Annual Progress and Services Report

October 1, 2014 – September 30, 2015

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, 2016

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Florida's Child and Family Services
Annual Progress & Services Report
Federal Fiscal Year October 1, 2014 to September 30, 2015

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INTRODUCTION

The mission of the Florida 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 to create and support a highly skilled workforce committed to empowering people with complex and varied needs to achieve the best outcomes for themselves and their families. In collaboration with community stakeholders, we will continue to deliver world class and continuously improving service focused on providing the people we serve with the level and quality that we would demand and expect for our own families.

As embodied in Florida's Child Welfare Practice, the vision is rooted in a sound knowledge base and a practice approach that is safety-focused, family-centered, and trauma-informed. The vision is achieved by focusing on seven general professional practices that are operationalized by using methods, tools, and concepts that make up Florida's Safety Practice Model. These practices are directed toward the major outcomes of safety, permanency, and child and family well-being.

As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential.

This Annual Progress and Services Report is intended to report progress on our work toward the three primary outcome goals of safety, permanency, and well-being, as defined in the Administration for Children and Families' Child and Family Services Review (CFSR) process.

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department of Children and Families is responsible for the supervision and coordination of programs in Florida funded under federal Titles IV-B, IV-E and XX of the Act (45 CFR 1357.15(e)(1) and (2)). Policy development, program implementation and monitoring of the child welfare system are the responsibility of the Office of Child Welfare.

The APSR will address:

- Collaboration
- Chafee Foster Care Independence, and Education and Training Voucher Programs
- Service Array
- Monthly Caseworker Visits
- Adoption Incentive Payments
- Child Welfare Title IV-E Waiver Demonstration
- Promoting Safe and Stable Families
- Child Abuse Prevention and Treatment Act (CAPTA)
- Financial
- Quality Assurance
- Training

The measures of progress, objectives, and strategies laid out in the Five Year Plan is based in a high-level statewide performance assessment and includes a comprehensive approach to three primary goals:

Goal 1. Children involved in child welfare will have increased safety and expanded protection.

Goal 2: Children involved in child welfare will live with permanent and stable families, avoiding disruption and return to out of home placement.

Goal 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.

Achieving the goals depends heavily on the coordination and integration of activities across the various partners involved in Florida's child welfare system. The Department of Children and Families' Office of Child Welfare plays a vital role in the development of policies and programs that implement and support the Department's mission. The child welfare system is administered and coordinated through highly collaborative relationships with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, the judiciary, researchers, child advocates, Guardians ad Litem, the Legislature, and private foundations to maximize child safety, permanency, well-being, and families' opportunities for success.

CHAPTER I. Collaboration

Engagement, Collaboration, and Coordination

Florida's Department of Children and Families' Office of Child Welfare engages in a high degree of collaboration. In developing policies and administering programs, the Department collaborates on a regular basis with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, case managers, the judiciary, Office of Court Improvement, Sheriffs, researchers, child advocates, Guardians ad Litem, Department of Juvenile Justice, the Legislature, and private foundations. The Department of Children and Families' internal program and operations offices also collaborate across their specialties, such as mental health, substance abuse, developmental disabilities and economic supports, to the benefit of Florida's children and families touched by the child welfare system. Collaborative activities occur in both an informal and structured format, i.e., meetings, conference calls and impromptu technical assistance.

Florida's service delivery system is unique in that it contracts for the delivery of the child welfare services through Community-Based Care lead agencies (CBCs). Service delivery is coordinated through an administrative structure of 6 geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within the DCF six regions, CBCs deliver foster care and related services as defined in Florida statute[1] under contract with the Department. Child protective investigation requirements are also defined in statute (Chapter 39, F.S.). In several geographic areas, the duties of child protective investigation are performed under a grant by county sheriffs' offices[2]. Children's Legal Services continues to function as an internal "firm" for child-focused advocacy in all areas; in some areas, this includes coordination with attorneys under contract from the State Attorney's Office or the Office of the Attorney General. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings. This delivery structure has been stable for several years.

This structure also provides an excellent opportunity to tailor services that address the diverse needs of Florida's children, families and communities and fosters creativity and productivity of child welfare professionals. During the report period, many examples of collaborative efforts occurred and are discussed below.

- The Department's Regional offices along with each of the Community Based Care (CBC) lead agencies continue to collaborate with other state and local providers to coordinate efforts on mutual families.
- Extensive collaboration between the Department of Children and Families, the courts, Guardian ad Litem Program, and community agencies led to many innovative court processes that helped to facilitate timely permanency. The CBCs, local agencies and external stakeholders provided input into this Annual Progress and Services Report.
- In addition to state level partners, communities have worked together with local governmental agencies, such as schools and housing, employment and law enforcement agencies, courts, Tribes, as

[1]Lead agency requirements contained in ss. 409.986 through 409.997, F.S.

[2] As per s.39.3065, Florida Statutes, the county sheriff offices in Pinellas, Broward, Manatee, and Pasco Counties perform child protective investigations. County sheriff offices in Hillsborough and Seminole Counties are also under a grant to perform child protective investigations.

well as private and nonprofit service or advocacy groups. Examples of interagency efforts in Florida included:

- Coordination of physical and behavioral health services that involved shared data;
- Collaboration and coordination with agencies responsible for services to the developmentally disabled and public education so child welfare client needs were being properly addressed;
- Alignment of services and supports when child welfare and juvenile justice issues overlapped; and
- Identification of resources for child care, employment, and other services under the responsibility of non-child welfare agencies.

Ongoing Collaboration

The Department continued to strengthen its tradition of collaboration throughout all aspects of child welfare. Some collaborative efforts are formal, even required by law; others are continual, occurring on a daily basis as field staff work to find the best means to help children and families. Below is a description of some of these collaborations, which occur at both state and local levels.

State level

One significant partnership is with the Executive Office of the Governor's Office of Adoption and Child Protection (OACP). The Office of Child Welfare provides ongoing technical assistance and supports during OACP's many activities, particularly development and implementation of the five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including Education, Health, Juvenile Justice, Law Enforcement and Agency for Persons with Disabilities are partners in this comprehensive approach. Department staff from the regions also participate on the Local Planning Teams that work in specific geographical areas under the guidance of OACP.

Another collaboration across state agencies is the Florida Children and Youth Cabinet. The Secretary of the Department of Children and Families is a member, along with the agency heads of the Department of Juvenile Justice, Agency for Health Care Administration, Agency for Persons with Disabilities, Department of Education, and Department of Health; along with executive leadership of Guardian ad Litem, Governor's Office of Adoption and Child Protection, the Office of Early Learning; and other appointed representatives from various advocacy and specialized groups. The Cabinet is charged with developing a strategic plan to promote collaboration, creativity, increased efficiency, information sharing and improved service delivery between and within state agencies and organizations that administer child welfare services.

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

- The Agency for Health Care Administration (AHCA), such as for the Health Care Oversight and Coordination Plan, Medicaid payments and managed care for children, and for psychotropic medication prescription data. Refer to Appendix C- Health Care Oversight and Coordination Plan.
- The Department of Juvenile Justice targeting coordination of services for youth who are involved with both the dependency system and the juvenile justice system.
- The Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ), regarding services for children served by more than one agency.

- The Department of Health (DOH) regarding services and various health issues for children involved with child welfare. The Children's Medical Services (CMS) Program in the Department of Health is a significant partner across the state. CMS develops, maintains, and coordinates the services of multidisciplinary child protection teams (CPT) throughout Florida. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services.
- The Department of Education (DOE), working on educational issues for children and youth. The Department is participating in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, Casey Family Programs met with the Department in June 2015 to review the findings from the educational data trend analysis that Casey completed. Casey helped determine appropriate benchmarks for improvement.
- Florida's Department of Revenue, Child Support Program has been a partner with the Department for many years to develop and align practices in support of children involved in the child welfare system. One such joint initiative underway during the report period involves paternity establishment and securing amended birth certificates for children known to both Child Welfare and Child Support Programs from the Department of Health, Bureau of Vital Statistics free of charge. The children's birth certificates are amended when paternity is established.
- The court system, particularly partnering with the Office of Court Improvement (OCI) on various training activities such as the annual Dependency Summit, continues to be a strong relationship. The Dependency Court Improvement Program and the Department of Children and Families have been meeting on a monthly basis since January 2007. Slowly, over the years, additional child welfare partners have joined the meetings to further enhance collaboration opportunities. For the past eight years, the primary focus of the meetings has been to exchange information. Generally, the agenda included: activity Update/Accomplishments from each participating agency, announcements, legislative Update/Accomplishments, and information related to the federal Child and Family Services Review/Program Improvement Plans. In addition to the Court Improvement Program and the Department of Children and Families, the meetings now consist of representation from the following partners: Guardian ad Litem, University of South Florida, Department of Education, Children's Legal Services, Office of Regional Counsel, Department of Juvenile Justice, Florida Institute for Child Welfare, Center for Prevention and Early Intervention, Agency for Persons with Disabilities, Department of Health, Florida Coalition for Children and the Executive Office of the Governor.

Beginning in 2015, a new feature was introduced to the monthly meetings: data analysis. We are taking the two measures - recurrence of maltreatment and time to permanency - and analyzing all the data available related to these measures, including inspection of related variables and specific cohorts. The desired outcome for the group analysis is to provide insight on the identification of needed services and policy and practice change recommendations. This will be from a statewide, state level approach. The motto is: It takes a village to raise meaning to child welfare data!

Dr. Alicia Summers, Program Director of Research and Evaluation at the National Council of Juvenile and Family Court Judges, has agreed to look at our data and assist us.

- The Department and Florida's Department of Law Enforcement (FDLE) have been partners for over a decade. Since 2003 the Department has co-located a 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 as such with local and state law enforcement and the National Center for Missing and Exploited Children. Results are that we are capable of processing @ 8,910 missing child reports on an annual basis and locate 57% of the missing children within one day and 83% within 7 days.

- The other collaborative program areas within the Department with a mutual responsibility for children, families and caregivers involved in child welfare include Domestic Violence, Substance Abuse and Mental Health for child and adult issues, as well as Economic Self-Sufficiency for Medicaid eligibility and various financial or public assistance topics and Children's Legal Services for all child welfare legal matters.

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

- The Ounce of Prevention Fund of Florida, continues to be heavily involved with the Department's various prevention activities and programs such as Healthy Families Florida.
- Florida Guardian ad Litem Program (GAL) has continued to have a close working relationship at the state and local level with the Office of Child Welfare and Children's Legal Services. For instance, a conference focused on children with disabilities was co-hosted by GAL and the Department in May of 2014 and 2015. The next GAL Disabilities Summit is scheduled for May of 2016.
- Tribal organizations, Seminole and Miccosukee tribes, have continued to work in concert with the Office of Child Welfare and the Regions. For example, in Broward County the CBC lead agency, ChildNet, has established a specialized unit to work with the tribes.
- Former foster youth, such as the Florida Youth SHINE organization and the Independent Living Services Advisory Council.
- The Florida Youth Leadership Program is a statewide program that focuses on building the leadership skills of youth involved with the dependency system that are selected for the program.
- The Child Welfare Advisory Council, formed by the new Sunshine Care Health Maintenance Organization for managed care of the child welfare population.
- Florida State Foster/Adoptive Parent Association, for training and other events for foster/ adoptive families, and relative and non-relative caregivers.
- The Florida Coalition for Children, long-term advocates for abused, neglected, or abandoned children; significant membership includes most of the Community-Based Care lead agencies and case management organizations.
- Florida's Office of Early Learning/Early Learning Coalitions, which coordinate provision of early education to at-risk children.
- Florida Coalition Against Domestic Violence, engaged in development and incorporation of policy and practice specific to families and children experiencing family violence.
- The Florida Coalition Against Domestic Violence in partnership with the Department has established co-located domestic violence advocates in select sites across the state.
- Children's Medical Services, which has partnered with the Department to develop collaborative and aligned policies within DCF and DOH for children in out-of-home care.

- In collaboration with the Florida Coalition for Children, the Department established the Crossover Youth Workgroup to assess the growing concerns surrounding services and supports available to youth dually involved with the child welfare and juvenile justice system. The workgroup members included representation from the local Community-Based Care lead agencies, Case Management Organizations, Department of Juvenile Justice, Agency for Healthcare Administration and Office of State Court Administration. An entrance meeting was held key stakeholders and strategic work plans were developed to address issues related to data tracking, funding sources, available community services and interagency processes. The Department partnered with the Department of Juvenile Justice to provide training to dependency and delinquency judges regarding the needs of this target population of youth. This webinar training was conducted in March 2015 and hosted by the Office of State Court Administration. In September 2015, the Department worked in collaboration with the Department of Juvenile Justice to update the interagency data sharing agreement. In November 2015, the workgroup provided initial recommendations specific to this target population. In January 2016, the Department engaged the Community-Based Care lead agencies in further analysis of the funding and services provided to youth dually involved with the child welfare and juvenile justice system. Effective March 2016, the Department made available client list reporting of youth dually involved.
- The Department continues to collaborate with the Department of Juvenile Justice to improve services and supports for youth dually served by both state agencies. In 2016, the Department will have involvement in the Juvenile Justice System Improvement Project and participation in the National Center for Mental Health and Juvenile Justice Technical Assistance program, which seeks to assist states in improving the financial structures and mechanisms necessary to support a continuum of high-quality behavioral healthcare services.
- Stakeholders meet with the judiciary during the annual Child Protection Summit during the circuit breakout sessions and during frequent brownbag lunch meetings hosted by the court. The Guardian Ad Litem program, parents, youth (when developmentally appropriate) and caregivers are invited to all case planning/progress team meetings involving the child (Family Service Team Meetings, Placement Support Staffings, Treatment Team/Level of Care Staffings) and Youth Transition Team Staffings (as determined by the youth).
- The Child Protection Summit also annually includes the William E. Gladstone Award, which honors a member of the judiciary who embodies the sentiment behind Judge Gladstone's enduring passion for more than three decades to create necessary and meaningful child welfare improvements. The purpose of this award is to identify and celebrate the important work of judges and magistrates making the greatest contribution to the courts in serving dependent children and their families.

Collaboration for the Annual Progress and Services Report (APSR)

In 2015, Florida formed a Statewide Child and Family Services Review (CFSR) Oversight Committee to maximize stakeholders' involvement and in the assessment process. The Committee is comprised of internal and external partners from across the state.

The statewide Child and Family Services Review (CFSR) Statewide Planning Committee was formed with representatives of the Department (state and region), CBCs, Sheriffs, Courts, Foster Parents, Youth, Guardian ad Litem, and other state agencies. The committee members reached out to other local partners, and provided input on local needs assessment including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, and

strategies and initiatives. Additional information was gathered through the web-based statewide self-assessment survey conducted between October 26 and November 6, 2015.

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

A description of local collaborative initiatives underway in DCF regions and the CBCs include:

Northwest Region:

The Northwest Region (NWR) is comprised of three circuits (1, 2 and 14), two Community Based Care (CBC) lead agencies and 16 counties where child abuse investigations are conducted by the Department of Children and Families. Each circuit is unique and diverse in the population it serves. Circuits 1 and 2 are the most populated areas serving the most children and families. The NWR also works in collaboration with the Poarch Creek tribe from Alabama (a federally recognized tribe from Alabama with a reservation located close to the Florida - Alabama border).

Circuit 1

Families First Network of Lakeview (FFN) is the Community Based Care Lead Agency (CBC) serving Circuit 1, Escambia, Okaloosa, Santa Rosa and Walton Counties. Families First Network of Lakeview (FFN) represents a partnership with the Department of Children and Families (DCF) to provide an array of foster care and related services in coordination with network partners. The network includes DCF, FFN as the lead agency, judiciary, sub-contracted service providers, foster parents, the Circuit One Community Alliance, agency stakeholders and the community working together to implement the legislative mandate for community based care.

- Circuit 1 Community Alliance now has four local alliances and one overall Alliance where data and information is shared across the Circuit.
- The Early Childhood Court Project is a specialized dependency court program that focuses on children ages birth to 3 years of age started in Escambia county and has now expanded to Okaloosa County. The program addresses the needs of families who have come into the purview of the court system because they have abused or neglected their children. The program utilizes existing community resources to provide a coordinated and integrated approach to address the underlying issues of abuse and neglect while at the same time enhancing the parent-child relationship and improving permanency outcomes and the safety and well-being of the children enrolled in the program. The program is unique in that it intervenes at the family level rather than the individual family member level. Every member of the family is offered the services that they need to enhance family stability and child well-being.

The Escambia County Early Childhood Court Team consists of: Dependency Judges, CLS, Parent Attorneys, GAL, Court Administration, Dependency Court Resource Facilitator, Child Protective Investigators, Family Services Counselors (FFN), Community Mental Health, Substance Abuse and Domestic Violence treatment, agency service providers, Community Prevention and Early Intervention Providers, Early Learning Coalition (ELC), and Healthy Start.

Circuits 2 and 14

Big Bend Community Based Care (BBCBC) is the CBC Lead Agency for Circuit 2, Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla Counties and Circuit 14, Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties. BBCBC partners with local agencies to provide case management services to the children and families in the child welfare system and to assist children and families in managing difficult life events, monitor living situations and recommend abuse prevention services such as counseling, parent training and supervision.

The major partners in local service delivery and other stakeholders:

- Children, youth and their families, including present and former clients, youth, parents and kinship families
- Foster and adoptive parents
- Advocates for foster children, youth and parents such as GALS
- Public and private providers of services
- Federal, State, and County administrators
- Court, law enforcement, and legal community
- Florida State Legislature
- Universities and Colleges such as Florida State University, Florida A & M University, Tallahassee Community College, and Chipola College
- Children's Programs such as Healthy Families and Early Childhood Development Services
- Community representatives including shared service alliances, faith-based organizations, professional and civic voluntary associations
- Early Learning Coalition of Northwest Florida and KIDS Inc. of the Big Bend
- Early Start
- Agency for Persons with Disabilities
- Department of Juvenile Justice
- All 12 School Districts
- Community Alliances
- Department of Health – Children's Medical Services Program

BBCBC and staff members from our partner agencies participate in numerous stakeholder-sponsored activities. Some of these activities include:

- Speaking opportunities to civic clubs, school personnel, service providers, and other community organizations
- Participation at provider and church fairs
- Foster Parent Associations
- Dependency Court Improvement Project meetings
- Community Alliances; Community Action Team
- Florida Coalition for Children
- Whole Child Leon and Whole Child Gadsden
- Appearances on local radio and television stations
- Legislative Delegation meetings

- Chamber of Commerce meetings
- Local Community Events
- Florida Children's Week
- Public Policy Institute meetings
- Presentations at local/state conferences
- Brown Bag Lunches with Dependency Judges and the Parent's Bar

- The Circuit 2 Community Alliance/Community Action Team is a forum through which services for children are planned, organized and coordinated. It serves as a conduit for information between and among providers, state agencies, consumers, and the general public. The Managing Entity for Substance Abuse and Mental Health Governing Council, recently joined the Circuit 2 Alliance for a joint meeting. Attendees include statutorily required members from the school board, law enforcement, county commission, United Way, and the court system. Community members include: 2-1-1 Big Bend, Veterans Services, Apalachee Center, Agency for Health Care Administration, Brehon Family Services, Capital City Youth Services, Career Source, Children's Home Society, Department of Juvenile Justice (DJJ), Disc Village, Florida Coalition Against Domestic Violence, Florida Diagnostic & Learning Resource Center, Florida State University Young Parents Project, Gadsden County Healthy Start, Generations, Guardian Ad Litem, Healthy Families, Live the Life, Living Stones, Magallan Health, Representative Rehwinkle-Vasilinda's staff, Tallahassee Memorial Regional Hospital, and Whole Child Leon.
- The Circuit 14 Community Alliance for Families (the CAFF) is comprised of organizations or individuals entering into formal "Membership Agreements" to improve the system of care within the six county area. Those represented as members are: United Way of Northwest Florida, Inc., Fourteenth Judicial Circuit Courts, Bay County Sheriff's Office, Calhoun County Sheriff's Office, Gulf County Sheriff's Office, Holmes County Sheriff's Office, Jackson County Sheriff's Office, Washington County Sheriff's Office, Bay County School System, Calhoun County School System, Gulf County School System, Holmes County School System, Jackson County School System, Washington County School System, Bay County Department of Health, Calhoun County Department of Health, Gulf County Board of County Commission, Holmes County Department of Health, Jackson County Department of Health, Washington County Department of Health, Department of Children and Families, foster parent, parents, youth involved in the dependency system, youth involved in the delinquency system, Parents and Families of Lesbians and Gays, Washington/Holmes County Domestic Violence Task Force, Emerald Coast Behavioral Hospital, Early Learning Coalition of Northwest Florida, Inc., Kinship Parents of Bay County, Gulf Coast Children's Advocacy Center and others are currently pending. In addition, Circuit 14 has forty-five other participants representing the following agencies: BBCBC, Guardian ad Litem Program, Catholic Charities, Children's Home Society, Florida Therapy, Life Management Center of Northwest Florida, Inc., Habilitative Services of Northwest Florida, Chemical Addictions Recovery Effort, Inc., Anchorage Children's Home, Panhandle Area Educational Consortium, Child Protection Team, Department of Juvenile Justice, Healthy Start of Bay County, Chipola Healthy Start, and others are added as needed.
- Circuits 2 and 14 Case Transfer Staffing Joint Home Visit. The Department, Big Bend Community Based Care (BBCBC), and the case management sub contracted agencies conduct joint home visits with families involved in the child welfare system. The joint home visit is a part of the Case Transfer Staffing (CTS) process. The Child Protective Investigator (CPI) and the Dependency Case Manager

Supervisor/DCMs or DCM Supervisor will schedule a joint home visit to take place within three business days after the CTS. Activities during the joint home visit with the parents may include:

- The CPI introduces DCM and explains to the family that the case is being transferred and why.
- The CPI and DCM review the impending danger threats, ongoing safety plan with the family, discuss ongoing monitoring of the safety plan and persons responsible, visitation plan (if applicable) and any next steps.
- The DCM introduces the next phase of the case process. This meeting may be the initial meeting to begin the Introduction Stage of the Ongoing Family Functioning Assessment (OFFA).

- Circuit 2 and 14 Challenge Group. The Challenge Group was originally formed approximately seven years ago as a result of the statewide agreement between the Department, Department of Juvenile Justice (DJJ), Agency for Persons with Disabilities (APD), Agency for Health Care Administration (AHCA), and Department of Health (DOH), is comprised of representatives from each of the agencies. The group is structured to meet the needs of children in Circuit 2 and Circuit 14 who require a coordinated multi-agency integrated approach to coordinate delivery of services. Children are brought to the attention of this group in many different ways. Some of the children are community children who need mental health services. Others are involved with DJJ, but not DCF, and many are involved with multiple agencies. Referrals are also made by case managers and CPI's to assess their complex needs. Typically the person who brings the child to the group's attention is the "champion" for that particular child and that person presents the case to the group. The group meets once a month on set days in both Circuits 2 and 14.

  Anyone can make a referral to the Challenge Group. There is also a local shared services meeting each month between DJJ, case management and CPI. Often children are identified at this meeting and "bumped up" to the Challenge Group for handling. If the Challenge Group is unable to resolve the issues, the case is referred to the statewide Rapid Response Team. To date, only one child has been referred to the statewide group.

  This meeting is not intended to replace other multidisciplinary or permanency staffings, but rather to create a mechanism for all the agencies involved to engage in dialogue to improve the local system of care. Individuals who have direct knowledge of the child's current situation are routinely invited to the table. Below is a list of agencies who routinely attend:

  - DCF Substance Abuse and Mental Health
  - DCF Circuit 2 and Circuit 14 Operations
  - DCF Children's Legal Services
  - Big Bend Community Based Care
  - Agency for Health Care Administration
  - Agency for Persons with Disabilities
  - SIPP Representative
  - County Schools
  - Court Administration
  - Children's Medical Services

- Capital City Youth Service
- Department Juvenile Justice
- Guardian Ad Litem Office
- Apalachee Center/Life Management Center

Northeast Region:

The Northeast Region (NER) is comprised of four circuits (3, 4, 7, and 8), five Community-Based Care (CBC) lead agencies, and 20 counties where child abuse investigations are conducted by the Department of Children and Families. Each circuit is unique and diverse in the population it serves. Circuit 4 is the most populated area serving the most children and families. The Department's Northeast Region along with each of the Community-Based Care partners continue to collaborate with other state and local providers to coordinate efforts on mutual families. The Region and CBC lead agencies coordinate monthly interagency groups to discuss children needing services by more than one agency. The local teams consist of DCF, Agency for Persons with Disabilities (APD), Children's Medical Services (CMS), Department of Juvenile Justice (DJJ), Department of Education (DOE), Department of Health, Guardian Ad Litem, Agency for Health Care Administration, Early Learning Coalition, Managing Entity, Community Based Care Agencies, Early Steps, and local providers involved in the child welfare system. If issues cannot be resolved at the local level they are pushed to the regional level, and state level team if needed.

Collaboration in the Region occurs at various levels to include local and regional leadership teams. Teams consist of leadership and line staff, as well as prevention providers, Department of Juvenile Justice (DJJ), Child Protection Team (CPT), CBC lead agencies, and local Case Management Organizations. The monthly Barrier Breakers and Quarterly Partnership meetings are primary channels of collaboration, although there are also operations meetings.

Circuits 3, 4, 7 and 8

Partnership for Strong Families/Family Integrity Program/Family Support Services/Kids First of Florida/Community Partnership for Children all have worked with the schools systems in their jurisdiction to improve communication and services for children involved in the child welfare system.

Circuits 3 & 8

Partnership for Strong Families (PSF) is the CBC lead agency for Circuit 3, Bradford, Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee and Taylor Counties, and for Circuit 8, Alachua, Baker, Gilchrist, Levy and Union Counties. PSF initiated and participated in multiple collaborative partnerships.

- Partnership for Strong Families helped initiate the Children's Partnership Councils in 5 regional communities, which have representation from more than 20 community and state agencies including law enforcement, Department of Children and Families (DCF), case management agencies, managing entities, United Way, Kiwanis Club, faith-based organizations, Guardian ad Litem, Department of Juvenile Justice, Department of Corrections, Healthy Families, school districts, mental health providers, Department of Health, business representatives, workforce boards, Early Learning Coalitions, the University of Florida, public libraries, Substance Abuse Prevention Coalitions and other community non-profits. These council members meet in their respective communities on a bi-monthly basis to seek out opportunities for collaboration to fill service gaps. The Children's Partnership Councils continue to grow and make plans to meet their council goals and priorities.

- PSF is currently partnering with DCF, the Managing Entity (ME), and local service providers to conduct a Child Welfare/Behavioral Health integration assessment.
- PSF has also partnered with local Domestic Violence (DV) shelters and community DV experts to offer trainings for CPI, Case Managers, CLS, and community provider staff.
- PSF has also started conducting meetings at all of the DCF CPI offices. These meetings are focused on educational services available in their areas, identifying service gaps, receiving feedback on what is and isn't working in those areas, etc. These meetings have been very important in providing service information to new staff. They are also a great opportunity to pass out resources and discuss programs such as Family Connections and Rapid Response.
- PSF hosts quarterly meetings at PSF and offer new and updated information relevant to our entire provider array. This is also an opportunity for community partners to share updates around services that they believe will impart child welfare and our communities.

Circuit 4

Family Support Services of North Florida (FSS) is the CBC lead agency for Circuit 4, Duval and Nassau Counties. Kids First of Florida (KFF) is the CBC lead agency for Circuit 4, Clay County.

- KFF has a Program Support Coordinator position who serves as the liaison between Case Managers and foster parents. KFF also has a foster parent mentor who reaches out to new foster parents and works on-going with all the foster parents when they have a problem or issue they need help with. The foster parent liaison works closely with KFF's Program Support Coordinator, keeping the lines of communication open in order to better serve the foster parents and FSCs.
- KFF has a post-adoption support FSC who works closely with adoptive families and provides on-going training opportunities for them.
- KFF has a designed Safety Management Coordinator who works closely with the CPI staff as soon as a Safety Plan is implemented in a home. This close working relationship has benefited not only the family, but also the CPI and FSC staff setting the stage for a smooth case transfer.
- KFF is active in local meetings that include its partner agencies, such as the Mercy Network and the Clay Action Coalition. KFF also works closely with the Guardian ad Litem (GAL) program, the Clay County School Board, Quigley House, the court, DCF CPIs and CLS, CBHC and CHS. Most of these agencies participate in on-going Clay County Implementation meetings to discuss the child welfare practice model and how it is working. Quarterly meetings are held between KFF, DCF and CBHC supervisors and managers to discuss what is going well and where improvements can be made.
- KFF has a good relationship with many of the local churches and this has resulted in donations of Christmas gifts, backpacks and suitcases for children in care. The churches have also allowed KFF to use their rooms for meetings and trainings.
- A local hospital provided backpacks and Easter Baskets for the children.
- FSS has implemented Memorandum of Understandings (MOUs) with school systems that allow the sharing of all academic records for students in care. The agency has also developed multiple resources to address education needs at every stage of a child's development, from early intervention preschool classes to innovative alternative education opportunities for teens. FSS has built a

comprehensive approach that ensures each child receives the services he or she needs for academic success.

- The FSS Education Liaison maintains educational information on every school-aged child, performing routine data matches to ensure every child is enrolled and attending school. Memorandum of Understandings (MOUs) with the Nassau County School Board allows direct data sharing for real time education information for the clients we serve. The FSS Education Liaison completes educational reviews and closely monitor grades to determine whether a student needs additional ancillary services. The liaison also trains and assists with recruitment of educational surrogates for youth who are in need of academic support. FSS has consistently made efforts to improve the education outcomes for youth ages 18-22, specifically youth earning a high school diploma or GED. Through a partnership with the City of Jacksonville, a post-secondary support coordinator has been added to the team to address schooling issues for this population. Tutors are engaged for all students who agree to work with this resource for additional supports to improve their skills and promote further education.
- FSS has a Service Agreement with Community Based Care Integrated Health (CBCIH) who serves as the liaison and integrator of medical, dental and behavioral healthcare for children in care under the Medicaid Child Welfare Specialty Plan with Sunshine Health. In turn, CBCIH has partnered with Sunshine Health to provide statewide care coordination for our children in care. FSS' Behavioral Health Care Coordinator (BHCC) works closely with Sunshine Health and is responsible for monitoring children in need of special mental health and substance abuse services such as STFC, STGH, SIPP, BHOS, TCM and In-Home Services. In addition, the BHCC manages the suitability assessment process for child who may need a higher level of care and lead's the multi-disciplinary team in determining the most appropriate services needed.
- FSS has been on the forefront of leveraging the court system to improve outcomes for children. This is done through strong relationships within the local judicial systems and through the Model Court Initiative, an evidence-based practice which has strengthened collaboration with our local child welfare partners. The Model Court provides one judge to hear both dependency and delinquency cases and a General Magistrate who oversees the Independent Living/Extended Foster Care court docket, thereby ensuring continuity in the coordination of services to the child, especially as it relates to his or her education and service needs.
- During September 2014, the Fourth Judicial Circuit Court in Duval County launched Girls Court. The development of Girls Court is a collaborative effort between Judge David M. Gooding, the Delores Barr Weaver Policy Center, FSSNF, the Department of Juvenile Justice, the State Attorney's Office and the Public Defender's Office. Girls Court is a specialized form of juvenile court that link at-risk girls to community resources, social service agencies, and mentors while offering each girl a holistic team approach in order to reduce recidivism, detention, and commitment programs among girls. Girls Court provides girls a team of professionals to help develop trust and empowerment, with a focus on providing individualized services to prevent further involvement in the justice system. Girls Court gives girls a voice in the courtroom and helps them feel more connected so they have a higher chance of success in completion of probation. The voluntary Girls Court also connects them with needed services to prevent them from entering the dependency system as parents. The main focus is on teen mothers, pregnant teens and human trafficking victims.

- FSS participated in the new Safe Babies Task Force which brings community partners together to promote safe and healthy developmental needs of the 0-3 population who are involved in the child welfare system. A Safe Babies court report was created to keep the courts informed of services provided to identified children and families during quarterly court proceedings. Community resources and identified gaps are discussed during quarterly meetings.
- Plans are in place in the Fourth Judicial Circuit Court in Duval County to launch Early Childhood Court in October 2015 and FSS created the Community Court Coordinator position to lead this program. Safe Baby Court is a specialized court program for open dependency cases for children from the zero to three population and the goal is to expedite permanency and educate the community about the maltreatment amongst the most vulnerable population. Families participating in the voluntary program have monthly court hearings, monthly family team meetings, enrichment activities and an extra layer of support and guidance. Each case is examined to find and correct any deficiencies, and to ensure that the children are receiving all services in order to encourage their healthy growth and development. Safe Baby Court families are able to participate in specialized therapeutic programs such as Child Parent Psychotherapy (CPP), and Circle of Security. Child Parent Psychotherapy is a treatment for trauma-exposed children ages 0-5. CPP focuses on how the trauma and the caregiver's relational history affects the caregiver-child relationship and the child's developmental trajectory. Circle of Security is a relationship based early intervention program designed to enhance the attachment security between parents and children.
- The FSS Family Preservation division collaborates with traditional child welfare stakeholders, but also has strong partnerships with groups such as local shelters, community center, faith-based organizations, and early learning programs. Family Support Services also has STEPS workers co-located in the local elementary schools to weave together a stronger network of support.
- FSS worked jointly with DJJ to implement the Crossover Youth Model developed by Georgetown University to address the needs of children who are in both the child welfare and DJJ systems. Each crossover youth is required to have a multi-disciplinary team (MDT) staffing within 10 days of arrest. The State Attorney's Office and the Public Defender attend by conference call. The Juvenile Probation Officer (JPO), IDDS, and a School Board Representative also attend. Any other case participant in the child's life (foster parent, GAL, etc.) are invited and encouraged to attend.
- Active involvement in Jacksonville's System of Care Initiative (JSOCI), funded by a planning grant from the Substance Abuse & Mental Health Services Administration (SAMHA) is working to transform Jacksonville's mental health services into a coordinated system of care to better meet the needs of youth with serious emotional disturbances and the related needs of their families. The grant funds wraparound services to children and families that are involved in multiple systems-DJJ, foster care, homeless youth, early learning programs and childcare. The wraparound coordinator works with child welfare case managers to ensure that all positive natural supports are identified and developed.
- Florida Youth Shine (FYS) is a youth-run, youth empowerment organization open to teens and young adults between the ages of 13 and 24 who have been in Florida's child welfare system. FYS was created as a mechanism to include the voices of foster and former foster children in forums where decisions about child welfare are made. A youth in FSS' PESS program held the position of Legislative Chair on the statewide board. FYS members consulted with DCF on the Independent Living Re-Design bill prior to it entering legislative session and continued to advocate for the bill as it went through the legislative session. Members have participated in training child welfare staff on the Trauma of

Removal. FYS members advocate for current children in foster care by facilitating workshops in leadership seminars for teens.

- FSS is now developing a program with the Magellan youth advocacy group, My Life. This is a program that provides local, state, and national opportunities for youth to advocate for issues related to foster care, substance abuse, mental health, and the juvenile justice system. There is currently a program in Tallahassee and FSS is excited about the possibilities this new opportunity will offer to Jacksonville youth.
- FSS, in collaboration with community partners, creates and implements enrichment activities for teens such as: SPLASH = SCUBA Promotes Life goals And Supports Healthy living. Participants receive their SCUBA certification on a diving trip to the Keys. This program is accomplished in partnership with FL State Parks, YMCA, Scuba Lessons Jax, the University of Miami, and the Professional Association of Diving Instructors. Another enrichment program is Tour de TRAILS = 50 mile bicycle riding challenge on an established bike trail; youth received a high-end crossover bicycle and gear. This program is accomplished in partnership with the YMCA, Jacksonville Sheriff's Office (JSO), and Open Road Bicycles (San Marco). Two other enrichment programs focus on the development of more traditional skills. Passport to Leadership is a 6 month program concentrating on leadership, employment, community volunteerism and education planning. This program is accomplished through partnerships with Disney's Epcot, Vistakon, City of Jacksonville, WorkSource, and other community partners.
- "The Challenge" is the newest program to Family Support Services, created in 2015, to put youth outside of their comfort zone to force them to rely on their peers to accomplish goals. Young people who participate in this program are taking part in activities that will have them learn new skills "by accident". This exciting new program is possible through partnerships with University of North Florida (UNF), The Edge Rock Wall, Yoga 4 Change, In the Breeze Ranch, FL State Parks, and Hillsborough County Parks and Recreation. Volunteerism has been incorporated into all Independent Living programs through partnerships with Habijax, Clara White Mission, Humane Society, and Jacksonville Beach so the young people are exposed to the value of giving back.

Circuit 7

Circuit 7 has two CBC lead agencies. Community Partnership for Children is the CBC lead agency for Flagler, Putnam and Volusia Counties. Family Integrity Program serves as the lead agency for St. Johns County and is operated by the St. Johns County Board of County Commissioners, a local governmental agency.

- Community Partnership for Children (CPC) has a collaborative network of service providers, community partners and stakeholders. Their partnerships include but are not limited to: Department of Children and Families, Agency for Persons with Disabilities (APD), Children's Medical Services (CMS), Department of Juvenile Justice (DJJ), Halifax Behavioral Services, Volusia, Flagler, and Putnam Health Departments, Volusia, Flagler, and Putnam County School Boards, Guardian Ad Litem, Children's Home Society, Devereux of Florida, Florida United Methodist Children's Home, Neighbor to Family, Domestic Abuse Council, Stewart Marchman Center, Healthy Families, and Early Learning Coalition. CPC also maintains relationships with faith-based organizations to assist with the recruitment of foster parents and adoptive parents.

- The Family Integrity Program (FIP) has worked in partnership with local service providers, state, and federal entities to best serve the local needs of clients. As such, FIP understands the importance of strong community collaboration and quality communication to meet local initiatives and statewide interagency and working agreements. Local ongoing management is necessary to ensure the fidelity of the agreements and provide for reciprocal feedback regarding successes and challenges. Examples of such collaboration include, but are not limited to:
    - The regular staffing of complex cases with the Agency for Persons with Disabilities (APD);
    - FIP's partnership with Children's Medical Services (CMS) and Children's Home Society to recruit local medical foster homes;
    - Interfaces with DJJ through a unified court system to best serve crossover youth; participation in Juvenile Justice Council for St Johns County
    - Collaborating with the Agency for Health Care Administration (AHCA) and CBCIH to meet the mental health needs of the children in our care;
    - Monthly meetings with St. Johns County Sheriff's Office to discuss cases which have an ongoing criminal investigation.
    - Partnering with St. Johns County Housing and Community Development as well as Social Services to assist our clients.
    - Partnering with the local domestic violence shelter as well as the local mental health and substance abuse providers- co-located staff with DCF Investigations and FIP Case Management.
    - Participation on the Circuit 7 Community Alliance
    - Monthly meetings with Judge and School Board Homeless Liaison staff to address unaccompanied youth.

- In addition to the above stakeholders, FIP has formed informal relationships with the faith- based community, which serves as a major support to many of the clients served. FIP continues to be a presence in the community through these informal support networks.
- Monthly meetings, referred to as Integrated Services Team meetings are held with community stakeholders, including the stakeholders referenced above, to share ideas and services amongst the service providers.

Central Region:

The Central Region (CR) is comprised of four circuits, four Community Based Care (CBC) lead agencies, one sheriff's office that conducts child abuse investigations and 11 other counties where child abuse investigations are conducted by the Department of Children and Families. Each circuit is unique and diverse in the population it serves. Circuit 9 is the most populated area serving the most children and families, and all child abuse investigations are completed by the Department.

Circuit 5

Kids Central, Inc. (KCI) is the Community Based Care Lead Agency for Circuit 5 serving Citrus, Hernando, Lake, Marion and Sumter Counties. The KCI current community-based care model of care represents a

comprehensive redesign of the state's child welfare system, which allows for increased local control, accountability and flexibility to better serve the communities in Circuit 5. To accomplish this objective, Kids Central has developed strong relationships and collaborations with a variety of local agencies to provide a comprehensive range of services including: prevention, diversion, case management, in-home and out-of-home care, foster care, family reunification, adoption, Independent Living Services, Kinship Care services, Healthy Start, and community engagement.

- Kids Central has developed strong relationships and collaborations with a variety of local agencies to provide a comprehensive range of services including: prevention, diversion, case management, in-home and out of home care, foster care, family reunification, adoption, Independent Living Services, Kinship Care services, Healthy Start, and community engagement. During FY 2015-2016, Kids Central has partnered with the Department of Juvenile Justice, Marion County Schools, Marion County Judiciary, Department of Juvenile Justice, and their Case Management Agency to collaboratively work with Georgetown University on the Crossover Youth Practice Model. The Crossover Youth Practice Model is designed to enhance practices to meet the high needs of youth who are involved in both the child welfare and juvenile justice systems. The Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) has been working in communities across the country since 2010 to strengthen how the juvenile and child welfare systems serve this population of youth. Additionally, they are collaborating with the Citrus County Schools on Florida's School-Justice Partnership project. A school-justice partnership is a consequently a court appearance, are four times as likely not to graduate.
- Kids Central implemented a new organizational structure requiring one agency to perform both dependency and adoption services. On November 4, 2015, Youth and Families Alternatives was awarded the contract for Citrus and Hernando Counties. Kids Central's major partners in providing local services is now structured as such: The Centers provides Case Management and Adoption services for Marion County. Children's Home Society provides Case Management and Adoption services in, Sumter and Lake Counties. Youth and Families Alternatives provides Case Management and Adoption Services in Citrus and Hernando Counties. Additional collaborations exist with the University of Florida, the local judicial systems, Guardians ad Litem, Children's Legal Services, DJJ, Healthy Start Coalitions, Safe Kids Coalition, City of Eustis, Ocala Park and Recreation, Local Colleges, School Systems, and the Circuit 5 Community Alliances for each county, faith based agencies, and grass roots organizations. Finally, Kids Central has engaged the community at large including, but not limited to, interested citizens and businesses as partners in our system of care. Each partner joins Kids Central in bringing its programmatic expertise, history of experience and community relations.
- Kids Central is committed to the youth that are a part of the Independent Living Program. This past year, Kids Central brought the management of their Youth Advisory Council in-house. Equipping young people with the necessary skills to make positive choices is part of the discussion at the monthly meetings. These monthly meetings are interactive and the youth are engaged and encouraged to share information. Kids Central framework supports fundraising, education, peer support, and other life learning events. The Kids Central Independent Living Program (ILP) also coordinates the Youth Advisory Council that is held on the third Tuesday of the month

Circuits 9 and 18

Community Based Care of Central Florida (CBCCF) is the Lead Agency serving Circuits 9 and 18, Orange, Osceola, and Seminole Counties. Major stakeholders of the Department, CBCCF and the Seminole County Sheriff's Office include youth, parents (biological and adoptive), caregivers (relative and foster), Judiciary, Guardian Ad Litem, and case management provider organizations. Extended stakeholders include local provider/child serving organizations, local government and law enforcement. Working agreements/Memorandums of Understanding are in place for most entities that are essential for serving children/families involved in the child welfare system of care.

- In February 2016, CBCCF transitioned Child Placing Agency (Foster Home Licensing and Support) contracts (reducing the number of contracts) and aligning 3 primary contracts by county (Seminole County: Children's Home Society; Orange: Devereux; Osceola: One Hope United).
- Recruitment strategies continue to be developed and adjusted. CBCCF subcontracts for recruitment (separate from the Child Placing Agency and with a contractor that has a business and marketing background) and has entered into multiple agreements to promote foster/adoptive parenting with the Orlando Science Center and Florida Hospital. Multiple levels of support are extended to existing foster parents (beyond the CPA assigned licensing support) and include foster parent advocates, foster parent liaison, and the most recent addition of a contracted Placement Liaison Advocate. The Placement Liaison Advocate (PLA) contacts all foster homes when children are initially placed in their home, prior to the Case Transfer Staffing. The PLA can assist with daycare application/referral, arranging or transporting child for medical appointments, school enrollment, parental or sibling visitation, clothing needs, beds, and other material needs to support the foster home within the first ten days of child's placement in licensed foster care.
- The Independent Living Program has been renamed locally by CBCCF as the Youth Services Program. CBCCF continues to build on the strengths of the program (meeting the educational needs of youth) and promoting the youth's access to "normal" experiences (spending the night with friends, activities, part-time employment). The CBCCF Chief Executive Officer continues to send out email blasts and to have conversation in leadership meetings and case management town hall meetings to highlight examples. CBCCF continues to provide focused support to youth through several CBCCF-Community Initiative Programs:
    - First Star Central Florida Academy which provides 9th graders an opportunity to live at University of Central Florida (UCF) for a month in the summer as well as once a month Saturday program to promote college preparation;
    - AOK Scholars Program which seeks to increase post-secondary graduation/certification rates for foster youth. The AOK Scholar ("AOKS") program financially supplements the college youth's personal efforts to achieve success. Scholars are monitored and evaluated through-out the term of their participation, up to four years each.
    - Able Trust/High School High Tech program which focuses on learning and developing an understanding of careers in the science/technology/engineering/math field and being exposed through a variety of forums to individuals or industries that are related.
    - Keys to Independence Program: reimburses (for youth 15-21) the cost of learner's or driver's license fees, testing fees, 4- hour required Traffic Law and Substance Abuse Course, driver's education course, and insurance. Although the program is restricted to licensed foster care youth it removes the financial barriers for licensed caregivers.

- The youth mentoring program currently has 63 children assigned to an adult mentor, and continues to recruit and match approved adults to older youth. The program identifies a need for 100 more mentors and utilizes awareness campaigns and speaking engagement to encourage individuals to volunteer.

Circuit 10

Heartland for Children (HFC) is the provider of foster care and related services in Circuit 10, Hardee, Highlands and Polk Counties. HFC strongly believes that success in providing services for children involves fully engaging the local community. As a result, the past 10 years has seen the development of solid community partnerships, the fostering of connections to a variety of stakeholders including but not limited to:

- the courts
- social services providers
- businesses
- neighborhoods
- schools
- faith-based community

- HFC maintains visibility and presence through participation in numerous community meetings and forums, community outreach events and brand development. Participation in these work groups, task forces, and forums promotes cross system /cross program collaboration and integration. For example, HFC participates, has participated in, the Children's Services Council of Highlands County, the Polk Safe Haven Coalition, the Polk Vision Quality of Life Task Force, Polk Vision, Building a Healthier Polk Initiative, the Healthy Start Coalition, the Trauma Informed Coordinating Council, the Polk County DV Task Force and the Bartow, Lakeland and Highlands County Chambers of Commerce, Safe Kids Coalition, Drug Free Highlands, and the Circuit 10 Human Trafficking Taskforce. Participation in these various groups allows HFC to solidify relationships with community stake-holders, receive ongoing input on the system of care's responsiveness, exchange information, continuously educate others about HFC's system of care, and integrate services and programs. One example of the cross system/program collaboration would be the commitment of the Children's Services Council of Highlands County to recruit an additional 25 foster families.
- Additionally, HFC strengthens its presence in the community by participating in community events such as the United Way Back to School Bash, Polk County Family Week, Highlands County Family Week, YMCA Healthy Kids events, Pinwheels in the Park, and the Junior League of Winter Haven's family day events.
- Heartland for Children has demonstrated a history of utilizing a variety of methods to conduct ongoing assessment of our system of care's responsiveness in meeting the needs of children, youth and families. These assessments include both the roles that HFC employees fulfill as well as those of contracted service providers and stakeholders. HFC values and acts upon the input we regularly receive through our extensive collection of surveys. These surveys include: foster parent surveys, relative caregiver surveys, stakeholder surveys (includes PIs, CLS, GAL, Courts, service providers and other related community organizations), youth exit interviews, Placement Quality Assurance calls (gathers input about the process of the child being placed and additional needs), Placement survey tool (for PIs and CMs), and the HFC employee survey. These items are utilized to provide assessment

of our system and stakeholders' effectiveness in addition to data gathered through our Quality Service Reviews, file reviews, contract performance measures and scorecard measures.

- For the past four years HFC has worked in cooperation with Deana's Educational Theater out of Massachusetts to bring the Yellow Dress Production to High Schools in Hardee, Highlands and Polk Counties. The Yellow Dress is a dramatic one woman play based on the stories of young women who were victims of domestic violence. The carefully constructed program stimulates thought provoking discussion about relationships, a topic important to every young person's life. Audience participants will gain an understanding about how gradual changes in behavior can impact lives forever.

- HFC has an extensive portfolio of interagency/working agreements that have been executed at different points over the life of the agency. HFC is currently a party to more than thirty (30) working agreements. HFC has robust stakeholder integration in our system of care. Below are examples of some community partnerships developed by HFC either through the identified formal agreements or through informal, but valuable, relationships. HFC has taken the lead to create community-based solutions for serving our population.

- HFC has developed interagency agreements with early learning coalitions in Circuit 10 that mirror the 2009 Statewide Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System.

- HFC also has strong, open relationships with other agencies/organizations that furnish educational and vocational services and supports for children in the child welfare system. The coordination of services and supports across these agencies is critical to positive educational outcomes for children. HFC has a dedicated Education Specialist who serves as a point of contact between the school systems and HFC. HFC partners with the local school districts to support better communication regarding individual child educational issues through the use of a school liaison model. Each local charter and public school identifies a Child Welfare Liaison, usually a guidance counselor, to represent their particular school. The school liaison model has been in place since the 2008-2009 school year. The school liaisons attend annual training provided by HFC that includes child abuse identification and reporting, local child welfare system structure, and system updates. Although child abuse identification and reporting training from the command center is online for school personnel, HFC will continue to work with DCF and the school systems to provide training topics that keep children safe and that help get children connected to needed resources that will improve educational outcomes.

- HFC is currently finalizing working agreements with all of the local school systems to enable more efficient data sharing between the school system and the child welfare system. After ensuring legal compliance with the Family Educational Rights and Privacy Act (FERPA), HFC has been able to craft an agreement between the Polk County Schools and Heartland for Children. The result will be data sharing via a secure Data Analytics Vendor (Mindshare) site that provides Case Managers with school information about their children, and provides selected school personnel with information that is vital to their ability to identify and support our children. Grades, attendance and school information will be provided to the Case Manager. This process will be replicated in the Highlands and Hardee counties with each school district providing information as available from their data systems.

- HFC, along with the Department, the USF Department of Pediatrics, Children's Home Society Child Protection Team (CPT), Infants & Young Children of West Central Florida, and the Department of Health Children's Medical Services, has a working agreement with University of South Florida (USF) Early Steps. The purpose of this agreement is to ensure that children under the age of three who are

involved in substantiated cases of child abuse or neglect are referred for early intervention services as appropriate. The agreement outlines referral procedures and information sharing provisions for Early Steps Intervention services as outlined in the Individuals with Disabilities Education Act (IDEA).

- Since HFC began its relationship with the Devereux Center for Resilient Children (DCRC), over 500 child serving professionals in the community have participated in training related to child and adult resiliency, protective factor development, social emotional screening, strength-based approaches for working with families, and positive behavior management training (FLIP-It). Participants in these trainings have included representatives from local Head Start programs, Case Management Organizations, Healthy Families, child care centers, Child Find, local schools, Early Steps, Early Learning Coalitions, and other agencies within the circuit who provide services to young children and/or their caregivers.
- HFC has dedicated resources to participate in regional, local and community level task forces and has taken the lead on developing, acquiring and managing specialized services for minor victims of commercial exploitation. This includes the training of HFC staff and community stakeholders in the identification of human trafficking and sexual exploitation victims. HFC has been a principal contributor to the development of the Circuit 10 Human Trafficking Emergency Response Protocol. HFC identified and/or developed relationships with medical, substance abuse and mental health resources, as well as residential resources for minor victims of commercial exploitation. HFC is committed to ensuring that the child's emotional and physical well-being take precedence, and above all else, that the child should be approached from a trauma sensitive perspective.
- HFC has identified points of contact within their agency to actively serve on the Polk, Highlands, and Hardee County Human Trafficking Task Force. HFC monitors the runaway activities of youth in care and facilitates specialized staffing's for youth with high numbers of runaway incidents. One of the purposes of these staffing's is to ascertain if there are indicators that the child may be a victim of human or commercial sexual exploitation. As a result of these efforts to provide resources and to participate in community task force activities, HFC has observed an increase in communication and coordination of efforts regarding minor victims.
- There are twelve (12) distinct law enforcement agencies in Circuit 10. HFC has strong working relationships with these agencies both at the leadership level and with front line staff, and HFC either has a formal working agreement with each agency or that agreement is under development.
- HFC has a strong working relationship with Children's Legal Services (CLS), which has always been willing to collaboratively solve problems. In response to requests from CLS to coordinate a project with HFC's Case Management Organizations (CMOs) to improve the quality of court documents, the Heartland Legal Workgroup was established in August of 2012. The Legal Workgroup continues to meet every other month and it has become apparent that a coordinating body of representatives from CLS, CMOs, and Heartland provides a collective systemic voice and conduit for the complexities of dependency court issues.

Circuit 18

Brevard Family Partnership (BFP) is the provider of foster care and related services in Circuit 18, Brevard County. The Leadership Roundtable is the Community Alliance for Brevard County, as established in FL Statute 20.19 (6). The Leadership Roundtable tasked Together in Partnership (TIP) with the development

of the service philosophy and approach for Brevard County. In addition, TIP established best practice standards, service philosophy, created an emergency response model and conducted a comprehensive analysis of the service delivery network currently in place in Brevard County. The recommendations of TIP were approved and accepted by the Leadership Roundtable. Brevard Family Partnership has and will continue to integrate the planning, assessment and community outcome goals as determined by the Leadership Roundtable throughout the development of the system of care and throughout the ongoing Quality Assurance Process.

- The Brevard Family Partnership QA process is agency and system-wide and involves staff and stakeholder groups across Brevard Family Partnership organizational units and across the community. All phases of CQI emphasize participation, communication, and cooperation. The participation of stakeholders is fundamental to a well-designed and implemented CQI process. Stakeholders include:
    - Children and families served;
    - Staff members
    - Board members
    - Contract Providers
    - Leadership Roundtable
    - Together in Partnership (TIP)
    - Department of Children and Families (DCF)

- With non-Brevard Family Partnership personnel, Brevard Family Partnership will use focus groups and/or task-oriented work groups to engage stakeholders in the ongoing CQI process. These include:
    - Performance Reviews Team
    - Provider Network

- Brevard Family Partnership uses surveys and may utilize public hearings, planning groups, etc. to gain broad, meaningful and ongoing stakeholder involvement if deemed necessary. Major stakeholders include The Department of Children and Families, Children's Home Society, Devereux Florida, Impower, Crosswinds youth Services, the Department of Juvenile Justice, and the Guardian ad Litem Program. Human Service Agencies throughout Brevard County, along with Brevard Public Schools, States Attorney's Office, DJJ, United Way, and County Government are members of Together IN Partnership which is a committee staffed by Brevard County Government and meets for the purpose of information sharing, and finding solutions to issues that arise in the human services areas. Sub committees include child substance abuse, and family management.

- Brevard Family Partnership (BFP) is a pilot Youth Thrive site. BFP supports and helps coordinate a Youth Advisory Council which is comprised of youth in out of home care, and young adults who have exited foster care and continue to receive services. Members of the Youth Advisory Council are advocates in the community, and to our state legislators.

BFP has implemented the Quality Parenting Initiative (QPI), and has integrated foster parents into their training and system of care. BFP contracts with the Woman's Center, a local domestic violence service agency, to have professional staff out-posted in their care centers with case management's staff. These professionals provide technical assessment and resources to families served within the system of care. BFP and DCF also attend foster parent association meetings, post adoptions meetings, stakeholder meetings with the judiciary, Grandparents Raising Grandchildren meetings, and provider meetings. BFP also contracts with Aspire to provide substance abuse professionals to be out-posted with case

management staff. The substance abuse professionals provide technical assistance, assessments, and service referrals to families in need of their services.

SunCoast Region

The SunCoast Region (SCR) is comprised of three Community Based Care (CBC) lead agencies, four sheriff's offices that conduct child abuse investigations and seven other counties where child abuse investigations are conducted by the Department of Children and Families. Each circuit is unique and diverse in the population it serves. Circuits 6 and 13 are the most populated areas serving the most children and families, and all child abuse investigations are completed by the local sheriff's offices. Circuit 12 investigations are divided between the Department and the Manatee County Sheriff's Office, while in Circuit 20 all child abuse investigations are completed by DCF. Circuit 20 is also the most diverse in population having both urban and rural communities. The SCR also works in collaboration with the Seminole tribe in Collier, Glades, Hendry and Hillsborough counties.

Circuits 6 and 13

Eckerd Community Alternatives (ECA) provides case management services in Circuits 6 and 13. Circuit 6 covers Pasco and Pinellas Counties and Circuit 13 serves Hillsborough County. ECA's System of Care is strength-based, providing for individualized, culturally appropriate, child and family services. The System of Care includes features that will strengthen and maintain family relationships and enhance community capacity building.

- Eckerd Community Alternatives (ECA) believes that building an effective and sustainable system of care is accomplished by creating an environment that supports change, develops connectivity and conveys information to all stakeholders. Collaboration is achieved through frequent and transparent communication through the following venues:
    - Weekly Data Report is disseminated to multiple stakeholders in an effort to keep them engaged in the progress of the local child welfare agency. Weekly performance improvement calls are initiated and facilitated by ECA every Monday morning and includes representation from ECA's subcontracted Case Management Organizations (CMO), Child Protective Investigations (CPI), Department of Children and Families' (DCF) contract management, Guardian ad Litem Program, Juvenile Welfare Board or Children's Board, as well as a host of other key stakeholders.
    - Monthly All Management Meeting serves as an opportunity for management staff to network, team build and increase their skill set. In addition, supervisors are provided a forum to address systemic issues and policy interpretation, share best practices, develop improved processes, recommend change, and work together towards common goals.
    - Biweekly Program Director's meeting brings key executive management level staff together to collaborate and discuss case management processes, requirements, issues, performance, fiscal benchmarks, and other identified issues. It is an opportunity to share best practices, complete data analysis, and provides a forum to maintain a systems perspective in a community based care environment.

