16-22 year old youth	6 Regions
12.) ADMINISTRATIVE COSTS	\$ 73,480	\$ 9,951	\$ -				\$ 2,954,326	\$ 17,546,436				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -					\$ 25,141	\$ 559,809				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -					\$ 272,584	\$ 416,809				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -					\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -					\$ 16,957,372	\$ 16,418,183				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,445,370				\$ -	\$ 437,991				
18.) TOTAL	\$ 17,287,980	\$ 22,936,643	\$ 1,445,370	\$ 4,928,659	\$ 7,687,573	\$ 2,549,769	\$ 180,806,852	\$ 604,835,133				
19.) TOTALS FROM PART I	\$17,287,980	\$22,936,643	\$1,445,370	\$4,928,659	\$7,687,573	\$2,549,769						
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						

21.) Population data required in columns I - L can be found:
On this form
In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education and Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 593458463		4. DUNS: 604604350	
FLORIDA		1317 Winewood Blvd., Bldg. 2, Rm. 404 Tallahassee, FL 32399-0700					
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION							
Description of Funds	(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 15,275,736	\$ 15,384,706	32,269	-	at child welfare centers	6 Regions	
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 142,511	\$ 87,486					
7. Total title IV-B, subpart 2 (PSSF) funds:	\$ 18,866,452	\$ 19,917,164	32,269	-	at child welfare centers	6 Regions	
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.							
a) Family Preservation Services	\$ 5,214,187	\$ 4,520,786					
b) Family Support Services	\$ 4,735,448	\$ 7,039,957					
c) Time-Limited Family Reunification Services	\$ 4,178,598	\$ 3,983,675					
d) Adoption Promotion and Support Services	\$ 4,738,219	\$ 4,372,746					
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -					
f) Administrative Costs	\$ -	\$ -					
(FOR STATES: not to exceed 10% of PSSF allotment)							
g) Total title IV-B, subpart 2 funds:	\$ 18,866,452	\$ 19,917,164					
NO ENTRY: This line displays the sum of lines a-f.							
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 1,188,402	\$ 1,255,065					
a) Administrative Costs (not to exceed 10% of MCY allotment)	\$ 118,840	\$ -					
funds: (Optional)							
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFVIP allotment)	\$ 6,234,797	\$ 6,795,860	1,295	-	eight 15-30 per old youth	6 Regions	
10. Total Education and Training Voucher (ETV) funds:	\$ 1,870,439	\$ 1,374,807	633	-	eight 15-30 per old youth	6 Regions	
(Optional)							
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.	\$ 2,023,207	\$ 2,280,693	846	-	eight 15-30 per old youth	6 Regions	
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official					
							
Title	Date	Title	Date				
Director of Revenue Management	5/29/19						

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV
For Fiscal Year 2018: October 1, 2017 through September 30, 2018

1. State or Indian Tribal Organization (ITO): Florida		2. EIN: 59-3458463
3. Address: Florida Department of Children and Families 1317 Winewood Boulevard Tallahassee, FL 32399-0700		4. Submission Type: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISION
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds		\$15,716,345
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$73,481
6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds		\$20,851,494
This line contains a formula to display the sum of lines 6a - 6f.		
a) Total Family Preservation Services		\$5,051,721
b) Total Family Support Services		\$6,782,146
c) Total Time-Limited Family Reunification Services		\$4,560,958
d) Total Adoption Promotion and Support Services		\$4,444,849
e) Total Other Service Related Activities (e.g. planning)		\$0
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)		\$11,820
7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)		\$1,313,973
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs:		
CWS \$	PSSF \$	MCV (States only)
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting:		
CWS \$	PSSF \$	MCV (States only) \$
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY)		
Estimated amount plus additional allocation, as available.		\$4,480,599
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$6,988,703
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		\$791,199
11. Estimated Education and Training Voucher (ETV) funds		\$2,317,972
12. Re-allotment of CFCIP and ETV Program funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.		\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.		\$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.		Equitable share
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.		Equitable share
13. 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, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
<i>Signature of State/Tribal Agency Official</i>		<i>Signature of Central Office Official</i>
		
Title Director of Revenue Management		Title
Date 5/29/19		Date

1992 Comparison to 2017 for State and Local Funds
Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

Period	Family Preservation Services	Family Support Services	Time-Limited Reunification	Adoption Promotion	Total
2017	\$ 355,156,714	\$ 335,728,608	\$ 812,774	\$ 50,739,438	\$ 742,437,534
1992	\$ 85,737,000	\$ 311,374,000	-	-	\$ 397,111,000
Diff 2017 from 1992	\$ 269,419,714	\$ 24,354,608	\$ 812,774	\$ 50,739,438	\$ 345,326,534

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).