- Monthly Community Alliance Meetings are held in all three counties ECA serves. These meetings provide an opportunity to report progress on the programmatic and financial status of the community based care lead agency. The Alliance consists of providers, child serving agency community leaders, and representatives of the judicial branch.
- Stakeholder/ Provider Workgroup meetings are held quarterly to bring together agencies that have contracts with ECA along with stakeholders in the community. This meeting is used to communicate, discuss monitoring processes, review contract requirements, and exchange best practices.
- The Foster/Adoptive Task Force Meeting brings Foster Parent Association leaders together with ECA lead agency management staff, CMO management staff, and others that are collaboratively identified to assist with the foster parent program. Meetings are used for educational topics, distribution of foster parent resources, and dialogue between case management staff and foster parents.
- Monthly Leadership Communiques are distributed to all system stakeholders that describe important performance highlights, upcoming events, and ways the community can contact the Executive Director of each Circuit.

- ECA's website www.eckerd.org has served as a tool for information exchange for foster and adoptive parents, child welfare service providers and parents looking for services. It is also a tool for sharing information about training opportunities for case managers, protective investigators and other groups within the System of Care. It also serves as a repository of all weekly data packets.
- ECA has been actively involved and participated in multiple community meetings. These community meetings have served as networking opportunities and have provided opportunities for services to be expanded as new contracted providers were identified. This expansion has broadened the scope of services for families.

Circuit 12

Safe Children Coalition (SCC), often referred to as the Sarasota YMCA, provides services to the 12th Circuit, DeSoto, Manatee and Sarasota Counties. The YMCA believes its role in developing community programs is to support the quality service delivery of other providers and assist them in identifying ways in which their services can better wrap around the core mission of the SCC child welfare project, as well as complement any of the several other YMCA mission-oriented programs. The YMCA believes that community-based care requires many partners working together for the common good.

- Over the past few years, the YMCA has focused on strengthening its relationships with local governments and has been cognizant of the balance required of a lead agency that is both a funder and service provider. This has resulted in improved communication and actions that demonstrate the YMCA's desire to assure needed services are provided by the agencies with the greatest expertise.
- The YMCA also took a lead role in writing the Circuit 12 Child Abuse Prevention Plan (CAPP), and has assumed responsibility for coordinating participation of community providers and,

ongoing, assuring plan updates. While SCC is not a major funder of prevention services, the value of these programs to the overall child welfare effort is recognized and supported.

Circuit 20

The Children's Network of Southwest Florida (CNSWFL) is the Lead Agency in Circuit 20, Charlotte, Collier, Glades, Hendry and Lee Counties. In Circuit 20, CNSWFL has the following collaborations:

- Courts - The unified family court is active in Collier County and planned for Lee County.
- Tribes - The Circuit has a working agreement with the Seminole tribes – Immokalee, Brighton, and Big Cypress – which includes services provision and assistance with child protective investigations and case management.
- Foster and adoptive parents – The Southwest Foster and Adoptive Parent Association - This group is actively working to improve communications within the foster and adoptive community; partner with the various organizations and providers in Circuit 20; get involved with and help improve education and training; act as a conduit for pooled resources; provide peer support and mentoring and be a collective and independent voice. The association is available 24 hours a day, 7 days a week to work with foster parents on any issues they might have. The association assists fellow foster parents to navigate the system and obtain the help they need.
- Schools - The Circuit has working agreements with the school systems in all five counties.
- Substance abuse and mental health - Mental health specialists are collocated in each of the DCF offices in Charlotte, Lee, and Collier counties. They are available to provide immediate assessments, in-field assessments, help with the Family Functioning Assessment (FFA), and are direct liaisons to the Community Behavioral Health agency. The Family Integration Treatment Team (FITT) program is operational in Lee and Charlotte counties. The program provides integrated substance abuse and child welfare case management to families. As part of planning, the Circuit is working on a self-assessment tool and is preparing to develop a circuit-wide action plan.
- Domestic violence - There are domestic violence advocates at each of the DCF offices in the circuit. These advocates provide an immediate DV assessment, act as liaison with the DV shelters, and coordinate services for victims and their families. A representative from the local domestic violence shelter speaks routinely to trainees in the pre-service curriculum.
- Youth advocacy - Southwest Florida Youth Shine chapter, Florida Youth SHINE (FYS) is a youth-run, youth-driven organization with representation from across the state. The local chapter was established in 2012 and has grown exponentially to include youth currently and formerly in foster care between ages of 13 and 24. The SWFL Chapter has participated in quarterly statewide meetings and has assisted in shaping the agenda for the organization. Locally meetings are convened the third Thursday of every month and provides the forum for members to learn advocacy skills and connect with other youth leaders.
- Guardians ad Litem - The case management organizations work closely with the Guardian ad Litem to assure children in care receive the services they need. Guardians are particularly helpful in the FGCU mentoring project.

Southeast Region

The Southeast Region (SER) is comprised of three circuits, two Community Based Care (CBC) lead agencies, one sheriff's office that conduct child abuse investigations, and five other counties where child abuse investigations are conducted by the Department of Children and Families. Each circuit is unique and diverse in the population it serves. Circuits 15 and 17 are the most populated areas serving the most children and families. Circuit 17 investigations are completed by the Broward County Sheriff's Office. The SER also works in collaboration with the Seminole and Miccosukee tribes.

Circuits 15 and 17

- The Lead Agency for Circuits 15 and 17 is ChildNet, Inc. ChildNet provides comprehensive case management to families and children in Palm Beach and Broward Counties. ChildNet firmly believes that a lead agency's constant, comprehensive, and effective work with the local network of agencies providing and funding health, education, and human services is absolutely critical to the success of any Community-Based Care initiative.
- ChildNet is guided by a family-centered, strength-based service philosophy that is built on several fundamental beliefs. First, every child deserves to grow up in a permanent safe, loving, healthy family environment. Moreover, children should remain with their families, whenever possible, as the best interest of the child is served by providing family-centered, culturally informed support and culturally grounded services. Second, if a child cannot safely remain in their home, immediate steps are taken to facilitate the timely achievement of permanency.
- ChildNet firmly believes that a lead agency's constant, comprehensive, and effective work with the local network of agencies providing and funding health, education, and human services is absolutely critical to the success of any Community-Based Care initiative. In service of this belief, ChildNet, in 2002, developed a Network Management Plan which it has since updated multiple times, including with its transition to Circuit 15. The Plan now directs ChildNet efforts in both circuits, is reviewed annually, and adjusted to reflect the unique needs and resources of each Circuit. The Plan, however, will continue to always include the following core beliefs:
    - Truly successful Community-Based Care requires the fullest possible support from the fullest possible array of those who locally provide and fund medical and dental, behavioral health, developmental disabilities, juvenile justice, education, and other social services for local children and families;
    - Establishing and maintaining that support requires consistent, continuing, and honest communication and partnership with all these vital CBC stakeholders; and
    - Establishing and maintaining that communication and support is sufficiently important to require the focused attention of a distinct Service Coordination Department within ChildNet.
- ChildNet also recognizes that each of the communities that it serves are sufficiently unique in terms of service needs and resources that the Service Coordination Department should be a local rather than regional one with its own local Department Director working directly with the local Executive Director. Together they oversee a team each of whose members is assigned responsibility for specified areas and activities within the local array of these health and social services.
- ChildNet's Network Management Plan also clearly describes its local networks as having three (3) distinct, but equally important components: Subcontracted Services, Purchased Services, and Coordinated Services. Subcontracted Services are typically programs purchased on an annual basis

through contracts with well specified outcomes and deliverables. Development, execution, and management of these subcontracts are handled by ChildNet's Contracts Department, and their monitoring by ChildNet's Continuous Quality Improvement Department. However, equally important is the organized and intelligent access and management of non-contracted services, which is primarily done by the Service Coordination Department and includes both Purchased Services and Coordinated Services. Purchased services are generally behavioral health, assessment, or educational services purchased for individual clients from agencies and individual practitioners on a time-limited or unit basis. Though purchased through individual purchase orders rather than subcontracts ChildNet still requires that all these providers, just like subcontractors, go through a formal credentialing process and all requests for such services must be approved, reviewed and, if appropriate, re- authorized by licensed ChildNet behavioral health professionals including and reporting to the Director of Service Coordination. Coordinated Services are those which ChildNet does not actually purchase but which are nonetheless provided to ChildNet clients at no cost to ChildNet by entities which are supported by other public and/or private funding. Here, rather than credentialing the provider or directly monitoring performance, ChildNet relies on its Service Coordination staff to work with the agencies and entities that support these services to confirm the appropriate licensing and credentials of these providers.

- ChildNet is especially proud of its handling of Coordinated Services. These Coordinated Services include the incredibly broad spectrum of medical and dental, behavioral health (mental health and substance abuse), educational, developmental disabilities, juvenile justice, and social services funded by local entities, such as a community's Children's Services Council, Board of County Commissioners, School Board or School District, Early Learning Coalition, United Way, Managing Entity, Workforce Alliance, and statewide entities such as the Department of Juvenile Justice, the Agency for Persons with Disabilities, and the Agency for Health Care Administration. ChildNet continued to recognize that the well-being and healthy development of a community's abused, abandoned and neglected children requires their fullest possible access of quality services supported by these other entities. To ensure that this happens, ChildNet relied not only on its Service Coordination Department but also on the broad and effective participation of ChildNet administrators on boards and committees that develop, administer, and monitor such services, and on the development and implementation of interagency agreements with those entities. With respect to the latter, in all circuits where ChildNet serves as the CBC lead agency, the local Executive Director supported by the local Director of Service Coordination is specifically assigned responsibility for the execution and maintenance of the statewide interagency or working agreements with the Agency for Persons with Disabilities (APD), Children's Medical Services (CMS), the Department of Juvenile Justice (DJJ), the Department of Health (DOH), the Agency for Health Care Administration (AHCA), the Department of Education (DOE), Workforce One, and any other government entity providing services to children in the child welfare system within 90 days of contract execution. Once established, the local Executive Director or Director of Service Coordination took the lead on the implementation and management of the local agreements. In Circuits 15 and 17 this also included ChildNet's local Executive Director, with the support of regional DCF administrators, chairing the Local Interagency Review Committees.
- ChildNet has maintained a long-standing and well-developed relationship with the local Agency for Persons with Disabilities (APD) office in Broward County, and is diligently working to develop that same communication and partnership with APD in Palm Beach. ChildNet developed a centralized system for the referral of Broward's dependent children to the APD which is used in both circuits. In both circuits a single designated ChildNet Behavioral Health Specialist is responsible for referring any

local dependent children suspected of having a developmental disability to APD. Moreover, this single Service Coordination Department staff member monitors the progress of every referral and should the child be denied APD services, initiates and works with the assigned dependency case manager on the appropriate appeal process on behalf of the child. The success of this system is supported by the willingness of APD Administrators to designate a single staff member at their agency to serve as ChildNet's primary point of contact.

- ChildNet's collaboration is enhanced through quarterly Agency for Persons with Disabilities (APD) Medicaid Waiver "wait list" staffings, where each dependent child under ChildNet's care is discussed with a multi-disciplinary team, including the child welfare case manager, APD, school representative, caregivers, therapists, and Guardian Ad Litem, in order to ensure their service needs are met and critical information is shared with all involved parties. In both circuits ChildNet has also established a process whereby designated public school system staff identifies to the assigned Behavioral Health Specialist those dependent youth with exceptional student education classifications that suggest their likely qualification for APD services. In Circuit 15 that process involves two important components to ensure its thoroughness. Upon entry into the local dependency system, the school district's Court Liaisons identify for ChildNet those children whose school records indicate potential qualification for APD services. Once in care, staff from the Exceptional Student Education (ESE) department initiate a process that identifies for ChildNet, monthly, any dependent children who have recently or newly been assigned an ESE classification that might make them similarly eligible.

- ChildNet has done multiple analyses of its teenage clients that consistently reveal that approximately half of the local teens in foster care have had at least one referral to the Department of Juvenile Justice (DJJ). This makes ChildNet's efforts to ensure this has been, and will continue to be, aided immeasurably by the fact that ChildNet's local Executive Director in Circuit 15 and the current Regional Director for DJJ's Southern Region, which like DCF's Southeast Region includes Circuits 15 and 17, have worked effectively together as colleagues and collaborators for more than 15 years in both Broward and now Palm Beach. Together they crafted a local interagency agreement between ChildNet and DJJ in Broward several years ago which describes each agency's processes for serving shared clients and the methods for collaboration to access appropriate behavioral health services for them and their caregivers. It also describes the responsibilities of each agency in preventing the entry of delinquent youth into the dependency system via Sua Sponte order as a result of their delinquency. However, rather than simply recreate a similar document from scratch in Palm Beach ChildNet made use of the existing Memorandum of Understanding developed by the local Crossover Committee of which ChildNet's Executive Director is now a member with representatives from DJJ, Court Administration, Legal Aid, Children's Legal Services, the State Attorney's Office, the Public Defender, and the DCF. This document describes those processes and protocols that are unique to and especially effective in Circuit 15. For example, the very successful Lockout Staffings facilitated by DJJ and involving the regular and active participation of a team of stakeholders from ChildNet, Legal Aid Society of the Palm Beaches, and DCF. Similarly, this document will be updated to ensure that it accurately describes protocols for the consistent and timely notification of ChildNet when one of its clients has been taken into custody by law enforcement and referred to DJJ. ChildNet, through its participation on the Crossover Committee is also an integral part of local efforts to develop and implement a schedule and curricula for cross-training of agency staff. The Crossover Committee also serves as the agency's vehicle for developing and monitoring procedures intended to facilitate the access of ChildNet clients to available delinquency diversion programs and to increase the likelihood of their success within such programs.

- ChildNet is ensuring that specialized segments of the dually delinquent youth population for whom it is responsible are being effectively and appropriately served by having the Executive Director join and work with both the local Juvenile Reentry Task Force and the Domestic Violence Subcommittee of the Juvenile Detention Alternatives Initiative.
- ChildNet maintains a central role in broader DJJ planning and operations as a result of the membership of the Chair of its local Advisory Board on the Circuit 15 Juvenile Justice Board.
- Southeast Florida Behavioral Health Network (SEFBHN) is Circuit 15's Managing Entity (ME) for substance abuse and mental health. ChildNet works extremely closely with SEFBHN. ChildNet's Executive Director in Circuit 15 is a member of the SEFBHN Board of Directors and serves as Secretary of that Board. Monthly meetings are held with the ME's CEO to develop and refine the Circuit's Child Welfare Integration Plan and the interagency agreements intended to support it.
- ChildNet representatives are an integral part of a team that maintained a new approach to the use of Family Intervention Specialists (FIS) so that efforts are focused on working intensively with those families who either fail to follow through with such assessments or fail to engage in the treatment services recommended by these assessments.
- The two agencies have also worked closely in development and implementation of the Family Recovery Program a local pilot project funded by the DCF whose overarching goal is improved integration of child welfare and substance abuse and mental health services. The program involves an attempt to timely engage substance abusing parents, whose children are being or have just been removed, in a substance abuse assessment and the treatment services recommended.
- The relationship between ChildNet and SEFBHN is extremely important given the prevalence of significant behavioral health challenges among both dependent children and their parents. It is equally imperative that ChildNet work closely with the other entities that fund needed behavioral health services for children and families under supervision, including the Agency for Health Care Administration (AHCA), the state agency that administers Florida Medicaid. A team of ChildNet Behavioral Health Specialists facilitates access to Medicaid funded behavioral health services, including Specialized Therapeutic Foster Care (STFC), Specialized Therapeutic Group Care (STGC), and the Statewide Inpatient Psychiatric Program (SIPP). One of these Master's Level staff also subsequently works with the same partners to monitor the quality and effectiveness of those services, manage the referrals for and scheduling of mandated Suitability Assessments, and participating in on-site visits and audits of these programs and their therapeutic services. Execution of these responsibilities in Circuit 15 also involves close collaboration with the Community-Based Care Partnership, AHCA's Child Welfare Pre-Paid Mental Health Plan provider.
- Circuit 17's is one of the Center for Juvenile Justice Reform at Georgetown University's Public Policy Institute's 13 national sites for the Cross-Over Youth Practice Model (CYPM). As part of this project, ChildNet, DJJ, and other related system partners, such as DCF, Legal Aid, the Guardian ad Litem Program, service providers, the public schools, the Children's Services Council, and local law enforcement developed protocols and policies to improve the identification and handling of dually-involved youth. Though formal Georgetown involvement has concluded, ChildNet continues to lead regular meetings of this group that ensure that the work of the CYPM continues. ChildNet continues to share with its partners in Circuit 15 the processes and protocols that have been developed as part of this initiative. Circuit 15's Crossover Committee implemented local Palm Beach versions of many of such protocols.

- ChildNet continues in its work to duplicate in Circuit the collaboration with the local housing authorities in Circuit 17. Fully supported by DCF, ChildNet has made multiple applications to the federal Housing and Urban Development department (HUD) under its Family Unification Program (FUP). The most successful of these resulted in the receipt of housing subsidies valued at approximately $1.8 million dedicated exclusively to meeting the needs of either child welfare families seeking reunification of their children or teens transitioning out of the local child welfare system, an award which was the largest in the nation.
- ChildNet worked with local housing authorities and behavioral health care providers on a successful application to the federal Health and Human Services administration (HHS) for a grant that provides more than $1 million in supports to this same population. A countywide ChildNet Housing Coordinator assists case managers and families in the timely identification and access of all available low cost housing opportunities. In Palm Beach, ChildNet works with local non-profit organizations with particular expertise in low cost housing such as Community Partners and the Lord's Place to identify funding to support increased housing options for child welfare clients.
- ChildNet is continuing to develop with the Palm Beach Florida Housing Finance Corporation Memorandums of Understanding for Special Needs Housing Services with major affordable housing developers. These would enable a specified number of units in new projects to be available for transitional independent living youth. Similar agreements in Broward with multiple developers have produced a veritable wealth of such crucial housing units for former Broward foster care youth.

Circuit 19

Devereux Community Based Care of Okeechobee and the Treasure Coast (DCBC) is the Lead Community Based Care Agency serving children and families in Circuit 19, Indian River, Martin, Okeechobee, and St. Lucie Counties.

Devereux CBC subcontracts with the agencies below to deliver a wide variety of services that meet the needs of the community's most vulnerable children and their caregivers. Devereux CBC manages approximately 50 contracts with 33 local and statewide agencies.

- 4KIDS of South Florida
- ADAP Counseling Services (Tradewinds Enrichment Solutions, Inc.)
- Behavior Basics, Incorporated
- Boys Town Central Florida
- Breakthrough Recovery Services
- Brighter Futures
- Brookwood Florida
- C&B Background Fingerprinting & Services
- Camelot Community Care
- CASTLE
- Changing Tree Wellness Center
- Children's Home Society of Florida
- Devereux Foundation
- Father Flanagan's Boys Town Florida, Inc.
- Florida United Methodist Children's Home

- Hacienda Girls Ranch
- Hibiscus Children's Center
- Martin County Board of County Commissioners
- Mental Health Association in Indian River County
- Mount Bethel Human Services
- New Horizons of the Treasure Coast
- Quest Diagnostics
- Place of Hope
- Real Life Children's Ranch
- The Children's Place at Home Safe
- The Haven
- SequelCare of Florida
- Substance Awareness Council Of Indian River County
- Suncoast Mental Health Center
- Sunshine Health
- Translations USA
- Treasure Coast Counseling Center
- Visiting Nurse Services of the Treasure Coast

- Devereux Community Based Care (Devereux CBC) utilizes several strategies to ensure ongoing and clear communications throughout the network. The Shared Services Alliance of Okeechobee and the Treasure Coast (a community alliance that provides oversight to Devereux CBC and the Florida Department of Children and Families) meets bi-monthly. Devereux CBC presents a formal report at each meeting to provide updated information from each program area and department.

- Devereux CBC facilitates a quarterly Continuous Quality Improvement (CQI) meeting with participants from case management, the Department of Children and Families, and community providers. In this meeting, the Quality Management Department discusses several topics such as record review data, in-depth case review findings, and performance measures, incident reporting, exit interviews, missing children and Interstate Compact on the Placement of Children, Out of County Service and Transfer of Jurisdiction (ICPC/OCS/TOJ). Information from additional Devereux CBC Departments is also shared with participants. This information includes:

    - Operations
    - Training
    - Accreditation progress
    - Finance
    - Contracts
    - Medical
    - Dental
    - Vision
    - Mental health
    - Independent living
    - Data management policies, procedures and updates.

- The Quality Management team conducts quarterly case reviews and assesses this data for performance outcomes and presents this information at quarterly Continuous Quality Improvement meetings. Case consultations with case management are conducted after each review is completed to assist in providing the case management unit with data and information relating to the quality of case practice.

Southern Region

The Southern Region (SR) is comprised of two circuits, one Community Based Care (CBC) lead agency and two counties where child abuse investigations are conducted by the Department of Children and Families. Each circuit is unique and diverse in the population it serves. Circuit 11 is the most populated area serving the most children and families.

Circuits 11 and 16

OurKids adheres to the System of Care approach which articulates specific principles of care, including the requirement that all child-serving sectors (mental health, education, child welfare, juvenile justice, and physical health care) integrate and coordinate their service provision. Through their network of contract providers, Our Kids delivers a full range of foster care services that ensure the safety and well-being of children while creating permanency in their lives through reunification with their family or adoption.

- Major collaborative partners in the Southern Region include: Department of Children and Families, Our Kids, Law Enforcement, the State Attorney's Office, the CBC Alliance, the court system, Full Case Management Agencies (FCMAs), Managing Entity (South Florida Behavioral Health Network), Florida Foster Care Review (Citizen's Review Panel), foster and adoptive parents, Miami-Dade County Public Schools, youth and service providers, and other community organizations.
- Coordination is based on basic business principles and working relationships built between companies. Other relationships are formalized by contract or memorandums of understanding. Our Kids and FCMAs collaborate daily on solving problems and addressing challenges specific to our children and families. Our Kids welcomes community partners to join efforts to address the needs of the children and families in care.

  Family Support Service Providers
  - Citrus Health Network
  - Family Central
  - Gulf Coast Jewish Family & Community Services
  - Wesley House Family Services

  Full Case Management Agencies
  - Center for Family and Child Enrichment
  - Children's Home Society of Florida
  - Family Resource Center of South Florida
  - Wesley House Family Services

  In home-non-judicial Providers
  - Citrus Health Network
  - Family Central

- Gulf Coast Jewish Family & Community Services
- Wesley House Family Services
- Center for Family and Child Enrichment
- Children's Home Society of Florida
- Family Resource Center of South Florida
- Wesley House Family Services

Other Community Partners

- Alliance for Children and Families
- CIS of Miami
- CWLA
- Guardian ad Litem Program
- Greater Miami Chamber of Commerce
- Miami-Dade Community Based Care Alliance
- Miami Dade County Foster & Adoptive Parent Assoc. (MDCFAPA)
- Miami-Dade County Public Schools
- Monroe County School District
- South Dade Foster & Adoptive Parent Association

- Additional community collaborations include:
  - The Children's Trust (Miami-Dade's independent special district for children's services) is an approximately $100 million dedicated source of funding for the needs of children and families in Miami-Dade County. It is the recognized lead agency for the prevention of negative factors and the promotion of positive outcomes with funded service and advocacy programs for all children and families. The Children's Trust board has the breadth of representation (33 public, not-for-profit and private sector members), scope of expertise (with its 90 person staff) and greater resources than ever before in Miami-Dade County to focus on prevention and early intervention services to address the needs of this community's children and families.
  - Switchboard of Miami, Inc. is a private, 501(c)(3) nonprofit organization that counsels, connects and empowers people in need. With more than 15 specialty phone lines, Switchboard offers free and confidential telephone counseling, crisis intervention, suicide prevention and information and referral services to every caller, chatter or texter 24/7. The organization also maintains comprehensive and reliable social services databases of 5,000+ entries, and provides immediate tri-lingual assistance for an estimated 140,000 individuals annually. Last year alone, Switchboard provided more than 150,000 referrals to callers and is one of the largest organizations of its kind in the country. Switchboard also offers other programs, including suicide prevention, counseling, senior services, child developmental screenings and youth prevention programs, which collectively provided services to more than 5,000 individuals last year. United Way of Miami-Dade (UW) is focused on improving education, financial stability and health—the building blocks of a good life. It helps children reach their potential and achieve in school, empower families and individuals to become financially stable and economically independent and improve people's health. United Way achieves these outcomes by supporting quality programs that address these areas, engaging people in our community, advocating better policies and generating resources.

United Way partners with organizations that share the view that the way to improve lives is by mobilizing the caring power of community. United Way recognizes interconnectedness and leverages relationships throughout the business, labor, governmental, and non-profit communities to pool energy and resources to advance the common good. The long-term commitments of its partners are essential to addressing key social issues.

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Chapter II. Service Delivery Structure and Capacity

Services Continuum

The services described in this chapter of Florida's Annual Progress and Services Report reflect the primary components of Florida's child welfare system, including the case management information system. This chapter includes updates and accomplishments and summaries for the program service array and key support activities related to the core outcomes of safety, permanency and well-being for children and families.

Florida Legislative intent provides a fundamental statement of purpose for the child welfare system that is embedded throughout the delivery of services in the state:

> (a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.
>
> (b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. (Subsection 39.001(1), F.S.)

In order to achieve this intent, and in alignment with the federal Principles of Practice, Florida's continuum of care includes the following general service components:

- Prevention
- Intake
- Child Protective Investigation
- In-Home Protective Services
- Out-of-Home Care
- Independent Living
- Adoption

Update/Accomplishments

Florida Statutes: 2015 Legislation

During the 2015 Legislative Session, three substantive bills and two bills tied to the General Appropriations Act were passed by the Legislature and signed into law by the Governor. These bills were as follows:

- HB 437 – Formalizes the process of appointing a guardian for developmentally disabled or incapacitated young adults. The bill requires at the judicial review that must be held within 90 days after the child turns 17 for any child that meets the requirements for appointment of a guardian to update the case plan through a face-to-face conference with the youth if appropriate along with the child's attorney, Guardian ad Litem and custodian of the child.

If the court determines that the child meets the requirements for a guardian, the case plan must be updated to include a multidisciplinary report if not completed within the previous 2 years. At this point, one or more individuals who may serve as a guardian must be identified.

The bill allows the proceedings for guardianship to be initiated within 180 days after the child turns 17 and requires the Department to share information with parties that are interested in the guardianship process for a young adult within 45 days after the first judicial review hearing after the child turns 17. The probate court is also required to initiate proceedings for appointment of a guardian advocate if the child is subject to Chapter 39 proceedings when the child has attained 17 years and 6 months or older.

Effective July 1, 2015.

- HB 7013 – Addresses ways to strengthen and increase adoptions. Creates new requirements for agreements between the Department and district school boards and other local educational entities that require the Department to ensure children are enrolled in school or in the best educational setting that meets the needs of the child with minimal disruption of education. Requires that the agreements prohibit the Department from showing prejudice against out-of-home caregivers who desire to home school any children placed in their home through the child welfare system.

  Prohibits the Department and Community-Based Care lead agencies (CBCs) from showing that same prejudice against home schooling by out-of-home caregivers and persons who desire to adopt a child.

  Strikes language that was found unconstitutional by the appellate court that states a person who is a homosexual may not adopt a child.

  Requires the caregiver of a child in foster care to support the child's educational success by participating in activities and meetings associated with the child's school or other educational setting and meetings with an educational surrogate if one has been appointed. Further requires the caregiver to abide by certain priorities for maintaining educational stability for the child to work with the case manager, guardian ad litem, teachers, guidance counselors, and educational surrogate to determine best educational setting for the child.

  Requires CBCs, one year after a child's adoption is finalized, to contact the family by phone and offer post-adoption services and requires the CBC to document the contacts and provide the information to the Department annually.

  Requires the Department to establish an adoption incentive program for CBCs and their subcontractors to award incentive payments for achievement of specific and measureable adoption performance standards that lead to permanency, stability, and well-being for children.

  Recreates an adoption benefits program for qualifying adoptive employees of state agencies effective July 1, 2015 and provides certain amounts payable to a qualifying adoptive employee who adopts specified children under certain circumstances subject to a specific appropriation to the Department.

  Authorizes an annual adoption achievement awards program. Requires the Department to define the program achievement categories and develop the process to seek nominations for

potential recipients. Establishes a direct-support organization within the Office of Adoption and Child Protection.

Requires licensed child-placing agencies that provide adoption services for intercountry adoptions to meet federal regulations

Effective July 1, 2015

- SB 7078 – Child Welfare. Addresses issues related to the implementation of SB 1666 passed during the 2014 Legislative Session

  Expands the Secretary's authority to direct an immediate onsite investigation by the Critical Incident Rapid Response Team (CIRRT) for cases involving the death or serious injury of a child during an open child abuse protective investigation.

  Requires the CIRRT advisory committee to meet at least once quarterly and to submit quarterly reports to the Secretary. The Secretary will submit each report to the Governor, the Speaker of the House and the President of the Senate.

  Limits the number of mandatory staffings of reports alleging medical neglect to those reports that have been substantiated by the Child Protection Team.

  Clarifies the functions of the Child Abuse Death Review state and local committees including requiring local committees to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The bill also clarifies that the Directors of county health departments appoint members to the local committees and specifies membership.

  Amends s. 409.977(5), F. S. allowing automatic enrollment into a Medicaid managed care "specialty plan" for children in the care and custody of the Department who remain in care including extended foster care and subsidized adoption.

  Implements recommendations of the Florida Institute for Child Welfare by clarifying Legislative intent to prioritize evidence-based and trauma-informed services.

  Strengthens language around the services to be provided to dependent children to include services that are supported by research or that are recognized as best practices in the child welfare field and requires the CBCs to give priority to the use of services that are evidenced based and trauma-informed.

  Requires district school boards, charter schools, and private schools that accept scholarship students to hang poster size notices in English and Spanish that provide the abuse hotline number and directions for accessing the Department's internet website along with instructions to call 911 for emergencies.

  Effective July 1, 2015.

- HB 149 – Rights of Grandparents and Great Grandparents. The bill authorizes a grandparent of a minor child whose parents are deceased, missing, or in a permanent vegetative state to petition the court for visitation with a grandchild. If only one parent is deceased, missing, or in a persistent vegetative state, before a grandparent may petition for visitation, the other parent

must have been convicted of a felony or violent offense showing a substantial threat of harm to the child.

If a minor child is adopted by a stepparent or close relative, the adoptive parent may petition the court to terminate an order granting grandparent visitation existing before the adoption.

Effective July 1, 2015

- CS/CS/HB 1055– Child Protection. The bill provides that a critical incident rapid response team (CIRRT) must include a child protection team medical director.

  Effective July 1, 2015

- SB 7032 - Public Records/Reports of a Deceased Child. The bill reenacts and amends the public records and public meetings exemptions for certain identifying information held by the State Child Abuse Death Review Committee or a local child abuse death review committee and for portions of meetings of such committees where such information is discussed.

  The changes to the exemptions reflect changes to the child welfare laws enacted during the 2014 Session. Specifically, the bill:

  - Extends the exemption to cases reviewed by a committee where the death was determined not to be the result of abuse or neglect;
  - Limits the exemption for cases involving verified abuse or neglect to only exempt the information of surviving siblings;
  - Authorizes release of confidential information to a governmental agency in furtherance of its duties or a person or entity for research or statistical purposes;
  - Allows the State Child Abuse Death Review Committee or a local committee to share confidential and/or exempt information with each other, governmental agencies, or any person or entity authorized by the DOH to use such relevant information for bona fide research or statistical purposes.

  Effective upon becoming law

Florida Administrative Code (F.A.C.)

During FFY 2014-2015, the Department continued to update and finalize current administrative rules to ensure the newly enacted legislation is fully outlined for the standardized practice approach and for mobilizing family resources and networks, engaging community expertise, and planning interventions. The Department reviewed and revised the following Administrative Rules:

- Rule 65C-9.001, Purpose. The Department initiated action in September 2015 to repeal this rule, effective Nov. 16, 2015. The rule is unnecessary.
- Chapter 65C-13, Foster Care Licensing. In December 2014, the Department initiated action to amend and repeal several rules within Chapter 65C-13, Foster Care Licensing, to accomplish the following tasks: 1) revise background screening requirements to comport with Florida statutes; 2) revise the components of the initial licensing home study to align with the components of the unified home study in the Florida Safe Families Network (FSFN); 3) add requirements to the relicensing home study; 4) repeal duplicative language; 5) add

procedural requirements regarding notification of denial of re-licensure; 6) add a quality review process; 6) require compliance with normalcy provisions of Florida statutes; 7) add compliance requirements to Residential Pool Safety Act; and 8) clarify requirements for bedroom sharing.

- Chapter 65C-14, Group Care Licensing. The Department initiated actions in December 2014 and May 2015, and held a public workshop in June 2015, to amend Chapter 65C-14 to modify regulatory language and update forms to comport with current law, policies and procedures related to residential child caring agencies. These modifications would further allow the Department to amend and repeal duplicative language in order to streamline regulatory activities within the residential child caring agency setting. Additionally, the Department intends to create a rule to establish procedures for administrative actions, appeals, and voluntary closures of residential child-caring agencies.

- Chapter 65C-16, Adoptions. The Department initiated in January 2015 action to amend multiple rules within Chapter 65C-16, Adoptions, to accomplish the following issues: 1) Make rule language reflective of legislative changes to Chapter 63 and Chapter 39, F. S.; 2) Simplify wording and resolve issues of ambiguity; and 3) Add clarifying language for implementation of the Adoption Review Committee process.

  Additionally, the Department in July 2015 initiated action and in September 2015 proposed language to add three new rules within Chapter 65C-16 to accomplish the following: 1) Clarify the Department's role when an intervention motion is filed in a dependency case by an adoption entity; 2) Clarify the process for communication or contact between the child and family members pending finalization of an adoption; 3) Clarify the process for establishing post adoption communication or contact between the child and siblings or significant adults at the time of finalization of the adoption; and 4) administer section 409.1664, F.S., and provide for an application process.

- Rule 65C-23.002, Healthy Families Florida. The Department in September 2015 initiated action to repeal this rule. There is no rulemaking authority for this rule.

- Rule 65C-28.008, Relative Caregiver Program. The Department amended this rule to implement legislative changes expanding the Relative Caregiver Program to include financial assistance payments for approved nonrelative caregivers.

- Chapter 65C-29, Protective Investigations. The Department added, amended, and repealed several rules within Chapter 65C-29 to accomplish the following tasks: 1) Make rule language reflective of 2014 legislative changes to Chapter 39, F.S.; 2) Add clarifying language implementing safety assessments and safety planning which are essential elements of the above referenced legislative changes; 3) Simplify wording and resolve issues of ambiguity; and 4) Clarify when a determination must be made as to whether a reporter to the Florida Abuse Hotline should be contacted for additional information.

  Additionally, the Department added a rule within to implement an internal review, as required in 42 U.S.C. § 5106a(b)(2)(B)(xv(II)), of a verified finding based upon a written request by the individual identified as the "caregiver responsible."

- Chapter 65C-31, Services to Young Adults Formerly in the Custody of the Department. Chapter 2013-178, Laws of Florida, substantially changed the Road to Independence

Program, which provides services and supports to youth formerly in the custody of the Department. In addition, Aftercare Support Services and Transitional Support Services were repealed. The Department in June 2015 initiated action to repeal all references to services which are no longer available and/or being utilized.

- Chapter 65C-32, Parenting Course for Divorcing Parents in the State of Florida. The Department in September 2015 initiated action to amend several rules within Chapter 65C-32 to accomplish the following tasks: 1) Require all parenting courses to be skills-based and rooted in evidence; 2) Require providers to submit to the Department the résumés of all instructors; and 3) Clarify the approval process.
- Chapter 65C-33, Child Welfare Training and Certification. The Department in May 2015 initiated action to amend and repeal several rules within Chapter 65C-33, Child Welfare Training and Certification, to accomplish the following tasks: 1) eliminate the requirement of a pre-test as part of the pre-service training curriculum; 2) repeal references to the Training Academy and SkillNET; 3) add responsibilities to the Third Party Credentialing Entity relating to developing and administering child welfare certification programs for persons who provide child welfare services; 4) repeal obsolete certification designations and amend the names of certification designations; 5) repeal the requirement of a Performance Assessment; 6) repeal rules regarding certificate issuance, supervisor certification, child welfare trainer certification, and "supervising for excellence" trainer certification; 7) repeal duplicative language and obsolete terms; and 8) repeal or clarify vague language. In addition, the Department in July 2015 initiated action to add two new rules pertaining to the Third Party Credentialing Entities' application and review process and revocation of Third Party Credentialing Entity Status.
- Chapter 65C-38, Statewide Automated Child Welfare System (SACWIS) Checks for the Placement of Children (formerly titled Criminal History and Abuse Record Checks for the Investigation of Reports for Abuse, Neglect, or Abandonment and for the Placement of Children). The amendments effective in February 2015 established standards for evaluating information contained in the automated system relating to persons who must be screened for the purpose of making placement decisions.
- Chapter 65C-41, Extension of Foster Care. The new rules, effective in September 2015, address transition and case plan requirements; set forth the conditions for discharge from extended foster care; and provide an appeal procedure for young adults determined to no longer be eligible for, or denied readmission into, extended foster care.
- Chapter 65C-42, Road to Independence. The rule amendment in August 2015 provided definitions of relevant terms; established application processes for Postsecondary Services and Support and Aftercare Services; and provided an appeal procedure for young adults determined to no longer be eligible for, or denied entry into, either of the programs.
- Chapter 65C-43, Placement and Services for Sexually Exploited Children. The Department in November 2014 initiated action to create chapter 65C-43, Human Trafficking, in order to comply with sections 409.1754 and 409.1678, F.S., which were created during the 2014 legislative session. The Department held public hearings on the proposed rule in August and October 2015. The purpose of the rules is to accomplish the following tasks: (1) adopt standardized screening and assessment instruments to identify, determine the needs of, plan

services for, and determine the appropriate placement for sexually exploited children; (2) set forth the requirements for the use of the instruments and the reporting of data collected through their use; (3) adopt criteria for certification of safe foster homes and safe houses; and (4) specify the content of specialized training for foster parents of safe foster homes and staff of safe houses.

Future Plans

The Department plans to continue to work on many of the rules that were started during 2014-15 and will work on any new rules that may be required due to new legislation, including the following:

- Rule 65C-9.001, Purpose. This rule was repealed Nov. 16, 2015.
- Chapter 65C-13, Foster Care Licensing. The Department will continue to work on amending and repealing several rules within Chapter 65C-13, Foster Care Licensing, to accomplish the following tasks: 1) revise background screening requirements to comport with Florida statutes; 2) revise the components of the initial licensing home study to align with the components of the unified home study in the Florida Safe Families Network (FSFN); 3) add requirements to the relicensing home study; 4) repeal duplicative language; 5) add procedural requirements regarding notification of denial of re-licensure; 6) add a quality review process; 6) require compliance with normalcy provisions of Florida statutes; 7) add compliance requirements to Residential Pool Safety Act; and 8) clarify requirements for bedroom sharing.
- Chapter 65C-14, Group Care Licensing. The Department will continue to work on amending Chapter 65C-14 to modify regulatory language and update forms to comport with current law, policies and procedures related to residential child caring agencies. These modifications further allow the Department to amend and repeal duplicative language in order to streamline regulatory activities within the residential child caring agency setting. Additionally, the Department intends to create a rule to establish procedures for administrative actions, appeals, and voluntary closures of residential child-caring agencies.
- Chapter 65C-15, Child-Placing Agencies. The Department will continue working on amending Chapter 65C-15 to modify regulatory language to comport with current law, policies and procedures related to child-placing agencies that provide case management, adoption and licensing services. These modifications will further allow the Department to amend or repeal language that has been referenced in other administrative code rules and Florida Statutes.
- Chapter 65C-16, Adoptions. The Department will continue to work on amending multiple rules within Chapter 65C-16, Adoptions, to accomplish the following issues: 1) Make rule language reflective of legislative changes to Chapter 63 and Chapter 39, F. S.; 2) Simplify wording and resolve issues of ambiguity; and 3) Add clarifying language for implementation of the Adoption Review Committee process.

  Additionally, the Department intends to add two new rules within Chapter 65C-16 to accomplish the following: 1) Clarify the Department's role when an intervention motion is filed in a dependency case by an adoption entity; 2) Clarify the process for communication or contact between the child and family members pending finalization of an adoption; 3) Clarify the process for establishing post adoption communication or contact between the child and siblings or significant adults at the time of finalization of the adoption, and 4) administer

Section 409.1664, F.S., which became effective July 1, 2015 and provide for an application process.

- Rule 65C-17.001, Authority. The Department repealed this rule, effective Jan. 3, 2016.
- Rule 65C-23.002, Healthy Families Florida. The Department repealed this rule, effective Nov. 16, 2015.
- Chapter 65C-28, Out-of-Home Care. The Department of Children and Families intends to amend several rules within Chapter 65C-28, Out-of-Home Care, to implement legislative changes; implement the federal Fostering Connections to Success and Increasing Adoptions Act of 2008; implement the care of children; quality parenting; "reasonable and prudent parent" standards established in Florida Statute 409.125; clarify the Department's role and responsibility in documenting information in the State Automated Child Welfare Information System (SACWIS); add language to ensure children's educational needs are met; align language to adhere to the Florida Safety Decision-Making Methodology business model; clarify when a nonrelative may receive nonrelative caregiver financial assistance for a minor parent and the minor parent's child; and clarify what assistance is available for children placed with half-siblings.
- Rule 65C-29.003, Child Protective Investigations. The Department intends to amend this rule to clarify when a determination must be made as to whether a reporter to the Florida Abuse Hotline should be contacted for additional information.
- Chapter 65C-30, General Child Welfare Provisions. The Department will continue to work on amending rules within Chapter 65C-30 to accomplish the following tasks: 1) Implement legislative changes; 2) Delete rule language which is either being moved to other departmental administrative rules or repealed; and 3) Simplify wording and resolve ambiguities.
- Chapter 65C-31. The Department intends to repeal these rules. The services covered in these rules are no longer available.
- Chapter 65C-32, Parenting Course for Divorcing Parents in the State of Florida. The Department will continue to work on amending several rules within Chapter 65C-32 to accomplish the following tasks: 1) Require all parenting courses to be skills-based and rooted in evidence; 2) Require providers to submit to the Department the resumes of all instructors; 3) Clarify the approval process; and 4) Clarify what must be included on the certificate of completion.
- Chapter 65C-33, Child Welfare Training and Certification. Effective in October and December 2015, the Department amended and repealed several rules within Chapter 65C-33, Child Welfare Training and Certification, to accomplish the following tasks: 1) eliminate the requirement of a pre-test as part of the pre-service training curriculum; 2) repeal references to the Training Academy and SkillNET; 3) add responsibilities to the Third Party Credentialing Entity relating to developing and administering child welfare certification programs for persons who provide child welfare services; 4) repeal obsolete certification designations and amend the names of certification designations; 5) repeal the requirement of a Performance Assessment; 6) repeal rules regarding certificate issuance, supervisor certification, child

welfare trainer certification, and "supervising for excellence" trainer certification; 7) repeal duplicative language and obsolete terms; and 8) repeal or clarify vague language.

- Chapter 65C-41, Extension of Foster Care. Effective Nov. 2, 2015, the Department established new rules to address transition and case plan requirements; set forth the conditions for discharge from extended foster care; and provide an appeal procedure for young adults determined to no longer be eligible for, or denied readmission into, extended foster care.
- Chapter 65C-42, Road to Independence. Effective Oct. 4, 2015, the Department established rule amendments to provide definitions of relevant terms; establish application processes for Postsecondary Services and Support and Aftercare Services; and provide an appeal procedure for young adults determined to no longer be eligible for, or denied entry into, either of the programs.
- Chapter 65C-43, Placement and Services for Sexually Exploited Children. Effective Jan. 12, 2016, the Department created Chapter 65C-43, Human Trafficking, in order to comply with sections 409.1754 and 409.1678, F.S., which were created during the 2014 legislative session. The rules accomplish the following tasks: (1) adopt standardized screening and assessment instruments to identify, determine the needs of, plan services for, and determine the appropriate placement for sexually exploited children; (2) set forth the requirements for the use of the instruments and the reporting of data collected through their use; (3) adopt criteria for certification of safe foster homes and safe houses; and (4) specify the content of specialized training for foster parents of safe foster homes and staff of safe houses.

Prevention

The Department continues to administer statewide prevention and family support programs to address child abuse and neglect. Child abuse prevention and family support programs in Florida focus on the provision of support and services to promote positive parenting, healthy family functioning and family self-sufficiency. Florida funds community-based services targeting the prevention of child abuse and neglect statewide that address the needs of our multi-ethnic and multi-cultural state population.

One of Florida's strategies is to focus on prevention as a means to strengthen and support families. The Department embraces all three levels of child maltreatment prevention: primary, secondary and tertiary efforts. The Department strives for a comprehensive, cohesive, community-based prevention continuum designed to provide support to families and children. The strategy is targeted to reduce risk factors and increase protective factors to combat abuse and neglect, family disruption, substance abuse, mental illness, school failure, and criminal justice involvement. Given that, the Department works to integrate with as many local and statewide stakeholders. A common goal is to accomplish a family-centered holistic preventative service approach with consistent and effective messaging for Florida's families and communities.

This on-going priority is to continue to effectively engage all community partners, parents, advocates, the faith-based community, special population stakeholders, the courts, schools, health and housing programs, funders, and legislators and sustain their role and influence over time.

It continues to be a goal of the Department both on a state and local level to have in place concrete supports for families in times of need; families with social connections; a continued focus on parental emotional resilience, nurturing and attachment as well as a knowledge of parenting and child development.

The Department and CBC lead agencies have implemented core programs and services to complement the existing network of primary, secondary and tertiary prevention programs that build upon the protective factors framework.

Update/Accomplishments

- The Department and the Florida Coalition of Children, Prevention and Diversion subcommittee, have embarked on a service array assessment and will continue to collaborate on a survey template to assess the different service types and give a greater understanding of the types of services available, their level of effectiveness, and the evidence supporting the services as well as well as trauma informed services and develop a plan of action based upon the results of the survey.

- The CBCs will complete the survey process in April and May 2015. The Department will analyze the data to assess our family support services and safety management services baseline. We will use the various survey elements to inform evidence based service availability, outcome measurements of services, change theory and logic models associated with the services available as well as trauma informed approaches and how and if the services address protective factors. This data will be used to ascertain next steps in building the service array Florida needs and evaluate outcomes and effectiveness of the services currently utilized in alignment with Florida's new child welfare practice.

Future Plans

Please refer to Chapter VIII, CAPTA

Intake

The single entry point to child welfare services in Florida is the Florida Abuse Hotline. All child abuse and neglect allegations received through the centralized Florida Abuse Hotline located in Tallahassee, occurs twenty-four hours a day, seven days a week. Reports can be placed via the toll free telephone number (1-800-96-ABUSE), including through telecommunication devices for the deaf and hard of hearing; by fax; and electronically via the Department's internet website.

Florida Abuse Hotline counselors assign child protective investigation response times to ensure quick identification where the child will actually be during the next 24 hours, and if there are any potential dangers to the child protective investigator. In addition, Hotline staff increase the quality of the initial contact with the child and family by giving child protective investigators important criminal history and law enforcement information prior to commencing an investigation and having more complete information on hand to make safety assessments and improve front-end decision-making.

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in Florida Safe Family Network (Florida's SACWIS system), 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 will occur.

There are times when the Hotline is contacted for children in need of services or supervision from the Department and there are no allegations of abuse, neglect or abandonment. The Department considers circumstances such as these special conditions reports with established guidelines and specified acceptance criteria. If the threshold for report acceptance is met, reports are generated using the same process as abuse, neglect and abandonment reports and submitted for social service responses aimed at linking families with community services, if requested.

In addition to assessing allegations of abuse, neglect and abandonment of a child by a parent or caregiver, juvenile sex abuse allegations are also assessed when there is an allegation that a child perpetrated a sexual (physical or non-physical) act on another child. These reports are categorized as child-on-child sexual abuse reports and evaluated against established report acceptance criteria. Regardless of report acceptance, the Hotline refers all instances of child-on-child sexual abuse to the local sheriff's agency to report the allegations

Hotline crime intelligence staff complete criminal history checks for 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. Staff also complete criminal history checks for emergency and planned placements of children in Florida's child welfare system.

The type of checks performed and data sources accessed for investigations or placements is based on the program requesting the information as well as the purpose of the request (investigations or placements). The Florida Abuse Hotline crime intelligence staff has 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;
- Hotfiles (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;
- Comprehensive Court Information System (CCIS) – Florida court case information;
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database current drivers history, license status, photos, signature;
- Department of Corrections (DOC) – current custody status, supervision, incarceration information;
- Justice Exchange Connection– Jail databases for current incarcerations, associated charges, and booking images.

When a CBC is considering a placement, they must contact the Florida Abuse Hotline, Background Screening Unit, and request criminal history record information on potential caregivers for a child requiring removal from his or her current residence.

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 investigator or case manager.
By adding statutory language on investigation and placement criminal background screening to Chapter 39, Florida's dependency statute, the federal requirements are more clearly defined as it relates to criminal background screening for adoptive parents, relative and non-relative placements.

Situations reported to the Florida Abuse Hotline that do not rise to the level of a protective investigation may be addressed as a "prevention referral." This practice is designed to give the Department an opportunity to help communities identify and provide services for families in order to avoid formal entrance into the child welfare system. The Department tracks and monitors such prevention referrals, which are called "Parent in Need of Assistance."

Update/Accomplishments

- October 2014 was the first of a series of quarterly quality assurance reviews, completed in partnership with protective investigators and supervisors alongside Hotline Quality Assurance to evaluate how the Hotline was adapting to the new child welfare practice model from a qualitative perspective. Findings were reported and published to the department's intranet website.
- By August 2015, all Hotline staff participated in booster training which served to reiterate key points of Florida's child welfare practice model. Emphasis was placed on assessing for present and impending danger, and using the information collected to support response priority recommendations.
- In September 2015, the Hotline implemented use of a comprehensive quality assurance instrument developed by Office of Child Welfare Continuous Quality Improvement in collaboration with the Hotline. The instrument was developed to incorporate the expansion of the interview and documentation processes along with other key decision making points prompted by the Florida's child welfare practice model.
- The goal of the Hotline's segment of the Secretary's Priority of Effort initiative is enhancing performance and quality of decision-making at the Hotline. The Hotline report monthly progress toward the goals, updating milestones and objectives as needed.

Future Plans

- The Hotline received a case review conducted by Action for Child Protection of screened out reports in February 2016. "The focus of the review was to assess the quality of information collection and decision making as it reflects the implementation of the Florida Safety Decision Making Methodology." The summary report of findings acknowledged high rates of agreement along with opportunities for improvement.

- The Hotline will be implementing a series of technology initiatives designed to maximize available workforce manpower.
    - Updates to the telephone system will enable calls to be routed to certain skilled counselors. We will be able to designate certain units to handle exclusively reporters calling in concerns about an adult, or child, or those seeking information and referral assistance. The ability to match skill set by type of caller will create an opportunity to develop performance metrics specific to certain types of reports as well as certain reporters.
    - Other plans include technology enhancements to our workforce management software so that we will be create and verify compliance and qualitative assessment standards for individual counselor performance.

Protective Investigation

Child protective investigations are designed to respond to reports of abuse and neglect for the purpose of assessing for Present Danger (active/immediate threats to child safety) during the initial on-site visit to the home and for the overall determination of child safety (based upon the identification of Impending Danger or on-going pervasive danger in the household). Both the identification of Present and Impending Danger require the immediate development and implementation of a safety plan with the child's caregivers to control for the danger threat(s) in the home. Investigators initially determine the feasibility of an in-home safety plan but if all safety plan criteria cannot be met the child is place in an out-of-home setting with relatives or non-relative, or licensed care. Child protective investigations and related legal actions are subject to prescriptive statutory requirements in Chapter 39, Florida Statutes.

The Department is responsible for conducting child protective investigation in 61 of 67 Florida counties. Sheriffs' offices in the remaining 6 counties (Broward, Hillsborough, Pasco, Pinellas, Manatee and Seminole counties) conduct child protective investigations through grants. Child protective investigations involve three types of settings. The largest share of investigations are In-Home investigations with a parent or legal guardian as the alleged perpetrator. A second, much smaller subset of In-Home investigations involve alleged maltreatment by a caregiver outside the child's home (e.g., weekend visit with grandparent, adult babysitter caring for the alleged victim in the child's or sitter's home, etc.) or reports involving human trafficking when the alleged perpetrator is not the child's parent or legal guardian. The third significant type of child investigation are defined as Institutional reports which involve alleged maltreatment in an institutional setting (e.g., school, child care, foster home, etc.) or by a person legally responsible for a child's welfare per Florida Statute.

Florida's child welfare practice model provides a set of common core constructs for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. The Abuse Hotline first gathers information related to the presence of Present or Impending Danger and the nature and extent of the alleged maltreatment. The child protective investigator gathers additional information related to six specific information domains in order to determine: (1) the presence of danger threats; (2) if a child is vulnerable to an identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe. The investigator

also completes a risk assessment for each In-Home investigation to determine the likelihood of subsequent harm. All safe but high or very high risk households are encouraged to work with Family Support programs to reduce the risk of future maltreatment.

The same core constructs guide actions to protect children (safety management) and support the enhancement of caregiver protective capacities (case management). The case planning process is based on an understanding of the stages of change and the logical progression that is most likely to result in successful remediation of the family conditions and behaviors that must change.

Update/Accomplishments

- During the report period, the implementation of Florida's new child welfare practice model has remained the primary focus for the Department of Children and Families. Using implementation drivers, Florida has continued its journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice through policy and guidance, supporting the practice through leadership and FSFN (SACWIS system) functionality.

- Florida has invested significant resources in organizing statewide workgroups and work sessions with national experts to plan and focus our implementation efforts. The Child Welfare Task Force, formerly known as the Statewide Safety Methodology Steering Committee (SMSC) has been active since 2013 advising and organizing various subcommittees to support implementation. The Task Force has the responsibility to lead, guide, direct and advise the statewide implementation of major initiatives and also guides the administration of the Children's Justice Act Grant (CJA Grant). The CJA Grant mandates that a Task Force be created to advise the Department of Children and Families regarding the spending of the grant funds to improve child protection initiatives in Florida. The Task Force also provides a forum to make sure that the implementation of the child welfare practice model continues to be implemented with high fidelity. The Task Force acts as the vocal and visible ambassadors throughout the state and as representatives of their specific fields of expertise. The team meets quarterly to carry out its charge and receive updates from its various subcommittees.

  The subcommittees are:

  - Policy and Practice Subcommittee
  - CQI Subcommittee
  - Supervisors Subcommittee

  The Policy and Practice subcommittee ensures the practice operationalized in the field is aligned with Florida's core tenants and model fidelity. This subcommittee worked for months to develop guidelines that would support the field in operationalizing the new practice model concepts. The guidelines are posted at: http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml

- Statewide implementation of Florida's practice model will remain the primary focus.

- Further development and enhancement of practice guidelines kicked-off in March 2015. The subcommittee progressed to three parallel tracks working on operating procedure simultaneously through a hotline track, CPI track and Case management track. The subcommittees have worked throughout the review period to convert the practice guidelines to operating procedures. That process is continuing into year three.
- Action for Child Protection completed two rounds of model fidelity reviews/case reviews using a statewide sample to help Florida assess and establish baseline indicators of how we are progressing as a state and where we need to concentrate our resources to achieve full operation.
- As part of the *Structured Decision Making®* (*SDM*) initial risk assessment's implementation, NCCD Children's Research Center (CRC) reviewed completed risk assessment reviews and related narrative documentation to identify staff strengths and issues with the risk assessment completion.

Future Plans

- The Office for Child Welfare will complete visits to each of the six regions to assess implementation and operationalization of the new practice model. These visits will include a self-assessment from the regions on implementation, a process mapping activity involving front-line staff that shows how the new practice has been operationalized regionally, and meetings with each Community Based Care provider to begin an assessment of their service array. As a result of the findings of these visits, a statewide implementation plan will be developed to focus on activities needed to further our practice.
- Following the regions visits, there will be efforts to complete a more in-depth assessment of each Community Based Care lead agency's service array. This will start with Family Support Services (prevention services) for safe children and safety management services.
- The policy and practice subcommittees will continue with the effort to convert practice guidelines into operating procedures. Additionally, efforts will begin in the complete review and update to all operating procedures with a goal of completion by December 2016.
- Action for Child Protection will continue regular fidelity reviews to help assess our progress toward fidelity to our practice model.
- Additionally, we partner with the Institute for Child Welfare and Action for Child Protection to begin an inter-rater reliability study of the rating of the caregiver protective capacities.
- As part of the *Structured Decision Making® (SDM*) initial risk assessment's implementation, NCCD Children's Research Center (CRC) will complete case reviews for completed risk assessments and related narrative documentation to identify staff strengths and issues with the risk assessment completion.
- The Office of Child Welfare will be partnering with the regions to facilitate four statewide supervisory trainings aimed at enhancing supervisory consultations, fidelity to our practice model and leadership and team working.
- In March 2015, the Department reclassified 37 regional field support consultants to Critical Child Safety Practice Expert (CCSPE) positions. This reclassification was done to create a highly skilled

cadre of staff who would become practice experts. Their primary role is to review open child protective investigations and provide guidance to child protective investigators. In this role, the CCSPEs coach and mentor staff to ensure that sufficient information is being gathered and assessed around child safety and family functioning. This guidance helps ensure CPIs are making the right decisions during the course of the protective investigation. The proficiency process is discussed in detail in Chapter IV. In FY 2016/2017 the Department will develop and implement a credentialing process for quality assurance (QA) staff. Although this process will not be as rigorous as the CCSPE practice expert training, QA staff will be required to become proficient in the practice model. This approach will help improve the fidelity of CPI casework activities.

In-Home Protective Services

When child protective investigation indicates that parents or guardians are unable to protect their children (the child is "unsafe"), the Department provides a full spectrum of services aligned with a safety plan. In-home safety plan services are emphasized in order to keep children safe in their home whenever possible to do so. Florida's new practice model emphasizes the least intrusive approach with the family while keeping the safety of the child as the paramount concern.

In-home services are intended to support families by strengthening caregiver protective capacities while at the same time implementing in-home, agency directed and managed safety plans. A significant portion of the Department's service array for in-home services is linked to the Promoting Safe and Stable Families program, as described in the Promoting Safe and Stable Families (starting on page 83). Availability of each type of service depends on the local CBC service structure and system of care to address community needs and population differences. This summary is arranged by the structure used in the Child Welfare Practice Model approach, discussed in Chapter IV as an ongoing intervention related to child outcomes.

Out-of-Home Care

Placement

The processes and choices involved in placement are crucial to ensure the Department is providing the safest and most appropriate care for children are unable to live in their own homes until a permanency goal is attained. The most appropriate available out-of-home placement is chosen after assessing the child's age, sex, sibling status, special physical, educational, emotional and developmental needs, alleged type of abuse, neglect or abandonment, community ties and school placement.

Consideration for placement is chosen from least to most restrictive. Initial placement decisions for the least restrictive placements, such as relative and non-relative placements, are made by the front line staff and their supervisors. After initial emergency placement, placement services are coordinated by the Community-Based Care (CBC) lead agencies. This provides an increased local community ownership of ensuring the right out-of-home care placement for children. Communities coming together on behalf of their most vulnerable children demonstrates what community-based care was designed to do: transition child welfare services to local providers under the direction of lead agencies and community alliances of stakeholders working within their community to ensure safety, well-being, and permanency for the children in their care.

In making a placement with a relative or non-relative, front line staff consider whether the caregiver would be a suitable adoptive parent if reunification is not successful and the caregiver would wish to adopt the child.

With the implementation of practice model (see discussion of this approach to practice in Chapter IV), case managers now will have responsibility for assessing when a safety plan in an in-home case is no longer sufficient to maintain the child's safety. At this juncture, the case manager and supervisors would determine the next least restrictive placement for the child, and would work with the birth family to establish conditions for return and the behavior changes needed. Out-of-home caregivers would receive this information as part of a coordinated effort by the birth family, the CBC case manager, and the out-of-home caregiver to work toward meeting the conditions for returning the child home.

Except in emergency situations or when ordered by the court, licensed out-of-home caregivers must give at least two weeks' notice prior to moving a child from one out-of-home placement to another.

During these two weeks a transition must be accomplished according to a plan that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.

Placement options

There are permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, thereby enhancing children's sense of purpose and belonging. For a number of children, guardianship or placement with relatives or non-relatives may be an appropriate permanency option, in accordance with federal and state provisions. An ongoing commitment is to support this option for children and de-emphasize the use of licensed out of home placement.

Licensed out-of-home placements (foster homes and residential group facilities) comprise less than half of the placement settings for children in out-of-home care. The number of children in shift care settings continues to drop, and there is a new focus on establishing quality guidelines for group care for dependent children. There are continuing challenges in Florida, as well as nationally. These include the recruitment and retention of quality foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics and needs, particularly for special populations such as teens and children with disabilities; and declining resources.

Out-of-Home Care offers case management services to children in out-of-home care when the child cannot remain safely at home and needs temporary out of home care while services are provided to reunite the family or achieve some other permanency option. As directed by the Florida Legislature, the state has outsourced all foster care out-of-home care and related services in an effort to better encourage the engagement of communities and local stakeholders to become partners in promoting issues associated with child safety, permanency and well-being. Florida's contracted non-for-profit Community-Based Care lead agencies (CBCs) provide and oversee out-of-home service activities, as well as related services such as in-home care, placement, and permanency, for their particular area of the state. CBCs also work closely with subcontracted service providers and provide training and technical assistance related to funding criteria and rules in support of collaborative and successful use of resources.

Kinship Care

Along with licensed foster homes and group homes, relative and non-relative placements are an additional option offered under out-of-home services and placements.

Relatives and non-relatives who request placement must be capable, as determined by an approved home study, of providing a physically safe environment and a stable supportive home for the children under their care. They must also assure that the children's well-being needs are met, including, but not limited to, the provision of immunizations, education, and mental health services.

Relatives or non-relatives who become out-of-home placements are not required to meet foster care licensing requirements but must have an approved home study prior to obtaining placement of a child.

The Department provides financial assistance to relatives through the Relative Caregiver Program. The Relative Caregiver Program is an option service offered to relatives. The Relative Caregiver Program provides financial assistance to:

- Relatives who are within the fifth degree by blood or marriage to full-time for that dependent child in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the relative.
- Relatives who are within the fifth degree by blood or marriage to the parent or stepparent of a child and who are caring full-time for that dependent child, and a dependent half-brother or half-sister of that dependent child, in the role of substitute parent as a result of a court's determination of child abuse, neglect, or abandonment and subsequent placement with the relative.

Update/Accomplishments

The Non-relative Caregiver Payment Program was successfully established in July 2014 and is funded by state general revenue. Payments (subject to funds availability) are processed through the Non-relative Caregiver Payment Administrator. The processing of the Non-relative Caregiver payment was transferred to the ACCESS Program.

Future Plans

- The Department will continue to support the Non-Relative Caregiver Payment Program using the existing appropriation and will request funding from the Legislature to continue the program should it become necessary.

Another Planned Permanent Living Arrangement (APPLA)

If all other permanency options (reunifications, adoption, permanent guardianship, or placement with a fit and willing relative) are not in the best interest of the child then Another Planned Permanent Living Arrangement is used.

A compelling reason must also been shown as to why placement in another planned permanent living arrangement is the most appropriate permanency goal. Compelling reasons for such placement may include, but are not limited to:

1. The case of a parent and child who have a significant bond but the parent is unable to care for the child because of an emotional or physical disability, and the child's foster parents have committed to raising him or her to the age of majority and to facilitate visitation with the disabled parent;

2. The case of a child for whom an Indian tribe has identified another planned permanent living arrangement for the child; or

3. The case of a foster child who is 16 years of age or older who chooses to remain in foster care, and the child's foster parents are willing to care for the child until the child reaches 18 years of age.

Another Planned Permanent Living Arrangement is typically utilized as a concurrent permanency option/goal. Therefore, cases with APPLA as a permanency option/goal receive the services attached to the primary permanency option/goal. Some of these services include: independent living services; medical, dental, educational, or psychological referrals; and various services to meet other needs, as recommended by the caregiver.

Case Management supervision and treatment services that children may need are continued until another permanency option is reached or the child reaches the age of majority, 18.

Update/Accomplishments

- The Department of Children and Families has continued its partnership with Casey Family Programs in implementing the Permanency Roundtable (PRT) processes in 12 CBCs. Training and mentoring by Casey Family Programs is provided for staff and stakeholders at each new site with a designated lead and facilitator identified by the Community Based Care Agency lead agency.
- We have seen a reduction in the number of children with an APPLA goal from 549 children in foster care in October 2013 to 487 in September 2014 to 453 in September 2015.
- Plans are underway for other Community Based Care lead agencies to develop a PRT implementation plan that begins with a training plan and identification of one staff person from a Community- Based Care Agency with experience in PRT being assigned as a mentor.

Future Plans

- The Department of Children and Families will continue its partnership with Casey Family Programs in implementing the Permanency Roundtable (PRT) processes in 12 CBCs.
- The Department will be modifying the case review system to support implementation of the provisions in the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) that limits APPLA as a permanency goal for youth age 16 and older. For those children with a permanency plan of APPLA, the new case review and case plan requirements will also be implemented.

Services to Those Most at Risk

Every age and stage of child development has different challenges and vulnerabilities, and child welfare is concerned about all of them. Two particular focus areas, very young children and children who are victims of domestic human trafficking, are highlighted

Children ages 0-5

The proportion of the youngest children in need of permanency, and their length of stay in out of home care, is fairly constant. The Department, in collaboration with its community based care partners, is continuing efforts to reduce the number of children ages 5 and under in shift care placements, and increase developmentally-appropriate treatment options. These efforts improve well-being and normalcy for children, while also enhancing permanency.

- On-going efforts to place children ages 5 and under in a more family-like setting have been underway since February 2009.
- Children entering out-of-home care ages 0 to 17, who are Medicaid eligible, receive Comprehensive Behavioral Mental Health Assessments (CBHA) by a licensed mental health professional almost immediately after being removed. This assessment encompasses developmental needs of the child, which is particularly important for the very youngest children.
- A part of the Child Welfare Practice Model in Florida has been expanded to include the assessment of child functioning and vulnerability. Case managers are responsible for ensuring that any impending danger safety plan is working dependably to keep the child safe. The case manager is responsible for continuously assessing and confirming that the ongoing safety plan is controlling for danger threats and is the least intrusive and least restrictive intervention available.
- Developmental services such as speech and language therapy, occupational therapy, and physical therapy are included in the State Plan for children, which are provided through Medicaid. The Department works closely with the Early Steps Program. The Early Steps Program administered by Children's Medical Services (CMS) in accord with IDEA, Part C. offers services specifically designed for children under the age of three with developmental delays. Children three and older with a developmental disability may be eligible for specialized developmental services through the Agency for Persons with Disabilities (APD). As with mental health services, children in the child welfare system have a high level of need for health care services and coordination of care.

<u>Update/Accomplishments</u>

Statewide

- On-going efforts continue to recruit homes and place children ages 5 and under in a more family-like setting.
- Substance-exposed infants present a particular challenge. Births of substance-exposed infants are called into the Hotline for investigation, and subsequent intervention in confirmed cases is crucial. Collaboration with the Substance Abuse and Mental Health community is a key factor in addressing this issue.
    - The 2012 Florida Legislature created the Statewide Task Force on Prescription Drug Abuse and Newborns to address the problem of Neonatal Abstinence Syndrome (NAS). NAS refers to a drug withdrawal syndrome in newborns following birth. The Task Force provided several recommendations, which in part resulted in a new appropriation of funds for substance abuse services targeting this population. The additional $10 million appropriation is used to enhance the capacity of the behavioral health system to ensure pregnant women and mothers have immediate access to the appropriate level of care through a continuum of services. Specifically, DCF SAMH managing entities contract with providers for expanded residential treatment, intensive outpatient treatment and case management services to

assist women leaving treatment. Substance abuse treatment includes coordinated physical and behavioral health care; collaboration with child welfare and community services (including courts and schools); gender specific evidence-based practices; and a whole family approach.

  - "Born Drug Free Florida" is an initiative by the Florida Department of Children and Families, Florida Office of the Attorney General and the Florida Department of Health to raise awareness about babies being born exposed to prescription drugs. The campaign educates expectant mothers about the importance of discussing prescription drug abuse with their doctors and to offer assistance to the women. It is dedicated to assisting pregnant women who are taking prescription medication with information and referral services to Department approved behavioral healthcare facilities. Women can reach the Born Drug Free helpline at 1-800-945-1355 or access information at http://www.borndrugfreefl.com.

- In 2014, the Florida Alcohol and Drug Abuse Association (FADAA) proposed to the Florida Legislature the creation of a targeted treatment model to serve parents with behavioral health conditions who come in contact with the child welfare system. The proposed model was identified as the Family Intensive Treatment (FIT) team and designed to provide intensive interventions targeting high-risk families with child welfare involvement due to behavioral health issues. The FIT model was different from current standard practice and a significant philosophical shift in that it went beyond initial referral, screening, assessment and traditional treatment to an integrated child welfare and behavioral health practice model with a family centric approach. The framework for the FIT model was designed to include critical components to improve child safety, permanency, well-being and recovery. System change supporting this philosophical shift focused on implementing a treatment-based service model designed to address behavioral health problems while improving family functioning and strengthening child welfare related outcomes. As of September 2015, ten teams were in place with five more in start up phase. The Family Intensive Treatment (FIT) Evaluation Report can be found at http://www.dcf.state.fl.us/programs/samh/publications/FIT%20Report%202015%20Final%20_013015.pdf.

Local Accomplishments, include but are not limited to:

- Circuit 1 has an active Infant Mental Health Vision Council that oversees and promotes awareness and understanding of infant mental health services. The Vision Council is presently establishing a number of training opportunities for our area including bringing infant mental health expert Mindy Kronenburg, and director of the national Zero to Three Safe Babies Court Teams, Lucy Hudson, to the area in 2014. During FY 14-15, two additional Early Childhood Court sites were developed (North and South Okaloosa). South Okaloosa was chosen as a QIC Evaluation site by Zero To Three. The Circuit 1 Early Childhood Court Initiative was a chosen recipient of an FSU Florida Institute for Child Welfare evaluation grant. During FY 14-15, two additional Early Childhood Court sites were developed (North and South Okaloosa). South Okaloosa was chosen as a QIC Evaluation site by Zero To Three. The Circuit 1 Early Childhood Court Initiative was a chosen recipient of an FSU Florida Institute for Child Welfare evaluation grant.
- The Early Childhood Court Project is a specialized dependency court program started Escambia and has now expanded to Okaloosa County. The focus is on addressing the needs of families who have come into the purview of the court system because they have abused or neglected their children who are ages birth to 3 years old. The program utilizes existing community resources to provide a

coordinated and integrated approach to address the underlying issues of abuse and neglect while at the same time enhancing the parent-child relationship and improving permanency outcomes, safety and well-being of the children enrolled in the program. The program is unique in that it intervenes at the family level rather than the individual family member level. Every member of the family is offered the services that they need to enhance family stability and child well-being.

- The Escambia County Early Childhood Court Team consists of: Dependency Judges, CLS, Parent Attorneys, GAL, Court Administration, Dependency Court Resource Facilitator, Child Protective Investigators, Family Services Counselors (FFN), Community Mental Health, Substance Abuse and Domestic Violence treatment, agency service providers, Community Prevention and Early Intervention Providers, Early Learning Coalition (ELC), and Healthy Start.
- In Circuit 2, integration of Child Welfare and Substance Abuse and Mental Health Services Big Bend Community-Based Care (BBCBC), as the steward of both child welfare and substance abuse and mental health dollars, is uniquely positioned to focus on the integration of child welfare and substance abuse and mental health services. Currently, BBCBC has several integration initiatives; one focusing on infant mental health and the well-being needs of children aged 0-3 in out of home care through Early Childhood Court and Child Parent Psychotherapy and the other focusing on the monitoring of the delivery of substance abuse and mental health services to families involved in the child welfare system. As an overall integration effort, BBCBC continues to lead and/or support countywide and/or circuit-wide Integration Workgroups. Additionally, BBCBC has a fulltime Child Welfare Integration Director devoted to ensuring that the goal of integrating SAMH and child welfare is an agency-wide focus.
- One of the important initiatives (in Circuit 2) being undertaken by PACT Providers is Community-wide Infant Toddler and Preschool Developmental Comprehensive Screening. These began in 2009 and since then there have been 10 screening events in the Circuit 2 area and over 500 children have been screened and, as appropriate, connected with early intervention providers such as Early Steps, Dick Howser Center, Leon County Schools, Children's Medical Services and others. Other projects being undertaken by the Gadsden/Leon PACT community include; Nutrition Project, South City Revitalization Project, Faith-based Breastfeeding and a strong Partnership with the Kearney Center's on-site childcare center, Honey's House.
- In Circuit 14, the central focus of the Early Childhood Mental Health System of Care is to support the social-emotional and behavioral wellbeing of young children (birth to age eight) in Bay and Washington Counties. With support from the Florida Children's Mental Health System of Care Expansion Planning Grant (CMHSOC), stakeholders (including agency representatives, business members, civic organizations, and families) have come together to identify a unifying vision, mission, goals, and strategies in support of young children and their families. Working as the Northwest Florida Early Childhood Mental Health System of Care (SOC) Project, community stakeholders have invested time, resources, and ideas to this project. Currently, the project Coordinator, Missy Sword Lee, is working with BBCBC's Network Coordinator for Circuit 14 to further develop services, particularly Wrap Around Services in Bay county.
- The creation of a new task force in the Northwest Region, Safe Babies Task Force was created to bring community partners together to promote safe and healthy developmental needs of the 0-3 population who are involved in the child welfare system. A Safe babies court report was created to keep the courts informed of services provided to child and family during quarterly court proceedings. Community resources and identified gaps are discussed in bi-monthly meetings.

- In conjunction with the Chadwick Trauma Informed Systems Project, Community Partnership for Children in Circuit 7 is developing a Family Involvement program that will align with new Child Welfare Practice Model, Family Centered Practice, Trauma Informed Care, Chadwick, and 43 Initiatives. This program offers a Parent Partner which is a free resource for birth parents who have at least one child, 0-5 years of age, with an open dependency case in Volusia, Flagler, and/or Putnam Counties. The Parent Partner (PP) role includes: Working in partnership with birth parent to promote engagement in case plan decision making process through face to face visits, Café activities, and support groups, being a liaison between birth parents and substitute caregivers-foster/kinship caregivers, assist case management with achieving the goal of reunification and/or the exploration of alternate permanency plans, recognize any and all strengths of the family, utilizing the Protective Factors Framework, Support families during Case Plan Conferences, Staffing, Court Hearings, Protective Factors Dialogue, Peer Support groups; and provide on-going life skills coaching that will increase parent caregiver protective capacities. The Family Involvement Program offers support groups in Volusia and Flagler County.
- Heartland for Children in Circuit 10, along with the Department, the University of South Florida (USF) Department of Pediatrics, Children's Home Society Child Protection Team (CPT), Infants & Young Children of West Central Florida, and the Department of Health Children's Medical Services, has a working agreement with USF Early Steps. The purpose of this agreement is to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect are referred for early intervention services as appropriate.

Future Plans

- The Department of Children and Families will continue to support the Early Childhood Court initiative, a Florida Court Improvement lead project. Early Childhood Court addresses child welfare cases involving children under the age of three. It is a problem-solving court – where legal, societal, and individual problems intersect. Problem-solving courts seek to address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. This specialized court docket provides greater judicial oversight through more frequent judicial reviews and a multidisciplinary team approach. The team works in a non-adversarial manner to link the parties to treatment and services.
  - There is a substantial momentum to expand Early Childhood Court throughout the state. Understanding of both the vulnerability and the opportunity for changing the developmental trajectory for maltreated children has inspired dependency judges and local coalitions in more than twenty of Florida's sixty-seven counties to begin Early Childhood Court. Most counties are in the exploration and installation stages of implementation, and several are in the initial implementation stage; all are eager to expand best practices and deeply committed to improving outcomes for young children in dependency courts.
  - The Department is a full partner in this initiative on a statewide level and local community level. Other collaborative partners include the Community-Based Care agencies, Florida State University, Children's Legal Services, mental health providers, infant mental health specialists, foster parents, and other community partners. Activities are underway to support initial implementation of the project across sites, along with planning for long-term sustainability.

Human Trafficking and Sexually Exploited Children

On a national level, DCF has partnered with multiple states to share information developed, lessons learned, and tools developed. We have been asked to Kansas and Kentucky to discuss our human trafficking response model. We have had phone conferences with Tennessee, Texas, North Carolina, Washington D.C, and California, to name a few, to share our Human Trafficking Screening Tool (HTST) and to discuss the evolution of our response model. DCF held an initial call with Southern Region States to include Virginia, Georgia, North and South Carolina, Mississippi, Louisiana, and Alabama to discuss their level of interest in creating a platform where states can share information, tools, policies and procedures developed to identify and responds to human trafficking. We are now in the process of identifying the platform to be utilized since the states have indicated a desire to pursue a southern regional work group. Finally, we have travelled to Minnesota and Georgia to learn about their centralized referral processes to explore their system strengths and challenges as we explore adoption of a similar structure in Florida.

Secretary Mike Carroll serves as the Vice Chair for the Florida Statewide Human Trafficking Council. In addition he chairs the Services and Resources Committee of the Statewide Council. The Council was created in 2014 in the Office of Attorney General, Department of Legal Affairs and is led by the Florida Attorney General. The Council was created for the purpose of enhancing the development and coordination of state and local law enforcement and social services to combat commercial sexual exploitation as a form of human trafficking and to support victims. The Council consists of the Attorney General, Secretary of the Department of Children and Families or their designee, Secretary of Department of Juvenile Justice or their designee, the State Surgeon General or their designee, the Secretary of Health Care Administration or a designee, Executive Director of Law Enforcement or their designee, the Commissioner of Education or their designee, one member of the Senate appointed by the President of the Senate, one member of the House of Representatives appointed by the Speaker of the House of Representatives, an elected Sheriff appointed by the Attorney General, an elected state attorney appointed by the Attorney General, two members appointed by the Governor and two members appointed by the Attorney General, who have professional experience to assist the council in the development of care and treatment options for victims of human trafficking. The Council provides recommendations through an annual report to the Legislature. The Services and Resources committee of the Statewide Human Trafficking Council is focused on the broad statewide continuum of care for youth and adult victims from prevention to placement and treatment and ending with transition and resiliency.

Statewide, the DCF statewide human trafficking prevention director maintains close collaborative working relationship with counterparts from the Attorney General's Office, the Department of Juvenile Justice, the Department of Health and the Department of Education. Collectively these agencies are building agency strategic plans in human trafficking prevention and a coordinated statewide response. Examples of collaborative projects include: creation of a 2016 human trafficking awareness training calendar across agencies; School human trafficking awareness poster project; evaluation of human trafficking as a public health issue with the University of Miami; and participation on the Interagency Council on Human Trafficking which develops the states strategic plan on human trafficking with Florida State University.

The Florida Department of Children and Families participates on human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some 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. DCF has participants on all task forces and takes a leadership role in a majority of these task forces. This allows for the DCF human trafficking unit staff to have a true statewide understanding of the

unique regional needs, flavor and responses, as well as recognizing gaps in continuum of care. This year we have reenergized task forces in two areas and are scheduling a training symposium in the Northwest Region, where law enforcement and state attorneys report needing training to fully understand how to identify and respond to victims of human trafficking.

DCF has utilized a collaborative approach to address several of the challenges and needs in our human trafficking identification and response mechanisms. In 2014, DCF and DJJ partnered to facilitate two statewide workgroups: one which assisted in the development of the Human Trafficking Screening Tool (HTST) and one which assisted in the drafting of a statewide assessment of Florida's system of care regarding human trafficking, titled, "Restoring Our Kids." In 2015, we partnered with Dr. Leslie Gavin, Nemours Children's Hospital, to create a level of care placement tool. In 2015, we also partnered with Dr. Patricia Babcock with the Institute of Child Welfare at Florida State University to establish trigger criteria for initiating the use of the HTST. In 2015 and 2016, DCF spearheaded a statewide response to the clinical needs for human trafficking victims and system of care. We created five separate workgroups, consisting of experts across the state, to complete five specific tasks: identify an assessment tool for adoption or creation; identify the array of treatment interventions the state would like to approve for victims of commercial sexual exploitation; identify metrics and outcomes for safe houses and safe foster homes; identify a curriculum for mental health professionals treating human trafficking victims; and identify a plan for leveraging the existing infrastructure of mental health and substance abuse providers rather than rely on the idea of building new infrastructure to treat human trafficking victims within their communities. Workgroups have defined their deliverables and final products are due by December 2016. In addition, we have created a residential provider work group and host bi annual meetings with providers who provide residential services to human trafficking victims. We also connect the residential providers with licensing and placement staff in regional offices and community based care lead agencies. In 2015, we hosted a working day in which we collectively problem solved solutions for issues raised by each group regarding accessibility of placements and information sharing. Finally, there is a recognition of the need to engage survivor leadership in the development of policies and procedures in the area of human trafficking response, as well as strategic direction of next steps. As such, we developed a volunteer advisory group comprised of Florida survivor leadership who provide feedback to DCF on a variety of issues as requested. One example of an on-going conversation involves what is the role of survivor leadership in response to the human trafficking victim and what should engagement between child welfare and survivor leadership look like. From this conversation, the statewide human trafficking director and survivor leadership from The Wayne Foundation and More Too Life have drafted a training on how child welfare and survivor leadership can partner to meet the needs of the youth we serve.

<u>Update/Accomplishments</u>

- An update to the 2014 "Restoring Our Kids" report assessing Florida' response to the issue of human trafficking was drafted.
- The Department hired three Regional Human Trafficking Coordinators.
- The Department's HT unit completed the certification language to certify safe houses and safe foster homes in Florida. Rule promulgation regarding the certification was finalized January 13, 2016.
- The Human Trafficking Screening Tool (HTST) was finalized and state wide role out was completed January 13, 2016. Training for staff was completed prior to roll out and there are ongoing train the trainer opportunities for regions and lead agency staff.

- The HT unit has relaunched the Indian River and Pensacola task force and assisted them with focusing and strategizing the goals and purpose of the task force. DCF has taken leadership roles on the task force to ensure continued engagement and progress.
- In 2015, the Department partnered with Dr. Leslie Gavin, Nemours Children's Hospital, to create a Level of Care Placement tool.
- In 2015 and 2016, DCF spearheaded a statewide response to the clinical needs for human trafficking victims and system of care. We created five separate workgroups, consisting of experts across the state, to complete five specific tasks: Identify an assessment tool for adoption or creation; identify the array of treatment interventions the state would like to approve for victims of commercial sexual exploitation; identify metrics and outcomes for safe houses and safe foster homes; identify a curriculum for mental health professionals treating human trafficking victims; and identify a plan for leveraging the existing infrastructure of mental health and substance abuse providers rather than rely on the idea of building new infrastructure to treat human trafficking victims within their communities. Workgroups have defined their deliverables and final products are due by December 2016.
- In 2015, DCF hosted a meeting with providers who provide residential services to human trafficking victims and licensing and placement staff in regional offices and community based care lead agencies. We hosted a working day in which we collectively problem solved solutions for issues raised by each group regarding accessibility of placements and information sharing.
- The Department created a volunteer advisory group comprised of Florida survivor leadership who provide feedback to DCF on a variety of issues as requested.
- Human Trafficking certification training was offered for child protective investigators and case managers.
- A 2016 training calendar for on-going quarterly certification training was published and made available statewide. Quarterly trainings included: Gang trafficking and Case Study, Survivor Panel, And Boys Too, and Blue Print for Human Trafficking.
- During 2015 – 2016, provided human trafficking 101 training to the Guardian Ad Litem program statewide. Engaged the GAL program regarding how to partner to effectively serve human trafficking victims.
- During 2015 – 2016, provided human trafficking 101 and legislative training to Children Legal Services attorneys.
- The maltreatment language was updated to reflect the variety of commercial sexual exploitation cases accepted by DCF hotline: familial trafficking, pimp led trafficking, gang led trafficking, and renegade trafficking/survival sex.
- The maltreatment coding was restructured to support data pulls on human trafficking cases. Reports are now either Human Trafficking – Labor or Human Trafficking – CSEC. CSEC cases can be in-home (parent), other (pimp, gang), or institutional.
- In 2015, the trafficking prevention director and regional human trafficking coordinators conducted a review of sample human trafficking cases in all 6 regions. The review explored investigative findings and prior and subsequent service interventions. An analysis of outcome from the review was shared with operational staff in the regions.

- The regional human trafficking coordinator worked with the regions to ensure there are multi-disciplinary staffings established for human trafficking cases and to verify that local protocols exist regarding human trafficking response that reflects the expectations of state statute.

Future Plans

- By December 31, 2016, deliverables for all 5 clinical work groups are due: a) Metrics and outcome measures for safe house and safe foster homes; b) develop or adopt a curriculum to train mental health professionals; c) develop a plan to leverage the existing infrastructure of community substance abuse and mental health to expand the treatment options for victims; d) develop or adopt an assessment tool as directed by statute; e)identify therapeutic or clinical interventions that would be approved for treatment with CSEC youth.
- Finalize the update to the 2014 Restoring Our Kids report and submit by September 30, 2016 to the Services and Resources Committee of the Statewide Human Trafficking Council. The updated report will also include adults in the continuum of care. This report will evaluate existing services, identify gaps in the continuum of care, as well as discuss scope and scalability. The report will detail recommendations to the state for next steps.
- Partner with the Guardian Ad Litem Program on the development of their human trafficking response units. This development will occur over the next three years.
- Work on expansion of the specialized therapeutic safe house model, which is showing promising practice through independent analysis by USF.
- Work with the Statewide Human Trafficking Council to identify a centralized referral process. We are evaluating private public partnerships as a structure for potential implementation. We have visited Minnesota and Georgia to evaluate their structures and we are in conversation with Texas.
- Continue working with Indian River and Pensacola to solidify local task forces, as required by statute.
- Hold a regional symposium for child welfare, law enforcement, and state attorneys in the Northwest Region to increase knowledge and awareness of human trafficking, as well as provide mentoring opportunities from detective and state attorneys who have experience working human trafficking cases.

Quality Parenting Initiative

In 2013, the Florida Legislature enacted the Quality Parenting Initiative (QPI) in an effort to improve child safety, permanency and well-being for children who are placed in Florida's out-of-home care system. QPI is designed ensure that children are residing in an out-of-home care setting with a caregiver who:

- has the ability to care for the child,
- is willing to accept responsibility for providing care, and
- is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The Quality Parenting Initiative (QPI) is one of Florida's approaches to strengthening foster care, including kinship care. It is a process designed to help a site develop new strategies and practices, rather than imposing upon it a predetermined set of "best practices."

Update/Accomplishments

- As of end of FFY 2015, all but two (2) of Florida's CBCs were actively participating in the Quality Parenting Initiative which involves ongoing technical assistance, as well as special initiatives.
- During FFY 2013 – 2014, QPI, the CBCs and the Department began strategic partnering on a number of initiatives, including:
    - Streamlining licensing requirements;
    - Developing a Partnership Plan for foster parents;
    - Coordinating with Fostering Success a Priority of Effort collaborative tasked improving recruitment & retention of foster homes for teens, and children with special needs;
    - Share objectives with the Federal Intelligent Recruitment Grant awarded to four of Florida's CBCs, and directed by the Department.
- Through Florida's Intelligent Recruitment Project (FIRP) and building upon Fostering Florida's Future, a statewide collaborative effort was designed to improve the quality and availability of foster and adoptive resource homes. The Department of Children and Families (DCF) proposed to implement an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Using a Marketing firm, the Intelligent Recruitment Project (IRP) is committed to breaking 'plateaus' of child placement. The project team, consisting of an evaluation team, the Department and four CBCs, each responsible for one or more judicial circuits, is focused on using proven marketing strategies to identify permanent resource families for some of Florida's most difficult to place youth.
- Completion of the Year Two work plan for the Federal Intelligent Recruitment Project (FIRP) included the following activities:
    - Project team members for the diligent recruitment grant built organizational capacity within individual CBCs to assure appropriate staffing as outlined by the project.
    - Team members began implementation of customized marketing plans which were developed through a stratified marketing and recruitment approach based on data gathered from the in-depth strategic questionnaire that was developed for each or the FIRP service areas.
    - Team members focused their work on the revision of data collection tools, foster parent surveys, year 2-5 work plan tasks, marketing plans, home study processes and licensure timeframes, evaluation, and coordination of FIRP integration with the Quality Parenting Initiative (QPI). The partners continued to refine expectations, measure progress and improve communication within the project team. Deliverables included, Updated marketing plans, Dissemination plan, Inquiry and Recruitment Tracking Log, and Work Plan Status and Updates.
    - Team members presented on the project at the 2015 Florida Coalition for Children Conference in July 2015.

- Responsible key persons from Florida attended the DR Cluster Federal Diligent Recruitment (DR) grantee annual meeting in Baltimore.

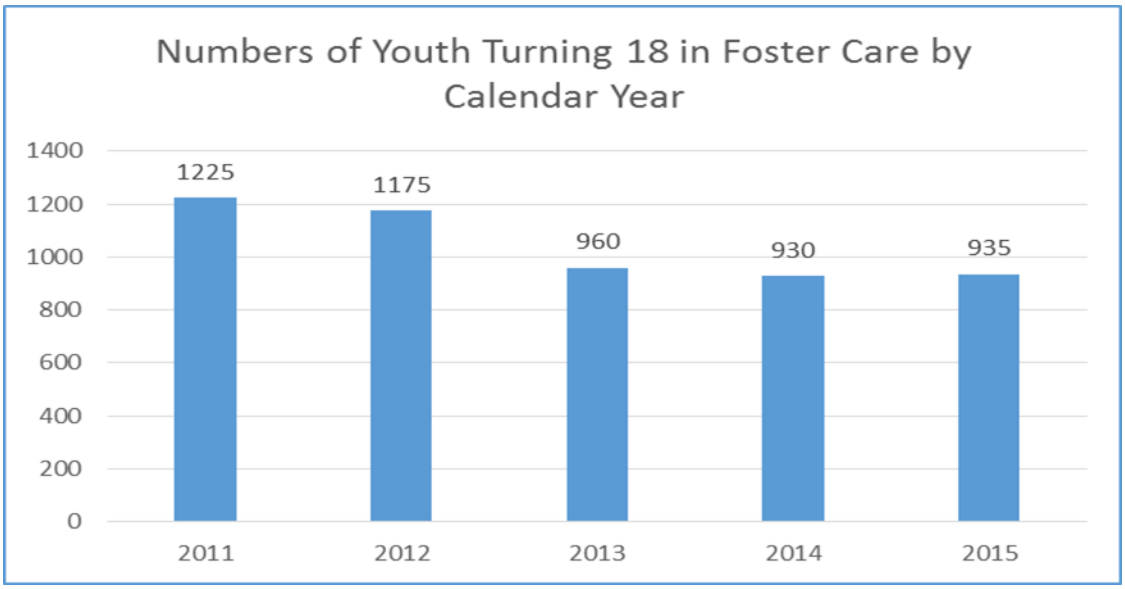
- The Community-Based Care lead agency and other agencies provide prospective caregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child.
- Foster parents continue to be encouraged to participate in the planning, case management, court proceedings and delivery of services for children who are residing in Florida's out-of-home care system.

Future Plans

- Over the next 6 months, project team members will work with National Resource Center for Diligent Recruitment as they provide technical assistance to develop a customer service model.
- In addition, the project will analyze how concurrent case planning is used and compare to federal expectations. This activity is expected to result in recommendations regarding policy changes to DCF.
- The Federal Project Officer, will complete a site visit to assess the progress Florida has made in the Intelligent Recruitment Project.

Independent Living

In Florida, 930 youth aged out of the foster care system in SCY 2014 and 935 in SCY 2015. These youth set out to establish themselves and their future in Florida's communities without parental guidance. The Independent Living Program provides supports and services to youth in foster care and youth who were formerly in foster care.

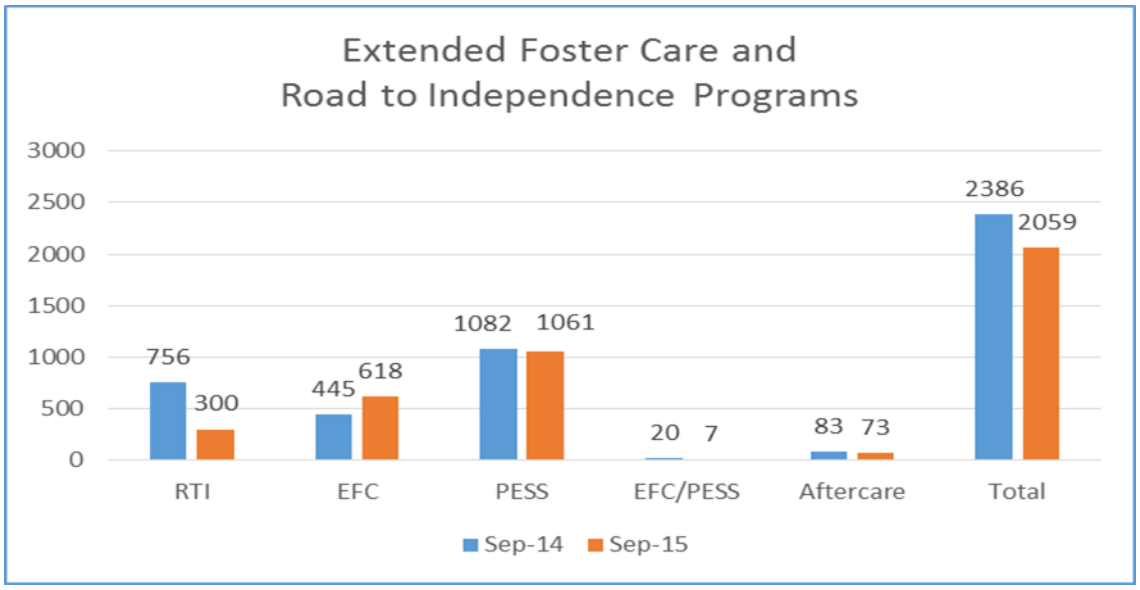


Source: Florida Safe Families Network, January 2016: Data Warehouse

As set forth in statute, four categories of Independent Living services are currently available in Florida for young adults ages 18-23, including:

- Extended Foster Care (EFC)
- Postsecondary Education Services and Support (PESS)
- Aftercare Support Services
- Road-to-Independence Program

As of January 1, 2014, young adults have the choice to remain in foster care until their 21st birthday, or 22nd birthday if they have a documented disability. EFC provides young adults with safe housing, case management services, judicial oversight of their progress toward independence, and other services they need to establish a solid foundation for success as independent adults. There are participation requirements for EFC, such as school/work participation and court reviews; young adults are able to leave and re-enter the program (s. 39.6251(2)(a-e), F.S.).



Source: Florida Safe Families Network, April 2016: OCWDRU Report # 1130

Postsecondary Education Services and Support (PESS). A young adult who has completed high school or has an equivalent credential and who pursues postsecondary education, whether academic or vocational, may be eligible for additional financial support.

Eligibility for Postsecondary Education Services and Support payments is established in section 409.175(2), F.S., for young adults who:

- Turned 18 while residing in licensed care and who have spent a total of six months in licensed out-of-home care; or
- 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; and

- Are enrolled in at least 9 credit hours at a Florida Bright Futures-eligible educational institution. If the young adult has a documented disability or is faced with another challenge or circumstance that would prevent full-time attendance, the young adult may be enrolled for fewer than 9 credit hours, if the educational institution approves.

The Department has partnered with the College Reach Committee to establish robust college supports in the community for young adults formerly in foster care. The focus is on increasing access and continuum of care for young adults once they are enrolled in post-secondary education.

PESS is available for the above described young adults attending Florida Bright Futures eligible schools. There is another option for financial support for young adults who wish to attend a postsecondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal Education Training Voucher (ETV) educational stipend payment of up to $5,000 may be available provided the chosen academic institution meets ETV eligibility requirements and the young adults meets the other PESS eligibility requirements. PESS stipends are made monthly to support eligible young adults who are pursuing postsecondary education. The community-based care service provider makes housing payments directly for the student when assessed to be appropriate. Any remaining funds are disbursed to the student. This arrangement continues until the student can demonstrate the ability to assume this responsibility. Students receiving the PESS stipend may choose to be in Extended Foster Care.

Aftercare Support Services. Aftercare Support Services are temporary and/or emergency support payments and services designed to prevent homelessness and meet the immediate needs of young adults formerly in foster care. Aftercare supports are often used to bridge the gap in eligibility allowing services to be provided while young adults are transitioning onto or off of one of the other programs. Young adults formerly in foster care, between the ages of 18-22 years who have "aged out" of an out-of-home placement are eligible for these services. Young adults may only receive Aftercare Support Services if they are not currently enrolled in Extended Foster Care, PESS, or the Road-to-Independence Program.

Road-to-Independence Program (RTI). Commonly referred to as "old RTI" or "grandfathered RTI". Young adults enrolled in the prior RTI program, when the new legislation took effect January 1, 2014, have been permitted to remain in that program as long as they maintain eligibility. Those served in the other prior programs – Subsidized Independent Living and Transition – were also permitted to remain. As of September 2015 only 300 grandfathered RTI remained, with many transitioning onto the new EFC or PESS programs.

Update/Accomplishments

- Florida's system of care transitioned the provision of life skills development to the caregiver. Licensed caregivers receive a stipend to assist with the provision of these life skills. The Quality Parenting Initiative continues to assist foster parents in heightening their commitment, skills and knowledge regarding their role in preparing these youth for leaving foster care.
- Services provided include parenting classes, career counseling, therapy and psychological counseling and assistance with time management and organization. These services were funded through a web of federal grants, general revenue dollars, and national, state, and community private funds.
- Accomplishments included: improved program options for youth exiting care, emphasis on skill building, strong emphasis on post-secondary access and completion, quantitative and qualitative compilation of data from staff and youth to inform policy and practice and the formulation of draft

administrative rule. Florida's stakeholders and providers are committed to continued improvements in this service area.

- The Department's direct partnership with statewide youth advocacy groups, requesting feedback on the system of care from youth that are actively in care, and improving youth access to advocacy events have strengthened the community bond between our youth and the Department. The Department's partnership with and support of Florida Youth SHINE has continued to grow. Florida Youth SHINE continues to engage current and former youth in foster care across the state of Florida in advocacy efforts. In 2015, the twelve chapters held numerous local meetings and have partnered with, or served as representatives on, local youth advisory/advocacy boards. Over the summer, 80 youth had the opportunity to participate in a leadership development camp hosted by the Department of Children and Families. Additionally, in 2015, 10 youth were selected from across the state to complete a digital storytelling project about their experiences in foster care, which will be shared with the child welfare community throughout 2016.
- Florida Reach is an initiative of the Department designed to improve post-secondary outcomes and career transitions for youth in care and alumni through resources, support, networking and determining collective impact. In the past year, 27 of Florida's public colleges and universities participated in the Florida Reach network and have worked to actively support students from foster care enrolled at their institutions. Currently, Tallahassee Community College, Florida State University, Valencia College, Miami-Dade College and Florida International University have programs designed specifically to serve students who have been a part of Florida's child welfare system.
- The Florida Youth Leadership Academy is a leadership development program for teens involved in the child welfare system. The current leadership class is made up of 16 youth from across the state, who will receive extensive communication, strategic sharing, and public speaking training throughout the course of the 10 month program. The skills these youth develop will help them leverage their unique and challenging life experiences as they transition into adult members of our community. The program is jointly sponsored by the Department of Children and Families and Connected by 25.

Future Plans

- The Department will continue to partner directly with Florida REACH and the Florida College Access Network workgroup to obtain, analyze and provide recommendations on the school stability, reading and math levels, school dropout, and truancy factors of the young adult at the time of entry into dependency care.
- The Department will partner with the Florida college system and the Board of Governors State University System to identify, analyze and provide on campus targeted services to young adults in care.
- The Department will continue to work with statewide youth focus and youth driven advocacy groups on developing a youth driven customer service review process. The Department will help workgroups in developing a communication plan to share the youth voice with statewide partners.

- Florida will continue to analyze National Youth in Transition Database (NYTD) results in an effort to improve direct service outcomes for youth.
- The Department will continue the collaborative work with Independent Living Statewide Advocacy Council (ILSAC) regarding improvement of services, education of all stakeholders, leaders and staff through in-service training events and identification of areas needing improvement.

Education Information and Service Integration

The Department along with various educational partners, the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continued to work together toward common goals for educating children, youth and young adults.

Florida continued its work to develop an infrastructure to measure the accomplishments and needs of its children in out-of-home care. Information gathered will aid Florida's child welfare partners in creating policies and projects to further enhance children's educational success in all phases of their education, including post-secondary.

The Department participates in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state.

Update/Accomplishments:

- The Department completed an electronic data exchange pilot project between the Department and eight local school districts throughout the state. The Department determined that 13 counties share educational information with case managers through an automated data exchange, 36 counties provide case managers with access to a parent portal, 16 counties provide information upon request, and 2 counties do not have a current process in place for the exchange of educational information.
- As reported above, the Department, Regions, and CBCs in a multitude of areas across the state are sharing educational information.
- The Department and Casey Family Programs met to analyze and review data findings received from the Department of Education. The workgroup created a plan to reach out to local school districts to work with the local CBCs to improve data sharing.
- Florida Law Chapter 2015-130 was enacted into law on July 1, 2015. The new law gave further guidelines for the Department to ensure children succeed in school and work with their local school district. The law directed that children be enrolled in the best educational setting that meets the needs of the child. Also, the law outlines requirements for local agreements with district school boards. These local agreements are to include: ensuring children are enrolled in the best education setting that meets their needs, have minimal disruption to their education, notification to schools when children known to the Department are enrolled, establish protocol for information sharing, as well as requirements to notify the school district of case planning of children belonging to the school district. The new law expanded the requirements of local agreements that were already in place. As

these local agreements are updated to comply with the new law and implemented statewide, they will be a catalyst to improved communication between the CBCs and local school districts.

Future Plans:

- The Department will continue to work with Casey Family Programs to improve data sharing between school districts and community based care organizations.
- The Department will be working with the Florida Department of Education as well as other state agencies to update the Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System.

Adoption

Community-Based Care lead agencies (CBCs) are responsible for identifying and reporting to the court the permanency options available to each child who has been removed from a parent or legal guardian. Their scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court to not be 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.

Recruitment of Adoptive Families. The majority of children adopted from the child welfare system are adopted by the families known to the children and in areas where they were already living by their foster parents or relative or non-relative caregivers. For remaining children, new families must be identified and recruited.

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 a 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.

Post-adoption Services. The Department has placed an increasing emphasis on the provision of post-adoption supports to families in order to sustain successes for forever families. Services include support groups, adoption competency specialists and training, and post-adoption services counselors.

Support Groups

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 the 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.

Over 25,000 children have been adopted from Florida's child welfare system in the last eight years. 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. All of these can be made available to families through adoptive parent support groups. All of the post adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource 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.

Adoption Competency

Adoption competent mental health professionals are mental health professionals who have completed the Rutgers Adoption Competency or an equivalent curriculum approved by the Department of Children and Families 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.

The Department has provided, at no cost to the trainees, Certified Educational Units (CEUs) for each mental health professional who is licensed and needs the training hours for continued licensure. This has been an incentive for mental health professionals to attend the Adoption Competency training.

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 finalizations have occurred. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to child protective investigators 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 child protective investigators when an investigation involves an adoptive family. The post adoption services counselor assists by conducting an assessment of the needs and potential services for the adopted child and adoptive family.

With over 25,000 children adopted from foster care during the last eight years, one or more designated post adoption services counselors in each circuit are critical for responding timely to the service needs of adoptive families. The State of Florida and its partners are committed to providing a sufficient and accessible array of post adoption services in each circuit including 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.

Inter-country Adoptions. The number of private adoption agencies in Florida that complete inter-country adoptions has declined. Currently, there are approximately 6 private agencies. The reason for the decline is attributed to the Hague Accreditation requirement.

The Department of Children and Families 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 Community-Based Care (CBC) lead agencies.

When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family are provided 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. 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.

Adoption Incentive Award. Florida has received an Adoption Incentive Award for each of the last seven years. All of the incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. During State Fiscal Year 2014/15, an estimated 35,000 adopted children received maintenance adoption subsidies with the average subsidy of $4,800 annually. The Department anticipates continuing net increases in subsidy costs over the next several years, for two reasons:

1) though about 1,300 children age out and no longer require subsidies each year, new families adopting and needing subsidy will greatly outnumber this decrease, and

2) the Florida legislature approved an increase in subsidy amount for new subsidy recipients several years ago; therefore the average amount of subsidy will gradually increase.

To meet this expanding need, any future incentive funds will continue to be applied toward subsidies. Adoption Incentive Awards are incorporated into the Community-Based Care Schedule of Funds allotments for each CBC contract. The Department's Revenue Management office, each CBC contract manager, and the Lead Agency Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources. There are no plans to modify the expenditure of adoption incentive funds.

The Department and the CBCs continue to partner with Casey Family Program in implementing Permanency Roundtable processes. See Chapter IV, Goal 2, Objective A.

Update/Accomplishments

- Adoption awareness campaigns were launched for National Adoption Month in November. The recruitment campaigns utilized a different video of a child available for adoption without an identified family for each day during November.
- Recruitment efforts with the national adoption exchanges, AdoptUSKids and *Children Awaiting Parents,* continued to be emphasized and discussed with adoption staff.
- The statewide Association of Heart Galleries continues to coordinate the efforts of the fifteen Heart Galleries across the state.

Future Plans

- The Dave Thomas Foundation's Wendy's Wonderful Kids program, has adoption recruitment grants with several CBCs across the state. Wendy's management is interested in increasing the number of grants and will be meeting with the Department to discuss the possibility of expansion in Florida.
- The Department will be developing plans to strengthen the partnership with One Church One Child.
- The statewide adoption specialist will continue to discuss the importance of accurate and timely data entry into our SACWIS system.

Interstate Compact On the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) ensures protection and services to children who are 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 Interstate Compact such as the time it takes for children in the dependency system to be placed in safe homes across interstate lines.

The ICPC office collaborates in other ways with our partners, other states, and stakeholders. The use of lead ICPC liaisons within individual CBCs allows a single point of contact for both the CBC and the ICPC office, which 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 ICS system, and through daily emails. Additionally, the Compact Administrator participates in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). 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 workers and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the Children's Legal Services attorneys, judiciary, Guardians Ad Litem, Attorneys Ad Litem, case managers, supervisors, licensed social workers, investigators and ICPC liaisons at Community-Based Care Lead Agencies. 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. 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 Interstate Compact System (ICS).

The system database can be accessed by the courts, Community-Based Care lead agencies, Guardians Ad Litem, and department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Update/Accomplishments

- Florida is involved in conjunction with the American Public Human Services Association (APHSA) in the development and implementation of the National Electronic Interstate Compact Exchange (NEICE) project. The purpose of the NEICE Project is to demonstrate and evaluate the electronic exchange of ICPC case files in real time between states resulting in a streamlining of the ICPC administrative process.
- Florida served as a pilot state along with the District of Columbia, Indiana, Nevada, South Carolina, and Wisconsin in the NEICE Project. In addition, the Compact Administrator, a case specialist, and IT partners served as the technical team on the project, providing technical assistance during the development of the national electronic system.
- The pilot states began using NEICE in August 2014 and continued to use the system through the end of the pilot in May 2015. Nationwide implementation of NEICE began in June 2015 and is an ongoing effort. The goal of the current implementation plan is for all states to utilize the NEICE system for processing ICPC cases by 2018. As is the case with Florida's system database, Community-Based Care agencies, Guardians ad Litem, Department attorneys, and members of the judiciary can access the NEICE system to view ICPC case files and obtain an updated case status in real time.
- The Florida Compact Administrator traveled throughout the state to offer trainings on the ICPC and its articles and regulations to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Community-Based Care agency staff, and other interested stakeholders.

Future Plans

- Florida will continue to be a part of the NEICE Project and serve on the technical team of the project. Florida will continue assisting APHSA and the Association of Administrators of the Interstate Compact

on the Placement of Children (AAICPC) in the national implementation effort. Additionally, Florida will continue to support further development and enhancement of the NEICE system.

- Florida is currently scheduled to begin discussions with Alabama surrounding creation of a border agreement for processing ICPC cases between the states. Such an agreement would provide a method for each state to provide placement approval in expedited time frames and allow children to reach permanency faster.
- The Compact Administrator and Deputy Compact Administrator will continue to offer ICPC trainings throughout the state to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Community-Based Care agency staff, and other interested stakeholders.

Information System

The Florida Safe Families Network (FSFN) is the state's automated official case management record for all children and families receiving child welfare services, from screening for child abuse and neglect at the Florida Abuse Hotline through adoption. FSFN provides opportunities to identify child welfare outcomes and practices and ensure a complete record of each child's current and historical child welfare information.

The Department continued to collaborate with all stakeholders and contracted providers. Examples of collaboration include:

- System improvements and defining build content.
- Defining and validating functional requirements and designing the system improvements to support :
  - the Eligibility Enhancement Project.
  - enhancements to National Youth in Transition Database (NYTD) Federal reporting.
  - Adoption and Foster Care Analysis and Reporting System (AFCARS) modifications to improve compliance with Federal guidelines.

<u>Update/Accomplishments:</u>

- A common theme identified during the SACWIS Assessment Review Report (SARR) indicated that the FSFN system is not utilized in a manner that is consistent with SACWIS requirements. Significant system enhancements were implemented between 2012 and 2014, to address identified system deficiencies. In order to evaluate the implementation and support full system adoption by the diverse user community, the state established a FSFN System Adoption Initiative. The charge of the FSFN System Adoption Initiative is to realize Florida's efforts to achieve SACWIS Compliance.
- This initiative is designed to work individually with each community-based care lead agency (CBC) and Sheriff's office to identify all of the systems outside of FSFN that are utilized in the course of business operations, identify which systems are duplicative with FSFN capability, review other systems that support the CBC's business practice and support the development of an individualized System Adoption Plan for each agency. This plan must support an efficient and

effective technology process that achieves SACWIS compliance and supports each CBC's systems for its business practice. The purpose of this initiative is to outline, track and monitor the activities required to ensure the FSFN system is fully adopted in a SACWIS compliant manner by all Community-Based Care agencies. The Department will be in Phase I Scope working with each CBC during the upcoming federal fiscal year.

The scope of this project addresses the items listed for each of the phases.

1. Phase I Scope:
    a. Conduct an onsite technology assessment with each Sherriff's Office and CBC lead agency; and
    b. Identify gaps in system support of their business processes and identify if the gap is the result of one of the following:
        i. FSFN supports the functionality but training is needed;
        ii. FSFN supports the functionality but it is not aligned with the current business process;
        iii. FSFN does not have the functionality to support the business process/need;
        iv. Identify data migration needs to support the CBC System Adoption Plan;
        v. Identify where policy clarification or guidance is needed; and
        vi. Create an individualized System Adoption Plan for each CBC lead agency.
2. Phase II Scope will support execution of the System Adoption Plans.

Future Plans:

- The Department and IBM will implement the latest major release in April 2016 to support the stability and permanency of the adoptive families in Florida. The major goals of these changes are to increase support to adoptive families by providing and documenting post-adoption services and to provide a more consistent approach to the delivery of adoption services, including recruitment and intervention services for post-adoptive families.
- The Florida Legislature funded the Department's Legislative Budget Request for $6,698,000, in Florida's FY2016-2017 appropriations act, effective July 1, 2016. These funds will address a number of areas to enable FSFN to align more fully with enhancements to Florida's Practice Model and instances where FSFN current design requires "work-arounds" or manual processes to complete required workflow. This Legislative Budget Request also incorporates better data reporting functions and enhancements to our FSFN Reporting environments that will advance the CBCs' ability to track and monitor Practice Model implementation and further advance the Department's Results-Oriented Accountability Program.
- The Department will negotiate the above-mentioned additional services with the FSFN system integrator, IBM, under its existing contract. This amendment to IBM's contract will surpass the 20% threshold and requires approval from ACF.

- In addition, the Florida Legislature directed the Department through proviso language in the 2015-2016 General Appropriations Act to develop a plan, by October 2015, for transitioning the FSFN system to the Cloud. The plan was completed and submitted to the Legislature. The Legislature included a $4 million allocation in the FY2016-2017 General Appropriations Act intended to support moving FSFN to the Cloud. Once the procurement and contract documents have been drafted, the Department will seek approval for this competitive procurement.
- The FSFN System Adoption Initiative is continuing with the first phase of the project. Currently, the team is conducting an onsite technology assessment with each Sheriff's Office and CBC lead agency; identifying gaps in system support of business processes and identifying if gaps are the result of:
    - FSFN supports the functionality and training is needed;
    - FSFN supports the functionality and it is not aligned with the current business process; and
    - FSFN does not have the functionality to support.
- Additionally, the team is assessing needs in the following areas:
    - Identify data migration needs to support the CBC System Adoption Plan;
    - Identify policy clarification or guidance needed; and
    - Create an individualized System Adoption Plan for each CBC lead agency.
- The FSFN System Adoption Initiative team has completed eight visits since the start of the project in November 2015. Ten more CBC visits are scheduled to take place between April and August 2016. Findings will be issued once the feedback on the Office of Child Welfare's position papers is received from the CBCs and compared to the CBCs' business practices and FSFN utilization.

Child Maltreatment Death Reporting

Florida's source of reporting child maltreatment deaths for National Child Abuse and Neglect Data System (NCANDS) reporting is the SACWIS system, Florida Safe Families Network (FSFN).

Update/Accomplishments

- The Child Fatality Prevention 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 families through periodical introspective trend analysis and local prevention strategies. The website was developed in advance of the statutory deadline and exceeds the statutory requirements by providing the public with real-time information spanning from 2009 to the present and offering access to the written reviews for each reported case. As the first of its kind in the nation, other states have sought DCF's technical assistance for the purpose of replication. Publications of reviews supports a call to action for communities to join DCF in working together to protect vulnerable children from preventable deaths in the future. Additionally, DCF and our community partners will use this data to improve child welfare practice to better protect children and assist at-risk families. The link to the website is http://www.dcf.state.fl.us/childfatality/
- In January 2015, the Department implemented the Critical Incident Rapid Response Team (CIRRT) process to conduct immediate onsite investigations/reviews of certain child deaths or other serious incidents to identify the root causes of the event. The teams responsible for conducting these

reviews are comprised of multi-agency representation and include at least five child welfare professionals, the majority of whom must reside outside the judicial circuit where the incident occurred.

  - A CIRRT review is initiated as soon as possible but not later than two business days after the case is reported to the Department via the Florida Abuse Hotline. A preliminary report of the investigation is due to the Secretary of the Department no later than 30 days after the investigation begins. The final team report will be posted on the Department's website.
  - DCF began recruiting and training professionals with expertise in Child Protection, Domestic Violence, Substance Abuse and Mental Health, Law Enforcement, Children's Legal Services, Healthy Start, Guardian ad Litem and the Child Protection Team. Training consists of a one-day specialized training on the new child welfare practice model for our external partners, along with two additional days of specialized CIRRT training. Advanced training was also developed and is provided for individuals identified as report writers and team leads. To date, over 340 professionals have been trained on the process and can participate on deployments.

- In addition to the mandated CIRRT review of cases with prior history and verified findings in the 12 months preceding the death, Secretary Mike Carroll issued a directive in January 2015 that all child fatalities be formally reviewed based on a core set of data elements. This directive has been codified into Department operating procedure and requires:
  - A quality assurance review on cases that involve families with child welfare history within the five years preceding the child's death, regardless of findings. These reviews use a process that mirrors the CIRRT review process and are commonly referred to as "mini-CIRRTs".
  - A limited review is to be conducted by the region's child fatality prevention specialist on cases that involve families with no prior history for the five years preceding the child's death.
- Standardized data is being collected across all of the review types and is being entered into a Qualtrics system for further analysis and review. Having this information will allow for continued analysis of Florida's system of care in order to identify opportunities to improve service delivery and overall outcomes for Florida's children and the families that we serve.

Future Plans

Florida remains committed to reducing the number of child deaths due to maltreatment, particularly when the victim has been involved with the child welfare system.

- The Department will continue to analyze the qualitative data derived in Qualtrics and, in conjunction with recommendations from the CIRRT advisory committee, will use the findings to further enhance our system of care.
- In May 2016, the State Child Fatality Prevention Specialist and regional specialists will begin planning training initiatives that are focused on the child fatality investigative process and prevention strategies in which families and local communities can be engaged. In January 2015, the Department will implement the Critical Incident Rapid Response Team (CIRRT) to conduct immediate onsite investigations of certain child deaths or other serious incidents to identify the root causes of the event. The team responsible for conducting the investigation will be comprised of multi-agency representation and shall include at least five child welfare professionals, the majority of whom must reside outside the judicial circuit where the incident occurred.