ESTIMATED EXPENDITURES: State Fiscal Year 2016-2017
PROMOTING SAFE AND STABLE FAMILIES

Fiscal Data

Program/Service	Funding Source		Family Preservation Services		Family Support Services		Time-Limited Family Reunification Services		Adoption Promotion and Support Services	
	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute-DJJ	11,241,790	40,963	0	0	0	0	0	0	0	0
Child Sexual Abuse Treatment Program - DCF	5,024,804	0	0	0	0	0	0	0	0	0
Child Protection Teams - DOH	3,112,508	6,130,866	0	0	0	0	0	0	0	0
Child Care and Development Fund-OEL			166,897,165							
Children's Mental Health and Substance Abuse	36,455,415	8,339,282	0	0	0	0	0	0	0	0
DCF - CMH and SA Block Grants, State Funds and SAMHSA project grant funds	18,785,947	6,832,207	0	0	0	0	0	0	0	0
CINS/FINS Runaway Shelter	34,304,877	750,000	0	0	0	0	0	0	0	0
Comm-Based Family Resource	0	0	405,971	1,622,226	0	0	0	0	0	0
Community Food & Nutrition	0	0	0	0	273,371,441	0	0	0	0	0
Day Care Quality Improvement	0	0	2,267,975	10,183,372	0	0	0	0	0	0
Day Care Resource & Referral	0	0	915,396	4,528,873	0	0	0	0	0	0
Domestic Violence	0	0	22,485,485	19,078,531	0	0	0	0	0	0
Early Intervention Services	473,947	0	43,133,430	23,827,767	0	0	0	0	0	0
Epilepsy	0	0	3,111,713	0	0	0	0	0	0	0
Family Planning	4,245,455	8,347,983	0	0	0	0	0	0	0	0
Family Safety	95,832,530	90,433,286	19,742,263	14,421,467	812,774	3,798,023	50,739,438	45,908,042	0	0
Full Service Schools	0	0	6,000,000	0	0	0	0	0	0	0
Healthy Families	0	0	19,002,167	7,748,121	0	0	0	0	0	0
Improved Pregnancy Outcome	0	0	19,518,110	4,465,350	0	0	0	0	0	0
Interstate Compact/ISS	351,832	438,076	0	0	0	0	0	0	0	0
Local Services Program	0	0	0	0	56,450,499	0	0	0	0	0
Source of Prevention	0	0	2,172,023	0	0	0	0	0	0	0
PAGE	0	0	17,956,069	0	0	0	0	0	0	0
Primary Care (QMS)	0	0	1,276,135	1,730,374	0	0	0	0	0	0
Protective Services Staff - DJJ	43,595,231	96,418,968	0	0	0	0	0	0	0	0
Protective Services Staff - DCF	101,732,378	0	0	0	0	0	0	0	0	0
Regional Perinatal Program	0	0	143,004	0	0	0	0	0	0	0
School Health	0	0	10,891,672	11,625,846	0	0	0	0	0	0
Women, Infants & Children Program	0	0	0	335,653,539	0	0	0	0	0	0
Totals by Program AREA & FUND SOURCE	355,186,714	217,731,631	335,728,608	764,717,406	812,774	3,798,023	50,739,438	45,908,042		

State Share (MOE)
to verify no Supplantation

State Fiscal Year	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion	Total State Share
1992-93	85,737,000	311,374,000			397,111,000
1993-94	89,683,000	308,635,000			398,318,000
1995-96	102,734,000	306,787,000			409,521,000
1996-97	102,590,000	334,424,000			437,014,000
1997-98	124,226,000	402,301,000			526,527,000
1998-99	N/A	N/A			
1999-00	212,523,589	294,346,482			506,870,071
2000-01	289,717,496	360,844,036			650,561,532
2001-02	307,322,358	313,008,601			620,330,959
2002-03	319,416,329	236,847,274			556,263,603
2003-04	272,524,635	271,865,884			544,390,519
2004-05	328,146,128	283,185,887			611,332,015
2005-06	281,122,688	300,453,611			581,576,299
2006-07	257,220,980	345,495,146			602,716,126
2007-08	360,971,684	323,522,062			684,493,746
2008-09	329,768,367	311,966,459			641,734,826
2009-10	325,476,156	297,103,746			622,579,902
2010-11	342,517,176	295,846,645			638,363,821
2011-12	321,598,115	276,823,942			598,422,057
2012-13	290,890,344	279,328,784			570,219,128
2013-14	351,849,429	276,314,954	1,616,125	33,927,768	663,708,276
2014-15	406,340,825	329,740,315	2,351,253	35,196,541	773,628,934
2015-16	396,240,113	343,821,654	1,104,415	12,127,238	753,293,420
2016-17	355,156,714	335,728,608	812,774	50,739,438	742,437,534

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

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

	Total	IV-B Federal	IV-B State
PCW05	513,148.45	384,861.34	128,287.11
PCW05	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.

Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005

Amount State Share
87,983,633.35

Source: IDS Grants

W:\RevenueMgmt\FR0 FEDERAL REPORTING\APSR IV-B Annual Report\IV-B State Plan FFY 2020\ffy 2005 title iv-b OHC State 2017 to 1992 Payment Limitations\Pay't Limit IV-B, I FFY 2005