Promoting Safe and Stable Families

The "Promoting Safe and Stable Families" program assists the Department in achieving CFSP Goal Area A: Enhance family-centered practice with an emphasis on child safety, permanency, well-being, and trauma-informed care and Goal Area C: Expand and refine the service array to ensure it reflects evidenced-based, best or emerging practices about child development and family functioning. To increase parents' confidence and competence in their parenting abilities and to ensure children a safe, stable and supportive family environment is a top priority for Florida. The "Promoting Safe and Stable Families" program allows the Department to develop, expand, and operate coordinated programs of community-based services.

As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential. Florida's child welfare professionals use a safety-focused, family centered and trauma informed approach. Florida's lead agencies work closely with subcontracted providers to administer training and technical assistance related to funding criteria and rules, which result in collaborative and notable use of resources.

Creating positive change for Florida's children and families is only possible when all of the organizations involved with Child Welfare recognize their individual and collective roles in enhancing the safety, permanency and well-being of those served. In Florida, the key Child Welfare stakeholders and partners include the Department of Children and Families (DCF, the Department), Community-Based Care lead agencies (CBCs, lead agencies), communities, providers, contractors, other state agencies, Tribes and the judiciary. Collectively, these stakeholders represent the Florida Child Welfare Community (Child Welfare Community).

The unique partnerships within Florida's Child Welfare Community create opportunities for long-term improvement by bringing together many perspectives and experiences with a singular focus on improving the lives and safety of each child in Florida.

The actions of the 2014 Legislature allowed the creation of a platform for extensive advancement of the Child Welfare system through establishment of the Results-Oriented Accountability Program.

By taking a more complete view of all entities charged with responsibility of achieving the statutory outcomes specified in s. 409.986(2), F.S., establishing appropriately defined outcome measures, measuring and analyzing the results, assigning corresponding accountability and connecting results with actions, Florida has the platform to fundamentally shape policy and create innovative practices. The program will allow the child welfare community to take a long-term view, and to confirm with research and evidence the interventions used are efficacious and effective in realizing positive outcomes for children.

Results-Oriented Accountability intends to allow all of the stakeholders in the Child Welfare Community to identify and to manage their contributions to the achievement of outcomes for children and their families. The Results-Oriented Accountability Program creates a framework for measuring the success of efforts to improve Child Welfare outcomes, while creating a culture of transparency and accountability.

Given the importance of preventing child abuse and neglect and the wide range of programs and strategies available, the Department continues to invest in a continuum of prevention services. The Department strives to prevent child abuse and neglect statewide through its community-based care approach, contracts and partnerships with notable experts in the fields of primary, secondary and tertiary prevention programs and strategies.

Through family support, family preservation, time-limited reunification, and adoption services, the Department continues to serve vulnerable children and families. The Department continues its determined interest in ensuring the success of new and existing child abuse prevention programs.

These initiatives, policies and practices are all in a concerted effort to reach goals set and embraced by the professionals who make up Florida's child welfare community:

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

Family Preservation Services (27.62% of the FFY 2015 Grant)

Florida continues to optimize the efforts toward families (including adoptive and extended families) at risk of separation, or facing difficult circumstances by performing the following duties, including:

- Information and referral to include substance abuse and domestic violence related services3;
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model4;
- Creation of the Clinical Response Teams;5
- Home safety and maintenance activities
- Use of Wraparound services.6

Family Support Services (24.94% of FFY 2015 Grant)

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

3Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

4 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.

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

6 Prevention case management services to provide wraparound team facilitation, family advocacy, individual counseling and/or group counseling utilizing the Nurturing Parenting Curriculum.

family. Enabling families to use other resources and opportunities available in the community. Assisting families with creating or strengthening family resource networks to enhance and support childrearing. This support is to encourage and assure the complete safety and well-being of children and families.

While there are many examples of typical supportive programs to families, Florida has readily embraced:

- *Pinwheels for Prevention™,* the Child AbusePrevention Month Public Awareness Campaign *(*Prevent Child Abuse Florida's Child Abuse Prevention Month statewide campaign) and various other public awareness campaigns designed to increase the protective factors necessary for the well-being of both children and their families;
- parenting classes geared toward various developmental ages and stages and the effects of family violence and substance abuse on children;
- health and nutrition education training sessions;
- home visiting activities and services;
- comprehensive family assessments;
- early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs;
- in-home parent training;
- in-home substance abuse counseling;
- information and referral to community resources, such as job employment services and ACCESS Florida (for online benefits applications).

Time-Limited Family Reunification Services (27.55% of the FFY 2015 Grant)

Time-Limited Reunification services are put in place for children that have been removed from his/her home and for the parents or primary caregivers. Florida passionately embraces these services, because of our desire to maintain intact families. These services are designed to support the reunification of a child safely and appropriately within a 12-15 month period.

Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching[7];
- Flexible Support Services[8];
- Family team Conferencing[9] with all families prior to reunification, and just before post-placement supervision services are successfully terminated;

7Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship.

8 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.

9Prevention/Reunification Specialists facilitate meetings. These conferences are made available to families referred under the prevention referral process.

- Follow-up care to families10;
- Mentoring/Tutoring services11;
- Therapeutic child care services; and
- Parent (adoptive, biological, caretaker, foster) education and training12 relationship skill building activities.

Adoption Promotion and Support Services (19.88% of the FFY 2015 Grant)

In Florida, the 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 it is in the best interest of the child. Pre and Post adoptive services and activities have quickened the process and closely supported adoptive families to forefend disruptions. The adoption of foster children continues to be a state, as well as a local effort.

Examples of *Adoption Promotion* include:

- Child-specific or targeted population recruitment efforts;
- Quarterly matching events for children available for adoption and potential families;
- Heart Galleries[13];
- Child Recruitment Biographies[14];
- Child-specific or targeted population recruitment efforts;
- 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;

10 Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

11 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.

12 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.

13 Traveling photographic exhibit created to find forever families for children in foster care.

14 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.

- Adoptive parent support groups;[15]
- Counseling referrals;
- Post-adoption specialists;
- Individual and family counseling for adopted children and/or family members (must be of 12month duration or less);
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
- Ongoing parent education and training opportunities for adoptive families; and
- Follow-up support services and liaison to adoptive families[16].

Community Facilitation and Innovative Practices

Child maltreatment prevention services usually fall under a banner that includes; public awareness activities, skill based curricula for children, parent education programs and vigorous support.

Recognizing that when the Department, Community-Based Care Lead Agencies and many partners such as faith based organizations, civic groups and business partners collaborate and provide family centered practices, we can make a difference in efforts to preserve Florida's families by protecting children. Several innovative practices are listed below to illustrate the state's commitment. Examples of innovations include:

- **Directions for Living, Family Works Program** is based on a foundation that is built around the client and their needs. Each case is staffed through an integrated decision making model. The family is encouraged to bring any part of their support system. Decisions regarding risk, treatment plan, visitation and closure are made through this team with the family being the significant source of information. There are standing subject matter experts that share in the integrated decision making process along with the various agencies involved with the family. Cases are staffed every fifteen days.
- **Gulfcoast Safe at Home Wraparound Program (SAH)** is a short-term, intensive, in-home community based program serving families where children are at imminent risk for removal from their homes. The major goal of the Safe at Home Program is to keep children safe and prevent families from entering the child welfare dependency system. The program provides the necessary clinical services and case management to strengthen the families' ability to maintain family safety, support and stabilization with the aid of family, friends and community. The team provides therapeutic interventions that target family stabilization to those challenged with substance abuse, family violence, child abuse and neglect, lack of parenting skills among many other challenges. Upon completion of services, families are expected to be empowered, have a great ability to problem solve and access community resources to help them face future challenges.

15 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.

16 Lead agencies designate staff whose sole responsibility is to work with families who need assistance after their adoption is finalized. Staff attempt to locate resources within the community for pre- and post-adoptive families to meet both the child's and family's needs.

- **Family Reunification Team (FRT)** provides services to families recently reunified with their children, FRT provides rapid on-site response including 24/7 and weekend on call. FRT Therapists provide family, couples and individual counseling; anger management; behavior modification; hands on parenting instruction specific to the family's needs; sobriety maintenance, relapse prevention and substance abuse treatment; domestic violence services including survivor counseling.
- **Partnership for Strong Families, Community Resource Centers** have seen great success. Partnership for Strong Families now has three resource centers with a fourth center planned. Each of the centers that PSF operates are a collaborative effort along with other entities including Casey Family Programs, Alachua County Library District, the Florida Department of Children and Families, the Southwest Advocacy Group, the City of Gainesville, Tri-County Community Resources and the City of Chiefland. Each of the resource centers use an innovative approach to neighborhood engagement which encourages the involvement of all community members, parents, local government, schools, businesses, public and private agencies. The community members jointly identify and achieve mutual goals and objectives for serving at-risk communities.
- **Florida Coalition Against Domestic Violence** Child Welfare and Child Protection Initiative projects are a collaborative effort between FCADV, the Office of the Attorney General, the Department of Children and Families, local Certified Domestic Violence Centers, Community Based Care agencies, and other child welfare professionals, implemented to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. After years of partnership, the DCF 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 the risk to children by providing immediate resource and referral information and safety planning for the non-offending parent and their children. FCADV's Child Protection Initiative Project establishes partnerships in which a domestic violence and child welfare advocate is co-located within a child protection investigation unit. The co-located advocate provides consultation to child protection staff, referral services to survivors, and attends monthly meetings between all partnering stakeholders to develop strategies to resolve any barriers or issues that may arise. The ultimate goal of these projects is to bridge the gap between child welfare and domestic violence service providers to enhance family safety, create permanency for children, and hold perpetrators accountable for their actions.

Administration (0% of the FFY 2015 Grant)

Includes the costs of in-home and out-of-home "community facilitation services" that are not provided through contributions from state and local sources. These services are defined in Title IV-B of the Social Security Act, Section 431 as the costs associated with developing, revising and implementing and coordinating the comprehensive Child and Family Services Plan/Promoting Safe and Stable Families five-year plan.

The table on this page displays the specific details regarding the differences between the estimated and actual grant award.

FFY 2014 Title IV-B Part II, PSSF	FFY 2015 Estimated Award*	% of Est. Award	Actual Expend as of 9/30/14**	% of Actual Expenditures	Difference

Family Preservation	$ 4,983,753	28%	$ 7,075,189	27.62%	0%
Family Support	$ 4,526,171	25%	$ 6,389,706	24.94%	0%
Time Limited Family Reunification	$ 3,993,931	22%	$ 7,058,541	27.55%	5%
Adoption Promotion & Support	$ 4,528,820	25%	$ 5,093,016	19.88%	-5%
Administration	$ -	0%	$ -	0.00%	0%
Actual Total Award	**$ 18,032,675**	**100%**	**$ 25,616,452**	**100%**	**0%**

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Chapter III. Florida's Assessment of Performance

The Florida Child and Family Services Review (CFSR) is the state's most recent assessment of performance. The CFSR statewide assessment follows this page.

It should be noted that the page numbering is based on the numbering sequence for the assessment.

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Chapter IV. Florida's Plan for Improvement

Overview

The members of the Statewide CFSR Planning Committee provided invaluable input toward understanding the needs, challenges, and foundations for which this Update is based.

Florida's Child Welfare Practice Model forms the organizing structure within which Florida child welfare is approaching the complex task of pursuing improvements and moving toward a vision of all children living in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections. The four major goal areas of the Practice Model (safety, permanency, child well-being, and family well-being) are directly related to the national outcome domains for child welfare (safety, permanency, and well-being) as defined through the Child and Family Services Review (CFSR) process. The goals guiding improvements are aligned with the CFSR's outcomes. Each goal has several objectives with milestones that provide a beginning "road map" for improvements over the five-years. This update focuses on the activities and tasks during the APSR report period.

- Goal 1. Children involved in child welfare will have increased safety and expanded protection.
- Goal 2: Children involved in child welfare will live with permanent and stable families, avoiding disruption and return to out of home placement.
- Goal 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.

The CFSR also defines seven systemic factors that are crucial causal elements for driving results. These are incorporated into objectives for each goal. The systemic factor objectives are aligned with goals that particularly require progress on different factors for success. The systemic factors are:

- Statewide Information System
- Case Review System
- Quality Assurance System
- Staff and Provider Training
- Service Array and Resource Development
- Agency Responsiveness to the Community
- Foster and Adoptive Parent Licensing, Recruitment, and Retention

Goals and Objectives: Provides for each of the three goals includes a rationale; set of measures of progress, which includes all of the national outcome measures in the CFSR as well as Florida-specific performance measures in general use for managing the child welfare system; objectives which will be taken to improve service delivery or system capacity and capability for achieving the goals; activities for each objective; and associated strategies, programs, or projects through which objectives will be achieved.

The Summary Matrix, Attachment A to Chapter IV, summarizes the goals, measures, objectives, benchmarks, and activities. The Summary matrix delineates the progress made during the report year.

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GOALS AND OBJECTIVES

Goal 1

Children involved in child welfare will have increased safety and expanded protection.

Rationale: The results from the assessment in Chapter II indicate performance related to the safety of children is improving. Florida is above the national standard for the first time in many years on the established performance measures.

Florida Performance

Safety Outcome 1 Performance on National Standard Measures

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

Source: Florida's CFSR Data Profile dated November 2015

The presenting issues for investigations into child safety in Florida confirm that addressing child safety is a complex area related to other social ills, particularly mental health, substance abuse, and domestic violence. The massive size of the task in Florida and the intricate interrelationship of demographic factors, such as the age or race of children likely to become victims, are further reasons for continuing to make child safety a priority.

In addition to identifying and investigating instances where children are potential victims of child maltreatment, taking action to offset or prevent such harm is also critical. Preventing child maltreatment, particularly for the youngest and most vulnerable, is important for reducing harm to children in the short term (injury, fatality, removal from the family, etc.). The verified child maltreatment rate in Florida has remained above the 2008 baseline for several years (between 11 and 13 per 1,000 children in the general population, with a rate of 10.37 per 1,000 in SFY 2015-2016[17]).

GOAL 1 OBJECTIVES:

1. Objective A: Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.
2. Objective B: Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.
3. Objective C: Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, and education).

[17] Performance Dashboard, FS000a – Per capita verified child abuse rate/1000 07/01/2013 – 6/30/2014

4. Objective D: Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk.
5. Objective E: The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety.

Objective A. Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.

Strategies: There are three key strategies to address the identification of children at risk and Department efforts to improve safety decisions so that children are not re-abused or re-neglected. They are:

1. Continued implementation of the new Child Welfare (Safety) Practice Model.
2. Utilization of Secondary Case Reviews and Rapid Safety Feedback to assess safety practices of child protective investigators.
3. Implementation of the Safe Harbor Act

A summary of the strategies and year two update is provided below:

1. Continued implementation of the new Child Welfare Safety Practice Model

The Department of Children and Families is transforming the way that it conceptualizes and executes its mission by reengineering, transforming, and improving the capabilities of staff, operational processes, and supporting technologies. The Office of Child Welfare (OCW) provides leadership and supports coordination among all of the major implementation providers. At the heart of the change is the Child Welfare Practice Model, which began implementation in 2013. The Child Welfare Practice Model is Florida's integrated approach to:

- Initial identification of potentially unsafe children by the Florida Abuse Hotline;
- Further assessment of safety and safety decision making by investigators;
- Ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills); and
- Providing a framework for safe reunification (conditions for return) or decision-making points for other needed permanency options by case managers.

The Practice Model also incorporates the classification of risk for safe children that results in appropriate community referrals and family support services for safe children at high risk of abuse in the future. The risk assessment ensures that children at risk of future maltreatment are identified and served. The Department has implemented use of the actuarial risk tools known as Structured Decision Making® (SDM), developed by the Children's Research Center (CRC). By utilizing the risk assessment tools, agency resources are targeted to higher risk families with a greater potential to reduce subsequent maltreatment. Using a statewide, evidence based actuarial risk assessment tool will help investigators and supervisors identify family risk levels using consistent constructs and language and will allow us to standardize prevention programs, allowing for evaluation of program effectiveness. This supports replication of best practice programs from community to community.

The risk assessment is built around two indexes, one for abuse and one for neglect but only the total risk level matters. The instrument will not tell you if the family is at higher risk for abuse or neglect. The family risk level is based on the highest score of the two indexes and has policy overrides built in as well. In effect, based on the family's characteristics (not risk factors), how likely are they to abuse or neglect their children in the next 12 to 24 months? This concept of risk supports child welfare to allocate resources more effectively to people who have identifiable characteristics that more regularly present with difficulties.

To address long-term permanency, the practice model utilizes a structured assessment tool known as the Family Functioning Assessment – Ongoing, which is used to assess:

- 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 nor meeting those needs?
- What are the parents really 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?

The Family Functioning Assessment – Ongoing (FFA-O) is the first formal intervention during on-going case management. It begins at the point the investigator transfers a case to ongoing case management. The assessment is a collaborative process that will result in identifying specific change strategies. However, the bulk of the conversation during the assessment is concerned with having caregivers recognize and identify protective capacities associated with impending danger and seek areas of agreement regarding what must change to eliminate or reduce danger threats and sufficiently manage threats to child safety.

Lastly, the progress evaluation, or Progress Update/Accomplishments, is an on-the-record assessment that involves focused information collection and standardized decision making while case managers are considering progress for change and safety plan sufficiency. The formal intervention occurs at least at 90 days and at critical junctures. It is precise, fair and objective, reflected in progress measurements of no progress, minimal progress, significant programs and outcome achieved. Areas of assessment during the evaluation are caregiver protective capacities, child needs, family time and visitation, and case plan outcome evaluations.

The assessment of well-being and the attention to children's strengths and needs is included in every FFA-O and Progress Update/Accomplishments. Child strengths and needs items measure the extent to which certain desired conditions are present in the life of the child within a recent timeframe. The child indicators are directly related to a child's well-being and success (emotion, behavior, family and peer relationships, development, academic achievement, life skill attainment). 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 as well as other caregivers when the child is in an out of home setting. The information gathered through assessment of these indicators is used to systematically identify critical child needs that should be the

focus of thoughtful case plan interventions. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers, and collateral source such as child care providers, teachers and/or other professionals. The scaling constructs for measuring the strength or need are as follows:

A=Excellent: Child demonstrates exceptional ability in this area

B= Acceptable: Child demonstrates average ability in this area

C= Some attention needed: Child demonstrates some need for increased support in this area

D=Intensive support needed: Child Demonstrates need of intensive support in this area.

Florida's Child Welfare Practice Model provides a set of common core constructs for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. To accomplish this, the Hotline first gathers information in the information domain areas to determine whether present or impending danger is suspected. The investigator gathers further information related to the six specific information domains and assesses it in order to determine: (1) the presence of danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe and the risk of subsequent harm.

The same core constructs guide actions to protect children (safety management) and support the enhancement of caregiver protective capacities (case planning). The case planning process is based on an understanding of the stages of change and the logical progression that is most likely to result in successful remediation of the family conditions and behaviors that must change. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the investigator should diligently strive to use motivational interviewing skills to facilitate the parent's understanding of the need for taking action in the present to protect their children from future harm.

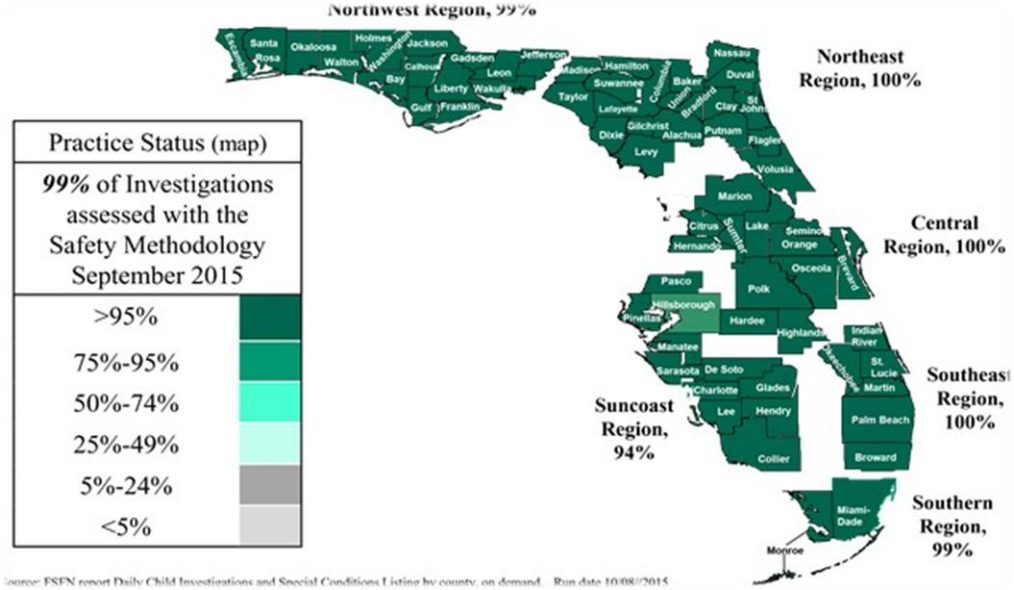
The implementation of Florida's new child welfare practice has remained the primary focus for the Department of Children and Families. Using implementation drivers, Florida has continued its journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice through policy and guidance, supporting the practice through leadership and SACWIS system functionality.

The implementation of the Safety Practice Model is a multi-year journey through transformation that requires the commitment of leadership and incorporates all of the identified implementation drivers to achieve our goal of safety, permanency and well-being for all of Florida's Children for whom we serve. The illustration below depicts the timeline for implementation activities

Practice (Safety) Model Implementation

The illustration on the following page provides a county by county assessment of implementation efforts as of September 2015. Currently approximately 99% of child protective investigations initiated through September 2015 were worked utilizing the practice and FSFN system support of Florida's new child welfare practice. This a considerable increase from 81% in February 2015.

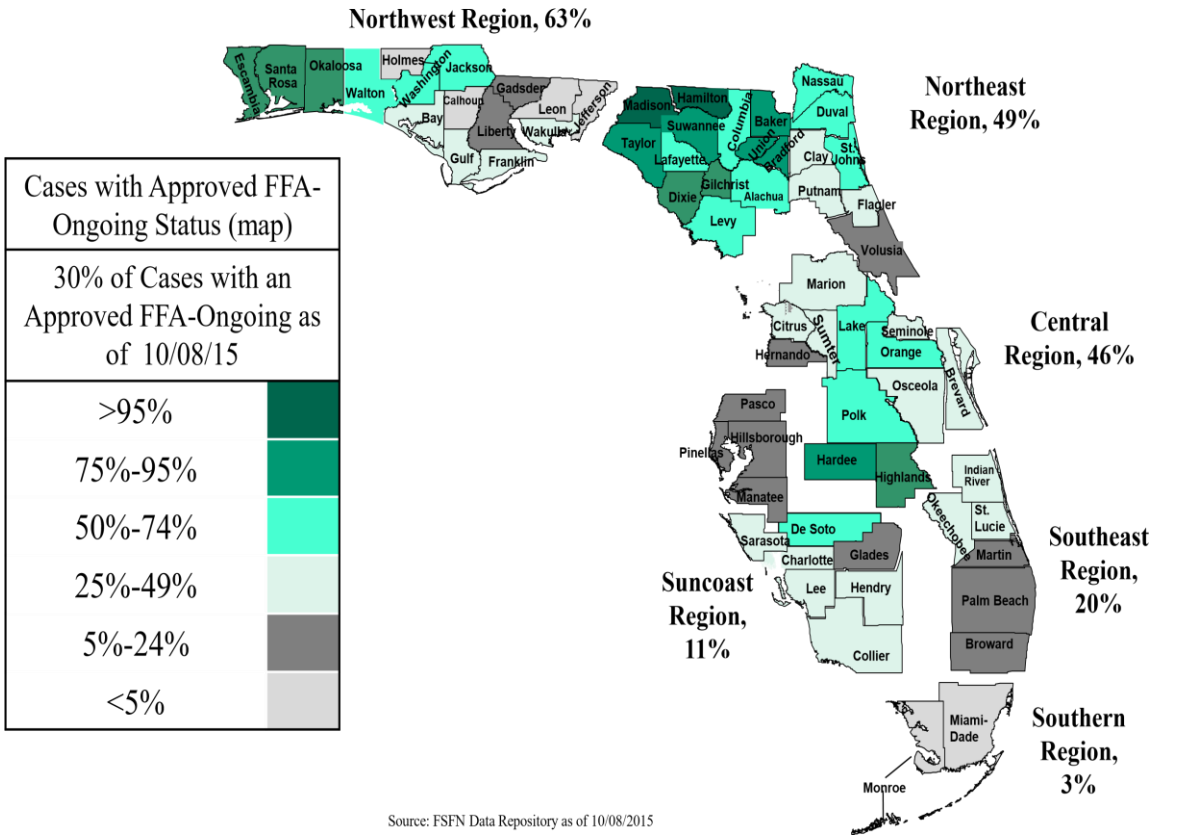
Child Protective Investigations Practice Model Implementation Status
September 1 – September 30 2015



Source: FSFN

The community-based care (CBC) and case management organizations (CMO) in Florida are continuing to progress in implementation as well. Though their progress has been slower, their commitment to this transition to new practice is evidenced in their collaboration and partnership. The illustration below reflects the total number of cases in each county that have an approved ongoing family functioning assessment captured in the system. The family functioning assessment is the first new practice process/tool to be completed after case transfer to ongoing case management.

Ongoing Services Practice Model Implementation Status as of 10/08/15



Source: FSFN

Year Two Update

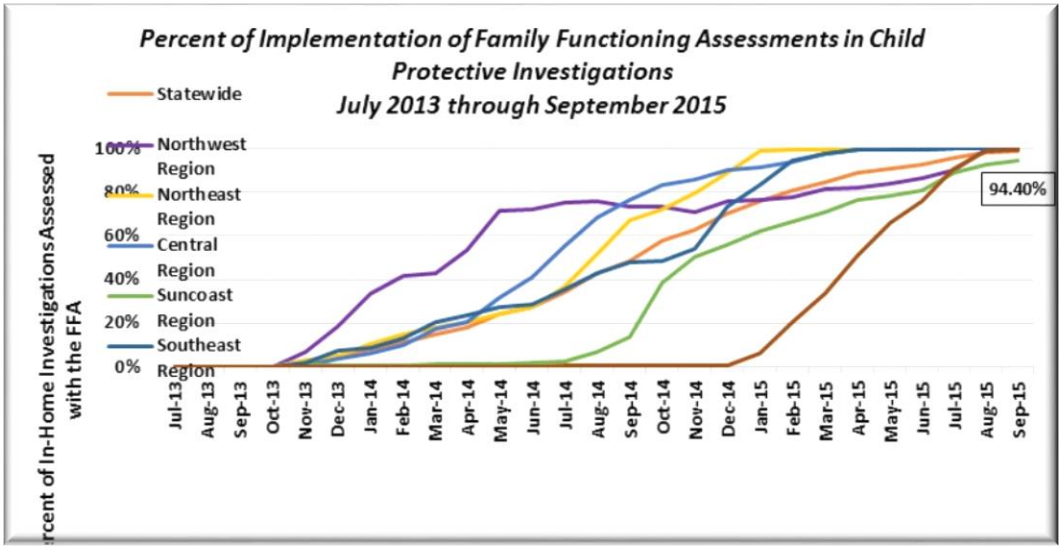
<u>Targeted Activity</u>: Continued implementation of the Child Welfare Practice Model.

This intervention is a very broad, integrated approach that affects child safety through increased intake analyst (Hotline) and child protective investigator ability to identify, assess, and make decisions about potentially unsafe children. It also includes aspects of case management and services for permanency and well-being, which are discussed under the goals related to those outcomes. The Child Welfare Practice Model emphasizes the least intrusive approach with the family that will keep the child(ren) safe. The targeted activities for this strategy are built around the project implementation phases as defined under Implementation Science.

During this review period, the implementation of Florida's new child welfare practice has remained the primary focus for the Department of Children and Families. Using implementation drivers, Florida has continued its journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice

through policy and guidance, supporting the practice through leadership and SACWIS system functionality.

Implementation has been on steady increase across the state. As the graph below depicts, significant progress in the initial implementation phase has been achieved for investigations. The following graphs and illustrations were produced using data from our FSFN (SACWIS) system illustrating the utilization of the new practice model and assessments/tools within the system that support the practice model.



2. <u>Utilization of Secondary Case Reviews and Rapid Safety Feedback to assess safety practices of child protective investigators</u>.

The Department's Continuous Quality Improvement processes include case review quality assurance (QA) for child protective investigations (CPI). Up until recently, the protocol defined a sample pulled from recently closed investigations for a retrospective look at the trajectory and actions throughout the life of a case. Because the cases were closed, the Department was unable to redirect an investigation when additional investigative activities were needed. In addition, the sample sizes were selected from the universe of investigations of children, when national research confirms children less than four years of age are the highest risk population.

In 2014, the Department implemented a new case review process for Child Protective Investigations that integrates immediate mentoring, coaching, and corrective action as needed. The process is called Rapid Safety Feedback. The new Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need additional attention before final decisions are made and an investigation is closed. These reviews are a part of the established child welfare system's CQI/QA process (see Appendix A, CQI). Rapid Safety Feedback is a case review process for Child Protective Investigations that integrates immediate case consultations within ten days of the intake to ensure present danger is accurately assessed. The case is reviewed again at thirty to forty-five days to review the impending R assessment. Immediate child safety concerns are documented on the Request for Action screen in FSFN. Rapid Safety Feedback case reviews target

open investigations because this affords an opportunity to identify activities that need additional attention before final decisions are made and an investigation is closed.

A key component of the system is the "rapid feedback" case consultation. This requires the QA staff to provide coaching to CPI Supervisors and CPIs through a consultative process that is designed to encourage critical thinking and help improve skills related to the identification of present and impending danger threats, safety planning and management, information collection, assessment and decision-making. Though coaching and mentoring have long been a part of the CQI loop facilitated by the Department's QA design, Rapid Safety Feedback has become a systematic and focused method to make an immediate difference in both investigator and supervisor skill sets, and immediate course correction to insure each case reviewed is on track.

Reviews are conducted using the Rapid Feedback QA Review document that provides the overarching review items, core concepts, and guidelines:

- Prior Child Abuse and Neglect Reports, Prior Services, and Criminal History: Are the prior child abuse and neglect reports, prior services, and the criminal history information obtained timely, accurately summarized, and used to assess patterns, potential danger threats, and the impact on child safety?
- Information Collection: Is sufficient information collected and validated?
- Identification of Danger Threats and Assessment of Caregiver Protective Capacity: Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently analyzed to determine the caregivers' ability to control the identified danger threat or safety concern?
- Safety Planning: Is the Safety Plan viable and does it incorporate safety strategies implemented in response to an identified danger threat or safety concern?
- Supervisory Case Consultation and Guidance:
    - Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?
    - Has the supervisor assisted the investigator in identifying a pattern of child maltreatment that takes into account the history of reports/investigations, and not just the current allegation?
    - Is needed ongoing supervisory consultation and guidance provided?
    - Are issues identified by the supervisor resolved timely?

For the Rapid Safety Feedback process, the Department will target approximately 2,880 open cases each year. The profile includes all children under the age of four where at least one prior report was received on the victim child or other victim child under the age of four (0 to 3 years and 364 days).

The sample is selected using the business objects report entitled "The Daily Child Investigations and Special Conditions Listing V2.2" and is available within the FSFN Ad Hoc Shared Folder>Ad Hoc Investigations Status Folder. The report was developed to default to the profile needed for the QA sample selection but can be expanded for other uses by regional managers. The default profile includes all children under the age of four where the following is present:

(a) Parent or caregiver is under age 27;

(b) At least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days);

(c) The active investigation contains the alleged maltreatments of family violence threatens harm and substance misuse; and

(d) The investigation is open not less than 25 days and not more than 35 days.

As described above, the Rapid Safety Feedback reviews are part of the systematic Continuous Quality Improvement process designed not only to provide data around child protective investigation activities, but also to provide immediate skill and knowledge development for investigators and supervisors in the most critical issues for the most vulnerable population. For that reason, this approach is considered a direct strategy for Goal 1, Objective A, though it also affects the objectives built around the Training and Quality Assurance systemic factors. These reviews will improve child safety in the short term, for those cases reviewed and through active investigative skill development; but also in the long term, as the results are used to inform and adjust other Department activity (specifically the new Practice Model) through managerial review, semi-annual reporting, and the CQI link to the Training Plan (specifically see Goal 3, Initiative 3.2 of the Training Plan (Appendix E), "Strengthen the Link Among Training, Data, and Quality Assurance." The Rapid Safety Feedback reviews are conducted on active cases and the results are shared through case consultation. The feedback loop for fidelity and case reviews include face-to-face & video teleconference meetings with Regional staff (RMDS) and quality assurance staff across the state.

Year Two Update:

Targeted Activity: Utilization of Secondary Case Reviews and Rapid Safety Feedback to assess safety practices of child protective investigators. Ongoing.

This is an ongoing strategy. The Departments RSF open case review process continues to strengthen case review collaboration between the CPI and CPI supervisor. The focus on child safety assessments and safety planning is critical to child protection. As the case review items are applied, we continue to refine and amend the RSF instrument. Between October and December 2015, the Department's regional Critical Child Safety Practice Experts (CCSPE) reviewed 1,278 open investigations of children under the age of four where there was as least one prior report involving substance misuse and domestic violence. The CCSPE provided a consultation on each case.

In May 2015, the Department established a proficiency process for QA staff designated as CCSPEs. These staff must be experts in the Practice Model in order to provide the correct guidance to CPIs and supervisors. The CCSPE Proficiency Process has four steps with a test required to successfully complete each step. The Department has contracted with Action for Child Protection to review written reports and observe consultations for testing. Failure to complete a step after two attempts results in the staff's transfer to another position. The proficiency steps are described below:

- **Step 1: Must receive an overall passing score on a randomly selected Rapid Safety Feedback Review.** This assessment will evaluate the Reviewer's competencies and professional behaviors as demonstrated through the written analysis documented in a completed Rapid Safety Feedback investigation.
- **Step 2: Successful demonstration of feedback and consultation skills.** The reviewer will be observed (telephonically) providing feedback to a CPI and supervisor during a randomly selected consultation. To achieve proficiency, the reviewer must be able to articulate and convey goal focused feedback with "Practice Model" concepts/constructs.

- **Step 3: Reviewer will demonstrate the ability to lead fidelity case consultation calls.** The reviewer will be observed (telephonically) leading a randomly selected statewide fidelity call. To achieve proficiency, the reviewer must be able to demonstrate the application of practice model concepts/constructs and assist the field with identification of barriers and challenges.
- **Step 4: Reviewer will demonstrate the ability to train the new practice.** The reviewer will be observed leading/training one 2-3 hour learning circle for frontline staff related to gaps identified through analysis of local secondary/rapid safety feedback reviews.

The Department believes the attainment of proficiency will ensure QA staff are highly skilled experts in the safety practice model. They are a strong support to the CPI and supervisor due to the collaborative approach of the consultation process.

The Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) highlighted the Florida Rapid Safety Feedback process in their final report. Child safety outcomes will need to study over time to determine the long-term effectiveness of this strategy.

3. Legislative changes: Implementation of the Safe Harbor Act

Human trafficking in general, and specifically children who are being sexually exploited, is a growing concern across the nation. Florida's legislature enacted the Safe Harbor Act in 2012, which laid out legislative intent, goals, and service requirements for such children. This act added children who have been found by a court to have been sexually exploited, and who have no parent or guardian, to the definition of dependent children. It also defined a new placement type as a "safe harbor placement." The Department of Children and Families, the Department of Juvenile Justice, local law enforcement and other community partners all have a role to play. This law went into effect January 1, 2013.

During the 2014 Legislative Session, there was an expansion of the Safe Harbor Law. Section 409.1754, F.S., was created to:

1. develop or adopt screening and assessment instruments for the identification, service planning, and placement of victims of sexually exploited children that may be validated if possible;
2. require specialized intensive training of child protective investigators and case managers who handle cases involving a sexually exploited child and requiring the Department, with the lead agencies and other community stakeholders, assess service needs and system gaps, drafting local protocols and procedures that allow for a response that is specific to the needs of the sexually exploited child;
3. require the Department and the lead agencies to participate in local task forces, committees, councils, advisory groups, coalitions or other entities in their service area that is involved in coordinating response to addressing human trafficking in children. Should the task force not exist, the Department shall initiate one.

In addition, Section 409.1678, F.S., was amended to:

1. Define and identify "safe house" and "safe foster home" to include creating a certification process that must be go hand in hand with the existing licensing process in order to self-identify as a "safe house" or "safe foster home." The Department will specify the contents of training for foster parents who wish the "safe foster home" designation and the Lead Agency

will ensure the foster parent has completed the appropriate training. The Department will be responsible for inspecting safe houses and safe foster homes prior to certification and annually thereafter;

2. Require residential treatment centers licensed under s. 394.875, F.S., to provide specialized training for sexually exploited children in the custody for the Department who are placed in these facilities;

3. Require the lead agencies to ensure that any sexually exploited child residing in the safe house or safe foster home or served in residential treatment centers or hospitals as outlined previously in the bill have a case manager, whether or not the child is a dependent child, and that services detailed in the bill be available to all sexually exploited children to the extent possible provided by law and with authorized funding.

Section 16.617, F.S., was created to develop a Statewide Council on Human Trafficking, to include the Department, with the goals of developing recommendations for comprehensive programs and services for victims of human trafficking to include recommendations for certification criteria for safe houses and safe foster homes as well as work with the Department to create and maintain an inventory of human trafficking programs and services in each county.

Year Two Update

Targeted Activity: Complete and launch a statewide human trafficking screening tool – completed.

During 2014 and into 2015 the Florida Department of Children and Families (DCF) and the Florida Department of Juvenile Justice (DJJ) partnered to chair a statewide work group on the development of a standard identification tool. The Human Trafficking Screening Tool (HTST) was completed in January of 2015. DCF worked with the Florida Institute of Child Welfare at Florida State University to identify appropriate criteria to trigger completion of the tool. DCF piloted the tool in two counties, Duval and Hillsboro, through Child Welfare staff in those areas. DJJ rolled the tool out statewide to juvenile justice staff in February of 2015. DCF and DJJ trained staff from child protective investigations, community based care, and juvenile justice on executing the tool throughout 2015 and 2016. DCF completed rule promulgation January 13, 2016 and distributed the implementation memo statewide on the same date. Shared outcomes from the one-year roll out of the tool through DJJ includes:

- 3,500 screenings have been completed on 2,500 unique youth.
- About 6% of all arrested youth screened
- 1289 (37%) screenings resulted in a call placed to the DCF Abuse Hotline with a 52% acceptance rate
- Calls were accepted for 576 unique youth
- The acceptance rate for males is 41%, and 60% for females
- 53% of screened youth are female and 47% are male
- Of Screened Youth: 45% white, 43% black, 12% Hispanic, 0.3% Other

DCF has the authority under state statute to investigate allegations of human trafficking, labor and sex, even when the alleged perpetrator is not a caregiver, parent, or legal guardian (s. 39.01, F.S.). DCF is in

the process of updating the maltreatment definitions and examples to capture all aspects of human trafficking.

Targeted Activity: Complete and launch a level of placement tool – completed.

Florida's Safe Harbor law requires that for any youth identified as a victim of CSEC through a DCF investigation must be assessed for a safe harbor placement. DCF partnered with Dr. Leslie Gavin, Nemours Children's Hospital, to create a placement tool for CSEC youth. DCF completed rule promulgation on the tool on January 13, 2016 and distributed the implementation memo statewide on the same date. The tool provides a directed conversation on key components to consider in identifying the appropriate environment and level of care for a CSEC youth. This tool may be used by staff during the safe harbor staffing to identify placement options for CSEC identified youth.

Targeted Activity: Complete a human trafficking specific assessment tool – ongoing.

In January 2016, DCF launched five statewide clinical work groups to address: the adoption or development of a human trafficking assessment tool; identify what types of clinical intervention are appropriate for CSEC identified youth; create metrics and outcome expectations for safe placements; to develop or adopt a training curriculum for mental health professionals; and assess how to leverage the existing community mental health and substance abuse treatment facilities for treatment of CSEC identified youth. The work group deliverables are due by December 31, 2016.

Targeted Activity: Update the data collection process for the most comprehensive capture of CSEC youth statistics – ongoing.

In 2015, DCF made changes to their Florida Safe Families Network (FSFN) to ensure that data captures were accurately identifying victims of CSEC. At this time DCF has two maltreatments associated with human trafficking: Human Trafficking – Labor and Human Trafficking – CSEC. Within the human trafficking – CSEC maltreatment there are three types of reports: in-home, other, and institutional. This allows us to capture data regarding the type of perpetrator involved with the human trafficking.

January 2016, DCF began a study with RTI, Inc., a recipient of a federal grant, to explore the prevalence of CSEC within the child welfare system. This comprehensive assessment will identify opportunities to better identify victims and highlight the strengths and challenges of the existing system.

Targeted Activity: Develop and disseminate guidance, policies, and training - completed.

DCF has disseminated specific guidance and policies regarding responding to the needs of the human trafficking victims. They include:

- Training memo outlining the six hours of human trafficking training required for any person who wants a Specialized Human Trafficking designation. Investigators and case managers must have this designation to investigate or provide case management to a human trafficking victim/survivor. Every Region in the state has specialized staff who can work human trafficking cases based on completion of the training. The training has been provided by DCF to DJJ, the Agency for Persons with Disabilities (APD), DOH, the Community-Based Care lead agencies, case management organizations, and Guardian ad Litem personnel throughout the state. Training continues.
- DCF has promulgated an operating procedure (CFOP 175-14), which defines the components of human trafficking and outlines response expectations for victims/survivors of human trafficking.

This CFOP was updated in April 2016 to reflect what has been learned over the last several years of identification and intervention, as well as to include the new tools developed.

- DCF and DJJ worked collaboratively to create the Human Trafficking Screening Tool (HTST). This screening tool will be used by DJJ, DCF, and Community-Based Care lead agencies for the more accurate identification of human trafficking victims. The tool will help prevent replication and allow for faster identification and implementation of services earlier, while minimizing the trauma on a potential victim by limiting the number of interviews of the child regarding the trafficking details.
- In developing practices to respond to human trafficking, DCF has worked with other states to gain information on their practices and collected assessment tools they are utilizing. DCF has had communication with child welfare and government officials in Virginia, South Carolina, Georgia, Texas, Tennessee, California and Kentucky. DCF completed site visits to programs in California, Georgia, Kentucky, Minnesota and Kansas.
- DCF has strict state codes and operating procedures for responding to missing children (Florida Administrative Codes 65C-29 and 65C-30 and Child and Families Operating Procedure 175-85), including immediate notification to law enforcement and partnering with the Florida Department of Law Enforcement's Missing and Endangered Persons Information Clearinghouse and the National Center for Missing and Exploited Children. On a daily basis, information regarding any child who has run away from foster care and is identified as a child at risk for trafficking is shared with the case management organization providing supervision to that child. The case management organization is advised the child is at high risk for victimization and is asked to delineate the steps the organization will take to locate and provide services for the child. Florida is the only state in the country to have a child welfare professional co-located within the Florida Department of Law Enforcement to ensure ongoing communication and information sharing between agencies.
- The State of Florida has a full-time Statewide Human Trafficking Prevention Director and three Regional Human Trafficking Coordinators.
- Throughout the state, DCF employees sit on task forces that focus on human trafficking, including child sexual exploitation. These task forces include the DJJ, DOH, APD, the Community-Based Care lead agencies, case management organizations, school personnel, mental health organizations and law enforcement. DCF, DJJ and lead agency participation on these task forces is mandated by statute, and these agencies must take the lead in creating appropriate task forces if they are not in existence.
- Each Region has developed or is in the process of developing processes for a community-wide response to human trafficking.

Objective B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.

The Department is focusing on the Protective Factors Prevention Strategy to increase protective factors in focus families. The year two update is described below.

Strategy: Protective Factors Prevention Strategy

The Department is a key participant in the legislatively mandated comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001, F.S.) In fulfillment of this mandate the Department, Regions, Circuits and other partners continue to work in concert with the Office of Adoption and Child Protection in the development in the CAPP for 2016-2020.

A significant portion of this planning process is an intentional incorporation of the Protective Factors developed through the research of the Center for the Study of Social Policy. The prevention strategies around protective factors as defined in the CAPP includes statewide and local initiatives, and is heavily collaborative across various state agencies and other partners. For instance, the Department is providing technical assistance toward infusing protective factors into local prevention systems; and works with Healthy Families Florida, through their evidence-based home-visiting program, to sustain and increase capacity for serving families at high risk of child maltreatment due to domestic violence, substance abuse and mental health issues.

Local plans also include multiple strategies for increasing protective factors. Families, local social services agencies, faith-based organizations and other community stakeholders. The goals are to develop and implement the five-year primary and secondary prevention strategies for the children and families in local communities

The development of protective factors depends on flexibility and the ability to address state and local needs as part of Florida's diverse and multi-partner approach to child abuse prevention. The framework defined by Florida's statutory requirements for the Child Abuse Prevention and Permanency Plan and the structure of state and circuit/local planning teams provides a robust and collaborative set of interventions that will be monitored and used to adjust the state's response to critical social needs, particularly child safety. No single intervention, whether proven or promising, would be as powerful.

The Department's collaboration and participation in the statutory child abuse prevention and permanency plan is also part of the Department's CAPTA plan. Continuing this process is an essential part of the CAPTA initiative; see also Chapter XVI.

Year Two Update

Targeted Activity: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including child safety and protective factors. -Ongoing.

This targeted activity has been modified to capture the ongoing collaboration with the Office of Adoption and Child Protection under the Executive Office of the Governor regarding prevention activities.

The Department, Regions, Circuits and CBCs continue to work in concert with the Office of Adoption and Child Protection in the development of the CAPP for 2016-2020.

Targeted Activity: Annually, analyze local and state progress toward prevention and protective factor goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review. - Ongoing.

The new CAPP 2016-2020 is under development. All partners are working collaboratively in the gathering and analysis of local and state progress. The analysis will inform the activities for the state's new plan. The Department is a key participant in the legislatively mandated comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001, F.S.). In fulfillment of this mandate the Office of Adoption and Child Protection in the Executive Office of the Governor, the Department, and other partners continue to work with towards the development of the required Florida Child Abuse Prevention and Permanency Plan: July 2015 June 2010 (CAPP). Local planning teams in each judicial circuit also continue to implement and report on local plans. A significant portion of this process is an intentional incorporation of the Protective Factors developed through research of the Center for the Study of Social Policy. The prevention strategies around protective factors as defined in the CAPP includes statewide and local initiatives, and is heavily collaborative across various state agencies and other partners.

Objective C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education) [systemic factor - agency responsiveness to the community]

Strategies: There are three key areas of focus that will strengthen the connections between the Department, child welfare agencies, and other organizations involved in improving protective or risk factors related to child abuse. They are:

1. Integration of Services for Child Welfare and Behavioral Health
2. Domestic Violence and Child Welfare Collaboration
3. Substance Abuse and Mental Health Services Collaboration – Refer to 1. Integration of Services for Child Welfare and Behavioral Health for Year Two.

A summary of the strategies and updates are provided below.

1. Integration of Services for Child Welfare and Behavioral Health

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. The behavioral problems of parents, particularly as they relate to substance use disorders, are readily identified as one of the primary factors contributing to family involvement with child protection agencies and dependency systems. Children in these families are more vulnerable to instances of maltreatment, as diminished parental capacities contribute to child safety concerns. To successfully support families with mental health and substance use disorders the system must realign the current service provision model and move from a philosophy of "task-based case plan compliance" to an effective model of integrated treatment that supports behavioral change and improves parental capacity to safely care for their children. Failure to do so will continue to place children at risk of maltreatment and increased recidivism.

Several significant, long-term initiatives will affect the overall ability of the child welfare program to achieve the broad goal of increasing safety for children. These include:

- Providing training in the area of trauma-informed care for staff and caregivers, specifically as part of the pre-service curriculum and on-line training developed by the Florida Certification Board and in alignment with the child welfare Practice Model.
- Care coordination/case management program inclusion of behavioral health and trauma-informed care under the Child Welfare Specialty Plan as part of the Medicaid Managed Care contract, a key part of the Health Care Oversight and Coordination Plan, and local coordination of child welfare agencies with services provided by the Behavioral Health Managing Entities.
- Florida Children's Mental Health System of Care Expansion Grant and Integration with Child Welfare.
- Project LAUNCH (Linking Actions to Unmet Needs in Children's Health), a five-year grant from the Substance Abuse and Mental Health Administration (SAMHSA). This grant is grounded in the public health approach and works towards coordinated programs that take a comprehensive view of health by addressing the physical, emotional, social, cognitive and behavioral aspects of well-being.
- Children's Mental Health Wrap Around (100806). The goal of these funds is to promote social and emotional well-being and resilience among children with a mental, behavioral or emotional

disorder or other condition that may require clinical attention who have been removed or are at risk of removal due to abuse or neglect.

- Community Action Teams (CAT) provide an alternative to out of home care to children with serious behavioral health disorders. The CAT model is a team based integrated service delivery approach.
- Family Intensive Treatment Teams (FIT) are a legislatively funded pilot project for the provision of family-focused, team-based services for parents in the child welfare system with substance use disorders. The teams integrate services and treatment by providing treatment for substance use disorders, treatment for co-occurring disorders, providing parenting interventions, and through therapeutic coordination for all family members.
- Child Welfare Project Team formed with the charge to develop recommendations for improved identification of need, access to evidence-based services, coordination of care using a family-based focus, and identification of resources necessary to implement desired changes. The team was comprised of participants from the Department's Office of Child Welfare and the Substance Abuse and Mental Health office, Community Based Care lead agencies, Managing Entities, FADAA, and behavioral health providers.

    o Focused on system change to support a philosophical shift to focus on the implementation of a treatment-based service model designed to addresses behavioral health problems while improving family functioning and strengthening child welfare related outcomes. Components of this approach are based on prior research and effectively build on the practice framework:

        - Assessment - Use a comprehensive and continuous approach to assessing safety issues, risk factors and evaluating family functioning.
        - Cross System Competencies - Strengthen cross-system understanding and professional/provider competencies and practices as they relate to treatment goals, service planning, practice models, outcome expectations and legal requirements.
        - Treatment Modalities - Strategically select and integrate dedicated service modalities addressing the specific needs of the family.
        - Leadership - Create a systematic and focused leadership approach to implement the framework.

Year Two Update

Targeted Activity: By June 30, 2015, Develop five on-line courses relating to behavioral health for child welfare will be in use. Completed in year one.

These courses are free and offer continuing education credits/contact and clock hours. Refer to Goal 1, Objective C., Strategy 1 on page 112. The courses are available at the FCB Online Education Platform. The on-line courses are available and located on the Florida Certification Board (FCB) website,
http://flcertificationboard.org/resources/training-and-tutorials/
http://flcertificationboard.org/programs/center-for-prevention-workforce-development/

Targeted Activity: Child welfare program staff will participate on the state level Children's Mental Health System of Care (CMHSOC) Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant. - Completed.

A statewide expansion core advisory team made up of 33 members was established. The Core Advisory Team meets two times annually and met during this report period to coordinate services, supports and expand the System of Care (SOC) framework. These members represent all SOC partner agencies at the state and regional levels. There are Cultural and Linguistic Competency (CLC) efforts that contribute to statewide coordination and collaboration and that support an infrastructure to increase the focus on wide scale adoption of SOC and they include: 1) the establishment of a state CLC Planning Team, and 2) the establishment of a state CLC Committee. The state CLC Planning Team has met three times and the state CLC Committee has had a face-to-face meeting once and is preparing for a conference call meeting. The Planning Team has eight members and the Committee has 32 members. Please refer to Chapter IV, Attachment B, Progress Report on System of Care Expansion Implementation, and Attachment D, Behavioral Health and Child Welfare Integration.

2. Domestic Violence and Child Welfare Collaboration

Family violence is an area that child welfare personnel must understand and be prepared to deal with. It is one of the three most critical factors (along with substance abuse and mental health) that bring families to the attention of the Florida child welfare system. The Department's pre-service training curriculum for child welfare includes a unit on family violence. The Child Welfare Practice Model also includes special content and tools in relation to Domestic Violence.

The Practice Model development and implementation process is highly collaborative. Critical content areas, particularly domestic violence, are represented in the statewide teams working on implementation.

The Domestic Violence (DV) Program within the Office of Child Welfare and the Florida Coalition Against Domestic Violence (FCADV) partnered with child welfare for the development of practice guidelines and training for families where domestic violence is a factor. In particular, aspects of safety planning and batterer accountability are different in those cases and specialized knowledge on the part of child protective investigators and caseworkers is needed. A module on the dynamics of family violence is included in the new child welfare pre-service curriculum (see Appendix E). The FCADV has provided subject matter expertise for this curriculum.

The FCADV continues to receive appropriation of funding from the Florida legislature for state fiscal year 2015-2016 that enhances the existing domestic violence advocates currently working with child welfare professionals. These advocates are co-located with CPI staff. In addition to incorporating domestic violence content into training, a statewide resource contract for consistent training on the use of co-located domestic violence advocates, and other supportive services continues to be provided.

Year Two Update

Targeted Activity: Quarterly meetings with the FCADV, child welfare, and other partners - Completed.

The Florida Coalition Against Domestic Violence, the Domestic Violence Program Office, and the Office of Child Welfare hold quarterly meetings. These meetings serve as collaboration and integration opportunities in support of ongoing initiatives.

Historically, the Department and FCADV shared a strong working partnership aimed at integrating a seamless service delivery system when working with families experiencing domestic violence. The FCADV

remains committed to assisting child welfare professionals through technical assistance, training, and legislative requests for funding opportunities that will continue to support this strong initiative for building the capacity for domestic violence advocates to be co-located within CPI and other community-based child welfare agencies. The "CPI Co-located Domestic Violence Advocate Project." was first started in 2008 with six pilot projects in Florida. The projects are a collaborative effort between FCADV, the Office of the Attorney General, DCF, local Certified Domestic Violence Centers, community based care agencies (CBCs), and criminal justice system partners that implement leadership teams to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. FCADV's CPI Project also establishes formal partnerships in which domestic violence advocates are co-located within CPI Units.

The domestic violence co-located advocates provide consultation to child protection staff, referral services to survivors, and attend meetings between all partnering stakeholders to develop strategies to resolve any barriers or issues that may arise. The ultimate goal of these projects is to bridge the gap between child welfare and domestic violence service providers to enhance family safety, create permanency for children, and hold perpetrators accountable for their actions.

The FCADV has served on the Statewide Safety Methodology Steering Committee (now known as the Child Welfare Practice Task Force) since January 2014 and has been an active member of the subcommittee for policy and practice guideline development. FCADV again succeeded in obtaining funding from the Florida Legislature in SFY2015-16 and continues to implement this groundbreaking program to include 62 co-located domestic violence advocates available to child welfare agencies located in all 67 Florida counties. As of June 30, 2015, the CPI Co-located Domestic Violence Advocate Project had completed 3,359 staffings. DV co-located advocates continue to attend child welfare agency staffings, providing consultative support on cases involving families experiencing domestic violence. Funds continue to provide one-day Child Welfare Regional Training Institutes for local child welfare professionals, domestic violence advocates and community partners. The purpose of the trainings are to enhance collaboration between domestic violence centers and child welfare agencies, to build the capacity of child welfare and partnering agencies to assess for domestic violence, to partner with domestic violence survivors to achieve child safety. The training also helps participants understand how to effectively integrate the Safe and Together principles, critical components and practice tools with the child welfare practice model.

Objective D. Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk. [Systemic factor]

Strategy: Training Plan

The Department's Staff Development and Training Plan (Appendix E) for child welfare addresses key aspects of all practice areas, but the pre-service curriculum is particularly strong in concepts, tools, techniques, and fieldwork relating to understanding family dynamics, assessing child and adult functioning, and the new practice. Implementation of the new practice model also involves a significant amount of in-service training in risk assessment and other safety tools and techniques.

Targeted Activity: Deploy new pre-service training curriculum. Completed during year one of the CFSP. The new pre-service training curriculum was deployed in January 2015.

Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety. [Systemic factor]

Strategies: There are two key areas underway that supports child safety and addresses data integrity.

1. Implementation of the new Child Welfare Practice Model.
2. FSFN Training and CQI Activities

The activities, benchmarks, and updates are provided below:

1. **Implementation of the new Child Welfare Practice Model.**
   The goal of information technology within the Practice Model is an easy to use, adaptive and fully integrated and utilized system to support practice and decision making to achieve excellent outcomes for children and families. FSFN is undergoing a series of revisions to support staff in this new practice approach.

2. **FSFN training and CQI**
   In addition to supporting case management and service delivery, FSFN is also the primary source of data to measure safety-related topics, performance on outcomes as well as processes. The pre-service training plan includes building staff knowledge about the importance of documentation about all relevant case management activity and the importance of data entry for FSFN. (See Appendix E, Training Plan).

   As part of quality assurance and CQI, the child welfare program is addressing issues relating to data integrity. Though training staff appropriately in data entry is one crucial component in data integrity, the ability to monitor data quality and reliability is also critical. All CBCs have implemented processes to review data weekly and identify any data integrity issues. Refer to Appendix A, Continuous Quality Improvement.

Year Two Update

Targeted Activity: Continued implementation of the Child Welfare Practice Model. See Objective A.

Targeted Activity: Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015) - Completed.

The new pre-service training curriculum was deployed in January 2015. (See Appendix E, Training Plan)

Targeted Activity: Develop data integrity approach during SFY 2015/16 - Completed.

Goal 2

Children involved in child welfare will live with permanent and stable families, avoiding disruption and return to out of home placement.

Rationale:

Permanency for children remains one of the three most important and challenging areas for child welfare. The preferred permanency option is remaining safely with their own families. Other permanency arrangements include, in descending order of preference (s. 39.621, F.S.):

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child;
- Permanent placement with a fit and willing relative; or
- Placement in another planned permanent living arrangement.

The timeliness of achieving permanency and stability of a child's living arrangements, whether in a permanent or temporary setting, are also important.

As discussed in Chapter III, Statewide Assessment, Florida is having some success in various aspects of permanency. Adoption overall has been extremely successful, with the state receiving federal adoption incentive awards for several years. Florida met the national standards for permanency in 12 months for new entries, for children in care 12 to 23 months, and for children in care 24 months or longer. It is also necessary to ensure that permanency successes are maintained, to avoid the "pendulum effect" where over-focus on any particular area results in slippage in other critical outcomes.

Achieving permanency in a timely fashion is inextricably linked to factors also linked to safety. A family must be able to keep their child safe in a nurturing environment, and the traumatic experiences that might lead to problematic behaviors must be addressed as expeditiously as possible to ensure reunification or other permanency placements are not disrupted, with an accompanying return to dependency in the child welfare system. Florida will pursue several objectives intended to address these various factors of permanency, as described below.

Florida Performance Measures of Progress

MEASURES	Observed Performance	Lower Risk Standardized Performance	Risk Standardized Performance	Upper Risk Standardized Performance
Permanency in 12 months (entries) (National Standard – 40.5%)	50.7%	48.9%	49.7%	50.5%
Permanency in 12 months (12-23 mos) (National Standard – 43.6%)	53.6%	49.1%	49.7%	51.9%
Permanency in 12 months (24+ mos) (National Standard – 30.3%)	42.4%	34.7%	36.1%	37.4%
Placement stability (National Standard - 4.12)	5.05%	5.09%	5.18%	5.27%

Source: Florida CFSR Data Profile Dated November 2015

Objectives:

In order to address the concerns and performance gaps identified in relation to permanency for children, the Department is also intending to work on a varied set of objectives. These include objectives to address process factors, service factors, and systemic factors. There are five objectives for Goal 2.

1. Objective A: Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.

2. Objective B. The state's case review system will support timely permanency with appropriate participation and planning. [systemic factor]

3. Objective C. Staff and provider training will support skill development in practice areas of emphasis. [Systemic factor].

4. Objective D. Foster and adoptive parent licensing, recruitment, and retention will support permanency. [systemic factor]

5. Objective E. Service array will emphasize proven, effective approaches to avoiding entry into foster care and reduce disruption. [Systemic factor].

Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.

Strategies: There are four strategies the Department is focusing on to ensure timely and lasting permanency for children.

1. Continued implementation of the new child welfare practice model
2. Quality Parenting Initiative (QPI)
3. Local Permanency Initiative
4. Adoption Supports

A description of the strategy, benchmarks, and update is provided below.

1. Continued implementation of the new child welfare practice model

As described in the details for this strategy, this sweeping approach to revising practice throughout all levels of child welfare is also designed to improve permanency for children. By improving family assessment (specifically through the Family Functioning Assessment – Ongoing), more closely aligning assessment with case plans and services, and improving decision-making about reunification as part of case management, the child will not only be safer but families will in many cases be able to become stronger and more nurturing., supporting timely reunification.

Year Two Update:

Targeted Activity: Continued implementation of the new child welfare practice model. See Goal 1, Objective A, page 97.

2. Quality Parenting Initiative (QPI)

Foster parents and other caregivers are vital partners in working with families on the pathway to permanency. The knowledge, skills, abilities, and emotional commitment to the children in their care contribute to faster, more lasting reunification as well as to their ability to work with case managers during other activities for achieving goals for the child and family. Quality parenting is so important that it was supported by legislative action in 2013, as described in Appendix B, the Foster/Adoptive Parent Diligent Recruitment Plan.

QPI is designed ensure that children are residing in an out-of-home care setting with a caregiver who:

- has the ability to care for the child,
- is willing to accept responsibility for providing care, and
- is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

In addition, QPI is designed to promote the participation and engagement of foster care parents in the planning, case management, court proceedings, and delivery of services for those children who are residing in Florida's out-of-home care system, while working toward the child's long-term permanency and other goals.

The key elements of the QPI process are:

- To define the expectations of caregivers;

- To clearly articulate these expectations; and then
- To align the system so that those goals can become a reality.

The major successes of the project have been in systems change and improved relationships. Sites have also reported measurable improvement in outcomes such as:

- Reduced unplanned placement changes,
- Reduced use of group care,
- Reduced numbers of sibling separation and
- More successful improvements in reunification.

QPI has been supported by the Eckerd Family Foundation, the Stuart Foundation, the Walter S. Johnson Foundation, the David B. Gold Foundation and the Annie E. Casey Foundation. Many areas of the state are actively promoting QPI not only for its improvements in caregiver skills, but also as a recruiting and retention tool; if a caregiver is given training, tools, and respect as a partner in reaching goals for the child and family, they are more likely to remain engaged. The pre-service curriculum supports this partnering concept through a specific module on foster parents and other caregivers as partners (see Appendix E). QPI also includes special topic areas for foster parents and, in some cases youth – particularly around their rights to participate in court processes.

Over the next three years, the Department will continue to refine and expand QPI across the state, through ongoing training and tools offered on-site as well as through the information portal of the Center for Child Welfare, particularly the just-in-time training offerings. (http://qpiflorida.cbcs.usf.edu/index.html)

Year Two Update:

Targeted Activity: Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions. - Ongoing.

As of end of FFY 2015, all but two (2) of Florida's CBCs were actively participating in the Quality Parenting Initiative. In addition, the QPI approach to partnering with foster parents and caregivers was expanded to include child protective investigators and case managers, instead of limiting involvement to foster parent recruiting and licensing staff.

The Quality Parenting Initiative (QPI) is one of Florida's approaches to strengthening foster care, including kinship care. It is a process designed to help a site develop new strategies and practices, rather than imposing upon it a predetermined set of "best practices."

During FFY 2014 – 2015, QPI, the CBCs and the Department began strategic partnering on a number of initiatives, including:

- Streamlining licensing requirements;
- Developing a Partnership Plan for foster parents;
- Coordinating with Fostering Success a Priority of Effort collaborative tasked improving recruitment & retention of foster homes for teens, and children with special needs;
- Share objectives with the Federal Intelligent Recruitment Grant awarded to four of Florida's CBCs, and directed by the Department.

These initiatives will be ongoing through the 10/1/2015 – 9/30/2016 time period. Refer to Appendix B, Foster and Adoptive Parent Diligent Recruitment Plan.

3. Local Permanency Initiatives

A wide array of strategies related to permanency have been underway for some time across Florida. One of the strongest in relation to timely permanency is the Permanency Roundtables approach, as implemented with technical assistance from Casey Family Programs in a number of areas. In partnership with Casey Family Programs and with the support of the Department of Children and Families, Florida Community Based Care lead agencies (CBCs) continued to utilize Permanency Roundtables. As of March 2014, eight CBCs are part of the Florida PRT initiative. The first three CBCs to implement the initiative (2009) were ChildNet, Family Support Services of North Florida, and Partnership for Strong Families. An additional three CBCs were added in 2011 (CBC of Central Florida, Community Partnership for Children, Kids Central); two additional CBCs were added in 2013 (Eckerd Community Alternatives and Our Kids); and one additional CBC was added in 2014 (Families First Network).

The Department continues to partner with the Casey Family Programs in implementing the Permanency Roundtable Project. Each new site begins with their PRT process with a review and assessment of all youth with an APPLA goal. Many of our foster children are at risk of aging out with only themselves at age 18 and it was determined that all staff and community stakeholders need to provide youth with the same critical message about the importance of an adult connection. The lead staff persons for the PRT sites meet quarterly to discuss successes and barriers to permanency. This provides an opportunity for the leads to share what is working and where they need process improvements. The collaboration with the Casey Family Programs will continue with a plan going forward to train and involve at least one new CBC per year through 2019. The first PRT newsletter was created in April 2012. The newsletter is a forum for providing background information on the PRT processes and describing one or more success stories, especially for those children who have been in care for many years. We have seen a reduction in the number of foster children with an APPLA goal and it is believed that this reduction occurred because of the Permanency Roundtable initiative and an increased awareness by management of the risks these foster children face when they do not have a permanent connection to an adult.

In collaboration with the Casey Family Programs, the Department has continued the "Cold Case Project" in each of the Permanency Roundtable sites. One attorney with the Department's Children's Legal Services in each site has been researching one "cold case." So far, the research of several cases has revealed potential relatives that were not contacted previously. The plan for the upcoming year is to continue to research cases that involve youth who have been in care for three or more years. Many of these "cold cases" are youth with a goal of APPLA and therefore are at risk of aging out of foster care with no permanent connections to an adult. The attorneys have learned the value of recruiting an adult who is willing to be a permanent connection to the youth as he/she enters adulthood and exits foster care.

Other local initiatives include Family Connections, family team conferencing, dedicated post-adoption supports, Family Engagement model programs, and many others.

Year Two Update:

Targeted Activity: Annually, report and summarize status of local initiatives for the Annual Progress and Services Report cycle. Ongoing.

The number of Permanency Roundtable (PRT) sites increased from 7 to 12. Additionally, Casey Family Programs has continued funding for a Private Investigator in Florida to assist Children's Legal Services

(CLS) in the PRT process. The Private Investigators complete diligent searches in an attempt to locate relatives, whose whereabouts have been unknown to DCF/CBCs.

Regional and CBC specific initiatives are described in Chapters I and II.

4. Adoption Supports

As discussed in the Statewide Assessment (Chapter III), adoption has been a successful outcome for thousands of children in Florida. However, in order to maintain this success, the Department needs to continue to focus on this area. Particular activities in support of adoption as a permanency outcome include recruitment of adoptive parents (see Appendix B), participation in the Child Abuse Protection and Permanency planning and development activities of the Office of Adoption and Child Protection within the Executive Office of the Governor), and post-adoption supports.

The Child Abuse Protection and Permanency Plan, similar to its content for child abuse prevention (see Goal 1, Objective B, strategy 1), includes goals and plans of action for promoting adoption and supporting adoptive families. During the first year of the time frame for the CFSP, the Department will continue to work with the Office of Adoption and Child Protection to assess the progress made toward the goals for reducing child maltreatment by infusing protective factors. Concurrently, the Department will continue to work with the Office of Adoption and Child Protection to develop revisions to the five-year CAPP (due to the Legislature in June 2015) that build upon and Update/Accomplishments the state and local initiatives.

Post-adoption supports: As described in Chapter II under Adoption Services, the Department has placed an increasing emphasis on the provision of post-adoption supports to families in order to sustain successes for forever families. Services include support groups, adoption competency specialists and training, and post-adoption services counselors. Post-adoption support is an integral part of the CAPP, as above, and will be addresses as part of this systematic planning, review, reporting, and revision process.

***Year Two Update*:**

Targeted Activity: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including adoption and permanency goals. - Ongoing.

The Department and local communities are in collaboration with the Office of Adoption and Child Protection in the development of a new Florida Child Abuse Prevention and Permanency Plan: 2016 - 2020 (CAPP).

Targeted Activity: Annually, analyze local and state progress toward adoption and other permanency goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review. - Ongoing.

The Department, Regions and Circuits are working closely with the Office of Adoption and Child Protection in the gathering and analysis of data and progress. This information will inform the CAPP 2016-2020.

Objective B. The state's case review system will support timely permanency with appropriate participation and planning. [Systemic factor]

Strategy: The Department is focusing on collaboration with the court system and Children's Legal Services to ensure the case review system supports timely permanency.

Collaboration with the Court System and Children's Legal Services

The legal aspects of child welfare, particularly with respect to permanency, are an important component to achieving success. The Office of Child Welfare has a long-standing collaboration with the Office of Court Improvement within the court system, and regions develop intense working relationships with local courts. This close coordination was instrumental in Florida's successful completion of its Round 2 Program Improvement Plan, and continues to be a major focus. Perhaps the most visible result of this collaboration is the Dependency Summit, jointly planned and attended by child welfare specialists, community-based agencies, foster parents and youth, attorneys, judges, and many other partners.

Statewide, one major Model Court Project is statewide implementation of evidence-based parenting (EBP) programs. Nine circuits have begun work on this initiative and are receiving targeted technical assistance. Another circuit (Circuit 11) has already implemented evidence-based parenting programs, but is participating as a pilot site to both monitor ongoing fidelity, as well as to assist and coach the other participating sites.

Enabling parenting providers to offer evidence-based programs is only part of the project; another key component involves Dr. Lynne Katz (director of the University of Miami, Linda Ray Intervention Center), helping providers develop effective ways to convey information on parental progress to the judges and magistrates in the courtroom. The primary court-related activities that Dr. Katz will work on with providers are behavioral observations of parent-child dyads, and templates for reporting ongoing progress to the court. Dr. Katz will also work with providers to ensure that parent-child interactive components are implemented and that site logistics are appropriate to accommodate these interactive activities. Judges and magistrates having pertinent information in court on parents' quantifiable progress in a program—as opposed to simply observing that a parent has received his or her certificate of completion for a course—is a crucial feature of this initiative. Clear, reliable information that is reported consistently will help judges make better-informed decisions in the cases they hear.

Year Two Update

Targeted Activity: Annually, convene the Dependency Summit. The 2015 Dependency Summit was held 9/9 through 9/11/2015 in Orlando. - Ongoing.

The 2016 Dependency Summit is scheduled to occur 9/7 through 9/9/2016.

Targeted Activity: Monthly, continue Monthly OCI/OCW/CLS/GAL/DOE meetings. - Ongoing

The Office of Court Improvement (OCI) and the Department of Children and Families are among several child welfare partners who participate in monthly multiagency collaboration meetings. These meetings provide an excellent forum for information sharing as to various agency initiatives, in addition to the opportunities for collaboration among the various initiatives.

Targeted Activity: Annually, report and summarize status of local initiatives for the Annual Progress and Services Report cycle. - Ongoing.

Over the past year, the Office of Court Improvement and the Model Courts Project continued to support the Evidence-Based Parenting (EBP) Initiative by facilitating monthly technical assistance calls between the participating circuits and Dr. Lynne Katz, parenting and child development specialist from the University of Miami. The initiative focuses on universal requirements for evidence-based parenting classes, pre and post-test measures, parent readiness and parent-child observations with children 5 and under. Through this ongoing process judges, judicial staff and community stakeholders have been able to define and understand the process for a parenting program to become evidence-based as well as understanding the process for accessing programs meeting research-based criteria. While the OCI maintains the lead in this model courts initiative, each local jurisdiction participating in the initiative includes the partnership of the Department and community based care agencies. The specific waiver activities are determined on a local level and implemented with full partner collaboration.

The Department of Children and Families has continued to collaborate with the Office of Court Improvement to support the Early Childhood Court initiative, a Florida Court Improvement lead project. Early Childhood Court addresses child welfare cases involving children under the age of three. It is a problem-solving court – where legal, societal, and individual problems intersect. Problem-solving courts seek to address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. This specialized court docket provides greater judicial oversight through more frequent judicial reviews and a multidisciplinary team approach. The team works in a non-adversarial manner to link the parties to treatment and services. Chapter II includes information on local efforts to expand the Early Childhood Court initiative.

There continued to be substantial momentum to expand Early Childhood Court throughout the state. Understanding of both the vulnerability and the opportunity for changing the developmental trajectory for maltreated children has inspired dependency judges and local coalitions in more than twenty of Florida's sixty-seven counties to begin Early Childhood Court. Most counties are in the exploration and installation stages of implementation, and several are in the initial implementation stage; all are eager to expand best practices and deeply committed to improving outcomes for young children in dependency courts.

The Department is a full partner in this initiative on a statewide level and local community level. Other collaborative partners include the community-based care agencies, Florida State University, Children's Legal Services, mental health providers, infant mental health specialists, foster parents, and other community partners. Activities are underway to support initial implementation of the project across sites, along with planning for long-term sustainability.

Objective C. Staff and provider training will support skill development in practice areas of emphasis.

Strategy: The Department is focusing on continued implementation of the new Practice Model and initiatives in the statewide training plan to ensure staff and provider training supports skill development in practice areas.

Implement the Practice Model and the Training Plan.

Child welfare processes aimed at timely and lasting permanency for children constitute a major portion of the tasks for child welfare caseworkers and their partners. The seven professional practices of the Practice Model are vital in permanency as well as safety and well-being. To develop skills in these practices, the pre-service curriculum includes training in general fundamentals such as the Practice Model

and communicating with families, as well as specific topics of case planning, permanency options, working with the courts, GAL, and CLS, preparing children to participate in court, and conditions for return/reunification (See Appendix E).

Year Two Update

Targeted Activity: Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015) - Completed.

Deployed new pre-service curriculum in January 2015. The link to sign in for the new pre-service curriculum is http://centerforchildwelfare.fmhi.usf.edu/preservice/FLTrainingCurr.shtml

Objective D. Foster and adoptive parent licensing, recruitment, and retention will support permanency.

Strategy: The Department is focusing on the Diligent Recruitment Plan to ensure licensing, recruitment, and retention of foster parents supports permanency.

Implement the Foster and Adoptive Parent Diligent Recruitment Plan

For timely and lasting permanency, the child welfare system depends in large part on being able to match children's needs with the characteristics of a foster or adoptive family, and having those families remain committed to ongoing participation in all activities necessary for the child's safety, permanency, and well-being. The Florida plan for Foster and Adoptive Parent Diligent Recruitment Plan in Appendix B provides details about the intended approach over the next five years. Strategies discussed elsewhere in this goal, such as the Quality Parenting Initiative and staff training, are also included in the Recruitment Plan.

Year Two Update:

Targeted Activity: Annually: report and summarize status of state and local initiatives for the Annual Progress and Services Report cycle. - Ongoing.

Refer to Chapter II and Appendix B, Foster and Adoptive Parent Diligent Recruitment Plan.

Objective E. Service array will emphasize proven, effective approaches to avoiding disruption.

Strategy: The Department is expanding the quality and availability of the service array with an emphasis on evidence-based programs for families.

Expand quality and availability of supports through the Title IV-E Foster Care Demonstration Waiver

With the initiation in 2006 of the Title IV-E Foster Care Waiver Demonstration Project, Florida's service array has undergone an enormous shift. Though traditional out of home care is still an important part of the services used while achieving permanency for children, the Demonstration Waiver has provided great flexibility. The expansion of the array of community-based services and programs supported by the Demonstration Waiver include permanency and well-being related items:

- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care).
- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.

- Development and deployment of statewide metrics to measure performance in educational outcomes, including, high school graduation/GED completion rates, receipt of developmental screens and early intervention services as needed by children birth to three, increased enrollment of young children in quality early childhood programs, increased school enrollment and attendance, and school stability.
- Implementation of evidence-based practices to increase the effectiveness of mental health and substance abuse screening and treatment for parents, as well as strategies to improve timely access to and engagement in these services.

While changes in and an expansion of the community-based service array have occurred, adequate capacity and accessibility does not exist across the entire state. With the re-authorization of Florida's Demonstration Waiver participation, ongoing interventions aimed at improving the service array, including for permanency, are underway. See Chapter VII for more discussion about the Demonstration Waiver.

Year Two Update:

Targeted Activity: Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report. Ongoing.

With the Implementation of the Practice Model, Florida has taken this opportunity to define and assess Florida's service array. Between January 2015 and May of 2015, an assessment of Florida's service array was conducted in partnership with community-based care and case management organizations with a heightened focus on family support and safety management services. The survey includes an inquiry regarding what family support services each CBC has and the services level of evidence based/informed effectiveness.

Our first step in this service array assessment was to reach consensus as a state in defining the different service types and to have a greater understanding of the types of services available, their level of effectiveness and the evidence supporting the services as well as well as trauma informed services and develop a plan of action based upon the results of the survey. The survey template was finalized in February 2015 in partnership with the Florida Coalition for Children's (FCC) Prevention and Diversion FCC subcommittee. CBCs completed the survey process in May 2015. After synthesizing and analyzing data received from CBCs as part of the statewide survey, we determined that a partnered approach to collecting this information would garner more effective results as several of our CBC partners had varying definition of their service array. After further refinement of the service array definitions, a plan was developed to complete regional visits that included service array assessments with each CBC. These visits began outside the review period however, will be reported on in the Year Three update.

Goal 3

Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.

Rationale:

Well-being, defined in terms of family capacity, educational success, physical health, and behavioral health, is perhaps the outcome that receives the least focus but is equally important to the lives of the children and families involved in the child welfare system. As summarized in Chapter II, Florida's performance in all areas of well-being has not been at expected levels. Although some strength is shown in educational status for younger children and stability of educational placement, there is still major work needed on helping youth toward independence. Finally, health remains a concern, particularly with respect to dental health, psychotropic medication, and provision of behavioral health services.

Measures of Progress: The measures of progress will align with the CFSR. Florida will be using the CFSR on-site review instrument and CFSR online monitoring system starting July 1, 2015.

- CFSR Well-Being Outcome 1, Item 12: Concerted efforts were made to assess the needs of and provide services to children, parents and foster parents to identify necessary services and adequately address the issues relevant to the Department's involvement with the family.
- CFSR Well-Being Outcome 2, Item 16: Concerted efforts were made to assess children's educational needs, and appropriately address identified needs in case planning and case management activities.
- CFSR Well-Being Outcome 3, Item 17: The physical health needs of children, including dental health needs were addressed.
- CFSR Well-Being Outcome 3, Item 18: The mental/behavioral health needs of children were addressed.

Objectives:

In order to address the concerns and performance gaps identified in relation to well-being for children and families, the Department is also intending to work on a varied set of objectives. These include objectives to address assessment, services and supports, and systemic factors.

There are five objectives for Goal 3, child and family well-being:

1. Objective A: Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.
2. Objective B: Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs.
3. Objective C: Ensure educational success for children through collaboration with parents, caregivers, local school systems, and other educational agencies. [systemic factor]
4. Objective D: Continuous quality improvement will demonstrate child welfare system ability to improve, implement, and sustain quality of services and achievement of outcomes. [systemic factor]
5. Objective E: The state's child welfare information system, FSFN, will have accurate and timely data that supports child wellbeing. [systemic factor]

Objective A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.

Strategies: There are three strategies underway that provide supports to increase a family's ability to provide for their own and their children's needs.

1. Continued Implementation of the Child Welfare Practice Model
2. Local child and family wellbeing initiatives
3. Expanded service array.

A description of each strategy and updates is provided below.

1. Continued Implementation of the Child Welfare Practice Model.

As described in the details for this strategy, this sweeping approach to revising practice throughout all levels of child welfare is also designed to improve well-being for children and their families. By improving family assessment (particularly the Family Functioning Assessment – Ongoing), and more closely aligning assessment with case planning and improving decision-making about the needs of children and their families, the child will not only be safer but families will be able to become stronger and more capable of increasing well-being.

Year Two Update:

Targeted Activity: Continued implementation of the Child Welfare Practice Model. Ongoing.

See strategy details, Goal 1, Objective A.

2. Local family and child well-being initiatives

Each region and community has some unique characteristics and some common needs related to the abilities of its families to become strong and nurturing. Certain general approaches, such as the evidence-based home visiting underpinning Healthy Families Florida and the Quality Parenting Initiative discussed previously, are in wide use.

Other local programs and efforts address this area as well, and will continue to do so. For example:

- The evidence based parenting initiative is in place in 13 circuits. One CBC in the Northeast Region, Circuit 4, has Strengthening Ties Empowering Parents (STEPS) workers co-located in the local elementary schools to weave together a stronger network of support. STEPS uses evidence-based parenting training, Active Parenting Now and Active Parenting of Teens, to work with at-risk families.
- Family Assessment Support Teams, or FAST, family preservation diversion program is unique to Circuit 4 and continues to safely maintain children in their homes while services are provided when Children's Legal Services (CLS) determines there is legal sufficiency to remove when the Department of Children and Families (DCF) finds the children unsafe. The FAST program in Duval County is co-located with CPIs. FAST workers are certified case managers who create a family plan and provide wraparound in-home services to families for 6-9 months. FAST Case Managers are trained in Nurturing Parenting, Active Parenting Now, Active Parenting of Teens, Ages and Stages Social and Emotional (ASQ) assessments, S-BIRT for substance misuse, and Family Team Conferencing which are all evidenced based. FAST Clinical Staff training includes the following evidenced based programs: Cognitive-Behavioral

Therapy, Motivational Interviewing, Trauma Informed Therapy, Nurturing Parenting, Art Therapy, and Family Systems/Family Structural Theories. Many of the clinicians also utilize AUDIT, which is an evidence based alcohol assessment.

- In the Central region, one Community-Based Care agency utilizes Family Group Decision Making (FGDM), which addresses the needs and incorporates the strengths of families in relation to child safety, permanency and wellbeing. The FGDM approach considers family strengths, family engagement, and informed family decision making as core values when working with children and families. Another CBC in Circuit 10 is implementing a family team conferencing initiative. This initiative is aimed at engaging families in the early stages of dependency through Family Team Conferencing and Family Group Decision Making.
- Brevard Family Partnership (BFP) developed a robust comprehensive system of care that is family centered, strength-based, and community driven. Their system utilizes a single point of entry model that brings consistency for the children and families served and offers a supportive process in which needs are assessed at time of entry and addressed as needed.
- Family strengthening initiatives are discussed in Chapter II.

Year Two Update:

Targeted Activity: The Department will continue to support local and statewide efforts to implement Early Childhood Courts (ECC), Florida's name for the national ZERO TO THREE Safe Babies Court Teams project. Florida's Court Improvement Program (CIP) received a grant from ZERO TO THREE to provide training and technical assistance for the implementation of ECC. The Department's support will enhance the capacity of court teams across the state to receive training and resources needed to effectively implement the ECC approach. Specific support includes assisting in the funding of the 2015 ECC All Sites Kickoff, prioritizing funding for evidence-based programs targeted at improving outcomes for infants and toddlers, and local ECC site implementation activities.

Between October 2014 and September 2015, eleven ECC sites began hearing cases involving infants and toddlers. During that time, another six sites were preparing for implementation of the ECC specialized docket. The Safe Babies Court Project has 10 core components. These components, implemented in each Safe Babies Court Team site, are critical for the project to function effectively and successfully. Each core component is listed and described below. Core Components are:

- Judicial Leadership: Each Court Team requires the leadership of a local judge who, because of their unique position of authority in the processing of child welfare cases, is a catalyst for change.
- Local Community Coordinator: Each Court Team community requires a local Community Coordinator who provides child development expertise to the judge and the Court Team, and coordinates services and resources for infants and toddlers.
- Active Court Team Focused on the Big Picture: Each community has a team of key community stakeholders devoted to restructuring how the community responds to the needs of maltreated infants and toddlers. The team meets monthly to learn about available services, identify gaps in services, and discuss issues raised by the cases that members of the Court Team are monitoring.

- Targeting Infants and Toddlers in Out-of-Home Care: The Court Team focuses on foster care cases involving children younger than 36 months.
- Placement and Concurrent Planning: To reduce placements, the Court Teams use concurrent planning, a technique that requires the quick identification of and placement with caregivers who are willing to become the child's permanent family if reunification becomes impossible.
- Family Team Meetings Monthly to Review All Open Cases: Each month, the Community Coordinator and a team of service providers, attorneys, and child welfare agency staff meet to review the family's progress.
- Child-Focused Services: Comprehensive developmental, medical and mental health services are incorporated into the case plan document to ensure that the child's well-being is given primary consideration in the case. An additional emphasis is placed on finding the child a medical home.
- Parent-Child Contact (visitation): The Court Team focuses on increasing visitation by expanding the opportunities (e.g. doctor's appointments) and the locations (e.g. the foster home, the birth parents' home) for parent-child contact.
- Continuum of Mental Health Services: Children traumatized by their parents' care, removal, and foster care may need mental health services. Their parents also need mental health services to help them overcome the reasons for their behavior. To meet these needs each Safe Babies Court Team develops a continuum of mental health services that includes services such as Child-Parent Psychotherapy.
- Training and Technical Assistance: ZERO TO THREE staff and consultants provide training and technical assistance to the Court Team community on topics such as: infant and toddler development; parenting interventions; services available to foster children in the community; trauma; and parental substance abuse, domestic violence, mental illness, and poverty.
- Evaluation: To evaluate its work, each Court Team collects information on knowledge enhancement among child welfare professionals, systems change, and outcomes for children and families.
- Five Baby Court dockets are currently underway across the state and five more teams are gearing up to begin implementing dockets. Additionally, at least another seven teams are in the exploration stage of developing a baby court docket.

3. Expanded service array through the Title IV-E Foster Care Demonstration Waiver

As previously discussed under Goal 2, Objective E, the Demonstration Waiver has supported Florida in greatly expanding the level of services available for well-being as well as safety and permanency. The primary focus of this strategy will be to ensure consistent availability and accessibility of quality services for health and education supports, as well. See Chapter VII for more discussion about the Demonstration Waiver.

Year Two Update:

Targeted Activity: Annually, as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report. See update for Goal 2, Objective E. - Ongoing

Objective B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs

Strategy: The Department will continue to work with healthcare providers and the Agency for Healthcare Administration to fully implement the Healthcare Services Plan as described below.

Continued Implementation of the Healthcare Services Plan

Appendix C, Florida's Health Care Oversight and Coordination Plan, provides a comprehensive approach to improving physical and behavioral health for children. See Appendix C for the plan relating to health care, including assessment, services, and practices such as trauma-informed care.

Year Two Update:

Targeted Activity: Annually, as part of the Annual Progress and Services Report, summarize progress with respect to the Health Plan, including status of the Child Welfare Specialty Plan and psychotropic medication monitoring. - Ongoing.

During the reporting period, the Agency for Health Care Administration (AHCA) implemented the Managed Medical Assistance (MMA) program. The Managed Medical Assistance (MMA) program provides primary care, acute care and behavioral health care to recipients enrolled in an MMA plan. The Statewide Medicaid Managed Care (SMMC) program includes the Child Welfare Specialty Plan for recipients in the child welfare system.

The Child Welfare Specialty Plan provides care coordination/case management appropriate to the specific needs of child welfare recipients. The plan has, implemented and maintained a care coordination/case management program specific to the child welfare specialty population, approved by AHCA. In addition, the plan is required to submit a care coordination/case management program description annually to the Agency for Health Care Administration. The care coordination/case management program description shall, at a minimum, address:

(1) The organization of care coordination/case management staff, including the role of qualified and trained nursing, social work and behavioral health personnel in case management processes;
(2) Maximum caseload for case managers with an adequate number of qualified and trained case managers to meet the needs of enrollees;
(3) Case manager selection and assignment, including protocols to ensure newly enrolled enrollees are assigned to a case manager immediately.

For calendar year 2014, the Child Welfare and Children's Medical Services Network (CMSN) were not required to report on the three antipsychotic National Collaboration for Innovation in Quality Measurement (NCINQ) performance measures. The list of performance measures that the Child Welfare Plan is required to report can be found in the Report Guide at the following link:

http://ahca.myflorida.com/medicaid/statewide_mc/report_guide_2015-07-01.shtml

In the spring of 2015, the Department identified the need for evaluation of the process for the administration of psychotropic medications to children in out of home care in Florida. It was during this time that the Department convened a workgroup to review the psychotropic medications process and to implement improvements. The workgroup began meeting in late July 2015. The group consists of stakeholders from across the child welfare spectrum. The varying expertise on the group provides for an

opportunity to assess the effectiveness of current processes and make recommendations for long term sustainable solutions in the identified areas of rule, policy and training.

Objective C. Ensure educational success for children through collaboration with parents, caregivers, local school systems, and other educational agencies. [Systemic factor]

Strategy: The Department will continue work with the Florida Department of Education and local school district to ensure educational success for children.

Education Information and Service Integration for Child Well-being

The Department and its various educational partners, particularly the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continue to develop methods and approaches to working together toward common goals for educating children, youth, and young adults. Interagency agreements are a normal method of defining these methods, at the state and local levels. Some of these are very broad, such an agreement among the Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Persons with Disabilities, and the agency for Workforce Innovation to coordinate educational and vocational services. Others have more narrow topical focus, such as data sharing agreements or for coordinating services in a specific county. These interagency agreements not only support coordination, but they provide a platform whereby resources and knowledge can be shared and made more efficient and effective.

Year Two Update:

Targeted Activity: Annually, as part of the Annual Progress and Services Report, summarize progress on the state and local actions. - Ongoing.

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

Florida Law Chapter 2015-130 was enacted into law on July 1, 2015. The new law gave further guidelines for the Department to ensure children succeed in school and work with their local school district. The law directed that children be enrolled in the best educational setting that meets the needs of the child. In addition, the law outlines requirements for local agreements with district school boards. These local agreements are to include: ensuring children are enrolled in the best education setting that meets their needs, have minimal disruption to their education, notification to schools when children know to the department are enrolled, establish protocol for information sharing, as well as requirements to notify the school district of case planning of children belonging to the school district. The new law expanded the requirements of local agreements that were already in place. As these local agreements are updated to comply with the new law and implemented statewide, they will be a catalyst to improved communication between the CBCs and local school districts.

The Department is participating in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state. In January of 2015, the Department requested educational data from the Department of Education for the purpose of trend

analysis. Casey Family Programs met with the Department, Community Based Care Agencies, and the Florida Department of Education to evaluate the collected data. There was much discussion around increasing the level of data sharing between the local school districts and community based care agencies. Casey Family Programs continues to work with the Department to improve data sharing.

Objective D. Continuous quality improvement will demonstrate child welfare system ability to improve, implement, and sustain quality of services and achievement of outcomes. [Systemic factor]

Strategy: The Department continues to implement the CQI/QA Plan through various statewide initiatives.

Continue to Implement CQI/QA plan

The Continuous Quality Improvement cycle is vital to all outcomes, but perhaps especially so to well-being. Engaging families, working toward educational success, and ensuring physical and behavioral health are activities that require constant identification of needs and performance gaps, providing services to meet those needs, assessing whether goals are achieved or conditions improved, and revising approaches to meet changing needs. The Department's Continuous Quality Improvement plan addresses these steps, and provides a set of tools that are used to measure and monitor progress for factors of well-being (as well as safety and permanency). For example, it includes use of the Weekly Healthcare Report, which provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN. In addition, the Weekly Psychotropic Medication Report includes all children active in an out-of-home care placement on the date of the report. The medications data in this report is based on children documented in FSFN as having an active prescription for one or more of the psychotropic medications listed in the report. See Appendix A for details of the CQI plan.

Year Two Update:

Targeted Activity: Each year the CBCs submit an annual CQI plan – this is a contractual requirement. Refer to Appendix A for an update to the state CQI plan. - Ongoing.

The state has focused CQI case review efforts on the transition of case management case reviews from the Quality Service Review (QSR) process to the Child and Family Service Review (CFRS) process. Florida now requires all CBCs to utilize the CFSR Florida CQI tool for case reviews. During this reporting period, CBCs have completed training and practice and began formal reviews 7/1/15. The Children's Bureau has been very helpful with training activities and guidance as the state transitioned to the CFSR process. It is anticipated that further technical assistance will be needed in 2016. The Florida CQI Plan outlines several activities to be completed in Year Two:

Initiative 1.2 CFSR Review Process

1. Participate on joint federal-state team to interview stakeholders and assess the state's functioning on the seven system factors.

Update: Pending. The Children's Bureau anticipates scheduling stakeholder interviews during the summer of 2016. The state office will participate on the joint team.

2. Send case review schedules to the Children's Bureau for the period of April 1-September 30, 2016. Update: Complete. The 2016 CFSR schedules have been established and provided to the Children's Bureau.

3. Conduct case reviews during the period of April 1-September 30, 2016.
Update: In progress. CFSRs began April 1, 2016 and will end September 30, 2016.

4. Submit results to the Children's Bureau by November 15, 2016.
Update: Pending: CFSR cycle is currently underway.

Initiative 2.1: Update Sheriff Grant Agreements
Explore legislative changes that would require Sheriffs to operate a QA system within the framework of the Department's requirements.
Update - Activity is being removed from the plan. The Department met with representatives from Florida's Sheriffs and legislative changes will not be pursued. The Sheriff's will continue the statutory peer review process.

Initiative 3.3 Data Integrity
Develop a series of reports for critical data integrity issues and a corrective action plan to ensure action is taken to correct deficiencies.
Update: Complete. The Department has created a child welfare dashboard with corresponding child listing reports. Regions and CBCs can review listing reports to identify areas that need to be addressed. Additionally, the Office of Performance Management is producing a Child Welfare Monthly Key Indicator Report that is provided to regional leadership and CBCs so that trends are monitored and action is taken as needed.

Initiative 4.1 stakeholder Participation
1. Implement stakeholder participation statewide.
Update: Ongoing. CBCs have demonstrated ongoing engagement of stakeholders at the local level. However, during the CFSRs teams are limited to two reviewers. CBCs are encouraged to reach out to local stakeholders for the Florida CQI reviews.

Initiative 4.3 Conflict of Interest Statements
Update: Complete. The QA Reviewer Training has incorporated this requirement into the training curriculum.

Initiative 5.2 Stakeholder Feedback
1. Identify funds for the facilitation of six regional stakeholder groups and development of a formal report that can be used for statewide planning and completion of an RFI for state term contract.
Update: Incomplete. Due to the activities related to the CFSR and staff resources, this initiative is not complete.

2. Identify child welfare practice experts to participate in the stakeholder meetings and incorporate CFSR stakeholder interview findings into the final report.
Update: Pending. Stakeholder interviews for the Florida CFSR will be conducted in the summer of 2016.

Initiative 5.4 University Partnerships
Collaborate with the state university system to develop a partnership for program evaluation and research.

Update: Ongoing. In 2015, the newly created Florida Institute of Child Welfare continued to build relationships with the Department and other child welfare agencies. Section 1004.615, Florida Statutes, established the Institute within the Florida State University College of Social Work. The purpose of the institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The institute consist of a consortium of public and private universities offering degrees in social work and is housed within the Florida State University College of Social Work.

The institute is tasked with maintaining a program of research that contributes to scientific knowledge and informs both policy and practice related to child safety, permanency, and child and family well-being. Additionally, they advise the department and other organizations participating in the child protection and child welfare system regarding scientific evidence on policy and practice related to child safety, permanency, and child and family well-being. The institute plays a key role in the Results Oriented Accountability Program.

In 2015, the Department received legislative approval to implement a student stipend program with the Florida university system. This has been a collaborative effort between Florida Association of Deans, Directors of the Florida Social Work Association, and the Department of Children and Families. The Association represents fourteen accredited Schools of Social Work in the state of Florida. Students in both Bachelor and Masters of Social Work programs will be provided with a specialized curriculum in child welfare including a required field internship in the child welfare agencies. This coursework mirrors the Department's preservice training and therefore allows the students to be "job ready" upon graduation.

The Department contracts with the University of Central Florida (UCF) in Orlando to administer the program. UCF contracts with the remaining thirteen universities through sub recipient grants. Faculty at each of the schools administers the program and are responsible for recruiting and selecting students, developing appropriate field settings with child welfare agencies, acting as a mentor and coach for the students in the program, and teaching the specialized courses. To date, 150 stipends have been awarded. Stipends are allocated through an equitable formula to the 14 universities including UWF, FAMU, FSU, UNF, UCF, USF, FAU, FIU, FGCU, Florida Memorial University, Saint Leo University, Southern University, Barry University, and Warner University.

Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child wellbeing. [Systemic factor]

Strategy: Implement CQI/QA plan. As mentioned under Goal 3, Objective D, the child welfare CQI plan includes many aspects that build the body of knowledge, information, and data that can be brought to bear upon outcomes for children. Case review and other sampling approaches provide a wealth of information. However, for measuring progress across the entire population of children and families in the child welfare system, FSFN capacity for accurate, timely data and management reporting is imperative. With specific emphasis on data integrity, discussed also in Goal 1, Objective E, the ability of CQI to achieve improved child and family well-being will be enhanced. See Appendix A.

Targeted Activity: During SFY 2015/16, develop data integrity approach. Completed in year one.

Targeted Activity: During SFY 2015/16, develop data integrity approach. Completed. See Goal 1, Objective E.

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Attachment A

Florida's Annual Progress and Services Report
June 30, 2016

Plan for Improvement: Summary Matrix

FLORIDA'S CHILD WELFARE SYSTEM FIVE YEARS FROM NOW

OUR VISION….Every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Measures of Progress: CFSR VI. Absence of maltreatment recurrence. CFSR VII. Absence of CAN in foster care Measures of progress will shift to the federal Child and Family Services Review outcomes and items. CFSR 3 Data Profile (November 2015) Recurrence of Maltreatment – national standard 9.1% Maltreatment in Foster Care – national standard 8.5% Effective July 2015, Florida will be utilizing the federal Online Monitoring System (OMS) for QA/CQI reviews. Safety 1: Children are, first and foremost, protected from abuse and neglect.	Actuals: CFSR VI. 94.10% (FY2013ab) CFSR VI. 95.1% (FY2014ab) CFSR 3 Data Profile 9.1% 9.23% CFSR VII. 99.02% (FY2013ab) CFSR VII. 99.94% (FT 2014ab)	Targets (to be achieved by end of year five): CFSR VI. 94.60% (national standard) CFSR VII. 99.68% (national standard) 9.1% 8.5% Florida met the national standard for recurrence of maltreatment; Florida has not met the national standard for maltreatment in foster care

Florida's Annual Progress and Services Report
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Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective A. Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.	1. Practice Model (formerly known as Safety Methodology)	• December, 2014: Initial Implementation Statewide[18] **Year Two:** 99% of child protective investigations initiated through September 2015 utilized the Child Welfare (Safety) Practice Model • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability
	2. Rapid Safety Feedback	• Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter Year One: Completed. Refer to Appendix A, Continuous Quality Improvement Plan. • Semi-Annual Summaries by Region: Each January and July **Year Two:** Completed. http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/QAIndex.shtml
	3. Legislative changes: Safe Harbor Act	TBD: Develop implementation plan (dates and action steps) for Safe Harbor Act implementation; including – By September, 2014, participate in the first meeting of the Statewide Council on Human Trafficking (Secretary or Designee is co-chair; s. 16.617, F.S.)

[18] See the Implementation Science Phases as described in the Safety Methodology intervention, Chapter III, for a definition of these benchmarks

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.	1. Protective Factors Prevention Strategy	• By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including child safety and protective factors. **Year Two:** In progress. The Department continues to collaborate with the Office of Adoption and Child Protection on the development of the CAPP. • Annually: Analyze local and state progress toward prevention and protective factor goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review. **Year Two:** In progress. OCW is working closely with The Office of Adoption and Child Protection in the development of the CAPP
Objective C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education) [systemic factor - agency responsiveness to the community]	1. Integration of Services for Child Welfare and Behavioral Health	• By June 30, 2015: ○ Five on-line courses relating to behavioral health for child welfare will be in use. Year One: Completed. ○ Child welfare program staff will participate on the state level CMHSOC Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant. Year One: Completed. ○ QA/CQI results and feedback: annually in October Year One: Completed.

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective C. (cont.)	2. Domestic violence and Child Welfare Collaboration	• Quarterly meetings with the FCADV, child welfare, and other partners Year One: Completed. **Year Two:** Completed.
Objective D. Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk. [systemic factor]	1. Training Plan	Deploy new pre-service training curriculum by beginning of SFY 15/16 (July 2015) Year One: Completed. Deployed in January 2015.
Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety. [systemic factor]	1. Practice Model (formerly known as Safety Methodology)	See Objective A above
	2. FSFN training and CQI	• Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015) Year One: Completed. Deployed in January 2015 • Develop data integrity approach during SFY 2015/16 Year One: Completed.

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Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Measures of Progress:[19] CBC 5. Children Achieving Permanency within 12 Months of Entering Care (PO01) CBC 6. Children Achieving Permanency after 12 or More Months in Care CBC 7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency Effective July 2015, Florida will be utilizing the federal Online Monitoring System. CBC measures of progress will shift to the federal Child and Family Services Review outcomes and items. Permanency in 12 months (entries): National Standard – 40.5% Permanency in 12 months (12-23 mos): National Standard – 43.6% Permanency in 12 months (24+ mos): National Standard – 30.3% Re-entry to care in 12 months: National Standard – 8.3% Placement Stability: National Standard 4.12	**Actuals:** CBC 5. 47.5% (2/2014) 48.7 (9/2014) CBC 6. 52.4% (2/2014) 50.1% (9/2014) CBC 7. 90.5% (2/2014) 91.4% (9/2014) 50.7% 53.6% 42.4% 8.3% 5.05	**Targets** (to be achieved by end of year five): CBC 5. 75% (state standard) CBC 6. 55% (state standard) CBC 7. 92% (state standard) Sustain Sustain Sustain To be determined following CFSR To be determined following CFSR

[19] CFSR: National profile measures. CPI and CBC numbered items: from monthly Scorecards. QACPI and QACM numbered items: from QA Windows into Practice Standards, FY 2012/13

Florida's Annual Progress and Services Report
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Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.	1. Practice Model (formerly known as Safety Methodology)	• December, 2014: Initial Implementation Statewide[20] **Year Two:** 99% of child protective investigations initiated through September 2015 utilized the Child Welfare (Safety) Practice Model ; 30% of cases with approved Family Functioning Assessment – ongoing October 8, 2015 • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability • See Goal 1, Objective A: Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter Semi-Annual Summaries by Region: Each January and July
	2. Quality Parenting Initiative	Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions. **Year Two:** Completed for report period. Refer to Appendix B, Foster Parent Diligent Recruitment Plan
	3. Local Permanency Initiatives	Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle. **Year Two:** Completed for report period. Refer to Chapter II

[20] See the Implementation Science Phases as described in the Safety Methodology intervention, Chapter V, for a definition of these benchmarks.

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Strategies**	• **Benchmarks/Milestones**
Objective A. (cont.)	4. Adoption Supports	• By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including adoption and permanency goals. **Year Two:** In progress. The Office of Adoption and Child Protection is in collaboration with the Department, partners and legislature. The Office of Adoption and Child Protection is lead for the CAPP. • Annually: Analyze local and state progress toward adoption and other permanency goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review. **Year Two:** In progress. OCW is working closely with The Office of Adoption and Child Protection in the development of the CAPP.

Florida's Annual Progress and Services Report
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Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Strategies**	• **Benchmarks/Milestones**
Objective B. The state's case review system will support timely permanency with appropriate participation and planning. [systemic factor]	1. Collaboration with the Court System and Children's Legal Services	• Annually: Convene the Dependency Summit **Year Two:** Completed for this report period. • Monthly: Continue Monthly OCI/OCW/CLS/GAL/DOE meetings **Year Two:** Completed for this report period. • Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle **Year Two:** Completed for this report period. • Annually: Review CQI Plan and analyze results & feedback for improvements **Year Two:** Refer to CQI Plan update in Appendix A.
Objective C. Staff and provider training will support skill development in practice areas of emphasis.	1. Implement the Practice Model and the Training plan.	• Inclusion of timely establishment of permanency goals in pre-service training curriculum in year one. Complete. Deployed in January 2015 • Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015). Complete. Deployed in January 2015

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Strategies**	• **Benchmarks/Milestones**
Objective D. Foster and adoptive parent licensing, recruitment, and retention will support permanency	1. Implement the Foster and Adoptive Parent Diligent Recruitment Plan	Annually: report and summarize status of state and local initiatives for the Annual Progress and Services Report cycle. **Year Two:** Completed for report period. Refer to Appendix B, Foster Parent Diligent Recruitment Plan
Objective E. Service array will emphasize proven, effective approaches to avoiding disruption.	1. Expand quality and availability of supports through the Title IV-E Foster Care Demonstration Waiver	Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report **Year Two:** In progress. Florida continues to assess the service array. See Chapter IV update to Objective E.
GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Objectives	**Strategies**	**Benchmarks/Milestones**
Measures of Progress:[21] CFSR: Well-Being 1, Item 12 CFSR: Well-Being 1, Item 15 CFSR: Well-Being 2, Item 16 CFSR: Well-Being 3, Item 17 CFSR: Well-Being 3, Item 18 Effective July 2015, Florida will utilize the federal Online Monitoring System (OMS) for QA/CQI reviews. The measures of progress will shift to the Florida CFSR outcomes and items.	**Actuals:** Baseline will be set following Round 3 CFSR set for 2016	**Targets (to be achieved by end of year five):** Federal target of 95% strength for each item. WB 1: Item 12. 95% Item 13. 95% Item 14. 95% Item 15. 95% WB2: Item 16. 95% WB3: Item 17. 95% Item 18. 95%

[21] CPI and CBC numbered items: from monthly Scorecards. QACPI and QACM numbered items: from QA Windows into Practice Standards, FY 2012/13

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Plan for Improvement: Summary Matrix

GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Objectives	**Interventions**	**Benchmarks**
Objective A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.	1. Child Welfare Practice Model - Safety Methodology	• December, 2014: Initial Implementation Statewide[22] **Year Two:** 99% of child protective investigations initiated through September 2015 utilized the Child Welfare (Safety) Practice Model; 30% of cases with approved Family Functioning Assessment – ongoing October 8, 2015 • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability
	2. Local well-being initiatives	Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle. **Year Two:** Completed for the report period. Refer to Chapter 2
	3. Expanded service array through the Title IV-E Foster Care Demonstration Waiver	Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report. **Year Two:** Refer to Chapter IV update to Objective E

[22] See the Implementation Science Phases as described in the Safety Methodology intervention, Chapter V, for a definition of these benchmarks

Plan for Improvement: Summary Matrix

GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Objectives	**Interventions**	**Benchmarks**
Objective B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs	1. Implement Health Plan.	Annually: as part of the Annual Progress and Services Report, summarize progress with respect to the Health Plan, including status of the Child Welfare Specialty Plan and psychotropic medication monitoring • **Year Two:** Completed for report period. See Appendix C, Health Care Oversight and Coordination Plan
Objective C. Ensure educational success for children through collaboration with parents, caregivers, local school systems, and other educational agencies. [systemic factor]	1. Education Information and Service Integration for Child Well-being	Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions. **Year Two:** Completed for report period. Refer to Chapter II.
Objective D. Continuous quality improvement will demonstrate child welfare system ability to improve, implement, and sustain quality of services and achievement of outcomes. [systemic factor]	1. Implement CQI/QA plan	Annually: Develop and implement state and local CQI plans. **Year Two:** Completed. This is a CBC contractual requirement. See Appendix A, Continuous Quality Improvement Plan.
Objective E. The state's child welfare information system, FSFN, will have accurate and timely data that supports child wellbeing. [systemic factor]	1. Implement CQI/QA plan.	During SFY 2015/16, develop data integrity approach. Completed. See Chapter IV.

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Chapter V. Consultation and Coordination with 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 are required to determine potential eligibility for the protections of the Indian Child Welfare Act at the onset of each child protective investigation. Florida Administrative Code requirements and supporting guidance have been developed to ensure that children eligible for the protections of the Act are identified at the earliest possible point in the initiation of services. Additionally, 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 number of ICWA children in ICWA compliant placements rose slightly from 36 in 2014 to 41 in 2015. Additional out-of-home care data for the reporting period includes:

- The number of children in out-of-home care with race of American Indian/Alaskan Native (regardless of other races): 102
    - Of the 102 children referenced above, the number who have at least one tribal affiliation is: 102
    - Of the 102 children referenced above, the number who have at least two tribal affiliations: 6
- The number of children in out-of-home care identified as ICWA eligible: 52
    - Of the 52 children referenced above, number who are placed in an ICWA compliant placement: 41

The development of the Department's Training Plan included consultation with representatives from the Seminole Tribe of Florida (STOF), and the tribe will be routinely involved in training development and other discussions (see Appendix E, the Training Plan). ICWA in-service training has been developed by the Office of Child Welfare for delivery to the field. Also, guidelines for compliance with the mandates of the Indian Child Welfare Act are a part of the Department's pre-service curriculum. Requests to review Florida's in-service ICWA curriculum for developing and implementing a similar state curriculum have been received from Tennessee and Alabama. The Department will continue to involve the tribes in training activities, as described in Appendix E.

Credit reports for tribal children in the STOF are handled through the case planning services of the STOF's Family Services Department. This service is not addressed through the Memorandum of Agreement (MOA). The Miccosukee Tribe provides case planning services to its own children, but the Department has not received specific information as to whether that includes credit reports. The Department requires the lead agencies to obtain a credit report for youth in care ages 16 to 17. This requirement is applicable to all youth in this age group.

Florida has worked in collaboration with the state's two federally recognized tribes, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida, by maintaining and encouraging ongoing contact, support, staff interaction and opportunities for the tribes to participate in statewide initiatives and training. A third tribe, the Poarch Band of Creek Indians (a federally recognized tribe from Alabama with a reservation located close to the Florida - Alabama border), also is included in the Department's outreach efforts. While the Miccosukee Tribe and the Poarch Band of Creek Indians currently do not participate in

Florida events and activities, the Department intends to continue outreach efforts that are respectful of the tribes' cultures and preferences. The two federally recognized tribes in the state are aware of the CFSP and APSR and how to locate both on Florida's Center for Child Welfare website.

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 child protective investigators and case managers. The CFOP is located at http://www.dcf.state.fl.us/admin/publications/policies.asp?path=175 Family Safety (CFOP 175-36).

All three tribes are included in the annual statewide Dependency Summit and participate in a statewide court dependency work group. All three tribes have been included in the development of Department policy and guidance documents that support Indian Child Welfare Act compliance. The Memorandum of Agreement (MOA) to establish protocol for the investigation of allegations of abuse, neglect or abandonment of Native American children who reside on the Seminole Tribe of Florida (STOF) reservation or outside the boundaries of the STOF reservation, but within the state of Florida, has undergone revision during the reporting period. The Tribe's general counsel reviewed the MOA and made updates and changes throughout the current reporting period. The MOA has been handed off to programmatic staff for the Tribe and for the Department. The MOA also is intended to establish protocol for provision of case management services for families residing both on and outside the boundaries of the STOF reservation.

Pending the signing of the agreement, the Department continues to work in collaboration with the STOF in providing, at their request, child abuse and neglect investigations and certain case management functions on their reservations. The STOF is currently developing a tribal court system and regulations for child welfare cases to be handled in the tribal court system. In the interim, dependency court cases resulting from investigations conducted by the Department or its contracted agencies on Seminole reservations are currently heard in Florida's circuit courts.

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

Miccosukee Tribe of Indians of Florida

Dr. John De Gaglia, 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

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

Update/Accomplishments

The Department and the Seminole Tribe developed a presentation and co-trained at the 2015 Dependency Summit. In an effort to expand child welfare professionals' understanding of requirements for tribal children, the training was aimed at educating the child welfare professionals about the purpose of the Indian Child Welfare Act and its historical implications. The training covered the history of ICWA, requirements of ICWA, tribal customs, and information from the Bureau of Indian Affairs (BIA) Guidelines on active efforts. The Department also ensured notice was provided to the Seminole Tribe and Miccosukee tribe of training events through webinars.

Future Plans

- The Department will continue to provide co-trainings in collaboration with the STOF to child welfare professionals, the courts, and communities across the state. The trainings also will be offered to the Miccosukee Tribe of Florida.
- The Office of Child Welfare is working with the Seminole Tribe's Center for Behavioral Health Department to complete the Department's Memorandum of Agreement with the Seminole Tribe of Florida.
- In addition, the Southeast Region staff are working with the Seminole Tribe to formalize a local working agreement in the Region where the largest Seminole Tribe reservation is located.
- The Seminole Tribe and the Department are planning regularly scheduled conference calls between the Tribe, the Department and its' contracted providers to enhance collaboration and information sharing.
- The Department will continue efforts to engage the Miccosukee Tribe over the next year.

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Chapter VI. Caseworker Visits

The Department has made it a priority that all children in out-of-home and in-home care are seen by their case manager at least once every 30 days. Florida Administrative Code establishes requirements and standards for content and quality of visits; minimum visitation of every 30 days as opposed to monthly; and types of visits including unannounced visits.

Florida uses the caseworker visit grant funds to support monthly caseworker visits with children who are in out-of-home care. Although the funding is blended in with other child welfare funds, these funds help to enhance the quality and frequency of the visits with children. The minimum standard for caseworker contacts with children in the Florida Administrative Code requires a face-to-face contact with the child occur no less than once every 30 days. Face-to-face contact with the child is required once every seven days for a period of time 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. These funds provide the opportunity to contact a child more often in a setting that is most favorable for the child and for the caseworker visits to be well planned and to focus on pertinent issues related to case planning and service delivery.

Update/Accomplishments

- Working in conjunction with a statewide workgroup, the Department published "Safety Methodology Practice Guidelines" on 8/8/2014 related to the quality of case management visits with children as follows:
  - "Safety Planning" practice guidelines established new standards for child safety plans, including on-going monitoring of safety plans. These guidelines include standardized criteria to be used to determine whether an in-home safety plan is appropriate or not. The monitoring of safety plans includes the expectation that during the first four weeks of any safety plan, whether in-home or out-of-home, "the child welfare professional responsible will observe and interview each child on a weekly basis."
  - "Family Engagement Standards for Exploration of Child Strengths and Needs" provides specific expectations for the case manager's conversations with parent(s)/legal guardian(s), other caregivers and children about the child's needs for safety, security, care and nurturing. Included in this practice guideline is the expectation for information gathering through observation of parent-child interactions. This practice guideline supports new requirements for case managers to assess specific indicators of child well-being (strengths and needs) using a four-point scale. These needs are re-assessed and re-scaled throughout the case to determine if children are making progress. The focus on specific measures of child well-being is a major stride forward in terms of the quality of work to be accomplished through caseworker contacts with children, and other persons who know the child.
  - These guidelines are posted at: Center for Child Welfare, Safety Methodology Practice Guidelines.
- There are new components of Florida's child welfare pre-service curriculum that are expected to have a significant impact on the skill level of future case managers in terms of qualitative interviews with children during caseworker visits. Specifically, there is a new unit that addresses child development

at different ages and stages and how to assess child functioning. There is also a series of skill-building labs, including a three-day lab on "Interviewing Children." These units are described in more detail in the Florida Staff Development and Training Plan.

- The Department worked with the Florida Legislature to establish the Florida Institute for Child Welfare via Senate Bill 1666. The Institute, established June 2014, provides a broad range of research-based initiatives to support the child welfare system. The Institute will lead a five-year longitudinal study of 1000 newly hired child protective investigators and case managers to study the individual conduct and organizational influences on child welfare employee retention. This project was launched in September, 2015 with support and collaboration provided by the Office of Child Welfare. The Institute's first report "2015 Annual Report" can be found at the Florida State University College of Social Work web site at The Institute for Child Welfare.

- During FY 2014-2015 the Office of Child Welfare sponsored a statewide conference for child protective and case management supervisors. This supervisory conference will be an annual event that is intended to strengthen the skill level of supervisors around supportive case consultation strategies with their staff. At the first conference, the Effects of Trauma-Exposed Work, presented by Dr. Patricia Fisher, was attended by 46 case manager supervisors. The three hour workshop explored ways for supervisors to ensure both self-care and assessment of their staff needs related to being exposed to vicarious trauma. Each participant received a copy of Ms. Francoise Mathieu's Compassion Fatigue Workbook which dealt with ways to develop creative tools for addressing compassion fatigue and vicarious traumatization.

- The data for Florida Caseworker visits for FFY 2015 is below. As reported in December 2015, Florida continues to exceed the 90% federal target for monthly visitation. The data on caseworker visits was obtained using the federal methodology.
    - The percentage of visits made on a monthly basis by caseworkers to children in foster care: 97%.
    - The percentage of visits that occurred in the residence of the child: 98%.

- The Department negotiated contract performance requirements with the Community-Based Care lead agencies. The Department created and maintains recurring management reports for caseworkers, supervisors and leadership that are posted on the Department of Children and Families' internet site.

Future Plans

- The Department will be publishing new operating procedures that will replace the Safety Methodology Guidelines. These procedures will formally codify assessment and family engagement standards for quality interactions with children during required contacts. The Department's new pre-service curriculum mentioned above, with the skill building labs around family and child engagement and interviewing, will begin to be used to train new case management staff in the coming year.
- The Department and CBCs will monitor in accord with the Continuous Quality Improvement Plan and share performance data. Improvement activities will be taken, as necessary.

- The Department will fund a project with the FSU Institute on Child Welfare to design and implement a study that focuses on worker orientation, supervision and mentoring for those transitioning from the pre-service training to investigations and case management positions.

- The Department will continue to develop and implement the Supervisor's Annual Statewide Conference to focus on supervisory coaching, mentoring and case consultation.

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Chapter VII. Florida's Title IV-E Waiver Demonstration

In October 2006, Florida received flexibility through a five-year federal waiver so funding could follow the child instead of the placement of the child. As the only state with such a broad federal waiver, Florida has dedicated resources to keeping more families together and helping parents change their lives and make their homes safe so they can keep or be reunified with their children. The flexibility puts funding in line with the program goals of maintaining the safety and well-being of children and enhancing permanency by providing services that help families remain intact whenever possible. The Department was authorized to continue its participation in the Waiver Demonstration Project through September 2018.

Florida's flexible Title IV-E funds allow the Department and its partner lead agencies to create a broader array of community-based services and supports for children and families. Funding supports child welfare practice, program, and system improvements that will continue to promote child safety, prevent out-of-home placement, expedite permanency and improve child and family well-being. This strategic use of the funds allows community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions. The waiver demonstration project serves as a catalyst for systemic improvement efforts.

Florida's waiver demonstration project was designed to determine whether flexibility of Title IV-E funding would support changes in the state's service delivery model, maintain cost neutrality to the federal government, maintain safety, and improve permanency and well-being outcomes. The theory of change is based on federal and state expectations of the intended outcomes of the waiver demonstration, and the hypotheses about practice changes developed from knowledge of the unique child welfare service arrangements throughout the state.

The expectation is that the waiver renewal will build on the lessons learned and progress made in Florida's child welfare system of care during the initial waiver period. The goals of the waiver demonstration are to:

- Improve child and family outcomes through the flexible use of Title IV-E funds;
- Provide a broader array of community-based services, and increase the number of children eligible for services;
- Reduce administrative costs by removing current restrictions on Title IV-E eligibility and on the types of services that may be paid for using Title IV-E funds.

Over the life of the waiver demonstration, it is expected that fewer children will need to enter out-of-home care and stays in out-of-home care will be shorter, resulting in fewer total days in out-of-home care. Costs associated with out-of-home care are expected to decrease following waiver implementation, while costs associated with in-home services and prevention will increase, although no new dollars will be spent as a result of waiver demonstration implementation.

The context for Florida's waiver demonstration renewal is the continued implementation of the new Child Welfare(Safety) Practice Model which provides a set of core constructs for determining when children are unsafe, the risk of subsequent harm to the child and strategies to engage caregivers in achieving change. These core constructs are shared by child protective investigators, child welfare case managers, and community-based providers of substance abuse, mental health, and domestic violence services. Other key contextual factors include the role of Community-Based Care lead agencies as key

partners with shared local accountability in the delivery of child welfare services as well as the broader system partners including the judicial system. The assumption is that implementation of the new practice model will enhance the skills of child protective investigators, child welfare case managers, and their supervisors in assessing safety, risk of subsequent harm, and strategies to engage caregivers in enhancing their protective capacities including the appropriate selection and implementation of community-based services.

Waiver implementation continues to result in the flexible use of IV-E funds. The flexibility allows these funds to be allocated toward services to prevent or shorten the length of child placements into out-of-home care or prevent abuse and re-abuse. The Department has developed a typology of Florida's service array that categorizes services into four categories: family support services, safety management services, treatment services, and child well-being services. The services available through the four categories are defined and include objectives as well as guidance regarding the conditions when services are voluntary vs. when services are mandated and non-negotiable.

Consistent with the CBC model, the flexibility is used differently by each lead agency, based on the unique needs of the communities they serve. The Department is continuing to assess and analyze the availability of the service array in partnership with the CBCs and the case management organizations. Although there is a wide array of services available across the state, improvements are needed in the availability and accessibility of some critical services in the more rural areas and with ensuring that the services available are in alignment with the new practice model. The strengths and challenges identified vary by service area, however, there are a couple of identified challenges related to the service array that are consistent statewide:

- Lack of safety management service array for duration of safety management. While most areas identified safety management service providers for the investigation portion of safety management, very few areas in the state have created safety management services for ongoing case management.

- Services are provided without change in delivery or reporting of behavior change. Some of the safety management providers continued to provide the same service previously identified as a diversion, prevention, or treatment service without shifting their service provision to match the need for safety management.

To address the need for additional services, particularly in rural areas, a thorough service array assessment that captures all service providers in the state, utilized by CBCs, and evaluation of the services provided will be conducted. The assessment will determine whether the services are evidence-based and will identify the target population for the service. This assessment is scheduled to be complete by the end of 2016.

A statewide oversight committee guides and oversees the implementation of the extended waiver period. Throughout the initial five year demonstration period and continuing, stakeholder buy-in and participant collaboration are vital components for the continued success of Florida's demonstration project. Ongoing efforts occur to make sure that Florida's community is aware of the waiver demonstration.

The waiver extension focuses on aspects of well-being that are crucial to child and family development. Florida will test the hypothesis that capacity building, system integration and leveraging the involvement of community resources and partners yield improvements in the lives of children and their families.

Update/Accomplishments

- The evaluation specifications and Waiver Evaluation Plan were submitted and approved by the Children's Bureau as per the Terms and Conditions.
- The Department executed the contract with the University of South Florida as the third party evaluator.
- The Florida Safe Families Network (FSFN) eligibility enhancements were deployed. The changes to the eligibility module were in support of the waiver and the requirement to conduct Title IV-E eligibility determinations.

Future Plans

- A statewide meeting with eligibility specialists is planned for June 2016. The statewide meeting will feature a workshop on eligibility and the importance of eligibility determinations and how this relates to the demonstration waiver.
- A workshop are planned for the Florida Coalition for Children Conference in July to help raise awareness about the demonstration waiver.
- Ongoing meetings will continue to identify strategies for sustaining waiver interventions following the Demonstration waiver period.
- The Department will continue to collaborate with the Children's Bureau to implement a Title IV-E Student Stipend Training Program and will be seeking approval for amendment to section 4.2.2.2 of the Title IV-E Waiver Demonstration Terms and Conditions. The amendment will allow the Department to leverage federal dollars at the 50% Federal Financial Participation rate to provide social work students with a specialized Title IV-E related course of study in child welfare retroactive to October 1, 2015.

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Chapter VIII. Child Abuse Prevention and Treatment Act (CAPTA): State Annual Update

This chapter serves as the application for Florida's Child Abuse Prevention and Treatment Act (CAPTA) funding. This chapter includes current activities and accomplishments during the reporting period, and the annual data report (in Appendix A).

The goals and objectives pertaining to the Child Abuse and Prevention and Treatment Act (CAPTA) Plan remain consistent with the Child and Family Services Five Year Plan (CFSP), 2015-2019.There are no substantive changes in Florida Statutes that adversely affect the state's eligibility for the CAPTA State grant.

It is paramount that children are, first and foremost, protected from abuse and neglect. The Florida Department of Children and Families, with primary support from the Office of Child Welfare, continues to be the lead agency designated to administer the Child Abuse and Prevention and Treatment Act grant funds. The Office of Child Welfare is also the designated lead agency for the Community-Based Child Abuse Prevention (CBCAP) federal grant and the Children's Justice Act (CJA) grant. This oversight affords technical assistance for the implementation of evidenced-based and other effective practices and for the development of systemic approaches to outcome improvement at both the state and local community levels.

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

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

CAPTA ACTIVITIES AND ACCOMPLISHMENTS

Overview

The state continues to develop, strengthen and support prevention and intervention services in the public and private sectors to address child abuse and neglect. Because of Florida's multi-ethnic and multi-cultural state population, the Department and the Executive Office of the Governor have addressed Section 106 (a) of CAPTA through community-based plans and services. Florida funds a multitude of unique community-based services designed by community groups and delivered by child welfare professionals. Each Community-Based Care Lead Agency (CBC) under contract with the Department will continue to use CAPTA funds to support case management, service delivery, and ongoing case monitoring in its area. The array of services includes in-home supports, counseling, parent education, family team conferencing, homemaker services and support groups. In addition to the CAPTA funds, the Department uses a blended and braided funding approach to accomplish the full child welfare continuum of services. Both federal funds specific for child welfare and state funds (general revenue and trust funds) are also utilized to accomplish the goals and objectives of the overall system of care. Prevention services are delivered at the primary, secondary and tertiary levels and treatment interventions are designed to prevent the reoccurrence of child abuse and neglect. Both federal and state monies are used to fund the prevention services.

There have been no significant changes from the state's previously approved 2013 state plan. Florida continued to target the same service program areas defined in the CAPTA State Plan 2013. They are as follows:

- Intake, assessment, screening, and investigation of reports of abuse and neglect (106 (a) (1))
- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families(106 (a) (3))
- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols(106 (a) (4))
- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (106 (a) (5))
- Developing, strengthening, and facilitating training (106 (a) (6))
- Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect (106 (a) (8))
- Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (106 (a) (11))
- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports(106 (a) (14)).

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

Activities and Accomplishments Related to Plan Requirements

PART C

The Child Abuse Prevention and Treatment Act (CAPTA) has a significant requirement for states to have provisions and procedures for the referral of children under the age of three who are involved in substantiated cases of child abuse or neglect to early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA) [42 U.S.C. 5106a, Sec. 106(b)(2)(A)(xxi)]. Florida has defined "substantiated" as any case with verified findings of child abuse or neglect.

The Department of Health (DOH) is the state's lead agency and has the primary responsibility of delivering services under Part C in Florida. However, there are activities and services where collaboration between the Department of Children and Families and the Department of Health (DOH) is essential.

Florida's Early Steps program is designed to ensure that children under the age of three who are involved in substantiated cases of child abuse or neglect and are potentially eligible for early intervention services are referred for assessment and potential services.

The 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. The Department of Health is the lead agency for this council, as well, but this represents one of the more critical partnerships for young children for the Department of Children and Families.

2014-2015

The FICCIT plays a very important role in the decision making process for children and their families in the state of Florida. The following are some of, but not exclusively, the responsibilities of the FICCIT:

- Assist and advise the lead agency (DOH) in coordinating activities for the planning and preparation of IDEA applications and amendments, as appropriate.
- Provide advice and assistance to the lead agency in the development of policy and definitions for the minimum components of Public Law 102-119, IDEA, Part C.
- Assist in the preparation and submission of an annual report on the status of Early Intervention Programs for infants and toddlers with disabilities and risk conditions and their families.
- Recommend procedures for distribution of funds and priorities for program support under Part C of the IDEA as amended by Public Law 102-119.
- Assist the lead agency in developing and reporting information and evaluations of programs for infants and toddlers with disabilities and risk conditions and their families.
- Assist the lead agency in seeking information from service providers, service coordinators, parents and others about any federal, state, or local policies that impede timely service.
- Conduct meetings on a quarterly basis at various locations throughout the state. The meetings are open to the general public.

Accomplishments

The FICCIT was officially designated as a Citizen Review Panel for 2015. By working with the FICCIT as a citizen review panel, the Department has established a stronger relationship with DOH and the needs of both parents and children with disabilities.

Collaboration

One of FICCIT's primary goals is to foster collaboration amongst Early Steps programs and other state, public, and private agencies.

Program Support

Three agency staff are appointed to the FICCIT ensuring work continues toward guaranteeing that all potentially eligible children are referred for early screening for disabilities. The three representatives are from the Child Care Program Office, Office of Child Welfare, and Substance Abuse and Mental Health Program Office.

CHILDREN'S JUSTICE ACT (CJA)

2014-2015 Update

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

Ten projects were completed during the FFY 2014 - 2015 reporting period. A summary of the completed projects funded by the CJA Grant during the reporting period is provided below.

1. **2015 Annual Child Protection Summit**
   $408,933 (750 Scholarships)

   The Annual Child Protection Summit demonstrates the major commitment the Department of Children and Families and its partners have made toward full collaboration and sharing on topics that are critical to safety, permanency, and well-being. The 2015 Summit drew a record of 2, 700 attendees. For the 2015 Summit, 750 scholarships were awarded through the CJA grant allowing frontline staff (case management and investigations), Child Protection Team, juvenile justice, legal, mental health, disabilities, medical, youth, foster parents, and other professionals and providers to attend.

   The Summit provides support and technical assistance to child protective investigators, law enforcement, program staff, service agencies, Guardians ad Litem, Children's Legal Services, court officials and staff, and others by providing an opportunity to come together to learn and plan.

   An interdisciplinary panel, including representatives from a variety of stakeholder groups throughout Florida, selected the training content for the Summit. These groups included the Florida Coalition Against Domestic Violence, the Department of Juvenile Justice, the Statewide Guardian ad Litem Program, the Children's Justice Act Task Force, the Department of Health Child Protection Teams, the Florida Coalition for Children, DCF Substance Abuse and Mental Health programs office, Community-Based Care lead agencies, Florida Institute for Child Welfare, Children's Legal Services, and Office of Court Improvement.

   The 2015 Child Protection Summit was held on September 9-11, 2015 in Orlando, Florida. Summit participants were provided with three plenary sessions, one community breakout session, 11 advanced training workshops, and 84 workshop presentations providing training in three categorized areas of system and program leadership, practice and caregivers, and legal. Results from the post-Summit evaluation were very favorable and highlighted frontline staff's awareness of the valuable training and professional development opportunities offered during the Summit. Video recordings of select sessions and presentation materials for all workshops were made available on the Florida Center for Child Welfare web site (http://centerforchildwelfare.org/Training/2015CPSummit.shtml).

2. **2015 7th Annual Child Abuse and Neglect Conference**
   $50,000 (200 scholarships)

   This conference focused on the medical aspects of child physical abuse, sexual abuse and neglect. The conference content provided an understanding of the mechanisms that inflict injuries and the scientific

basis for medical determinations as to whether abuse has or has not occurred. The speakers stressed the roles of all members of the investigative team in gathering and sharing information to arrive at appropriate conclusions.

The Department, through the Children's Justice Act Grant, offered 200 scholarships to child protective investigators, child protective investigator supervisors, and CLS attorneys. The scholarship included the registration fee and the reimbursement of travel expenses for scholarship recipients.

This is the only conference of its type presented in Florida focusing on the medical aspects of child abuse and neglect. The conference's objective was to increase the knowledge base of non-medical personnel in all professions dealing with the investigation of allegations of abuse and neglect, interventions to protect abused and neglected children, and the prosecution of perpetrators. The goal of the conference is to improve the investigative capabilities and understanding of the medical issues, thereby enhancing communication among the various involved community partners to improve the outcomes for children. Participants were able to receive Continuing Education Units (CEUs) and Continuing Legal Education credits (CLEs) approved through the Florida Certification Board and the Florida Bar.

3. **Predictive Hiring Assessment Tool for CPI**
   $81,095.00

   The Department entered into a contract to purchase Predictive Assessment Tool services for use in the selection of applicants for positions as Child Protective Investigators and Child Protective Investigator Supervisors. The purpose was to improve outcomes in the hiring process for these positions, to achieve higher retention rates of and improved performance by its Child Protective Investigators and Supervisors.

   A web-based pre-employment assessment of candidates for positions for Child Protective Investigator, allows the Department to compare and contrast the characteristics of each candidate against the attributes of its strongest performers, which are contained in a built-in Performance Profile. The pre-employment assessment services were provided by a national vendor using a reliable self-report measurement of a normal adult, work-related personality and other attributes that have been developed and validated for use within occupational and organizational populations that are, suitable for use to forecast performance of Department Child Protective Investigators on the job. The candidate assessments provide the Department with a tool to identify candidates who are more likely to remain on the job and perform better as Child Protective Investigators.

   The total amount of the contract is $105,000.00. Payment of $23,905.00 was made in FFY 2013 – 2014. The remainder ($81,095.00) to be paid out of FFY 2014 – 2015 grant funds.

4. **USF Contract – Implementation of Safety Methodology**
   $126,212

   This contract included a provision for the University of South Florida to provide technical assistance and develop capacity for learning the new child welfare practice model (safety methodology) and to assist in ensuring implementation of the practice model with fidelity amongst staff.

5. **Recruitment - Interns, Recruitment, Supervisory**
   $15,804

   In an effort to increase the number of applicants with bachelor's degrees in social work for positions with the Department or its contracted providers, the provider, Florida State University (FSU), recruited and provided supervision of student interns as evidenced by monthly activity reports. FSU provided supervision of each student intern who was in a field placement assignment with the Department or a contracted provider. FSU will provided two evaluations of each student intern, one at the midpoint of his/her field placement and one upon completion. Through this program, interns were placed with the Department. Children's Justice Act funds were utilized to support this opportunity.

6. **Human Trafficking Training for Child Protective Investigators and Supervisors**
   $1,400 – (trainer)

   A series of one-day trainings held statewide to continue the training requirements mandated by Chapter 2014-161, Laws of Florida, effective July 1, 2014. The law requires that child protective investigators and supervisors have specialized intensive training in handling cases involving sexually exploited children. Topics covered included:

   - introduction to minor sex trafficking
   - national and local scope of problem
   - victim profiling (vulnerabilities, statistics, traditional ideologies)
   - primary manifestations of minor sex trafficking
   - trafficker profiling
   - recruitment/grooming techniques and methods of control/coercion
   - "The Games" (terminology, rules)
   - gang trafficking dynamics, recruitment and control
   - demand/buyer profiling (mindset, belief systems)
   - impact of trauma on victims (psychological/behavioral indicators, basic overview of complex trauma)

7. **Implementation Training for CPI and Hotline Staff**
   $84,914

   The Office of Child Welfare offered several booster trainings, case consultations and work sessions statewide to support Florida's new child welfare practice implementation efforts. These additional trainings and skill building opportunities focused on advancing practice experts, field support consultants and supervisor expertise, gaining greater fidelity to the safety methodology constructs. Attendees were exposed to focused case application and advanced concepts to further their ability to apply and consult with peers and supervisor. Opportunities ranged from one-hour case consultation calls involving several hundred attendees to three day on-site, face to face learning sessions involving 30 participates with training lead by national experts, Action for Child Protection.

8. Compassion Fatigue Training for CPI
$10,000

Training: Walking the Walk: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma

Training was offered at the 2014 Child Protection Summit and was so well received it was recommended that it be offered again to child protective investigators and supervisors statewide. Compassion fatigue is characterized by deep emotional and physical exhaustion, and by a shift in a helping professional's sense of hope and optimism about the future and the value of their work. The level of compassion fatigue a helper experiences can ebb and flow from one day to the next, and even very healthy individuals with optimal life/work balance and self-care strategies can experience a higher than normal level of compassion fatigue when they are over loaded, are working with a lot of traumatic content, or find their case load suddenly heavy with clients who are all chronically in crisis. This highly interactive half-day workshop incorporated a combination of solo, small group and large group activities. This very popular training has been offered across North America over the past several years. Past participants have reported feeling inspired to make meaningful changes in their personal, professional and organizational lives in addition to learning practical strategies for identifying and dealing with the costs of caring.

9. Three Summits for Child Protective Investigator Supervisors
$75,000

The Office of Child Welfare, in partnership with the Statewide Supervisor Peer Network, offered three Supervisor Summits in June 2015 providing focused skill building around Florida's practice model through the lens of Florida's child protective investigation supervisors. System partners were included in these training opportunities. The summit also served as an opportunity to kick off the State's supervisor proficiency process. The summit provided four different sessions during the course of two days. Each summit accommodated approximately 100-150 participates. Session topics:

- Session 1-Practice Model Application and supervisor consultation skills
- Session 2- Subject Matter Expertise using the Safety Methodology Lens
- Session 3-Proficiency Baseline Kick Off
- Session 4-Secondary Trauma

10. Statewide Training for Child Protective Investigators on Medical Neglect
$4,500

There are currently two laws in Florida requiring child protective investigators to become specialized in the areas of medical neglect and medically complex children.

Section 39.3068(1), Florida Statutes, states that

> "…upon receiving a report alleging medical neglect, the department or sheriff's office shall assign the case to a child protective investigator who has specialized training in addressing medical neglect or working with medically complex children if such investigator is available. If a child protective investigator with specialized training is not available, the child protective investigator shall consult with department staff with such expertise."

Section 402.402(2), Florida Statutes, states "…all child protective investigators and child protective investigation supervisors employed by the department or a sheriff's office must complete specialized training either focused on serving a specific population, including, but not limited to, medically fragile children, sexually exploited children, children under 3 years of age, or families with a history of domestic violence, mental illness, or substance abuse, or focused on performing certain aspects of child protection practice, including, but not limited to, investigation techniques and analysis of family dynamics.

These laws were passed to preserve and strengthen families who are caring for medically complex children and to prevent abuse and neglect of medically complex children.

This training enhanced child protective investigators abilities to identify the family conditions and symptoms associated with medical neglect and enable them to identify the right course of action to take in these cases. The training also educated child protective investigators on different conditions affecting medically complex children and how best to work with this population.

Collaboration

- Through the Task Force and the Department of Children and Families' leadership, the training content for the 2015 Summit was chosen after consultation with stakeholders and child welfare professionals throughout the state of Florida. A call for workshop proposals was widely disseminated and over 100 proposals were received.
- Through the Task Force, and the Department of Children and Families leadership, the statewide implementation of the child welfare practice model requires collaboration with a variety of stakeholders and other state agencies in every county in Florida.
- The Department of Children and Families leadership and subject matter experts have met with and worked with a wide variety of stakeholders on the topics of human trafficking, domestic violence, and child fatalities throughout the reporting period.

Program Support

In partnership with Community-Based Care lead agencies and child protection professionals, the continuing implementation, fidelity and sustainability of the child welfare practice model will ensure that children and their families are receiving in-depth, quality assessments and relevant individualized services.

Community-Based Child Abuse Prevention Program (CBCAP)

2014-2015 Update

Florida received a Federal Fiscal Year (FFY) 2015 Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award of $ 1,569,049 based on Florida's child population and matching funds through the state's Tobacco Settlement Trust Fund. A variety of family-focused programs and services enhance the prevention of child abuse and neglect. The previously allocated funds supported continuation of prevention programs through training, network administration, and educational materials. Allocated funds supported a continuing contract with the Ounce of Prevention Fund of Florida,

Inc. for activities related to the annual child abuse prevention campaign, parent support and Healthy Families Florida.

Statewide and regional projects focus on public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention. In anticipation of growing needs statewide, CBCAP funds will be directed towards family support services, accessed by families where children are deemed safe but are at high or very high risk for future maltreatment based on an actuarial risk assessment completed by the Child Protective Investigator.

Accomplishments

At the local level, community-based care has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services. There are a variety of community based groups developed in response to specific needs of or issues with the community that meet on-going to assess gaps in services and service delivery and take action to address them.

During the reporting period, funded programs provided direct services to more than 23,000 children, caregivers, and other family members. Florida funds community-based services targeting the prevention of child abuse and neglect statewide that address the needs of our multi-ethnic and multi-cultural state population. Families who have children with special needs are also afforded services. Families with children found to be safe but at high or very high risk of future maltreatment are encouraged to participate in family support services, in an effort to strengthen protective factors and prevent maltreatment.

Collaboration

Consistent efforts, to develop, nurture, and expand the scope and array of supportive partners, have had a significant impact on community awareness and action. Many partners and advocates, while working on behalf of families, have experienced the benefits and efficiencies of collaboration. A prevention workgroup has been formed, linking various state agencies, it is through this prevention workgroup that consistent messaging is taking place. The Department understands collaboration with other partners and stakeholders is an essential element to keeping Florida's children and families safe and free of maltreatment. It is through these collaborations that gaps and limitations if service array and availability have been identified and are being addressed.

Program Support

The Department contracts with a set of core programs for primary and secondary child abuse prevention services to complement the existing network of additional primary, secondary, and tertiary prevention programs and services. The specialist from the Office of Child Welfare coordinates efforts with providers, communities, and state and local leaders and advocates. Efforts are underway to identify areas which warrant additional services and award prevention funds to those areas.

Citizens Review Panels

In response to the CAPTA requirements, as required in 42 U.S.C. 5106a, Section 106 (c)(6), the Department has designated four entities as Citizen Review Panels. Each of these meets the requirements of the Child Abuse Prevention and Treatment Act. However as of report time the Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) had not completed an annual report.

The currently designated panels are:

- Independent Living Services Advisory Council;
- Florida Child Abuse Death Review Committee; and
- Florida Faith-Based and Community-Based Advisory Council.
- Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

For additional information, activities, recommendations and the required Department responses of these four panels, please refer to their annual reports included as Attachments.

The Independent Living Services Advisory Council (ILSAC)

This Council is legislatively mandated under s. 409.1451(7), Florida Statutes. The functions of ILSAC are to review and make recommendations concerning the implementation and operation of independent living transition services.

2014-2015 Update

During this period, the ILSAC continued to meet its charge by reviewing the system of independent living services for teens in foster care/formerly in foster care in Florida. As mandated in Florida law, the Secretary appoints members who submit an annual report summarizing the Council's findings and recommendations. These reports are available at: http://www.myflfamilies.com/service-programs/independent-living/advisory-council

Council members have a variety of experiences and are from diverse backgrounds, including young people formerly in foster care. As required by state statute, the Council held four meetings during this period and issued a report for the period ending December 31, 2015. The annual report is the council's primary work product. The council assessed the effectiveness of the service delivery system and made recommendations for improvement.

Accomplishments

The council continues to be a strong voice for youth and includes a diverse group of stakeholders to ensure various perspectives are heard. Under the leadership of Deborah Schroth, the ILSAC chairperson, the council works closely with the Department and the CBCs to improve service delivery.

Collaboration

The council represents a collaborative with youth, foster parents, executive agencies, advocate attorneys, and child welfare service providers.

Program Support

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.

Future Plans

The council will continue as it is mandated in Florida law. This council is a true asset for the youth served in Florida and for the agencies that serve them. The council members provide guidance and help to improve services in a non-adversarial and supportive manner.

The Florida Child Abuse Death Review Committee

This citizens' committee was established by the Florida Legislature in 1999 under section 383.402, Florida Statutes. Through the establishment of a statewide appointee panel and locally developed multi-disciplinary teams, the facts and circumstances surrounding child abuse and neglect deaths in which a verified report of abuse or neglect is accepted by the Florida Abuse Hotline are reviewed. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths due to abuse and neglect by caregivers.

This citizens' committee was established by the Florida Legislature in 1999 under s. 383.402, Florida Statutes. Through the establishment of a statewide appointed panel and locally developed multi-disciplinary teams, the facts and circumstances surrounding child abuse and neglect deaths in which a verified report of abuse or neglect is accepted by the Florida Abuse Hotline are reviewed. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths due to abuse and neglect by caregivers.

2014-2015 Update

- Develop a community-based approach to address child abuse deaths and contributing factors.
- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect.
- Identify gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths.
- Develop data-driven recommendations for reducing child abuse and neglect deaths.
- Implement such recommendations, to the extent possible.

Accomplishments

The State Child Abuse Death Review Committee, with input and participation from local committee members, has reviewed and analyzed data findings to determine next steps for Florida's child maltreatment prevention initiatives. Prevention recommendations are built around data findings, specifically the top three primary causes of child fatalities, as defined by all data sources. This framework provides a solid foundation for targeting and implementing prevention strategies at state and local levels specifically aimed at significant challenges.

Conclusions and Next Steps

Prevention strategies at the state and local levels should be aimed at issues clearly identified as chief concerns: drowning, asphyxia (unsafe sleep) and trauma/wounds caused by weapons (primarily physical abuse).

To ensure successful outcomes Florida must strive to utilize evidence-based prevention programs and practices. Future strategies should be aimed at increasing protective capacities (building in protective factors) while addressing those factors that put families at risk for poor outcomes.

Program Support

The Florida Department of Children and Families provides staff support to the State Death Review Committee and local Child Death Review Committees. This entails preparing child death case files for review purposes and maintaining a database on specific circumstances involving a child death to use for prevention initiatives as well as training for investigators and case managers.

Florida Faith-Based and Community-Based Advisory Council

The Florida Faith-Based and Community-Based Advisory Council (Advisory Council) was created in 2006 in s. 14.31, Florida Statutes. The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida. The Council is charged to advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

State leadership felt increased involvement of faith-based and community organizations were not a substitute for necessary public funding of services to individuals, families and communities in need. They believed that public expenditures without the involvement of these groups limit the effectiveness of government investments. The cost effectiveness of public expenditures can be improved when government is focused on results and public-private partnerships are used to leverage the talent, commitment and resources of faith-based and community organizations.

During the 2010 Legislative Session, the Sunset requirement for the Advisory Council was repealed through legislation. In addition, the Advisory Council was assigned to the Executive Office of the Governor where it is administratively housed.

2014-2015 Update

On June 12, 2007, the bill creating the Governor's Office of Adoption and Child Protection (Office) was signed into law. The duties and responsibilities of the Office are enshrined in Florida Statute 39.001. The Office was created for the purpose of establishing, implementing, and monitoring a cross-agency comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. In October 2011, the Executive Office of the Governor made a decision to move the administrative functions and support for the Advisory Council to the Governor's Office of Adoption and Child Protection.

Accomplishments

The Office worked diligently throughout 2015 to advance the efforts of the Advisory Council. The following workgroups to advance the work of the Advisory Council were established:

- Annual Conference
- Child Welfare
- Criminal Justice
- Disaster Planning
- Family Initiatives
- Legislative

Child Welfare Workgroup – The Child Welfare Workgroup continued to focus on advancing efforts to enhance and improve the welfare of children through the identification of best practices and innovative programs and services. Topics include prevention of child maltreatment, adoption, human trafficking, health and well-being, youth with disabilities, and education.

Throughout 2015, the Child Welfare Workgroup has supported various activities to advance initiatives related to children. The workgroup disseminated information and supported awareness activities during National Human Trafficking Awareness month.

During National Child Abuse Prevention month, workgroup and Council members provided outreach to raise awareness of activities and events to promote the *Pinwheels for Prevention* campaign which emphasizes healthy child development. During Advisory Council meetings, information on Protective Factors was included in meeting materials and available on the Advisory Council's website to increase awareness of strategies to improve parent's ability to ensure the health and well-being of their children. The workgroup also assisted in promoting National Adoption Month and forwarded information to network contacts to encourage their attendance at local events and to host Heart Gallery photos.

Criminal Justice Workgroup – The Criminal Justice Workgroup continues its efforts to identify best practices and innovation on topics to include prevention, early intervention, diversion, reentry or reintegration of adults and juveniles from jail and juvenile facilities; substance abuse, mental health, and persons with disabilities. The workgroup continued its dialogue with the Department of Corrections (DOC) and the Department of Juvenile Justice (DJJ) to identify how best to support their efforts. With new leadership at the DOC, discussions have focused on how the Department can better utilize their existing volunteer base to provide more specific services to strengthen inmate skills and abilities to support their ultimate transition back into society. Through this approach, the DOC would be willing to provide training to committed volunteers who will, in turn, provide direct services to inmates.

Family Initiatives Workgroup – The Family Initiatives Workgroup continues to explore different approaches to engage state agency liaisons and various faith-based and community-based organizations to identify needs, gaps in services, and proposed solutions in order to facilitate a more collaborative and coordinated approach to strengthening families.

In addition to continuing to support food distributions provided by Farm Share, the workgroup has supported the efforts of the Department of Agriculture and Consumer Services (DACS) to identify faith organizations to serve as sponsors or providers of meals for children during the summer. During the first three quarterly meetings of the Advisory Council, DACS has been an exhibitor and has connected with many faith and community organizations who have become either a sponsor or provider of summer food services. The workgroup will continue to assist in this efforts and will look to address other needs through the Department's *Roadmap to Living Healthy* state maps.

Legislative Workgroup – The Legislative Workgroup collaborated with other Advisory Council workgroups to identify policy recommendations that refine, improve, and strengthen policies and legislation affecting both the Advisory Council areas of focus and faith-based and community-based organizations. The workgroup will look to the efforts of the Policy Impact Workgroup through the Florida Children and Youth Cabinet to identify proposed legislation from agencies in order to have the Advisory Council consider how they might support efforts that improve and strengthen communities and families.

Collaboration

The Florida Faith-Based and Community-Based Advisory Council has collaborated with state agencies as well as community and local organizations to advance its work. With few state resources with which to work, the Florida Faith-Based and Community-Based Advisory Council has utilized various approaches to fulfill statutory requirements and support state initiatives and activities.

Program Support

Champions of Hope Awards

Realizing the value of faith communities and organizations in providing support to the state and state agencies, the Champions of Hope award was created to recognize organizations that go above and beyond the ordinary to improve the lives of at-risk youth and children in care. The Annual Conference Workgroup provided nomination forms to the Department of Children and Families, Juvenile Justice, Health and the Department of Agriculture and Consumer Services for dissemination to regional offices to identify and nominate faith-based organizations for consideration.

Activities and Accomplishments Related to State Plan Program Service Areas: 42 U.S.C. 5106a
The second requirement of the CAPTA grant is to address Florida's three program areas in its state plan. Each of these program areas underpins and was integrated with the Program Improvement Plan (PIP) and the Children and Families Services Review (CFSR), so cross-referencing has been provided where applicable. The goals, objectives and benchmarks of the QIP and CFSR are outlined and updated in Chapter 7 of this report. Subsequent to the successful completion of the PIP, interim goals were described in the Annual Progress and Services Report submitted June 2013 that built on those successes and included new strategic priorities.

In addition to the three state plan program areas, strides in other program areas are briefly described. *Note: In this section, the CAPTA program areas are not numbered consecutively, but rather numbered consistent with the structure in Section 5106a of the Act*.

(1) Intake, assessment, screening, and investigation of reports of abuse and neglect.

Update:

The Department is responsible for conducting child protective investigation in 61 of 67 Florida counties, while contracting with sheriffs' offices in the remaining 6 counties. All child protective investigators (CPI) are responsible for two types of investigations: in-home investigations for a child residing with his/her parent or caregiver and out-of-home investigations when allegations of abuse/neglect occur while a child is in a Department-licensed facility, child care program, foster home or institution, or when a child is being cared for by an adult caregiver such as an adult sitter or relative care provider.

Florida's new child welfare practice model provides a set of common core constructs for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. To accomplish this, the Hotline first gathers information in the information domain areas to determine whether present or impending danger is suspected. The investigator gathers further information related to the six specific information domains and assesses it in order to determine: (1) the presence of danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe and the risk of subsequent harm.

The same core constructs guide actions to protect children (safety management) and support the enhancement of caregiver protective capacities (case planning). The case planning process is based on an understanding of the stages of change and the logical progression that is most likely to result in successful remediation of the family conditions and behaviors that must change.

Florida's practice model includes the expectation that when children are safe and at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the investigator should diligently strive to facilitate the parent's understanding of the need for taking action to protect their children from future harm.

The Florida Abuse Hotline

The single entry point to child welfare services in Florida is the Florida Abuse Hotline. All child abuse and neglect allegations received through the centralized Florida Abuse Hotline located in Tallahassee, occurs twenty-four hours a day, seven days a week. Reports can be placed via the toll free telephone number (1-800-96-ABUSE), including through telecommunication devices for the deaf and hard of hearing; by fax; and electronically via the Department's internet website.

Florida Abuse Hotline counselors assign child protective investigation response times to ensure quick identification where the child will actually be during the next 24 hours, and if there are any potential dangers to the child protective investigator. In addition, Hotline staff increase the quality of the initial contact with the child and family by giving child protective investigators important criminal history and law enforcement information prior to commencing an investigation and having more complete information on hand to make safety assessments and improve front-end decision-making.

Assessment, Screening, and Special Conditions

Florida recognizes that incidents with serious safety concerns should receive complete and appropriate child protective investigations. However, some situations reported to the Department are more appropriately addressed by a less adversarial assessment of needs and offer of services outside of the child welfare system. Engaging families in a less threatening way, when the situation does not warrant a formal investigation, increases the likelihood a family will acknowledge problems and agree to receive recommended services.

Situations reported to the Florida Abuse Hotline that do not rise to the level of a protective investigation may be addressed as a "prevention referral." This practice is designed to give the Department an opportunity to help communities identify and provide services for families in order to avoid formal entrance into the child welfare system. The Department tracks and monitors such prevention referrals, which are called "Parent in Need of Assistance."

On July 1, 2014 the Florida Abuse Hotline was transitioned from Operations to the Office of Child Welfare. As a part of this transition, two positions were created within the Office of Child Welfare to provide support to Hotline Operations. The first was a Hotline Policy and Practice Specialist who works closely with the Child Protective Investigative and Case Management Specialists to ensure the development of seamless policy that supports our Child Welfare Practice Model. Additionally, the creation of a Continuous Quality Improvement Specialist for the Hotline.

Within Hotline Operations, the management team was updated to include a Fidelity Team and a Practice Team. The Fidelity Team encompasses Quality Assurance, Training and the Hotline Specialists. The Practice Team encompasses the call floor. There is also a Data Analytics Team and Human Resources Team.

Criminal Background Checks in Florida

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in Florida Safe Family Network, 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 child is physically located or, if the child is out of state, the location the child will reside upon returning to Florida.

Hotline crime intelligence staff complete criminal history checks for 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. Staff also complete criminal history checks for emergency and planned placements of children in Florida's child welfare system.

The type of checks performed and data sources accessed for investigations or placements is based on the program requesting the information as well as the purpose of the request (investigations or placements). The Florida Abuse Hotline Crime Intelligence staff has 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;
- Hotfiles (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;
- Comprehensive Court Information System (CCIS) – Florida court case information;
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database current drivers history, license status, photos, signature;
- Department of Corrections (DOC) – current custody status, supervision, incarceration information;
- Justice Exchange Connection– Jail databases for current incarcerations, associated charges, and booking images.

When a CBC is considering a placement, they must contact the Florida Abuse Hotline, Background Screening Unit, and request criminal history record information on potential caregivers for a child requiring removal from his or her current residence.

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 investigator or case manager.

By adding statutory language on investigation and placement criminal background screening to Chapter 39, Florida's dependency statute, the federal requirements are more clearly defined as it relates to criminal background screening for adoptive parents, relative and non-relative placements.

(2) Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

When child protective investigation indicates that parents or guardians are unable to protect their children (the child is "unsafe"), the Department provides a full spectrum of services aligned with a safety plan. In-home safety plan services are emphasized in order to keep children safe in their home whenever possible to do so. Florida's practice model emphasizes the least intrusive approach with the family while keeping the safety of the child as the paramount concern.

In-home services are intended to support families by strengthening caregiver protective capacities while at the same time implementing in-home, agency directed and managed safety plans. A significant portion of the Department's service array for in-home services is linked to the Promoting Safe and Stable Families program, as described in the Promoting Safe and Stable Families section below.

Out of home Services

The processes and choices involved in placement are crucial to ensure the Department is providing the safest and most appropriate care for children are unable to live in their own homes until a permanency goal is attained. The most appropriate available out-of-home placement is chosen after assessing the child's age, sex, sibling status, special physical, educational, emotional and developmental needs, alleged type of abuse, neglect or abandonment, community ties and school placement.

Consideration for placement is chosen from least to most restrictive. Initial placement decisions for the least restrictive placements, such as relative and non-relative placements, are made by the front line staff and their supervisors. After initial emergency placement, placement services are coordinated by the Community-Based Care (CBC) lead agencies. This provides an increased local community ownership of ensuring the right out-of-home care for children. Communities coming together on behalf of their most vulnerable children demonstrates what community-based care was designed to do: transition child welfare services to local providers under the direction of lead agencies and community alliances of stakeholders working within their community to ensure safety, well-being, and permanency for the children in their care.

In making a placement with a relative or non-relative, the front line staff considers whether the caregiver would be a suitable adoptive parent if reunification is not successful and the caregiver would wish to adopt the child.

With the implementation of the practice model case managers now have responsibility for assessing when a safety plan in an in-home case is no longer sufficient to maintain the child's safety. At this juncture, the case manager and supervisors would determine the next least restrictive placement for the child, and would work with the family to establish conditions for return and the behavior changes needed. Out-of-home caregivers would receive this information as part of a coordinated effort by the birth family, the CBC case manager, and the out-of-home caregiver to work toward meeting the conditions for returning the child home.

Except in emergency situations or when ordered by the court, licensed out-of-home caregivers must give at least two weeks' notice prior to moving a child from one out-of-home placement to another.

During these two weeks a transition must be accomplished according to a plan that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures the child has all of his or her belongings, allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.

There are permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, thereby enhancing children's sense of purpose and belonging. For a number of children, guardianship or placement with relatives may be an appropriate permanency option, in accordance with federal and state provisions. An ongoing commitment is to support this option for children and de-emphasize the use of licensed out of home placement.

Licensed out-of-home placements (foster homes and residential group facilities) comprise less than half of the placement settings for children in out-of-home care. The number of children in shift care settings continues to drop, and there is a new focus on establishing quality guidelines for group care for dependent children. There are continuing challenges in Florida, as well as nationally. These include the recruitment and retention of appropriate foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics and needs, particularly for special populations such as teens and children with disabilities; and declining resources.

Out-of-home care offers case management services to children in out-of-homecare when the child cannot remain safely at home and needs temporary out of home care while services are provided to reunite the family or achieve some other permanency option. As directed by the Florida Legislature, the state has outsourced all foster care [out-of-home care] and related services in an effort to better encourage the engagement of communities and local stakeholders to become partners in promoting issues associated with child safety, permanency and well-being. Florida's contracted non-for-profit Community-Based Care lead agencies (CBCs) provide and oversee out-of-home service activities, as well as related services such as in-home care, placement, and permanency, for their particular area of the state. CBCs also work closely with subcontracted service providers and provide training and technical assistance related to funding criteria and rules in support of collaborative and successful use of resources.

Domestic Violence and Child Welfare Collaboration:

The Florida Coalition Against Domestic Violence (FCADV), the Domestic Violence Program Office, and the Office of Child Welfare hold quarterly meetings. These meetings serve as collaboration and integration opportunities in support of ongoing initiatives.

Historically, the department and FCADV shared a strong working partnership aimed at integrating a seamless service delivery system when working with families experiencing domestic violence. The FCADV remains committed to assisting child welfare professionals through technical assistance, training, and legislative requests for funding opportunities that will continue to support this strong initiative for building the capacity for domestic violence advocates to be co-located within CPI and other community-based child welfare agencies. The "CPI Co-located Domestic Violence Advocate Project." was first started in 2008 with six pilot projects in Florida. The projects are a collaborative effort between FCADV, the Office of the Attorney General, the DCF, local Certified Domestic Violence Centers, Community Based Care agencies (CBCs), and criminal justice system partners that implement Leadership Teams to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. FCADV's CPI Project also establishes formal partnerships in which domestic violence advocates are co-located within CPI Units.

The domestic violence co-located advocates provide consultation to child protection staff, referral services to survivors, and attend meetings between all partnering stakeholders to develop strategies to resolve any barriers or issues that may arise. The ultimate goal of these projects is to bridge the gap between child

welfare and domestic violence service providers to enhance family safety, create permanency for children, and hold perpetrators accountable for their actions.

With Children's Justice Act (CJA) funds, the Office of Child Welfare, the Office of Domestic Violence, and Florida Coalition Against Domestic Violence (FCADV) collaborated with Mandel & Associates to produce two video suites plus supporting training material to advance the integration of the department's new practice model and the "Safe and Together" model. FCADV sponsors a CPI Project that establishes a domestic violence advocate, co-located with a Child Protection Investigations unit, to provide consultation to the CPI, referral services to survivors, and on-going support to advance collaboration. The training material was first delivered on June 30, 2014, and continues to be used to support training of child welfare professionals and co-located domestic violence advocates. The goal of the videos and supporting materials is to improve outcomes in child welfare cares through improved teamwork; deepening an understanding and assessment of perpetrator patterns of coercive control and the impact on individual family members.

The FCADV has served on the Statewide Safety Methodology Steering Committee (now known as the Child Welfare Practice Task Force) since January, 2014 and has also been an active member of the subcommittee for policy and practice guideline development. FCADV again succeeded in obtaining funding from the Florida Legislature in SFY2015-16 and continues to implement this groundbreaking program to include a total of 62 co-located domestic violence advocates available to child welfare agencies located in all 67 Florida counties. As of June 30, 2015 the CPI Co-located Domestic Violence Advocate Project had completed 3,359 staffings. DV co-located advocates continue to attend child welfare agency staffings, providing consultative support on cases involving families experiencing domestic violence. Funds continue to provide one day Child Welfare Regional Training Institutes for local child welfare professionals, domestic violence advocates and community partners. The purpose of the trainings are to enhance collaboration between domestic violence centers and child welfare agencies, to build the capacity of child welfare and partnering agencies to assess for domestic violence, to partner with domestic violence survivors to achieve child safety. The training also helps participants understand how to effectively integrate the Safe and Together principles, critical components and practice tools with the new child welfare practice model.

<u>Substance Abuse and Mental Health Integration Information:</u>

The Office of Child Welfare (OCW) is working closely with the Substance Abuse and Mental Health Program Office (SAMH) to provide front-end evaluation/assessment and treatment resources to families currently under investigation or referred to community-based care agencies for safety and case management services.

SAMH provides the following to front end child welfare:

Family Intensive Treatment (FIT) teams
The FIT team model provides for immediate access to substance abuse and co-occurring mental health services for parents in the child welfare system, utilizes a team based approach to service delivery, integrates treatment for substance use disorders, parenting interventions, and therapeutic treatment for all family members. The FIT Team model delivers services to parents who have at least one child between the ages of 0 and 10 who has been determined unsafe. There are currently 16 FIT teams in 6 regions of the state. Additional funds have been appropriated to further expand FIT team coverage.

Family Intervention Specialists (FIS)
FIS staff provides services within local communities to reduce occurrences of child abuse and neglect resulting from caregivers' behavioral health concerns. FIS services include but are not limited to screening of caregivers to determine appropriate service needs, providing on-going assessments and monitoring of a caregiver's progress, conducting drug testing and providing case management related to a caregiver's substance abuse treatment goals.

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

Update:

Having recently implemented a new practice model, Florida continues to assess and evaluate the functionality of tools and protocols. The Department has assessed fidelity to the practice model as well as the functionality of the tools available to front line child welfare workers. The Department has contracted with outside vendors to provide technical assistance and develop capacity for learning the new Child Welfare Practice Model and to assist in ensuring implementation of the practice model with fidelity amongst staff.

Risk Assessment:

The practice model utilizes an actuarial risk assessment based on research as to which family characteristics have a demonstrated correlation with future abuse and neglect. The risk assessment is used at the completion of the investigation to identify the risk of subsequent harm. Children determined to be living in "high" or "very high" risk households would benefit from intervention. The investigator should make every effort to connect the family with community based family support services that are specifically planned to reduce risk of abuse or neglect. Risk levels can be very effective in helping the family understand why the investigator remains concerned about the family even though case management services are not being pursued.

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

Update:

The Florida Safe Families Network (FSFN) is the state's automated official case management record for all children and families receiving child welfare services, from screening for child abuse and neglect at the Florida Abuse Hotline through adoption. FSFN provides opportunities to identify child welfare outcomes and practices and ensure a complete record of each child's current and historical child welfare information.

The Department continued to collaborate with all stakeholders and contracted providers.

Examples of collaboration include:

- System improvements and defining build content.
- Defining and validating functional requirements and designing the system improvements.

Modernization of the Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is the best means we have to ensure protection and services to children who are 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 Interstate Compact such as the time it takes for children in the dependency system to be placed in safe homes across interstate lines.

The ICPC office collaborates in other ways with our partners, other states, and stakeholders. The use of lead ICPC liaisons within individual CBCs allows a single point of contact for both the CBC and the ICPC office, which 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 ICS system, and through daily emails. Additionally, the Compact Administrator participates in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). 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 and meetings with both private and public sector partners throughout the year.

The Compact Administrator works with CLS, caseworkers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida workers and other states to ensure positive outcomes for children. Further, the Florida ICPC office provides presentations as needed to the Children's Legal Services attorneys, judiciary, Guardians ad Litem, Attorneys ad Litem, case managers, supervisors, licensed social workers, investigators and ICPC liaisons at Community-Based Care Lead Agencies. 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. 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 ICS.

The system database can be accessed by the courts, Community-Based Care lead agencies, Guardians Ad Litem, and department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

(6) Developing, strengthening, and facilitating training.

The 2015 - 2019 Child and Family Services Staff Development and Training Plan (the Training Plan) describes Florida's three staff development and training goals listed below, along with corresponding initiatives. It was developed 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.[23]

The initiatives were developed during in-person planning sessions with the Department's headquarters training staff, regional training staff, and community-based training partners. These planning sessions were held in March 2014 immediately following the release of the Administration for Children and Families Program Instruction regarding development of the 2015 - 2019 Child and Family Services Plan. Additional input was sought from the Seminole tribe through a telephone conversation with the tribe's family preservation administrator. The Training Plan reflects a combination of both current and new initiatives.

Organizationally, the Department's training unit is situated within the Office of Child Welfare. During the last five year time period, the training unit has been disbanded, reorganized, disbanded again, and most recently reorganized in November 2014 with the current staffing configuration. Refer to Appendix E, Statewide Training Plan for specifics.

Programmatically, the training unit will be responsible for ensuring that all training and staff development activities are in direct support of Florida's practice model and Florida's goals for prevention, safety, permanency, and well-being.

Update

Various in-service training, work sessions, supervisory support, and technical assistance needs were procured through contractual agreements with various vendors in an effort to support the continued growth and skills of Florida's child welfare professionals. See Appendix E, Statewide Training Plan.

(8) Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect.

Section 39.201(1)(a), Florida Statutes, states that "Mandatory reports of child abuse, abandonment or neglect" require 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**. 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

Members of the general public may report anonymously, if they choose. However, reporters in specific occupation categories are **required to provide their names** to the Abuse Hotline staff. The names must be entered into the record of the report but are kept confidential as required in Section. 39.201, Florida

[23] Note: This plan covers staff training related to Title IV-B and aspects of Title IV-E except training for foster care, adoption, and guardianship. For training of those groups, see Chapter VII, Foster and Adoptive Diligent Recruitment Plan.

Statutes. Everyone is considered a mandatory reporter. The following describes training on the reporting of child abuse or neglect in Florida:

- **Child Care Staff.** The Child Care Services Program Office within the Department of Children and Families is statutorily responsible for the administration of child care licensing and child care training throughout Florida. Child care personnel must begin training with 90 days of employment in the child care industry. The introductory child care training is divided into two parts: The identification and reporting of child abuse and neglect; annual in-service training requirements include child abuse, working with children with disabilities, and community, healthy and social service resources.
- **Teachers.** The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families (DCF), and the Florida Department of Health (DOH), Children's Medical Services developed the Child Abuse Prevention Sourcebook for Florida School Personnel. The purpose of the sourcebook is to provide Florida teachers and other school district employees with information about their legal responsibilities as mandatory reporters of suspected child abuse and/or neglect, to assist them in recognizing indicators of abuse and neglect and to better prepare them to support students who have been maltreated. A one hour course is also available to educators. This course is available online and details the reporting process and outlines individual reporting requirements.
- **Public.** In the recent past curriculum was developed for a statewide public awareness campaign and educational initiative for the prevention of child abuse, through that awareness campaign there remains an active website, dontmissthesigns.org as well as related information provided through the Department's webpage, myflfamilies.com.

(11) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect

The Florida Abuse Hotline supports each circuit with training material concerning mandated reporter information upon request.

The Florida Abuse Hotline provides on-site community support and training around the guidelines and procedures for identifying suspected child maltreatment and reporting requirements. This training is provided throughout the state. In addition, the Florida Abuse Hotline is working on facilitating "live" webinars to staff around the state. These "live" webinars allow individuals around the state to access training from their desktop computers, ask questions, and participate remotely.

The Florida Abuse Hotline also facilitates tours of the facility and allows people to listen to "live" calls to experience the process as it happens. Staff from investigations, the Guardian ad Litem, court personnel and other professionals from around the state participates in these educational tours.

(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

The Department and its various educational partners, the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continued to work together toward common goals for educating children, youth and young adults.

Florida continued its work to develop an infrastructure to measure the accomplishments and needs of its children in out-of-home care. The information will aid Florida's child welfare partners in creating policies and projects to further enhance children's educational success in all phases of their education, including post-secondary.

The Office of Adoption and Child Protection

The 2007 Legislature created the Executive Office of the Governor's Office of Adoption and Child Protection (OACP) in the Governor's Office and assigned much of the same responsibilities the Task Force had undertaken in development and implementation of Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010. In addition, the 2007 Legislature created the Florida Children and Youth Cabinet charged with developing and implementing a "shared and cohesive vision using integrated services to improve child, youth and family outcomes…"

In accordance with state law (s. 39.001, F.S), the Office of Adoption and Child Protection is steering the creation of the five-year *Florida Child Abuse Prevention and Permanency Plan: July 2015 – June 2020 (FCAPP).* The plan provides plans of action for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families. This plan reflects Florida's commitment to engage state agencies and local communities in a collaborative effort to prevent child abuse, abandonment and neglect; promote adoption; and support our adoptive families.

The central focus of the *FCAPP* is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children. In accordance with the state law (§39.001, Florida Statutes), this five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

Overall, this planning effort seeks to create a statewide model for preventing abuse, abandonment and neglect; promoting adoption; and supporting adoptive families that can be embraced across branches of government, state agencies, and professional disciplines, thus providing state agency staff, state and local service providers, advocates, and the citizens of Florida with clearly articulated action steps for the realization of optimal child growth, development and well-being. A model of this nature requires a multi-pronged approach ranging from individual interventions to professional development protocols, from agency standards of practice to population-based intervention mechanisms.

Relation of CAPTA to the Program (Quality) Improvement Plan

The five year CAPTA plan supports the activities outlined in Florida's former Program Improvement Plan (PIP) based on the second round CFSR results; the Department's Strategic Plan, and the agency's Long Range Program Plan for Fiscal Years 2016 – 2017 as well as a number of other meaningful reform efforts such as the Florida Child Abuse Prevention and Permanency Plan: July 2015 – June 2020 and the interim goals and strategic priorities included in the June 2015 Annual Progress and Services Report.

A goal of the Child and Families Services Plan is to improve *Service Array.* One strategy is the utilization of prevention and diversion programs. Specifically, the objective is to reduce the number of out-of-home placements to focus on in-home services, prevention and diversion referrals. Strategies are to:

- Conduct gap analysis of prevention service needs;

- Increase the number of safety plans implemented;
- Increase the use of family support and family preservation services; and,
- Increase diversion referrals through use of Alternative Response System and other diversion programs.

Florida's plan for Substance exposed newborns:

Many families receiving child welfare services are affected by parental substance abuse. Florida recognizes the need for and has in place a system that addresses the complex needs of substance exposed newborns and their families. Procedures are in place to address the needs of infants born and identified as being affected by substances or withdrawal symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.

Florida Statute defines substance misuse as when a parent has exposed a child to a controlled substance or alcohol. Exposure to a controlled substance or alcohol is established by:

- A test, administered at birth, which indicated that the child's blood, urine or meconium contained any amount of alcohol or a controlled substance or metabolites of such substances, the presence of which was not the result of medical treatment administered to the mother or the newborn infant; or
- Evidence of extensive, abusive and chronic use of a controlled substance or alcohol by a parent when the child is demonstrably adversely affected by such usage (e.g., filthy living conditions, poor parents-child interaction due to caregiver intoxication).

As used in this paragraph, the term "controlled substance" means prescription drugs not prescribed for the parent or not administered as prescribed, and controlled substances as outlined in Schedule 1 or Schedule II as defined in Section 893.03, F.S.

Florida Statute 39.201 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, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the Department. Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, shall report such knowledge or suspicion to the Department.

Reporters in the following occupation categories are required to provide their names to the hotline staff:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;
- Health or mental health professional;
- Practitioner who relies solely on spiritual means for healing;
- School teacher or other school official or personnel;
- Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

- Law enforcement officer; or
- Judge.

The single entry point to child welfare services in Florida is the Florida Abuse Hotline. All child abuse and neglect allegations are received through the centralized Florida Abuse Hotline located in Tallahassee, operating twenty-four hours a day, seven days a week. Reports can be placed via the toll free telephone number (1-800-96-ABUSE), including through telecommunication devices for the deaf and hard of hearing; by fax; and electronically via the Department's internet website. The hotline assigns a response time and the report is sent to the local offices for investigative response.

Based upon the information in the intake report, the review of the family's history and initial interviews with all family members, the investigator must determine collateral sources likely to have relevant information related to the current investigation. Collateral contacts provide the investigator with essential information to validate, corroborate and reconcile what has been learned from the family. In most instances, the reporter should be the first individual contacted prior to commencing the investigation. It is through these contacts that investigators begin to work with the appropriate medical staff to gather medical information and develop plans for care of substance exposed newborns.

Florida's Child Welfare Practice Model is an integrated approach to:

- Initial identification of potentially unsafe children by the Florida Abuse Hotline;
- Further assessment of safety and safety decision making by investigators;
- Ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills); and
- Providing a framework for safe reunification (conditions for return) or decision-making points for other needed permanency options by case managers.

The practice model also incorporates the classification of risk for safe children that results in appropriate community referrals and family support services for safe children at high risk of abuse in the future. The risk assessment ensures that children at risk of future maltreatment are identified and served. The Department has implemented use of the actuarial risk tools known as Structured Decision Making® (SDM), developed by the Children's Research Center (CRC). By utilizing the risk assessment tools, agency resources are targeted to higher risk families with a greater potential to reduce subsequent maltreatment. Using a statewide, evidence based actuarial risk assessment tool will help investigators and supervisors identify family risk levels using consistent constructs and language and will allow us to standardize prevention programs, allowing for evaluation of program effectiveness. This supports replication of best practice programs from community to community.

To address long-term permanency, the safety methodology utilizes a structured assessment tool known as the Family Functioning Assessment – Ongoing, which is used to assess:

- 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 nor 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?

The Family Functioning Assessment – Ongoing (FFA-O) is the first formal intervention during on-going case management. It begins at the point the CPI worker transfers a case to ongoing case management. The assessment is a collaborative process that will result in identifying specific change strategies. However, the bulk of the conversation during the assessment is concerned with having caregivers recognize and identify protective capacities associated with impending danger and seek areas of agreement regarding what must change to eliminate or reduce danger threats and sufficiently manage threats to child safety.

Lastly, the progress evaluation, or Progress Update/Accomplishments, is an on-the-record assessment that involves focused information collection and standardized decision making while case managers are considering progress for change and safety plan sufficiency. The formal intervention occurs at least every 90 days and at critical junctures. It is precise, fair and objective, reflected in progress measurements of no progress, minimal progress, significant progress and outcome achieved. Areas of assessment during the evaluation are caregiver protective capacities, child needs, family time and visitation, and case plan outcome evaluations.

The assessment of well-being and the attention to children's strengths and needs is included in every FFA-O and Progress Update/Accomplishments. Child strengths and needs items measure the extent to which certain desired conditions are present in the life of the child within a recent timeframe. The child indicators are directly related to a child's well-being and success (emotion, behavior, family and peer relationships, development, academic achievement, life skill attainment). 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 as well as other caregivers when the child is in an out of home setting. The information gathered through assessment of these indicators is used to systematically identify critical child needs that should be the focus of thoughtful case plan interventions. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers, and collateral source such as child care providers, teachers and/or other professionals.

Human Trafficking

Florida has provisions and procedures in place to identify and assess reports involving the investigation of allegations of human trafficking, labor and sex trafficking. Six hours of human trafficking training is required for any child welfare worker who wants a Specialized Human Trafficking designation. Investigators and case managers must have this designation to investigate or provide case management to a human trafficking victim/survivor. DCF has disseminated specific guidance and policies regarding responding to the needs of human trafficking victims.

During 2014 and into 2015 the Florida Department of Children and Families (DCF) and the Florida Department of Juvenile Justice (DJJ) partnered to chair a statewide work group on the development of a standard identification tool. The Human Trafficking Screening Tool (HTST) was completed in January of

2015. DCF worked with the Florida Institute of Child Welfare at Florida State University to identify appropriate criteria to trigger completion of the tool. DCF piloted the tool in two counties, Duval and Hillsboro, through Child Welfare staff in those areas. DJJ rolled the tool out statewide to juvenile justice staff in February of 2015. DCF and DJJ trained staff from child protective investigations, community based care, and juvenile justice on executing the tool throughout 2015 and 2016. DCF completed rule promulgation January 13, 2016 and distributed the implementation memo statewide on the same date. Shared outcomes from the one year roll out of the tool through DJJ includes:

- 3,500 screenings have been completed on a total of 2,500 unique youth.
  - About 6% of all arrested youth screened
- 1289 (37%) screenings resulted in a call placed to the DCF Abuse Hotline with a 52% acceptance rate
  - Calls were accepted for 576 unique youth
  - The acceptance rate for males is 41%, and 60% for females
- 53% of screened youth are female and 47% are male
- Of Screened Youth: 45% white, 43% black, 12% Hispanic, 0.3% Other

DCF has the authority under state statute to investigate allegations of human trafficking, labor and sex, even when the alleged perpetrator is not a caregiver, parent, or legal guardian (s. 39.01, F.S.). DCF is in the process of updating the maltreatment definitions and examples to capture all aspects of human trafficking.

Florida's Safe Harbor law requires that any youth identified as a victim of CSEC through a DCF investigation must be assessed for a safe harbor placement. DCF partnered with Dr. Leslie Gavin, Nemours Children's Hospital, to create a placement tool for CSEC youth. DCF completed rule promulgation on the tool on January 13, 2016 and distributed the implementation memo statewide on the same date. The tool provides a directed conversation on key components to consider in identifying the appropriate environment and level of care for a CSEC youth. This tool may be used by staff during the Safe Harbor staffing to identify placement options for CSEC identified youth.

In January 2016, DCF launched five statewide clinical work groups to address: the adoption or development of a human trafficking assessment tool; identify what types of clinical intervention are appropriate for CSEC identified youth; create metrics and outcome expectations for safe placements; to develop or adopt a training curriculum for mental health professionals; and assess how to leverage the existing community mental health and substance abuse treatment facilities for treatment of CSEC identified youth. The work group deliverables are due by December 31, 2016.

In 2015, DCF made changes to the Florida Safe Families Network (FSFN) to ensure that data captures were accurately identifying victims of CSEC. At this time DCF has two maltreatments associated with human trafficking: Human Trafficking – Labor and Human Trafficking – CSEC. Within the human trafficking – CSEC maltreatment there are three types of reports: in-home, other, and institutional. This allows us to capture data regarding the type of perpetrator involved with the human trafficking.

January 2016, DCF began a study with RTI Inc., a recipient of a federal grant, to explore the prevalence of CSEC within the child welfare system. This comprehensive assessment will identify opportunities to better identify victims and highlight the strengths and challenges of the existing system.

The Department has disseminated specific guidance and policies regarding responding to the needs of the human trafficking victims. They include:

- Training memo outlining the six hours of human trafficking training required for any person who wants a specialized human trafficking designation. Investigators and case managers must have this designation to investigate or provide case management to a human trafficking victim/survivor. Every Region in the state has specialized staff who can work human trafficking cases based on completion of the training. The training has been provided by DCF to DJJ, the Agency for Persons with Disabilities (APD), DOH, the Community-Based Care lead agencies, Case Management Organizations, and Guardian ad Litem personnel throughout the state.
- DCF has promulgated an operating procedure (CFOP 175-14), which defines the components of human trafficking and outlines response expectations for victims/survivors of human trafficking. This CFOP was updated in April 2016 to reflect what has been learned over the last several years of identification and intervention, as well as to include the new tools developed.
- DCF and the Department of Juvenile Justice worked collaboratively to create the Human Trafficking Screening Tool (HTST). This screening tool will be used by DJJ, DCF, and Community-Based Care lead agencies for the more accurate identification of human trafficking victims. The tool will help prevent replication and allow for faster identification and implementation of services earlier, while minimizing the trauma on a potential victim by limiting the number of interviews of the child regarding the trafficking details.
- In developing practices to respond to human trafficking, DCF has worked with other states to gain information on their practices and collected assessment tools they are utilizing. DCF has had communication with child welfare and government officials in Virginia, South Carolina, Georgia, Texas, Tennessee, California and Kentucky. DCF completed site visits to programs in California, Georgia, Kentucky, Minnesota and Kansas.
- DCF has strict state codes and operating procedures for responding to missing children (Florida Administrative Codes 65C-29 and 65C-30 and Child and Families Operating Procedure 175-85), including immediate notification to law enforcement and partnering with the Florida Department of Law Enforcement's Missing and Endangered Persons Information Clearinghouse and the National Center for Missing and Exploited Children. On a daily basis, information regarding any child who has run away from foster care and is identified as a child at risk for trafficking is shared with the case management organization providing supervision to that child. The case management organization is advised the child is at high risk for victimization and is asked to delineate the steps the organization will take to locate and provide services for the child. Florida is the only state in the country to have a child welfare professional co-located within the Florida Department of Law Enforcement to ensure ongoing communication and information sharing between agencies.
- The State of Florida has a full-time statewide human trafficking prevention director and two regional human trafficking coordinators, with the intention of hiring one additional regional coordinator.
- Throughout the state, DCF employees sit on task forces that focus on human trafficking, including child sexual exploitation. These task forces include the Department of Juvenile Justice, Department of Health, Agency for Persons with Disabilities, the Community-Based Care lead agencies, case management organizations, school personnel, mental health

organizations and law enforcement. DCF, DJJ and lead agency participation on these task forces is mandated by statute, and these agencies must take the lead in creating appropriate task forces if they are not in existence.

- Each Region has developed or is in the process of developing processes for a community-wide response to human trafficking.

CHAPTER IX. John H. Chafee Foster Care Independence Program (CHCIP) and Education and Training Vouchers (ETV)

The Chafee Foster Care Independence Program (CFCIP) and Educational Training Vouchers (ETV) are in place to help ensure that youth and young adults who are involved in, or who have aged out of, the foster care system have access to the tools they need to make a successful transition towards self-sufficiency. Florida continues to provide a robust array of services to current and former foster care youth, designed to assist youth in transition to self-sufficiency.

Currently the Florida Department of Children and Families provides placement and services to an estimated 2,900 youth between the ages of 13 and 17 that are residing in a licensed out-of-home care placement and an additional 1,600 residing in non-licensed out-of-home care settings, like relatives and non-relatives. All of these youth are currently defined as being eligible to receive Independent Living services and supports in the form of life skills training and academic planning and support services. There are an additional estimated 5,200 former licensed foster care youth who have aged out of the Florida foster care system between the ages of 18 and 22 years of age that could be eligible to receive Independent Living services and supports based on their status as a former Florida licensed foster care youth. Additional young adults could be eligible based upon the adoption and permanent guardianship eligibility criteria.

The Florida Department of Children and Families, through contracted community-based care (CBC) lead agencies (see Chapter III), 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. Through statutory requirements, the use of ongoing surveys, and linkages to committees, workgroups, and youth based organizations that have knowledge of the needs and whose membership consists of current and former foster care youth, the Department and the state's CBC lead agency service providers continually engage and receive feedback from current and former foster care youth as to the availability and quality of Florida Independent Living Services, including John H. Chafee Foster Care and Independence Program (CFCIP), Educational Training Vouchers (ETV) program, and extended foster care.

Programmatic and Oversight Requirements

Florida has effectively codified all programmatic and general oversight requirements associated with the John H. Chafee Foster Care and Independence Program (CFCIP) program within Florida Statue. Florida has very detailed and highly structured statutory requirements that establish required Independent Living programs, client eligibility requirements, 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 associated with required services and delivery of these services to current and former foster care youth:

- Section 39.013, F.S., Procedures and jurisdiction; right to counsel
- Section 39.6035, F.S., Transition plan
- Section 39.6251, F.S., Continuing care for young adults
- Section 39.701, F.S., Judicial review

- Section 409.145, F.S., Care of children; quality parenting; "reasonable and prudent parent" standard
- Section 409.1451, F.S., The Road-to-Independence Program
- Section 409.1452, F.S., 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
- Section 409.1454, F.S., Keys to Independence Act

Description of the revised program approach based on the legislation, as well as components that were not changed, is included in the rest of this chapter. Extended foster care requirements are included in s. 39.6251, F.S., continuing care for young adults. Services and supports for young adults, as well as aftercare services, are included in s. 409.1451, F.S., the Road-to-Independence Program, which includes some elements of the previous program. Specifically, youth aged 18-22 who had been receiving services prior to the effective date of this legislation have been grandfathered into the prior Road to Independence Program. This grandfathered program is clarified and detailed by Florida Administrative Code in force until replaced (65C-31 F.A.C., Services to Young Adults Formerly in the Custody of the Department). Refer to updates and accomplishments in Chapter II, Florida Administrative Code for details. Programmatic changes in support of revised statutory requirements were begun upon the effective date.

Requirements Related to Case Management and Caregiver Activities and Judicial Oversight

Section 409.145, Florida Statute (F.S.), 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 a collaborative case management approach 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 caregiver. 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.

Section 409.145(2), F.S., establishes requirements that caregivers (foster parents and group home providers[24]) 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 s. 39.701 (2)(a)10., F. S., 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 who have received life skill training after the ages 13 years of age but who are not yet 18 years of age.

Section 39.6035, F.S., requires that specific transition plans be developed for those youth who 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

[24] Per 409.145(3), F.S. "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.

including 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 the ability to the child of creating a health care surrogacy document (as required by the Fostering Connections Act).

Section 39.701(3)(a)4, F.S., 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. Section 39.701(3)(d)4, F.S., 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 affirms 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 residing in licensed foster care placement have the option to enter Florida's non-Title IV-E funded extended foster care program. Section 39.6251, F.S., details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Contained within section 39.701(4), F.S., are the judicial oversight requirements associated with the program which require the engagement of young adults in case planning and the life skill development. Young adults who have chosen to reside in extended foster care are required to have their case reviewed by the court a minimum of once every 6 months.

For the Road to Independence program, requirements associated with eligibility, application for aid, agreements, disbursement of payments, renewal, and appeal or denial of postsecondary educational stipend payments are established within s. 409.1451(2), F.S. This section further provides stipend amounts, including for various categories of participant that the amount is equivalent to the basic foster care room and board rate defined in s. 409.145, F.S., is negotiated, or is a flat monthly rate provided in statute. Room and board in this context is defined in the Department's financial system as "Deposits for housing and utilities; Safe housing; sufficient food to meet the young adult's nutritional requirements; and utilities, including electricity, gas, water, and garbage collection." [25]Section 409.1451(3), F.S., defines eligibility and assistance for aftercare services.

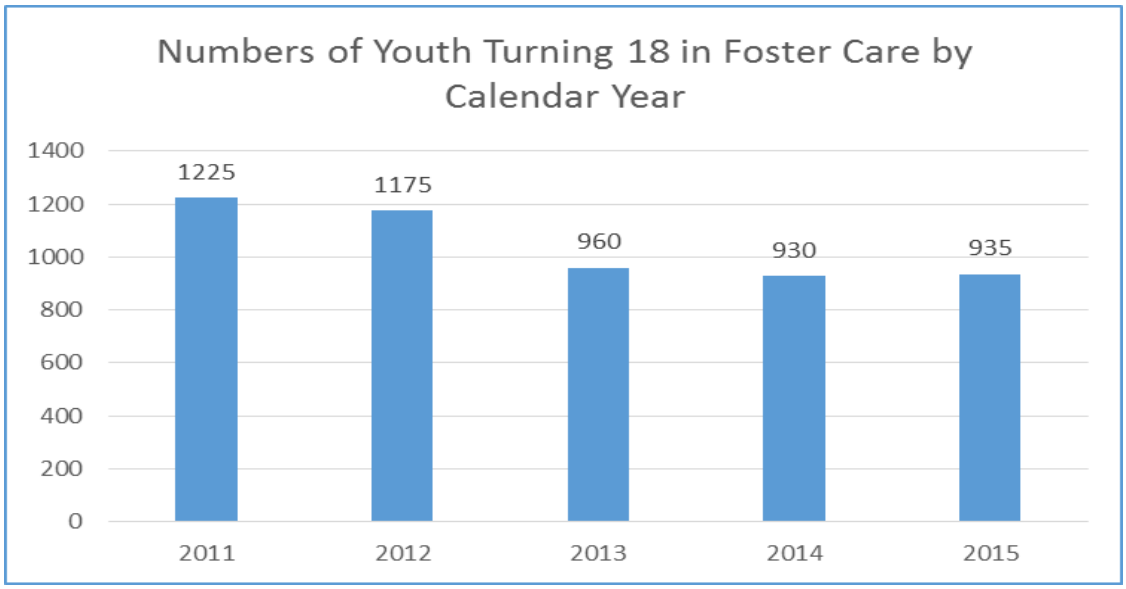
Section 409.1452, F.S., established requirements that the Department collaborate with the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems. These systems are to provide a comprehensive support structure that helps assist 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.

Section 409.1454, F.S., established a statewide pilot program to pay specified costs of driver education, licensure and costs incidental to licensure, and motor vehicle insurance for a child in licensed care between the ages of 15 to 21 who meets certain qualification. A driver's license can help a youth obtain employment, go to school events, and participate in social activities. However, there are many barriers for youth in foster care who want to learn to drive safely and to obtain a driver's license. The pilot project will reimburse youth and caregivers for costs associated with driver's education, obtaining driver's licenses and motor vehicle insurance.

[25] Chart 8 System, OCAs for PESS, including EFPES

Services for Youth and Former Foster Care Young Adults

The highly detailed structure of Florida's statutory and regulatory requirements have helped the state develop an Independent Living program that annually engages a large number of current and former foster care youth. For example, over the course of the 2014-15 State Fiscal Year (SFY) approximately 5,000 Florida foster care youth (those under age 18) received pre-independent living services and CFCIP eligible case coordination and life skills training. At least 3,000 former foster care young adults (over age 18) received CHIP and ETV services and supports over the same time frame. Below is a chart that provides the count of children aging out of foster care by calendar year and a table depicting the numbers served by program type since implementation of the new legislation. Although the numbers served are decreasing over time, so are the numbers of youth aging out of care.



Source: Florida Safe Families Network, January 2016: Data Warehouse

Number of Young Adults
Ages 18- 23
Accessing Independent Living Services

	Dec 2013	Sept 2014	Sept 2015
Extended Foster Care (EFC)	0	445	618
Postsecondary Education Services and Support (PESS)	0	1082	1,061
EFC and PESS	0	20	7
Aftercare	82	83	73
Road to Independence	1,983	756	300
Transitional Support Services	286	2	0
Total	**2,351**	**2,388**	**2,059**

Current and Former Foster Care Youth Surveys[26]

Florida's aggressive use of youth and young adult based surveys helps engage current and former foster care youth. This provides youth and young adults with the opportunity to provide responses which will demonstrate how effectively statue, rule, policy, and case management activities have been converted into client services, and how whether those services meet the needs of our clients. Florida has worked diligently with Connect by 25 to develop a comprehensive survey system that allows the Department and community-based care lead-agencies to assess how current and former licensed foster care youth view and utilize available Independent Living services and how well these meet the youths' needs and support their transition towards self-sufficiency. An overview of each year's survey responses is published in a report on the DCF website and CBC specific survey data is available to each CBC lead agency through a DCF data portal link. Florida currently operates three separate surveys that are being conducted on a routine basis as outlined below.

My Services (2011-current)

My Services is a 200+ question online survey that is administered by Connected by 25 on a biannual basis (spring and fall) that attempts to survey all foster teens (ages 13-17). The survey provides general information on how well teens are being prepared for adult self-sufficiency as well as how they view the overall quality of services that are being provided by the foster care system. Categories and questions covered by the survey include:

- Case management practices and general documentation requirements
- Educational attainment services and progression planning
- Employment preparation and employment supports
- Financial literacy training, Life skills training
- General foster care support and quality
- Ability to participate in normal teen activities
- Health/dental care service
- Involvement with the Juvenile/Criminal Justice system
- Preparation for aging out of the foster care system

Federal National Youth in Transition Database (2011-current)

The National Youth in Transition Database (NYTD) survey is an 88 question federally required survey. The federal NYTD survey is administered every other year by Connected by 25 to current and former foster teens in predetermined cohorts of 17, 19, and 21 years in an online format. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the goal of adult self-sufficiency. Categories and questions covered by the survey address areas related to health, housing & transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

[26] Survey results are posted on the Department's internet site, http://www.myflfamilies.com/service-programs/independent-living/reports-and-surveys.

In an effort to ensure that all of the federally required NYTD survey populations were being properly tracked, Florida made the decision to have Connected by 25 administer the federal NYTD survey on an annual basis to all former foster care youth (ages 18-22) who could be located and were willing/able to complete the 88-question survey. The Florida NYTD survey is administered annually (each spring) by Connected by 25 in an online format and mirrors the categories and questions covered by the federal NYTD survey.

Florida Education and Training Placement Information Program (FETPIP) Outcomes Report for Young Adults from Foster Care

In June 2014, the Florida Education and Training Placement Information Program Office (FETPIP) released a report (most current information available) about the activities of all young adults who turned 18 while in the custody of the state during the past seven years. FETPIP is a data collection system that obtains follow-up information on young adults including job employment, continuing postsecondary education activities, military association, and public assistance participation and incarceration status. The purpose of the report is to provide information about young adults served by DCF that can be used for program review processes. General information about FETPIP is available at http://www.fldoe.org/fetpip/.

The FETPIP report of young adults ages 18-25, who turned 18 while in foster care, is divided into six primary sets of data types. These are Total Individuals, Total with Outcome Data, Florida Employment Data, Earnings by Level, Federal Employment Data, Florida Continuing Education Data, and Receiving Public Assistance. Findings for 2014 were very similar to the prior year.

The total number of young adults who matched in the DCF data and FETIP data for fall 2014 was 83. 63% of these individuals were identified via FETPIP's data matching method as having outcome data available. Of this group:

- 67% were earning less than $7.67 per hour.
- 16% were found continuing their postsecondary education in Florida in a public adult education program, Career & Technical Education (CTE) program, community college, or public or private college or university.
- 45% received Temporary Assistance for Needy Families (TANF) or food stamps.

The DCF and the Department of Economic Opportunity will continue to work together to improve the data matching between the two systems.

Current and Former Foster Care Youth Committees, Workgroups, and Advocacy Groups

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.

Independent Living Services Advisory Council

The Independent Living Services Advisory Council (ILSAC) was created in 2002 by the Florida Legislature. The Advisory Council is codified in s. 409.1451(7), F.S. ILSAC has the responsibility for reviewing and making recommendations concerning the implementation and operation of the independent living services for current and former foster care youth, including problems or barriers and successes. Recommendations may include Department and/or legislative action. Each year the Advisory Council

prepares and submits a report to the Florida Legislature and the Department on the status and needs of services for current and former foster care youth statewide. In its annual report for 2015, ILSAC made several recommendations to the Department. The full annual report and the Department's response are exhibits to Chapter VIII, CAPTA-- as ILSAC is also one of the Department's designated Citizen Review Panels for CAPTA purposes. Copies of annual reports and other information are located on the Department's Independent Living internet site,

http://www.myflfamilies.com/service-programs/independent-living.

ILSAC membership consists of representatives from the Department of Children and Families headquarters and region offices, Community-Based Care lead agencies, Department of Education, Agency for Health Care Administration, State Youth Advisory Board, Workforce Florida, Inc., Statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children. Other appointed members include representatives from faith-based and community-based organizations, mentoring programs, higher education and the judicial system.

Florida Youth SHINE

Florida Youth SHINE continues to engage current and former youth in foster care across the state of Florida. In 2015, the twelve chapters held numerous local meetings and have partnered with, or served as representatives on, local Youth Advisory/Advocacy Boards. Over the summer, 80 youth had the opportunity to participate in a leadership development camp hosted by the Department of Children and Families. Additionally, in 2015, 10 youth were selected from across the state to complete a digital storytelling project about their experiences in foster care, which will be shared with the child welfare community throughout 2016.

Youth SHINE is a source of important qualitative data regarding service delivery to youth. The Department utilizes such information to drive service implementation for young adults statewide. At one quarterly meeting, a wide array of system driven healthcare practices that may impede the progress of the foster care student was discussed. One issue raised was that young adults wanted an automatic Medicaid renewal process. The Department brought this issue to our Florida ACCESS partners as a result a system review of around 10,000 Medicaid eligible young adults were reviewed for actual Medicaid enrollment. Based on our system data comparison, several system changes were implemented and memorandum describing practice improvement was provided to the regions. As a result, nearly 100% of Medicaid eligible young adults ages 18-25 are currently enrolled in Medicaid.

The Florida Youth Leadership Academy

The Florida Youth Leadership Academy is a leadership development program for teens involved in the child welfare system. The 2015 leadership class is made up of 16 youth from across the state, who will receive extensive communication, strategic sharing, and public speaking training throughout the course of the 10 month program. The skills these youth develop will help them leverage their unique and challenging life experiences as they transition into adult members of our community. The program is jointly sponsored by the Department of Children and Families and Connected by 25.

Florida's Quality Parenting Initiative and Life Skills Training and Academic Supports for Foster Care Teens

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 and that they live normal lives. The best way to achieve this goal is to enable the child's own parents to care for him or her. When this is not possible, the child welfare system must ensure that the foster, relative, or non-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.

The key elements of the QPI process are:

- To define the expectations of caregivers;
- To clearly articulate these expectations; and then
- To align the system so that caregivers can meet the expectations.

Areas of the state that have implemented QPI principals have experienced improvement in outcomes such as:

- Reduced unplanned placement changes;
- Reduced use of group care;
- Reduced numbers of sibling separation: and
- More successful improvements in reunification.

Life skills and academic goals are created through collaboratively engaging the child, case manager, and caregiver in development plans that meet the near and long term goals of the child. Caregivers are required to engage the child in activities that will help foster the development of the needed life skills or academic supports and report the results of these efforts to the case manager. The case manager then consolidates this information within Florida's Statewide Automated Child Welfare Information System (SACWIS) for inclusion at the child's next judicial review.

Florida's Extended Foster Care

In support of the development of more permanent bonds for Florida's former care youth, s. 39.6251, F.S., requires the Department to develop and implement an extended foster care program for youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program does not utilize Title IV-E funds but instead uses a combination of Chafee Foster Care Independence Program (CFCIP) funds and state funds. The program has as one of its key components that young adults who wish to stay in the foster care system should have their current placement viewed as the preferred placement for the young adult. Should the young adult's current 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 review are also required. To retain 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 hoped that the development of necessary permanent connections, which all youth need as they transition towards adulthood, will be more available to Florida's former foster care youth. Currently over 600 young adults have elected to remain in foster care while they work in partnership with their CBCs to achieve independence. In addition, the formation of an extended care methodology has emerged to identify how to care for young adults beyond age 18. The direct care provider in collaboration with the caregiver have embarked on providing a more collaborative living environment that takes into consideration the "level of care and agreements" that need to exist when a young adult resides in a natural parenting situation. This has led to the development of housing agreements and roommate agreements with clearly defined goals of transition and appropriate adult behavior, which gives the direct care provider a greater opportunity to assist the young adult to learn and utilize skills such as positive relationship development, community resource utilization, and effective communication and conflict resolution.

Postsecondary Education Services and Support (PESS) (formerly Road to Independence Program)

Postsecondary Education Services and Support (PESS) replaced the former "Road to Independence" program (RTI), effective January 1, 2014. Young adults enrolled in eligible post-secondary institutions, and who meet other eligibility criteria, are eligible for this program. Florida has grandfathered young adults on the former Road to Independence (RTI) program, allowing them to remain eligible under the prior criteria until they complete the program or age out. Young adults grandfathered into the old RTI program have the right to apply for enrollment in any of the new programs.

Eligibility requirements include:

- young adults who turned 18 while residing in licensed care 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,

- who have earned a standard high school diploma, or its equivalent, and
- are enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution.

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 9 credit hours.

Once eligibility is established, the young adult qualifies to receive a monthly stipend of $1,256. The disbursement process of the stipend is determined by the young adult and the CBC. In some cases, the youth may choose to have the service provider make all housing and utility payments to the housing or utility provider. Any remaining funds are to be disbursed to the young adult. This arrangement may continue until the young adult and the service provider have determined that the young adult has gained a certain level of money management skills. The eligibility requirement also requires the young adult to apply for financial aid through the Free Application for Federal Student Aid system. This methodology gives the service provider and the young adult the ability to develop communication strategies about budgeting, financial projections and navigating the college experience with a strong financial outlook.

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 post-secondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal Educational Training Voucher (ETV) educational stipend payment of up to $5,000 may be available, provided the chosen academic institution meets ETV eligibility requirements and the young adults meets the other PESS requirements.

Students receiving the PESS post-secondary educational stipend may also opt into extended foster care. 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. In the event that 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 young adults to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many of these young adults struggled to complete secondary education; others need to work to supplement the financial assistance; and others are parenting one or more children. Florida defines as "full time" for this program as 9 credit hours, providing additional flexibility for the young adults served. Of course, 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., 9 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 the 23rd birthday. Participation in the program is approved on an annual basis, based on the enrollment date of each individual.

Educational and Training Vouchers (ETV)

Florida utilizes the Education and Training Vouchers (ETV) to support the educational success of young adults enrolled in PESS or who meet the PESS requirements other than attendance at a Florida Bright Futures eligible institution. Florida's ETV funds are administered by the Community-Based Care (CBC) lead agencies. Florida currently utilizes ETV funds for programs that could also be funded using CFCIP and state funds. Young adults must meet eligibility criteria for Road to Independence as established in Florida

Statute. Both the availability and payment amount for basic Florida ETV is contingent on the availability of funds.

Unduplicated Count of ETV Awards

ETV Data	Count
2013-2014 School Year (July 1, 2013 to June 30, 2014)[27]	1,334
2014-2015 School Year (July 1, 2014 to June 30, 2015)	1,208

Aftercare Services

Aftercare Services are temporary services and/or financial payments designed to prevent homelessness and to meet the immediate needs of young adults formerly in foster care. These services, including financial assistance, serve as a "bridge" between continuing care and full independence. A young adult is eligible to receive Aftercare Services if he or she was in a licensed placement on the 18th birthday and is not receiving either extended care, pursuant to s. 39.6521, F.S., or PESS, pursuant to s. 409.1451, F.S. In addition, a young adult still receiving old RTI program benefits may not receive these services.

- 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 good, and other basic living expenses.

Prior Road To Independence

Prior to January 1, 2014, young adults served in the Road to Independence program could attend secondary or postsecondary educational settings. This meant that some participants received non-ETV-funded educational stipend payments toward completion of secondary and GED educational programs. Young adults were required to provide proof and maintain full-time enrolment (part-time for students with a diagnosed disability) in an eligible secondary educational program. Award amounts were determined by an annual needs assessment (maximum allowable award $1,256 per month) and all

awards were subject to annual review and renewal that required that the student submit an updated needs assessment, provide documentation that they continued to be enrolled, and that their academic program considered them to making adequate academic progress. For those young adults completing their secondary education, award payments were generally created out of some combination of CFCIP and other state funds, although it is possible that an award could have been fully funded by either CFCIP or other state funds based on the availability of CHIP funds and/or the status of the young adult.

These supports are still available for young adults "grandfathered" after the implementation of the 2013 legislation described above. However, this use of a direct payment program has been replaced by the "extended foster care" approach which requires youth aging out of licensed care to remain in continuing (or extended) care unless the youth opts out of this program. For youth who have not yet completed a secondary educational program, continuing care is the only post-18 program option.

This design encourages the young adult to remain in a supportive environment when needed. However, for youth who have completed secondary education and do not wish to attend postsecondary, there is the option upon aging out is to remain in extended foster care while pursuing work, or work-related activities. Young adults ready for a post-secondary education program may apply for enrollment in the Postsecondary Education Services and Support program (PESS).

By moving young adults away from a direct payment program associated with secondary school attendance towards that of more supportive living arrangements, the percentage of former foster care young adults between the ages of 18 and 19 years of age who are completing secondary education should improve. In addition, it gives the case management provider the opportunity to work with the youth on preparing for independence.

While the overall performance of the RTI program was not at the desired level, there are a number of young adults enrolled in RTI who experience success. Young adults who entered the RTI program prior to January 1, 2014 are able to continue within the program as long as they maintain eligibility. Thus, a select group of young adults could continue to receive services and payments though the old RTI until 2018.

Delivery of Services

As described in Chapter I, the Department contracts with local Community-Based Care (CBC) lead agencies that have administrative responsibility for all Independent Living services and receive the relevant funding per contract. The CBC that had case management responsibility for a child who aged out of the foster care system, was adopted, or was placed into a permanent guardianship retains responsibility for the young adult regardless of where the child moves within the state. However, should a young adult who resides out of the area serviced by the CBC require assistance, the CBC having care responsibility must contact the CBC where the child resides.

CBCs are able to access technical assistance related to programmatic and financial activities through the Department's Office of Child Welfare and the Lead Agency Fiscal Accountability Unit. The Department also monitors overall CBC performance related to the delivery and administration of CFCIP services through the Contract Oversight Unit.

Funding and Fiscal Tracking

Within the Florida SACWIS, in conjunction with other financial and accounting systems, are a number of Other Cost Accumulator (OCA) codes that allow CBC service providers to align payments for Independent Living services and supports with the appropriate federal or state funding source. Expenditures are

monitored for potential anomalies by the Department's Lead Agency Fiscal Accountability Unit and, as needed, reconciled by the CBC lead agency. In addition, youth who apply for ETV funds must complete a needs assessment to ensure that ETV payments do not exceed the student's estimated cost of attendance as determined by the student's academic institution.

As noted earlier, Florida provides CFCIP services to youth currently residing in the foster care system who are between the ages of 13 and 17, and has the statutory authority to provide services to young adults between the ages of 18-22. However, the current design of the Florida's extended foster care program does utilize Title IV-E funds.

Collaboration with Other Private and Public Agencies

The Department engages a wide range of state agencies through the Independent Living Services Advisory Council (ILSAC). ILSAC membership includes representatives from CBC lead agencies, Department of Education, Agency for Health Care Administration (AHCA), State Youth Advisory Board, Workforce Florida, Inc., statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children.

Appendix C in the Child and Family Services Plan for 2015-2019 describes the connection between the Department's responsibilities for foster youth and the health care under the purview of AHCA in the section titled "Healthcare Transition Planning for Youth Aging Out of Foster Care."

In addition, the Department maintains a working relationship with a number of youth advocacy groups in support of Independent Living services and supports. For example, the Department works with Connected by 25 to conduct the Florida My Services, Florida National Youth in Transition Database, and federal National Youth in Transition Database surveys.

Due to the strong emphasis on education in Florida, we have seen increased partnerships between the service providers and their local college and vocational education providers. The Community Based Care model of services have become inclusive of their different local housing providers, including but not limited to apartment owners, housing authorities and transitional living settings.

The Department has supported the development of Florida Reach, a network for campus support efforts for current and former foster youth enrolled in post-secondary educational institutions. Developed jointly by the Department of Children and Families and Department of Education, Florida Reach identifies best practices, supports statewide data collection and research, and is creating a resource guide for coaches and liaisons to use when working with foster youth and alumni. Florida Reach also focuses on career development opportunities to assist former foster youth in obtaining stable employment. Currently, 20 colleges and universities throughout the state have identified campus coaches or liaisons to work with students from foster care. These campus staff engage former foster care youth in campus based academic support services, intended to improve former foster care student retention and graduation rates. For more information, visit http://www.myflfamilies.com/service-programs/independent-living/reach/about.

As youth transition to adulthood, there are many services and supports needed that are not within the scope of those provided through the child welfare system. Partnerships with other agencies are critical to the successful transition of our young adults. These partnerships focus on these five essential areas: education, employment, housing, health care and other support services. The Department partners directly with colleges and universities, the Guardian ad Litem program, the Agency for Persons with Disabilities (APD), the Office of the Public Guardian, Florida Housing Finance Corporation, the Department

of Economic Opportunity, Department of Education, and the Agency for Health Care Administration, to make them aware of the needs of transitioning young adults.

Health Care

In July 2014, community advocates notified the Office of Child Welfare that a large number of young adults served by DCF are not aware of their new eligibility for Medicaid. These young adults aged out prior to the extension of foster care and the Affordable Care Act and are now over 21 years of age. In partnership with the Department's Automated Community Connection to Economic Self Sufficiency (ACCESS) Office, the Office of Child Welfare identified the population of young adults who had not applied for Medicaid. The Office of Child Welfare issued guidance and worked in partnership with Community-Based Care providers throughout the state to address this concern. As a result, all young adults participating in an Independent Living Program have been enrolled in Medicaid.

To continue monitoring Medicaid enrollment of youth who reached age 18 while in foster care but are not currently receiving Independent Living Services, in the fall of 2014 the Department began disseminating a quarterly list to each Regional Managing Director reflecting young adults ages 18-26 who reached age 18 while in foster care with their current Medicaid status. Data matching efforts continue with lists being provided to the field to address.

Teen Pregnancy Prevention

The Florida Department of Health, Adolescent Health Program administers the Title V State Abstinence Education Grant, from the U.S. Department of Health and Human Services, to fund local health departments and community based organizations to provide sexual risk avoidance education. This education focuses on promoting delayed sexual activity in order to avoid pregnancy, sexually transmitted diseases, and other consequences. The funded providers use evidence-based and effective abstinence education curriculums such as *Choosing the Best*, *Making A Difference*, *Promoting Health Among Teens*, *Real Essentials*, and *Heritage Keepers* to deliver the program. These curriculums encourage parent and significant adult involvement. All classes are delivered in school or community based settings.

The Adolescent Health Program currently funds ten local health departments and four community based providers in middle school, high school, and community settings. These providers began a new grant cycle in October of 2015 and will continue through September of 2019. Providers were selected through a Request for Applications process. Applications were reviewed for need, capacity, and thorough plans to reach adolescents age 11-19 with high rates of teen birth, repeat teen births, and sexually transmitted diseases. Through partnerships with these providers, the Adolescent Health Program will continue to work to improve the health of Florida adolescents through skill building, goal-setting, and providing sexual risk avoidance education.

Health Departments located in all 67 of Florida's counties serve adolescents, many providing services unique to youth, including streamlined paperwork, dedicated hours and entrances. Local community based care agencies also have working agreements with county health departments, allowing youth to access pregnancy prevention services and other services available to them. Another example is in the northeast region where Family Support Services of North Florida (FSS) coordinates with other local social service and health organizations the Teen Parenting Initiative for Children and Youth in the Child Welfare

System. The purpose of the task force is to educate teens, parents/caregivers, and caseworkers about pregnancy and parenting, in order to prevent and reduce pregnancies and repeat pregnancies.

Department of Agriculture Fostering Success Pilot Project: Employment

The Florida Department of Agriculture and Consumer Services (FDACS) launched a pilot program to support former foster youth. Through this pilot, FDACS hired six young adults who aged out of Florida's foster care system. The initial pilot was a success and efforts will be made to continue this partnership.

Examples of service partnerships or collaborations at the local level:

- One CBC (Family Support Services of North Florida), in collaboration with community partners, creates and implements enrichment activities for teens such as SPLASH (SCUBA Promotes Life goals And Supports Healthy Living. This program is accomplished in partnerships with Florida State Parks, University of North Florida, the University of Miami and the Professional Association of Diving Instructors. Passport to Leadership is a 6-month program concentrating on leadership skills, employment skills, community volunteerism and education planning, accomplished in partnerships with Disney's Epcot, Vistakon, City of Jacksonville, and WorkSource.
- Jacksonville's System of Care Initiative (JSOCI), funded by a planning grant from the Substance Abuse & Mental Health Services Administration (SAMHA), is working to transform Jacksonville's mental health services into a coordinated system of care to better meet the needs of youth with serious emotional disturbances and the related needs of their families. The grant funds wraparound services to children, youth and families that are involved in multiple systems, including the Department of Juvenile Justice, foster care, homeless youth, early learning programs and childcare.
- Another CBC, Community Partnership for Children, and the local Children's Home Society, Junior Achievement of Volusia County, Florida United Methodist Children's Home, and the Center for Business Excellence have joined together to develop Career of Choice. Career of Choice is a unique enterprise developed to stimulate and motivate foster youth ages 15 to 17 to strive for employment in their chosen career. It will provide on-site tours of facilities and presentations of specific careers by employees in that field.
- Formal working agreements are in place between the Heartland for Children (HFC) CBC lead agency and several housing authorities to clarify roles and facilitate collaboration on Florida Housing's Permanent Housing Initiative, serving special needs households. In an effort to further support interagency efforts with housing and homelessness service providers, HFC staff participates in the Polk County Homeless Coalition and the Circuit 10 Permanent Supportive Housing workgroup.
- Children's Network of Southwest Florida participates in the Mentoring for Educational Success Project. Its mission is to expose youth in licensed and non-licensed foster care to post-secondary education and increase awareness and the desire to further their education beyond high school. The program operates twice a year during Fall and Spring sessions at FGCU (Florida Gulf Coast University). The program targets youth 13 to 22 years old currently or formerly in the child welfare system. The mentees are matched with a social work student at Florida Gulf Coast University who serves as a Mentor. Other business community involvement includes assistance with housing, banking, driving school and start-up supplies for the independent living population.

Grants have been received to finance move-in essential household items for youth leaving foster care.

- The ChildNet CBC has made multiple applications to the federal Housing and Urban Development department (HUD) under its Family Unification Program (FUP). The most successful of these resulted in the receipt of housing subsidies valued at approximately $1.8 million dedicated exclusively to meeting the needs of either child welfare families seeking reunification of their children or teens transitioning out of the local child welfare system, an award which was the largest in the nation. ChildNet is also seeking to develop in Palm Beach Florida Housing Finance Corporation Memorandums of Understanding for Special Needs Housing Services with major affordable housing developers.

Road-to-Independence

The Road-to-Independence program has included postsecondary services and so was Florida's ETV program for former foster care youth. As of January 1, 2014, when the 2013 legislation described above went into effect, no new RTI applications are being accepted. However, students that were participants in the program prior to January 1, 2014 may continue to participate in the program up to their 23rd birthday so long as they maintain enrolment and adequate academic progress as defined by their postsecondary institution.

ETV payments may total $5000 annually with a state match of $1250. The RTI stipend payment is a combination of federal ETV and state funds. Any RTI payments in excess of the federal ETV $5,000 limit are then covered by a combination of other state funds. The total monthly payment amount is determined by conducting a needs assessment that analyzes the student's overall aid package and financial need versus the students estimated cost of attendance so as to ensure that total payments do exceed the students estimated cost of attendance as determined by the academic institution.

Postsecondary Educational Services and Support (PESS)

The Postsecondary Educational Service and Support (PESS) program, as described in more detail under CFCIP above, is Florida's new postsecondary program utilizing ETV funds for Florida's former foster youth. Federal ETV payment amounts are still 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 or $5,000 annually. 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.

All CBCs are able to access technical assistance related programmatic and financial actives through the Department's Office of Child Welfare and the Lead Agency Fiscal Accountability Unit. The Department also monitors overall CBC performance related to the delivery and administration of ETV program through the Contract Oversight Unit.

It is also important to note that in addition to the federal ETV and state aid packages listed above, Florida's public postsecondary institutions also offer Florida's former foster care youth a tuition and fee exemption, remaining valid up to the young adult's 28th birthday.

Consultation with Tribes for CFCIP and ETV

Chafee and ETV funds are designated for current and former foster care youth as required by ICWA. The Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. (See Chapter V.) If tribal children do enter licensed foster care, they are entitled to any and all benefits and funding that 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 as they have their own resources to provide services.

Future Plans

The Department will continue to work in partnerships with the CBC lead agencies to grow their Independent Living programs, establish connections with other agencies as needed, and develop training to improve skills and knowledge. The Department is planning to combine the topic of Independent Living with the bi-annual Adoption Conference scheduled for January and May of 2016.

The Department is dedicated to meeting the service needs for lesbian, gay, bisexual, transgender, and questing (LGBTQ) and gender non-conforming (TGNC) youth in foster care. The Department is in the process of updating the Florida Administrative Code for group care that will include guidance as it relates to this population. The Department's statewide 2015 Child Protection Summit provided an advanced training workshop on Recommended Practices for Meeting the Needs of LGBTQ and TGNC Youth. The training was presented to foster parents, relative guardians, adoptive parents, workers in group homes, Guardians ad Litem, judiciary, child protective investigators, licensing staff, and case managers regarding the challenges faced by these youth. The upcoming 2016 Summit will include a similar training that will be presented to a similar array of participants.

Attachment A to Chapter IX

Survey Results for Teens Ages 13-17

Survey results indicate 66% of foster teens reported their grades and report cards were reviewed by their caregiver or caseworker. The survey also indicates teens appear to be unaware or disconnected from the educational planning process, given that only about one-quarter to one-third of the respondents stated they had an Education and Career Path Plan or Individualized Education Plan. Teens also reported school stability as a major problem; nearly half of all teens reported they had changed schools within the past year.

The following survey findings are derived from a combination of both the Independent Living and Transition Critical Services Checklist and the My Services surveys. Years included in each table reflect the when data collection began; however, not all questions were included from the beginning of data collection.

Education

Source: My Services Survey - Responses by youth ages 13-17.

Caseworker reviews school grades and report cards	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	73%	69%	71%	67%	66%
	Number Yes	1,139	1,189	943	858	735
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,112**

Youth has an Education & Career Path [This may be your EPEP]	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	52%	35%	36%	29%	25%
	Number Yes	818	599	475	368	320
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Youth has an Individualized Education Plan [IEP]	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	43%	41%	41%	39%	34%
	Number Yes	669	709	543	501	445
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Youth has changed schools at least once during the school year	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	47%	47%	49%	49%	46%
	Number Yes	734	800	650	626	600
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Survey Results for Young Adults 18-22

Almost three-quarters (72%) of young adults formerly in foster care reported that they graduated or received a GED. This year, a higher percentage (13%) of young adults reported that they had completed post-secondary education. Increasing both percentages remains a priority of the CBCs and the Department.

Education

FL NYTD-Responses by young adults age 18-22.

	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
Completed Grade 12 or Graduation Equivalency Diploma	Percentage Yes	54%	57%	56%	64%	72%
	Yes	1,093	1,041	1,011	912	905
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
Completed Post-Secondary Education	Percentage Yes	3%	7%	5%	12%	13%
	Yes	54	65	96	175	171
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

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Chapter X. Fiscal and Statistical Information

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

Fiscal Year 2017, October 1, 2016 through September 30, 2017

1. State or Indian Tribal Organization (ITO): FLORIDA	**2. EIN:**	
3. Address: Florida Department of Children and Families, 1317 Winewood Blvd., Tallahassee, FL 32399-0700	**4. Submission:** [X] New [ ] Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$	15,275,736
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$	142,511
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$	18,866,452
a) Total Family Preservation Services	$	5,214,187
b) Total Family Support Services	$	4,735,448
c) Total Time-Limited Family Reunification Services	$	4,178,598
d) Total Adoption Promotion and Support Services	$	4,738,219
e) Total for Other Service Related Activities (e.g. planning)	$	
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$	
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$	1,188,402
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$	118,840
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 $_____, and/or MCV(States only)$_____.		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$	1,274,712
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$	6,234,797
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)	$	1,870,439
11. Estimated Education and Training Voucher (ETV) funds	$	2,023,207
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	Equitable share of available funds	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	Equitable share of available funds	

13. Certification by State Agency and/or Indian Tribal Organization.

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official**

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

Attachment B
OMB Approval #0970-0426
Approved through September 30, 2017

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

State or Indian Tribal Organization (ITO):

For FY 2017: OCTOBER 1, 2016 TO SEPTEMBER 30, 2017

SERVICES/ACTIVITIES	(a) IV-B Subpart I-CWS	(b) IV-B Subpart II-PSSF	(c) IV-B Subpart II- MCV *	(d) CAPTA*	(e) CFCIP	(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	$ 6,362,870			$ -			$ 49,669,428	$ 191,577,832	25,019	N A	All Eligible Children	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 5,214,187		$ -			$ -	$ 10,049,328	9,338	N A	All Eligible Children	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 4,735,448		$ 1,274,712			$ -	$ 21,187,553	73,129	N A	Reports of Abuse/Neglect	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	$ 6,138,566	$ 4,178,598		$ -			$ 60,160,403	$ 87,814,696	7,955	N A	All Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ 2,631,789	$ 4,738,219					$ 23,860,401	$ 46,823,221	2,872	N A	All Eligible Children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -					$ -	$ -	N A	N A	N A	N A
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 23,093,356	$ 29,146,156	6,823	N A	All Eligible Children	Statewide
(b) GROUP/INST CARE	$ -						$ 39,336,570	$ 22,755,521	2,515	N A	All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PMTS.	$ -						$ 80,068,845	$ 64,840,898	35,697	N A	All Eligible Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.	$ -						$ -	$ -	N A	N A	N A	N A
10.) INDEPENDENT LIVING SERVICES	$ -	$ -			$6,234,797		$ -	$ 15,522,868	1,279	N A	Eligible 16-20	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 1,870,439	$ -	$ 2,328,113	1,075	N A	Eligible 16-22	Statewide
12.) ADMINISTRATIVE COSTS	$ 142,511	$ -	$ 118,840				$ 4,066,822	$ 49,365,740				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 981,105	$ 1,070,225				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 900,109	$ 859,326				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	N A	N A	N A	N A
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 228,231	$ 33,241,734				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 1,069,562				$ -	$ 356,521.00				
18.) TOTAL	$ 15,275,736	$ 18,866,452	$ 1,188,402	$ 1,274,712	$6,234,797	$ 1,870,439	$ 282,365,270	$ 576,939,732	N A	N A	N A	

*** These columns are for States only; Indian Tribes are not required to include information on these programs.**
**** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.**

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

Attachment B
OMB Approval #0970-0426
Approved through September 30,2017

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2014: October 1, 2013 through September 30, 2014

1. State or Indian Tribal Organization (ITO): FLORIDA	2. EIN:59-3458463	3. Address: Florida Department of Children and Families, 1317 Winewood Blvd., Tallahassee, FL 32399-0700				
4. Submission: [X] New [ ] Revision						
Description of Funds	***Estimated Expenditures***	***Actual Expenditures***	***Number Individuals served***	***Number Families served***	***Population served***	***Geographic area served***
5. Total title IV-B, subpart 1 funds	$ 14,803,039	$ 14,803,039	31,412	N A	all child welfare clients	N A
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	$ 138,101	$ 212,053				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	$ 17,585,681	$ 17,585,681	31,412	N A	all child welfare clients	N A
a) Family Preservation Services	$ 4,860,216	$ 4,901,249				
b) Family Support Services	$ 4,413,976	$ 4,387,692				
c) Time-Limited Family Reunification Services	$ 3,894,929	$ 3,947,907				
d) Adoption Promotion and Support Services	$ 4,416,560	$ 4,348,833				
e) Other Service Related Activities (e.g. planning)	$ -	$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	$ -	$ -				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	$ 1,106,887	$ 1,106,887				
a) Administrative Costs (not to exceed 10% of MCV allotment)	$ 110,689	$ -				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	$ 6,514,125	$ 6,514,125				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$ 1,954,238	$ 1,558,560	1,437	N A	Eligible 16 thru 20 year old youths	Statewide
9. Total Education and Training Voucher (ETV) funds	$ 1,954,238	$ 2,096,227	1,209	N A	Eligible 16 thru 22 year old youths	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.						
Signature and Title of State/Tribal Agency Official	***Date***	***Signature and Title of Central Office Official***				***Date***
	6/3/2016					

2017 APSR

1992 Comparision to 2014 for State and Local Funds
Expended for Non-supplantation Requirements related to Tiltle IV-B, Part II Services

Period	Family Preservation Services	Family Support Services	Total
2014	$ 351,849,448	$ 251,330,701	$ 603,180,149
1992	$ 85,737,000	$ 311,374,000	$ 397,111,000
Diff 2014 from 1992	$ 266,112,448	$ (60,043,299)	$ 206,069,149

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State Share (MOE)
Family Preservation Family Support
to verify no Supplantation

State Fiscal Year	Family Preservation	Family Support	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	
1999-2000	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	283,185,887	564,308,575
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	351,849,448	251,330,701	603,180,149

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

Source: IDS Grants

cobj	OCA Title	oca	Total Expenditures	Total Federal	Total State
PCW05	FS-PROGRAM ADMINISTRATION	BT000	158,329.35	118,747.01	39,582.34
PCW05	FS/QUALITY ASSURANCE UNIT	FFQAU	867.60	650.70	216.90
PCW05	PDC TRNG PROTECTIVE SVCS	PDC02	(223.13)	(167.35)	(55.78)
PCW05	PDC TRNG FOSTER CARE	PDC03	(831.43)	(623.57)	(207.86)
PCW05	PDC TRNG ADOPTION PLACEMENT	PDC04	(163.11)	(122.33)	(40.78)
PCW05	SF CHILD WELFARE OH ADMIN-CBC	PR024	1,637,628.13	1,228,221.10	409,407.03
PCW05	IV-B CHILD WELFARE OH ADMIN-CBC	PR026	10,931,006.61	8,198,254.96	2,732,751.65
PCW05	**IV-B CHILD WELFARE OHC MAINT-CBC**	**PR046**	**513,148.45**	**384,861.34**	**128,287.11**
PCW05	IV-B IN HOME	PR126	3,728,406.04	2,796,304.53	932,101.51
PCW05	IV-B CHILD WELFARE IH-CBC	PRA26	1,325,379.83	994,034.87	331,344.96
PCW05	IV-B CHILD WELFARE ADOPT ADMIN-CBC	QACM0	90,294.12	67,720.59	22,573.53
PCW05	QUALITY ASSURANCE & CONTRACT MGT	RSFL0	599.05	449.29	149.76
PCW05	FRONT LINE RETENTION STRATEGY	RSL00	952.83	714.62	238.21
PCW05	RETENTION STRATEGY-LOAN REIMB	WG000	559,669.77	419,752.33	139,917.44
PCW05	PROTECTIVE SVCS FOR CHILDREN	WH000	1,328,079.23	996,059.42	332,019.81
PCW05	**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	**IV-B CHILD WELFARE OHC MAINT-CBC**	**PR046**	**513,148.45**	**384,861.34**	**128,287.11**
PCW05	**CHILD WELFARE MAINT PYMTS-OHS**	**WO004**	**320,317.47**	**240,238.10**	**80,079.37**
	Title IV-B FC Maintenance Payments for FFY 2005		833,465.92	625,099.44	208,366.48

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

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

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Appendix A.

Florida's Continuous Quality Improvement (CQI) Plan

Florida's CQI System

Florida's Continuous Quality Improvement System Plan is an intricate part of Florida's Child and Family Services Plan 2015-2019. The link for the CFSP and full CQI System Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

During this reporting cycle, CQI practice changes were made to improve our ability to integrate the CFSP, APSR, and CFSR. The state eliminated the use of the Quality Service Review and Quality of Practice Reviews and will fully implemented the Florida CQI on July 1. 2015. Staff practiced using the tool between January 2015 and June 30, 2015. During that time, all staff completed the CFSR Onsite Review Instrument (OSRI) and Online Monitoring System (OMS) training. Case reviews completed in the OMS system through September 2015 totaled 1, 025. Data from these reviews was used to guide the statewide assessment on many items. During this same period, CBC QA staff also completed Rapid Safety Feedback (RSF) reviews of 2,763 cases. This process focuses on child safety in in-home service cases involving children under four years of age who have multiple risk factors such as parental substance abuse; and domestic violence history.

The regional Critical Child Safety Practice Experts conducted 3,698 case reviews and consultations between October 2014 and September 2015. This process focuses on child safety during child protective investigations involving children under four years of age who have multiple risk factors such as parental substance abuse; and domestic violence history. The Critical Child Safety Reviewer engages the CPI and supervisor in discussions about patterns, potential danger threats, parental protective capacities, and child vulnerability.

Please refer to Appendix A, Florida's Five Year CQI Plan for 2015-2019..

APPENDIX A: FLORIDA'S FIVE YEAR CQI PLAN FOR 2015-2019

FLORIDA'S CHILD WELFARE CQI SYSTEM FIVE YEARS FROM NOW

OUR VISION….

…. is to create a child welfare continuous quality improvement system that identifies, describes and analyzes child welfare system strengths and problems and implements improvements through a coordinated approach to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall system improvement.

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GOAL 1: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE

STRENGTHS:

- Florida statutes designate DCF as the State agency with authority and oversight over the implementation of a CQI system
- Florida implements this authority with policy, Windows into Practice, the DCF Office of Child Welfare Annual Quality Management Plan, grant agreements with the Sheriff Departments, and CBC contracts
- Written job descriptions for CQI staff require specific education, knowledge, and skills necessary to accomplish CQI duties
- Florida requires all CQI staff to participate in specialized training and CQI staff must pass a competency assessment
- Florida's CQI polices, operating procedures, and practices are accessible to all CQI staff and individuals participating in CQI activities via the Center for Child Welfare at the University of South Florida. The Center acts as the learning center and repository for child welfare training, reports, polices, etc.
- Florida demonstrates the capacity and resources to support the operation of a comprehensive CQI process with dedicated staff at the state and regional level, as well as all CBC's and the Sheriff Departments.

GOAL 1: ENSURE CONFORMITY WITH TITLE I-B AND IV-E CHILD WELFARE REQUIREMENTS USING A FRAMEWORK FOCUSED ON SAFETY, PERMANENCY, AND WELL-BEING THROUGH SEVEN OUTCOMES AND SEVEN SYSTEMIC FACTORS

Year Two update in the red font.

Current State	Future State	5-Year Action Plan
Initiative 1.1 Adopt New QA Review Items The state currently uses a set of review items that are not in complete conformity with the new Child and Family Service Review (CFSR) items. For in-depth reviews, the state uses the Quality Service Review Protocol. Supporting Information: • CFSR Technical Bulletin #7 (Cover Letter) March 2014 • CFSR Technical Bulletin #7 March 2014	The state uses the CFSR items for case reviews and the CFSR web based tool for in-depth reviews.	**Year 1** 1. Case review items are revised to comport with the CFSR Items. 2. QSR is eliminated and the CFSR case review is fully implemented. **Complete** Florida began using the CFSR Onsite Review Items October 1, 2014 and have entered findings in the Florida DCF QA Web Portal. Beginning April 1, 2015, all QA reviews of the services component are being done using the Online Review Instrument and Instructions. Florida no longer uses the QAR items and instrument. (Attachment 1)

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Initiative 1.2 CFSR Review Process Administration for Children and Families conducts the case review process for CFSR. Supporting Information: • CFSR Technical Bulletin #7 (Cover Letter) March 2014 • CFSR Technical Bulletin #7 March 2014	The state will conduct the case review process of the CFSR. This supports the state's capacity to self-monitor for child and family outcomes, systems functioning and improvement practices.	**Year 1** 1. Letter of Intent submitted to the Children's Bureau. **Complete** Letter of Intent submitted to the Children's Bureau on 9/8/2014. (Attachment 2) 2. Statewide Assessment and Integration with the CFSP to evaluate performance on CFSR outcomes and systemic factors. Updates are being made to the Statewide Assessment submitted with the CFSR. Assessment will not be complete until 12/31/2015. Update Statewide Assessment will be finalized in March 2016. 3. Develop sampling methodology and sample sizes for review and approval by the Children's Bureau. **Update** Proposed sampling methodology was submitted to the Children's Bureau and a conference call with the Measurement, Analysis and Sampling Committee (MASC) was held on 3/18/15 to review the Florida proposal. Florida will revisit sample sizes by CBC to ensure large CBCs are not under

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		represented and small CBCs are not over represented. A revised methodology will be provided in July 2015. (Attachment 3) Update In 2015 Florida worked with the Children's Bureau and MASC via several conference calls to establish and finalize the CFSR sample frame. The CFSR sample frame was approved by the MASC. 4. Provide CFSR training for all CBC and region QA reviewers using the Children's Bureau training. **Update** All CBC QA reviewers have been required to complete Modules 1-3 by March 30, 2015. The Department requires that training hours be input into FSFN. The course number is 2317 and the name of the course is QA Training: Onsite Review Instrument Modules 1-3. Update In 2015, all CBCs continued to utilize the CFSR training modules for staff training. All CQI staff are required to complete the online training. 5. Develop 3rd party review process and identify 3rd party reviewers.

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		Update Process will be finalized at the Quarterly QA Manager's Meeting May 19-21. Update The state office will be responsible for second level QA reviews. The state has identified two positions in the state child welfare office to conduct the second level review of all CFSR cases. 6. Train 3rd party reviewers to ensure consistency of reviews. Needs to move to year 2 Update The CFSR process includes a QA completed by the Community based Care lead agency QA manager; a second level review completed by the state office, and a final review by the Children's Bureau. 7. Develop Conflict of Interest statement for all reviewers to sign. **Update** Process will be finalized at the Quarterly QA Manager's Meeting May 19-21. Update

Year Two update in the red font.

		Process and finalized during the May 19-21, 2015 QA Manager's Meeting. Form has been finalized and is in use. **Year 2** 8. Participate on joint federal-state team to interview stakeholders and assess the state's functioning on the seven system factors. Update Pending. The Children's Bureau anticipates scheduling stakeholder interviews during the summer of 2016. The state office will participate on the joint team. 9. Send case review schedules to the Children's Bureau for the period of April 1-September 30, 2016. Update Complete. The 2016 CFSR schedules have been established and provided to the Children' Bureau. 10. Conduct case reviews during the period of April 1-September 30, 2016. Update In progress. CFSRs began April 1, 2016 and will end September 30, 2016. 11. Submit results to the Children's Bureau by November 15, 2016.

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		Status Pending: CFSR cycle is currently underway. Case review results are entered during the case review process.
Initiative 1.3: Program Improvement Plan After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement. Source Documents: Federal 45 CFR 1355.35	No change	**Year 3** 1. Develop a PIP following instructions issued by the Children's Bureau on all "areas needing improvement". 2. Incorporate elements of the PIP into the goals and objectives of the CFSP and address its progress in implementing the PIP in the Annual Progress and Services Report (APSR) (45 CFR 1355.35(f)).

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GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.1: Update Sheriff Grant Agreements The sheriffs in six counties (Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties) are authorized by s. 39.3065(3)(d), F.S., to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Florida Statutes requires that program performance evaluation be based on criteria mutually agreed upon by the respective sheriffs and the Department. Sheriffs are required by Grant Agreement to conduct annual program evaluation.	A statewide standardized system for child welfare CQI activities that includes the entire child welfare continuum from intake through Sheriffs and state operated child protective investigations and case management services.	**Year 1** 1. With input from Sheriffs and regional child protection staff align Sheriff QA case reviews with state child protection QA case reviews. **Complete** Sheriffs have agreed to use the Department's Rapid Safety Feedback tool. 2. Update the grant agreements for the Sheriffs in Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties. **Update: Activity being removed from the plan.** The Department met with representatives from Florida's Sheriffs and due to legal and statutory requirements, the Sheriff's will continue the statutory peer review process.

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		3. Provide access to the Department's QA web portal to the Sheriffs. **Update** The Department has given access to the Florida DCF QA Web Portal to all Sheriffs however Sheriff internal security issues are preventing access. The Department has purchased new web software and is in the process of setting up the new review tool. Update This continues to be an issue. The Department has appointed an IT manager for the Office of Child Welfare who will assist in solving IT barriers the Sheriff's face. It is anticipated that this will be completed during 2016. **Year 2** Explore legislative changes that would require Sheriffs to operate a QA system within the framework of the Department's requirements **Update - Activity being removed from the plan.** The Department met with representatives from Florida's Sheriffs and legislative changes will not be pursued. The Sheriff's will continue the statutory peer review process.

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Initiative 2.2: Formalize Position Descriptions for QA reviewers The state does not require formalized position descriptions for QA reviewers that outline the minimum education and experience needed for the position, and duties and responsibilities.	Statewide standardization of position descriptions so that staff performing case reviews have uniformity in duties and responsibilities and management has a clear path for recruiting employees with the necessary education, knowledge, skills, and abilities.	**Year 1** 1. Establish a workgroup to review position descriptions of QA staff and make recommendation of core requirements. 2. Solicit feedbacks on core requirements from all affected parties (regions, Sheriffs, and CBCs). **Update** Core requirements and position descriptions for QA Critical Child Safety Teams complete. CBC position descriptions will be finalized at the Quarterly QA Manager's Meeting May 19-21. (Attachment 4) Update Although position descriptions have been established, they need to be updated again to ensure staff have the core competencies necessary to review cases under the new safety practice model. Status will be reported in the year 3 update. 3. Finalize requirements in Sheriff Grant agreements and CBC contracts. **Update** The Department continues to negotiate with the Sheriff's and has

Year Two update in the red font.

GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
		another meeting scheduled for June 4, 2015. This will be discussed at that time. Update The sheriffs have incorporated most of the Rapid Safety Feedback items into their QA review tool. The Department is working with them to identify the best system to use for ongoing reporting.

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES		
STRENGTHS: **Florida captures and analyzes quantitative and qualitative data from case reviews and the SACWIS system.**		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.1: Statewide Reporting of Trends and Practices Statewide reporting of trends and practices of qualitative and	The state produces an annual comprehensive child welfare evaluation report that	**Year 1** 1. Identify funds and designated personnel to participate in research, analysis and report writing.

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quantitative information does not occur. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	incorporates data from a variety of sources (CPI and Sheriff reviews; child fatalities; independent living; extended foster care) and a full assessment of systemic factors (case review system; QA system; staff and provider training; service array and resource development; agency responsiveness to the community; and foster and adoptive parent licensing; recruitment; and retention).	a) Produce annual reports for practice areas including child fatalities, independent living, extended foster care, CLS reviews, and Sheriffs. 2. Develop a project implementation plan that establishes short and long term goals and strategies. Map out a process for an annual assessment of the following: a) case review system; b) QA system; c) staff and provider training; d) service array and resource development; e) agency responsiveness to the community; and f) foster/adoptive parent licensing; recruitment and retention **Update** The Department submitted a report to the Florida Legislature that would create a Result's Oriented Accountability Program for this purpose. The Florida legislature will be in session until April and the funding status will not be known until that time. (Attachment 5) Update

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		The Florida Legislature did not fund the Results Oriented accountability Program. However, the Department is moving forward with designing a system that can be implemented utilizing existing resources. The final implementation plan will be complete in year 3. See Attached powerpoint.

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.2: Collection of Data on Service Array The state does not have a process for identifying and assessing service gaps and how services are individualized. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement.	A service gap analysis annually to identify service needs.	**Year 1** 1. Identify funds for annual service gap analysis. 2. Complete RFI for state term contract. 3. Implement a process for how CBCs will use the information to make local system changes. **Update** Funds are not available. The Department will complete the assessment of service array as part of the CFSR and it will be provided in December 2015.

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GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
		Update The CFSR Statewide Assessment is complete and was submitted to the Children's Bureau. The Department is awaiting feedback from the Children's Bureau.
Initiative 3.3: Data Integrity The state does not have a process for formal data integrity including a written manual or protocol that establishes a process for monitoring data quality and reliability. There is not a process address data quality and reliability issues. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement	Data integrity is an accepted practice by line staff and processes are in place to continually monitor and address data integrity issues.	**Year 1** 1. Establish a workgroup for data experts from the central office, Sheriffs, CBCs, and case management organizations. 2. Develop a plan for implementation of a data integrity strategy. 3. Submit legislative budget request for FSFN data integrity officers. **Update - Activity being removed from the plan.** Legislative Budget Request not approved for submission. The Department has a series of data integrity reports where FSFN is utilized to identify outliers and exceptions. CBCs also have implemented local processes. **Year 2** 4. Develop a series of reports for critical data integrity issues and a

Year Two update in the red font.

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
		corrective action plan to ensure action is taken to correct deficiencies. Update The Department has created a child welfare dashboard with corresponding child listing reports. Regions and CBC can review listing reports to identify areas that need to be addressed. Additionally, the Office of Performance Management is producing a Child Welfare Monthly Key Indicator Report that is provided to regional leadership and CBCs so that trend are monitored and action is taken as needed.
Initiative 3.4: Foster Care Recruitment and Retention The state does not have a process to monitor recruitment and retention plans and efforts. The state does not gather, track, and monitor cross jurisdictional cases. Supporting information: March 6, Questions for Further Exploration from the Children's	An assessment of foster care recruitment and retention is completed annually and the state takes immediate action to address system issues.	**Year 2** 1. Identify funds for annual assessment of foster care recruitment and retention. 2. Complete RFI for state term contract. 3. Implement a process for how CBCs will use the information to make local system changes. SALLIE – HELP – CAN'T REMEMBER WHY THIS IS IN QA SECTION

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GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
Bureau noting this is an area for further improvement		

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GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
STRENGTHS: • Florida's case review system assesses practice by regularly scheduled case specific reviews in all geographic areas. • The case review instruments collect data, assess agency performance, and reflect systemic factors in key child welfare areas. • Florida's Windows into Practice provides written guidance regarding case elimination. • Florida's CQI staff are trained and certified to perform case record reviews.		
Current State	**Future State**	**5-Year Action Plan**
Initiative 4.1: Stakeholder Participation The CQI system does not require stakeholders to participate on QA reviews. Although foster parents have participated on two statewide QA reviews, they do not participate at the local level. Qualitative reviews do not include any of the community stakeholders who could bring a different perspective to system issues. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	Community stakeholders routinely participate in qualitative case reviews and stakeholder interviews to assess local community systems. Stakeholders include, but are not limited to, policy and training specialists; operations and management administrators; foster parents; Foster Parent Association; law enforcement; Tribes; Child Protection Teams; CLS; GALs; school systems; university Schools of Social Work; community alliances; mental health professionals; substance abuse professionals; and legislative staff.	**Year 1** 1. Create local stakeholder groups with people that are interested in participating in QA reviews. 2. Develop roles and responsibilities of stakeholders when participating on a QA review. 3. Develop a short training program for stakeholder participants. **Update** Local stakeholders will discuss and plan for this on May 19-21 and May 28, 2015. **Year 2** 4. Implement stakeholder participation statewide. Update CBCs will be encouraged to continue to reach out to

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		stakeholders for participation in Florida CQI reviews.

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 4.2: Second Level QA Reviews Florida permits case reviews to be conducted by the CBC lead agencies with responsibility for oversight of the service provision. The state does not have a process for 2nd level reviews. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state has a 2nd level review process that ensures data integrity of information obtained through case reviews.	**Year 1** 1. Collaborate with the state QA team representing the regions, CBCs, and Sheriffs to develop a second level review process. 2. Incorporate the second level review process into the "Windows into Practice" guidelines. **Update** Process to be developed during team meeting May19-21, 2015. Update Complete. The state office has identified two staff to conduct second level QA reviews.
Initiative 4.3: Conflict of Interest Statements The state does not require conflict of interest statements for reviewers. Supporting information: • March 6, 2013 Questions for Further Exploration from the	All staff that conduct case reviews complete a conflict of interest statement that ensures the reviewer does not have a conflict or perceived conflict with the organization under review.	**Year 1** 1. Establish a workgroup to develop a proposed conflict of interest statement. 2. Solicit review and approval of the statement by the statewide QA managers representing the Sheriffs, regions, and CBCs.

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GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		3. Formal review by the Office of General Counsel. 4. Include in the Windows into Practice" guidelines. **Update** Process to be developed during team meeting May19-21, 2015. Update Complete. The conflict of interest process has been incorporated into the Windows into Practice and CBCs are required to have all team members sign statements. **Year 2** 5. Incorporate into QA certification training. Update Complete. Florida training incorporated the requirement for Conflict of Interest Statements.
Initiative 4.4: Case Elimination Protocol Florida does not have an established case elimination protocol for CPI and Sheriff case reviews. Supporting information:	There is a standardized case elimination protocol for child protective investigations and case management.	**Year 1** 1. Establish a workgroup that includes regions, CBCs, and Sheriffs to develop a proposed case elimination protocol. 2. Solicit review and approval of the protocol by the statewide QA

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GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
Current State	**Future State**	**5-Year Action Plan**
• March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		managers representing the Sheriffs, regions, and CBCs. 3. Include in the Windows into Practice" guidelines. Update Complete. The state has developed the case elimination process and incorporated the requirements into the Windows into Practice. It is being used in the 2016 CFSRs.

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GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
STRENGTHS: • Florida organizes and displays quantitative and qualitative data via the DCF websites and the Center for Child Welfare at the University of South Florida. • Florida presents data to internal and external stakeholders.		
Current State	**Future State**	**5-Year Action Plan**
Initiative 5.1: Use of data to inform planning, monitoring and adjustment at all levels of the Department The state does not have a coordinated strategy to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall improvement of the child welfare system. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state has a child welfare continuous quality improvement system that identifies, describes and analyzes child welfare system strengths and problems and implements improvements through a coordinated approach to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall system improvement.	**Year 1** 1. Establish an inter-departmental workgroup tasked with establishing a formal process for annual planning 2. Planning includes a review of data from systemic factors; quantitative and qualitative data; and child welfare reports. 3. Share information with stakeholders and solicit feedback. 4. Revise the child welfare strategic plan to address activities needed. **Update** Process to be developed during team meeting May19-21, 2015. Update Ongoing. The state is compiling a Monthly Key Indicators Report that is provided to DCF regions and CBCs. There continues to be a need to incorporate qualitative case review

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		findings. Processes are under development to achieve this in 2016.

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
Current State	**Future State**	**5-Year Action Plan**
Initiative 5.2 Stakeholder Feedback The state does not have a formal process to gather and use feedback from all stakeholders in Florida's planning and adjustment of the child welfare system. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state obtains feedback from stakeholders annually and uses the information in planning and adjustment of the child welfare system.	**Year 2** 12. Identify funds for the facilitation of six regional stakeholder groups and development of a formal report that can be used for statewide planning. 13. Complete RFI for state term contract. 14. Identify child welfare practice experts to participate in the stakeholder meetings. 15. Incorporate CFSR stakeholder interview findings into the final report. Update Ongoing. During 2015 CFSR planning, the Department engaged approximately 100 stakeholders in open discussion about the child welfare system. Participants were broken into small groups to conduct a SWAT analysis of the system. This information was used as part of

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GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
Current State	**Future State**	**5-Year Action Plan**
		the CFSR statewide assessment. The state will continue to work with stakeholders and plan for at least one annual meeting.
Initiative 5.3: Research and Policy Development There is no formal, ongoing review of current literature or formal affiliations with child welfare research groups to stay abreast of the latest evidence-based practice recommendations. Likewise, there is no systematic examination or validation of internal practices in comparison to current literature. Supporting information: • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	Research findings are used to inform policy and practice; design training informed by research; promote supportive and strategic legislative agendas and requests; and prepare position papers to drive media responses and public relations efforts.	**Year 3** 1. Create a research workgroup. 2. Create a research agenda based on continuous quality improvement findings and input from stakeholders and program professionals. Ensure that the agenda links to the CFSP goals and the practice model. 3. Draft research briefing papers and circulate for workgroup review and internal review. 4. Publish research briefings. 5. Monitor action taken in response to the recommendations.
Initiative 5.4: University Partnerships The state maintains a partnership with the University of South Florida but has not fostered research projects through the Schools of Social Work at state universities.	The state has established relationships with schools of social work within the state university system. Program evaluation and research are an integral part of on-going program evaluation to improve child welfare practice.	**Year 1-5** Collaborate with the state university system to develop a partnership for program evaluation and research. **Update** The Assistant Secretary for Child Welfare is the designated lead

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GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES		
Current State	**Future State**	**5-Year Action Plan**
Supporting information: • Inability to produce in depth program evaluation.		and continues to work with universities. Update The Department is continuing to work with the newly established Florida Institute for Child Welfare established at Florida State University. The Institute is a key partner in the Results Oriented Accountability Program and will lead initiatives related to researching model programs. This will support Florida's efforts to establish evidence based programs.

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Results-Oriented Accountability

Ginger Griffeth

Director of Child Welfare Performance and Quality Management

Department of Children and Families


I THINK YOU SHOULD BE MORE SPECIFIC HERE IN STEP TWO
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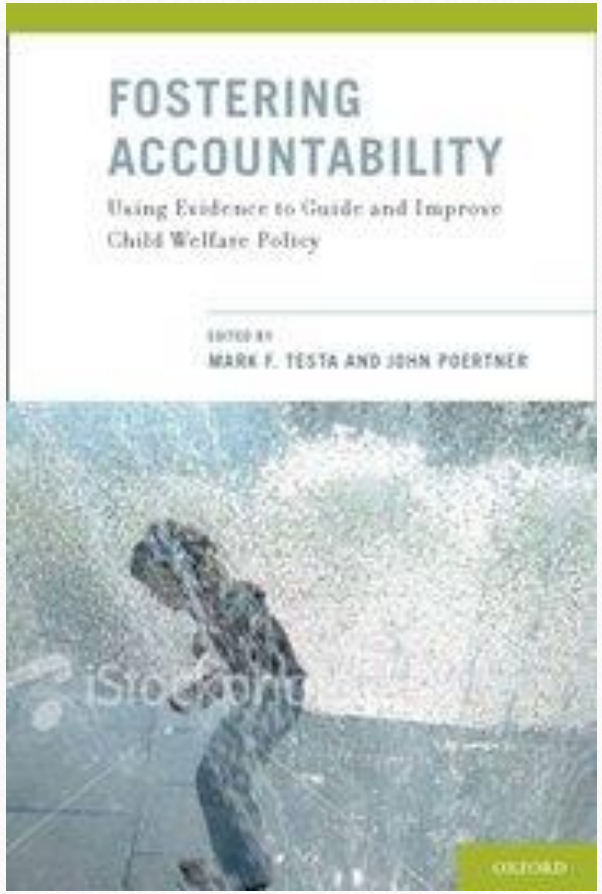
S. Harris



FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

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Results-Oriented Accountability Program Plan
Department of Children and Families
Office of Child Welfare

February 1, 2015

Mike Carroll
Secretary

Rick Scott
Governor

http://www.dcf.state.fl.us/programs/childwelfare/docs/2015LMRs/Results-Oriented%20Accountability%20Plan.pdf

What is Results-Oriented Accountability?

- s. 409.997, F.S. - Plan for a comprehensive, Results-Oriented Accountability Program
- System of data analysis, research review, evaluation, and quality improvement to monitor and measure:
  - Use of resources
  - Quality and amount of services provided
  - Child and family outcomes

Results-Oriented Accountability Program

DCF Actions:

- Selected North Highland as consultant
- Convened Technical Advisory Panel
- Consulted with Mark Testa, Ph.D., author of *Fostering Accountability* and other experts
- Developed a blue print for achieving significant improvement in outcomes for Florida's children

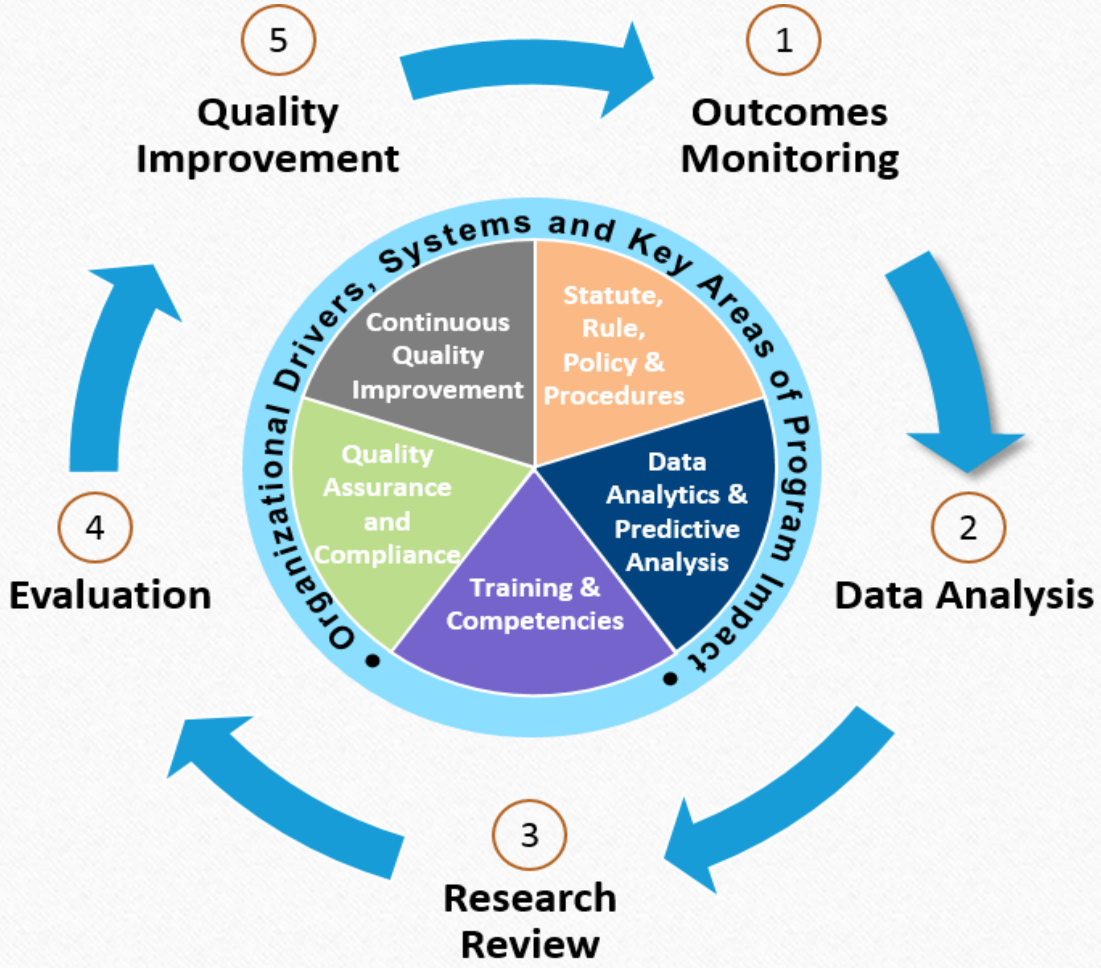
Program Goals

- Shared accountability for outcomes by everyone with a role in Florida's child welfare communities
- Effective collaboration between the Department of Children and Families, Community-Based Care (CBC) lead agencies and the Florida Institute for Child Welfare
- Research and evidence-informed focus to improve the lives of children and families served by the Child Welfare Community

Mission	To develop an integrated, research-informed framework designed to inform communities, the child welfare system, and legislators on essential elements of child protection (Chapters 20, 39, and 409, Florida Statutes).		
The Problem Statement	There is a need to be able to review and analyze outcomes with more breadth and depth; e.g., analyze performance across multiple variables, by measure drivers, over time.	There is a lack of evidence to support process measures (measure drivers) are valid and reliable.	Interventions are often implemented and replicated based on face validity, without a review to determine if the intervention is research-informed, or an evaluation to determine if results (positive or negative) are due to the intervention.
Guiding Principles	Establish a collaborative, statewide child welfare community accountable for safety, permanency, and well-being that is focused on the best interests of children.	Translate data collection in the child welfare community to meaningful and useful information to enable outcome-focused decision-making.	Create a cycle of accountability framework that is focused on results and continuous quality improvement.
Vision	Child Welfare Communities have a united or collaborative approach to provide quantifiable assurances demonstrating resources are used responsibly to ensure child and family outcomes are met and informs continued investment in the future of Florida's children and families.		
Solution Goals	All children have an equal opportunity to be safe, healthy, and developmentally and academically on track.	Outcomes are clearly defined and measureable, are supported and informed by sufficient data that includes common data definitions and data sharing across the community.	Community resource and service decisions are supported by transparency, accountability, and an understanding of root causes and contributing factors.

Cycle of Accountability

1. Outcome Monitoring
2. Data Analysis
3. Research Review
4. Evaluation
5. Quality Improvement

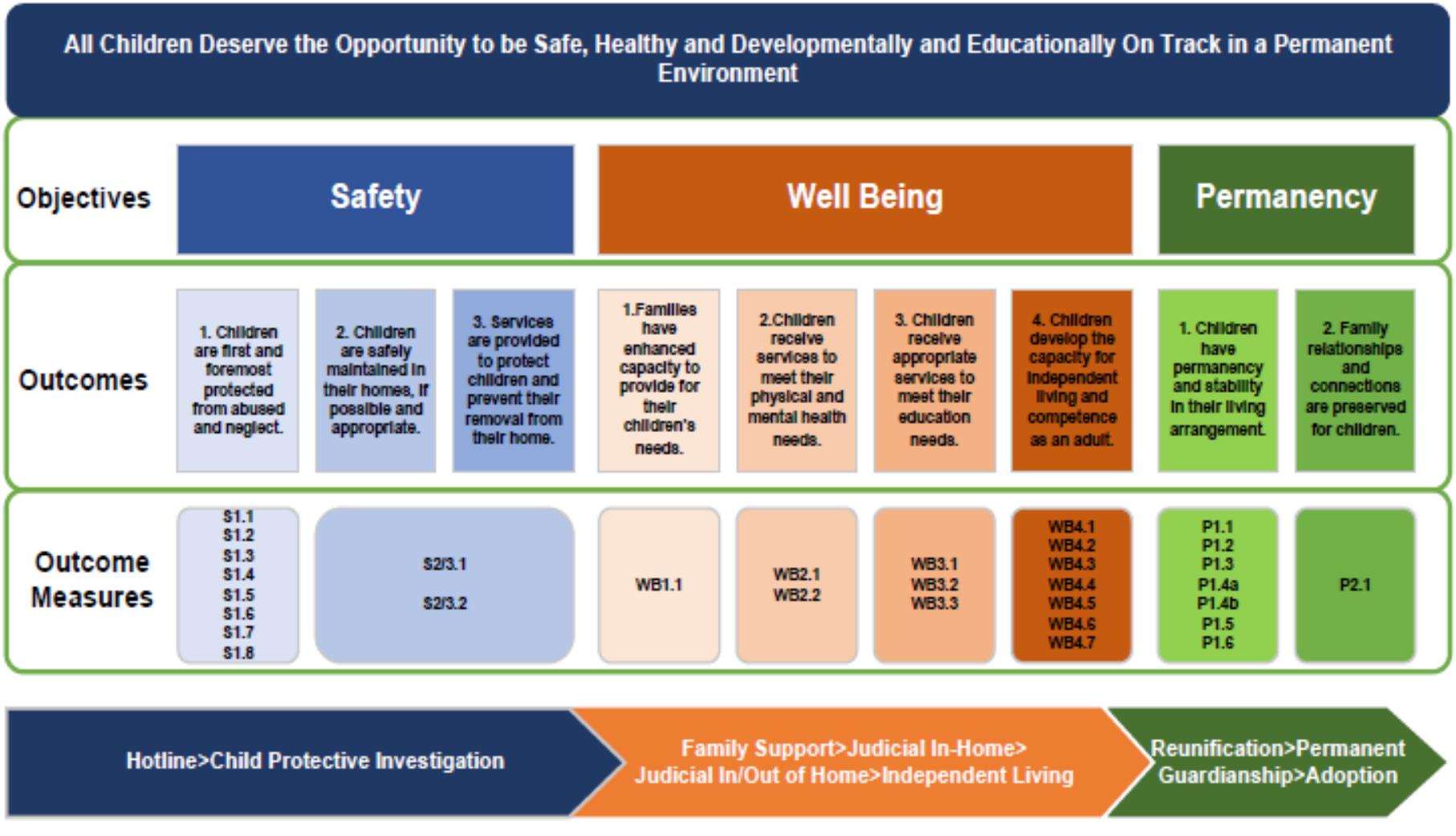


Outcomes Monitoring includes activities required to define, validate, implement and monitor outcome measures throughout the Child Welfare Community. In this phase, outcome goals are defined, valid and reliable performance measures are constructed and data is collected to evaluate and corroborate performance. This stage establishes *construct validity*, or the match between measures and the complex ideas or theories they are supposed to represent.

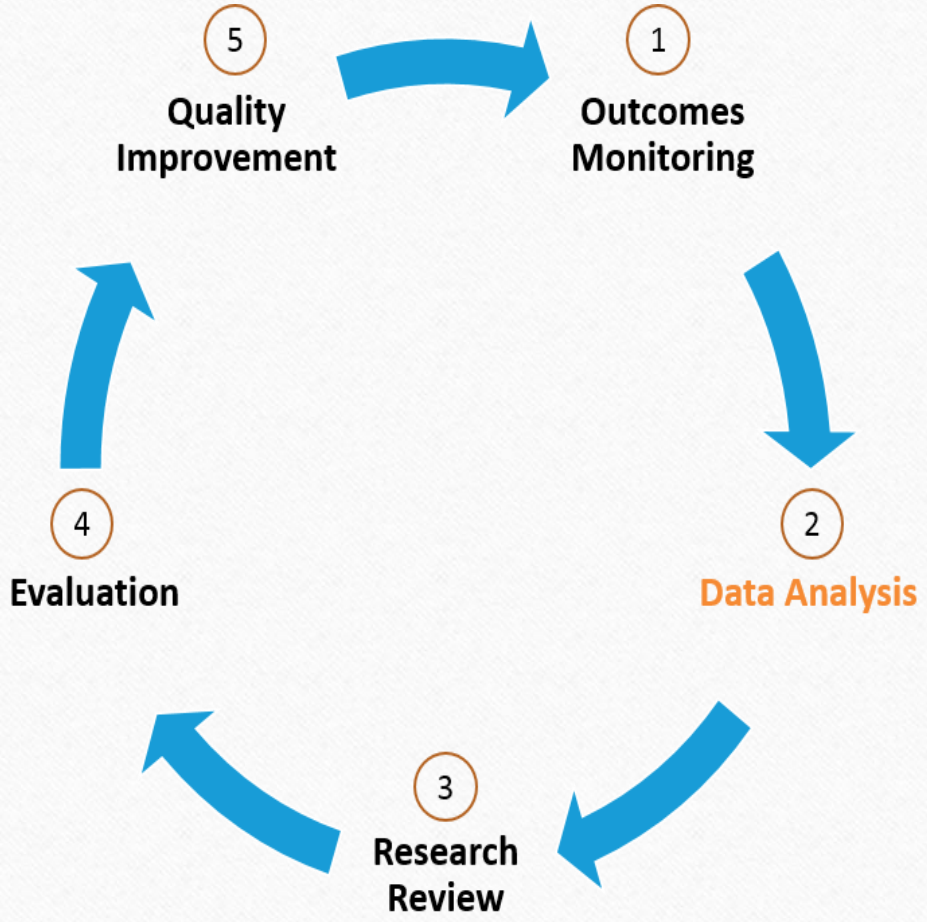
Results-Oriented Accountability Program

Outcome Measures:

- Must be valid and reliable
- For nine outcomes related to child safety, permanency, and well-being
- Compiled from national research, recognized experts, and iterative reviews by the Technical Advisory Panel
- Span the child welfare service continuum - from hotline to permanency


All Children Deserve the Opportunity to be Safe, Healthy and Developmentally and Educationally On Track in a Permanent Environment
Objectives
Safety
Well Being
Permanency
Outcomes
1. Children are first and foremost protected from abused and neglect.
2. Children are safely maintained in their homes, if possible and appropriate.
3. Services are provided to protect children and prevent their removal from their home.
1.Families have enhanced capacity to provide for their children's needs.
2.Children receive services to meet their physical and mental health needs.
3. Children receive appropriate services to meet their education needs.
4. Children develop the capacity for independent living and competence as an adult.
1. Children have permanency and stability in their living arrangement.
2. Family relationships and connections are preserved for children.
Outcome Measures
S1.1
S1.2
S1.3
S1.4
S1.5
S1.6
S1.7
S1.8
S2/3.1
S2/3.2
WB1.1
WB2.1
WB2.2
WB3.1
WB3.2
WB3.3
WB4.1
WB4.2
WB4.3
WB4.4
WB4.5
WB4.6
WB4.7
P1.1
P1.2
P1.3
P1.4a
P1.4b
P1.5
P1.6
P2.1
Hotline>Child Protective Investigation
Family Support>Judicial In-Home>
Judicial In/Out of Home>Independent Living
Reunification>Permanent Guardianship>Adoption

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



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

Evaluation includes the activities and procedures required to consider promising interventions for children and families to determine if implementation on a wider basis is warranted. The Evaluation phase helps to establish *internal validity* of the intervention, through development of empirical evidence that the intervention is causally linked to the desired outcomes.

Quality Improvement is an interrelated series of actions required to implement interventions across new domains, or to challenge, modify and test new assumptions about the underlying goals supporting the Child Welfare practice model. Quality Improvement increases or validates *construct validity*, by creating a culture in which performance is tracked, actions are taken and new strategies are developed.

Three Key Functional Components

Results-Oriented Accountability Program Governance

Program Operation

- Data Collection
- Data Analysis
- Data Presentation
- Implementation and Replication
- Project and Implementation Management

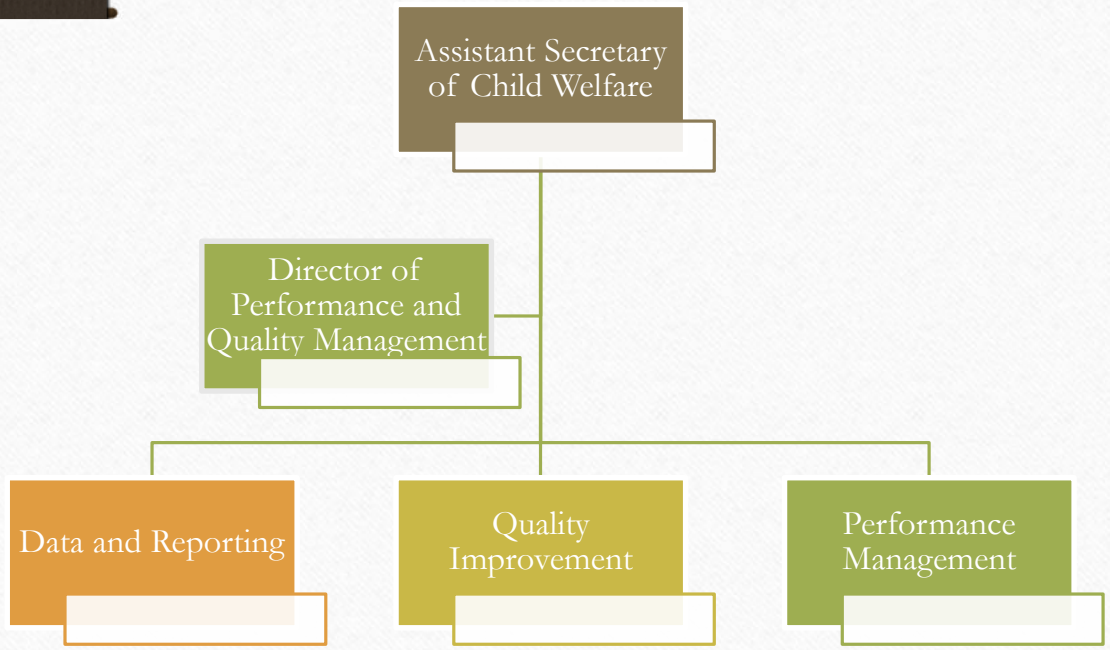
Program Improvement

- Assess Validity and Integrity of Measures
- Predictive Analytics
- Recommendations for Action
- Research
- Evaluation
- Training

- **Enhanced Quality Assurance/Quality Improvement Function** – This function builds on the current QI function, and leverages its QA component while adding capabilities in the area of Quality Improvement. This function will be primary area within the Program Quality and Performance Management area with responsibility for the major activities of the Results-Oriented Accountability Program.

- **Data and Analysis Function** – This new function within the OCW Program Quality area is responsible for deeper statistical analysis of Program data. Data and Analysis is the QI-focused set of activities conducting deep analysis of the data, conducting root-cause studies, and engaging in more scientific analysis of a wider variety of factors affecting outcomes

- **Performance Management and Reporting Function** – Performance Management is the production-focused aspect of providing information to support processes such as federal Reporting and Compliance, day-to-day operations and Executive reporting needs.



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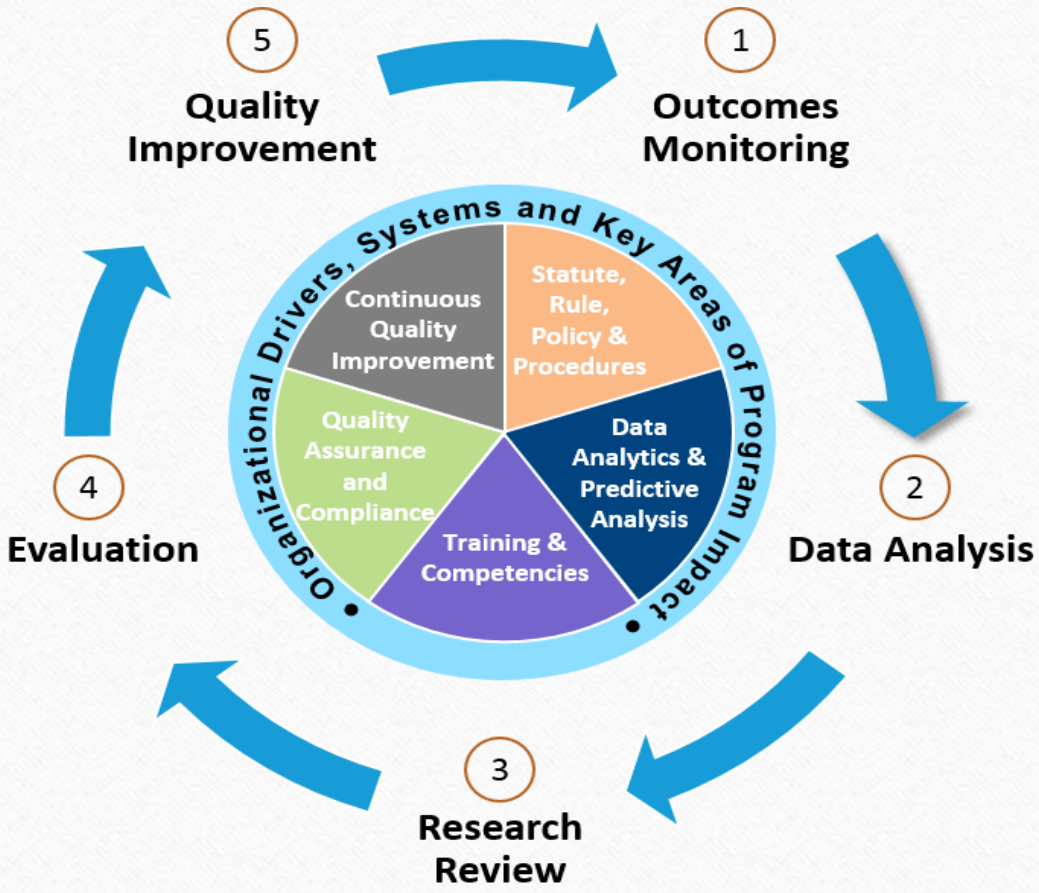
Results-Oriented Accountability Program

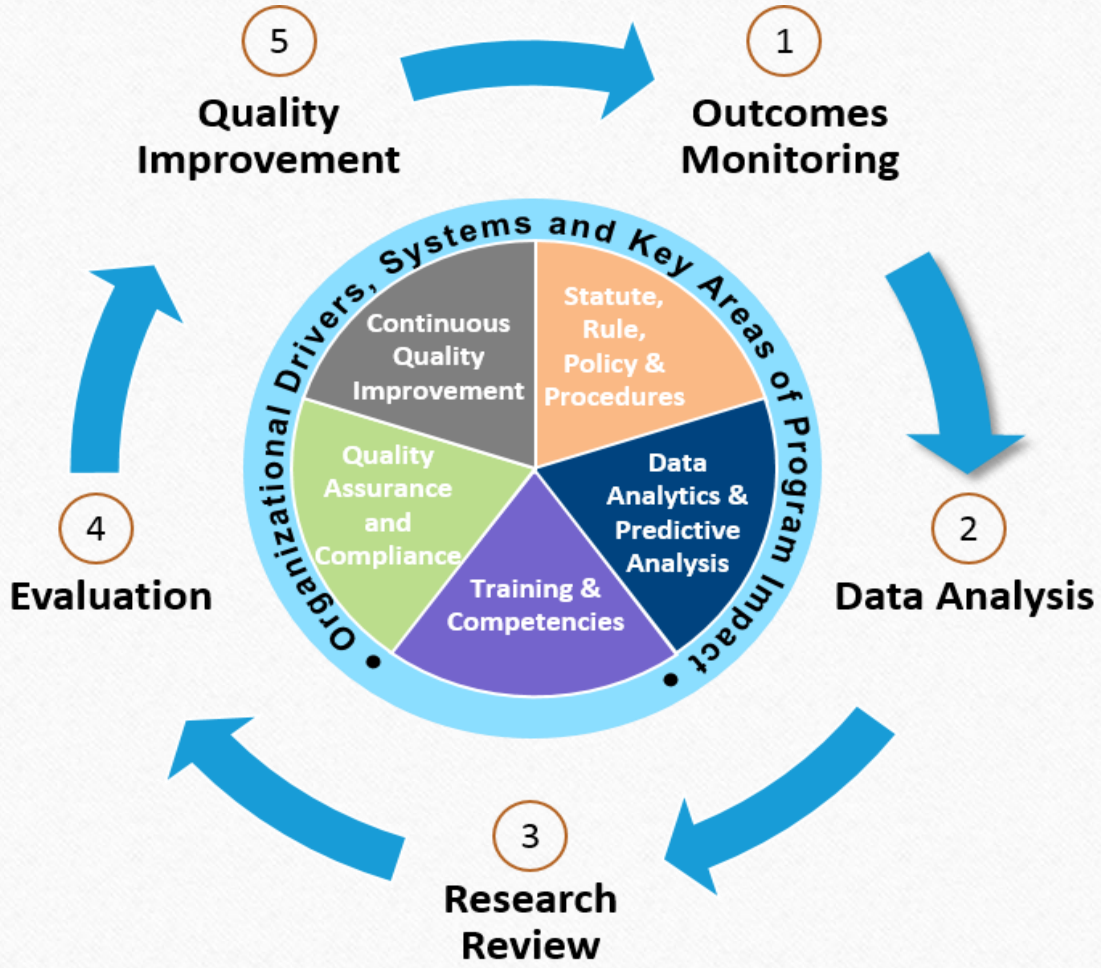
Components:

- Resources
- Capacity building
- Technology enhancements
- DCF/Institute/CBC partnership

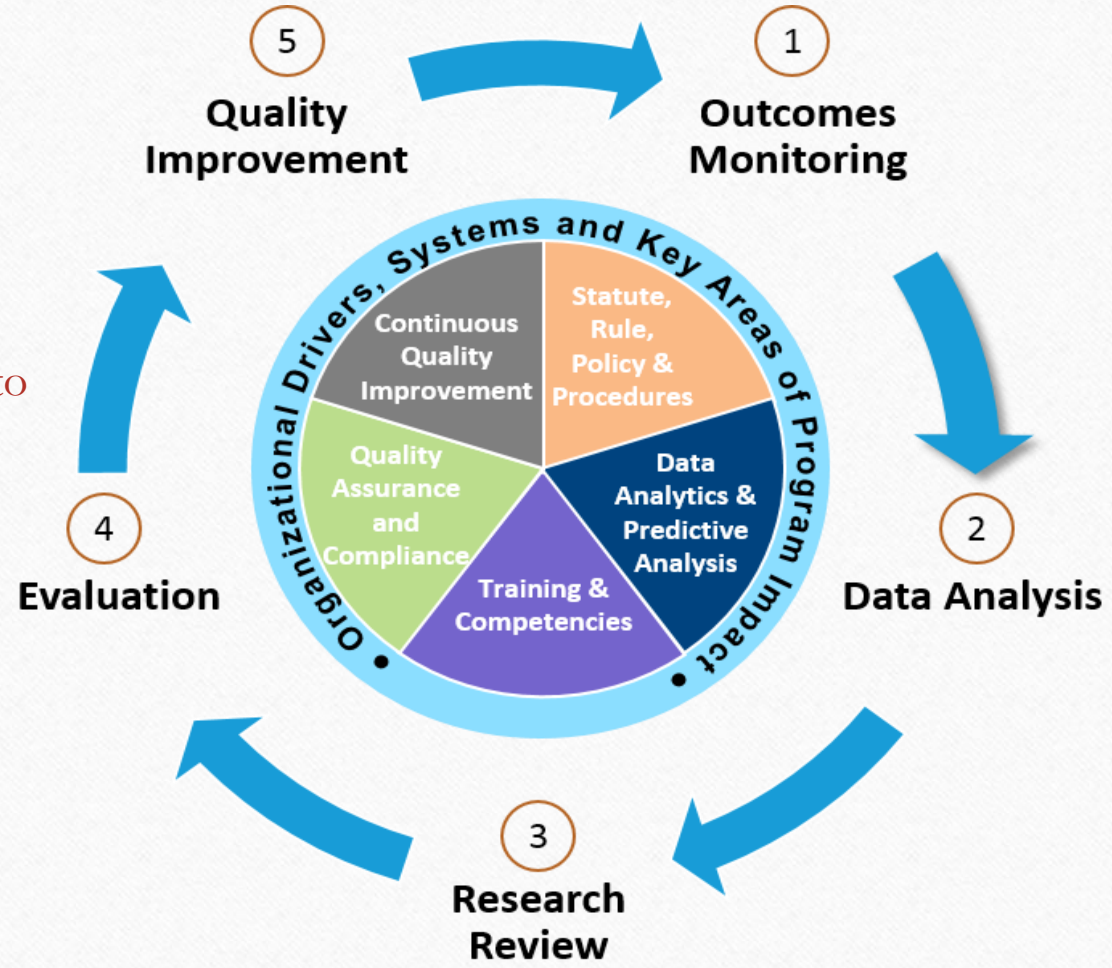
- Technical Advisory Committee
- Governance Process
- Data collection and Review Process
  - Outcome measure development and validation
  - Assess FSFN data gaps regarding required data to calculate the measures.
  - Dashboard / Reporting
  - Data Management Strategy
- Data Analysis Process
  - Establish initial analytics software/hardware
  - Performance Management Unit
- Research Review Process
  - Research Standards
  - Evidence Based Practices
- Evaluation Process
  - Pilot Study Standards
  - IRB Policy Updates
- Quality Improvement Process
  - Implementation Science



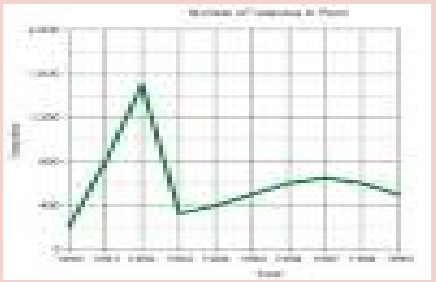
- Assessment of system-wide capacity to conduct case reviews and other QI-related activities.
  - Increase ability to collect and utilize qualitative data
- Assess Quality Improvement needs associated with the Program that will lead to the development or modification of a QI Program Plan and procedures, to include Results-Oriented Accountability functions.
- Subject matter expertise will be needed to assess and develop a plan around the various technological aspects of operationalizing ROA.
  - System Interfaces
  - Data gap resolutions/enhancements to FSFN
  - Data lab needs
  - Data quality solutions

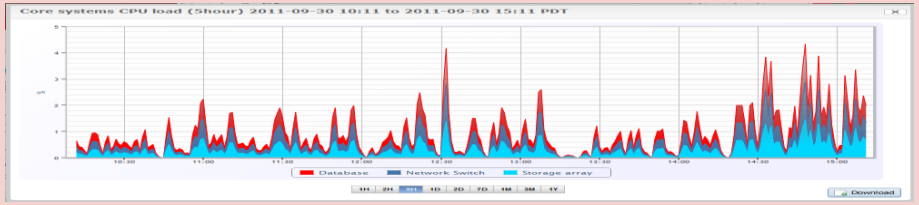


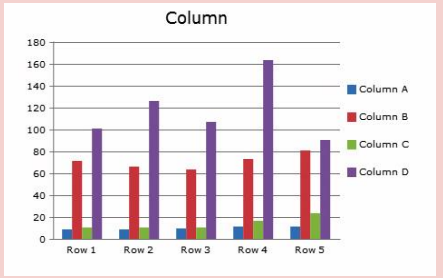
- Operationalize Technology Solutions
- Expand current Quality Assurance (QA) efforts into Quality Improvement (QI).
- Fully Integrate ROA Program into Business Processes
- Continued refinement and adjustments
- Continue to validate outcome measures
- Fully Operationalize Cycle of Accountability



Big Picture







Data Repository / Interfaces / FSFN

OCW | SAMH | Access | AHCA | DJJ Data | **CBC Data** | HR

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Significant Program impacts are expected in areas beyond the assessment of outcomes:

- **Policy** – The organization created by the Program will use results to shape policy in the Child Welfare Community.
- **Practice** – Evidence created by the Program and corroborated by DCF and FICW will identify effective interventions currently utilized and create opportunities to validate promising interventions, ultimately leading to practice changes.
- **People** – A fundamental culture shift will occur as the system becomes a learning, reflexive entity encourages the use of evidence and data for decision-making.
- **Organization** – The organizational borders will expand to include new partners in accomplishing meaningful, evidence informed outcomes for children. Contracts between DCF and its existing partners could also require modification to support the key activities of the Program.
- **Technology** – Innovation resulting from the Program will lead to new solutions to support Child Welfare in new ways – for example, the use of explanatory, predictive and preventive analytics will lead to enhancements to practice and policy.
- **Shared Accountability** – Assigning accountability to those organizations and entities having a role in achieving outcomes for children extends the vision of Child Welfare accountability to all stakeholders.

Long Term Vision

Child Welfare communities have a united or collaborative approach to provide quantifiable assurances demonstrating resources are used responsibly to ensure child and family outcomes are met and inform continued investment in the future of Florida's children and families.

Questions and Discussion?

Appendix B.

Florida's Foster and Adoptive Parent Diligent Recruitment Plan

Foster and Adoptive Parent Diligent Recruitment Plan

Florida's Foster and Adoptive Parent Diligent Recruitment Plan is a targeted plan within Florida's Child and Family Services Plan 2015-2019. The link for the CFSP and full Foster and Adoptive Parent Diligent Recruitment Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

The plan has been updated to reflect the activities conducted during the reporting period to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.

Characteristics of children for whom foster and adoptive homes are needed

The Department gathered data about the types of adoptive parent populations who successfully adopted during the last five years and gathered three months of data that describes the available children who do not have identified families and therefore require adoption recruitment efforts.

More than 3,000 children were adopted from foster care during each of the last six years, with approximately 51% being adopted by relative caregivers, 26% by foster parents and 23% by recruited families. Currently, and at any given point in time during the last several years, the number of children available for adoption who require recruitment efforts is 750 to 800 children. Florida Safe Families Network data from September 2015 document that the following demographics describe the available children who require recruitment efforts:

- Race: 49% are African American, 46% are Caucasian and 5% are a mix of other races
- Gender: 60% are male and 40% are female
- Age: 7% are 0-8 years of age; 23% are 9-13 years of age and 70% are 13-17 years of age.

- Sibling groups being adopted together: 45-50 sibling groups are available at any given point with 90% of them being sibling groups of two
- Length of Time since TPR:
  - 21% have been in care less than 12 months since TPR;
  - 21% have been in care between 12-13 months since TPR;
  - 118% have been in care 24-35 months since TPR and
  - 40% have been in care more than 36 months.

In order to meet the specific needs of children placed in communities across Florida, each of the Community-Based Care lead agencies delivering foster care and adoption services provided updated descriptions of the characteristics of the children needing families on an annual basis. The goal is to ensure agencies are tailoring their recruitment efforts to meet needs.

Major Recruitment Initiatives and Activities

The Intelligent Recruitment Project (IRP), is being administered by the Department in partnership with Community Based Care lead agencies, and is expected to demonstrate the impact of using marketing strategies to identify resource families for youth with challenging needs and who may remain in foster care for more than two years. The project will use an intelligence-driven approach

to diligent recruitment based on "Intelligent Imagination™" -- a value and behavior based multi-layered strategic marketing process used by many Fortune 500 companies. Attachment A (to this Appendix), Florida Intelligent Recruitment Project Information, provides additional information on the IRP.

IRP's overarching goal is to establish and implement a strategic recruiting process that will permit every child to have a permanent home, with a secondary goal to develop a model site that can provide significant evidence-based programmatic guidance to:

- Develop and Implement a strategic marketing-based model for Diligent Recruitment
- Improve Permanency Planning Options and Outcomes with Diligent Recruitment Programs
- Strengthen training for newly recruited perspective Resource families
- Enhance the pool of perspective resource families to more accurately reflect the out-of-home care population needs.

Project objectives are established with the intent of contributing to a national body of knowledge pertaining to the impact and effectiveness of strategic and targeted marketing efforts within the context of a Diligent Recruitment program. The outcomes of these targeted marketing efforts will be used to revise CBC, regional, and statewide targeted recruitment plans and expected outcomes.

The Department and partners have completed year two of this five-year grant. The participating CBCs include:

- Kids Central, Incorporated
- Heartland for Children
- Our Kids, Incorporated
- Big Bend Community-Based Care

The recruitment efforts in Florida have three main levels of focus. The individual Community-Based Care lead agencies develop CBC recruitment plans, which drive regional plans, which drive an overall statewide plan. These plans are intended to fulfill specific foster and adoptive home recruitment goals, which are developed in a process further detailed below in the section titled "Foster and Adoptive Home Recruitment Plans." In general, the planning process includes the following activities.

- Specific needs in CBC and regional plans are shared and communicated via workgroups, which identifies challenges and barriers to recruiting and licensing foster homes.
- The Department then takes identified challenges and barriers and develops proposed solutions, which are submitted back to workgroup for review and input.
- Statewide solutions, such as streamlining the relicensing process and implementing quality standards for licensed foster parents, are then implemented. Continued improvements to the Unified Home Study, which was implemented in the previous year to reduce the actual home study document from 35 pages to 12, and combined all purposes of home studies into one electronic format that changes parameters depending on type of home study selected.
- The Department and also identify needs for recruiting for certain populations.
    - Homes for Teens – recruitment materials and media plan for recruiting foster and adoptive homes for teens.

- Fostering Florida's Future workgroup ended in 2014. In 2015 the department began Fostering Success, a Priority of Effort to increase Quality Foster homes. The Fostering Success goal is to increase quality foster homes for teens, siblings groups and children with special needs.

Foster and Adoptive Home Recruitment Plans

CBC recruitment plans drive regional plans, which drive the statewide plan. Specific foster and adoptive home goals are developed in a process that begins in April-May of each year. For adoptive home recruitment, the Office of Child Welfare Data Reporting Unit develops preliminary recommendations for goals based on prior year out-of-home care information (see Adoption Targets FY-2014-15 on page 213). Adoption goals are then negotiated by the regions with the local CBCs, taking into consideration such details as judicial characteristics and increases in out-of-home care. The final agreed adoption goals are amended into each CBC's contract.

Foster home recruitment goals are derived locally using the out-of-home care trends from the prior year. In addition, the Department, CBCs, and Children's Medical Services partner to recruit Medical Foster Homes for children with special medical needs. The Medical Foster Care (MFC) program coordinator is responsible for recruitment activities. These activities are coordinated with the CBC licensing staff. Recruitment is not limited to existing licensed foster homes, but includes activities directed at publicizing the need for MFC parents in the community. Recruitment activities include but are not limited to:

- Attending a Department-approved parent preparation training course "guest night" and sharing about MFC;
- Distributing brochures in the community in various locations, particularly medical facilities;
- Displaying MFC posters in public places;
- Distributing information for public service announcements such as radio, television and newspapers;
- Purchasing billboard announcements;
- Submitting special interest newspaper articles and help wanted ads, and
- Community networking and announcements at community meetings.

Foster home goals will be established by August 1, and are monitored monthly as part of the statewide tracking of foster home licensing. See Counts of Licensed Foster Care Providers and Newly Licensed Providers on page 214.

Outreach and Dissemination Strategies

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

Internet and Social Media

The Department hosts or sponsors multiple websites to assist with recruitment including: fosteringflorida.com, adoptflorida.org, qpiflorida.com, jitfl.com, and centerforchildwelfare.fmhi.usf.edu/.

The first two websites, fosteringflorida.com and adoptflorida.org, connect individuals interested in fostering or adopting through the Department to the appropriate local agency that can assist them in beginning the fostering or adoption process. Both sites include anecdotal information

from experienced foster or adoptive parents, and give answers to frequently asked questions and dispel common myths that often are barriers to people thinking about fostering or adopting. Fosteringflorida.com is also a link to an active Department-sponsored workgroup, Fostering Florida's Future, which is described below.

The other two websites, qpiflorida.com and jitfl.com, are training resources specifically designed to meet the in-service training requirements and general training needs of foster parents. Both websites routinely post webinars that have been created for and conducted by actual foster parents in response to needs expressed by the foster and adoptive community in Florida. These sites also both focus on enhancing quality of care for the children, and quality of experience for the parents.

In addition, Community-Based Care (CBC) agencies, case management organizations, and child placing agencies also have websites. Social media links are found on the 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.

Fostering Florida's Future Workgroup

The Fostering Florida's Future Workgroup was initiated in 2012, and continued throughout 2014. This group is composed of paired foster parents and CBC lead agency staff from each of the 19 circuits in the state. The primary purpose of this group is to share best practices regarding recruitment and retention, and to develop targeted recruitment strategies for special populations, such as teens and children with special needs. In addition, the group worked to resolve implementation issues, such as barriers to licensing or home study issues, through sharing trends and concerns. DCF staff facilitated the meetings, and took the group's input to DCF executive leadership for the purpose of effecting policy change. This workgroup ended in 2014 and some of the goals were continued in the Fostering Success effort.

Fostering Success

In April 2015, the Department implemented a Priority of Effort to recruit quality foster homes with a goal to reducing the number of children residing in group homes. The Priority of Effort is named Fostering Success. The activities of the Priority of Effort include assessing data regarding the numbers of children in group care verses out of home care and the number of new foster homes compared to home closures each month. Four (4) workgroups were formed: Foster Family Selection; Placement Matching; Marketing and Communications and Supports and Resources. The Department partnered Partnership with the Quality Parenting Initiative in this endeavor to lead the workgroups and promote information sharing through webcasts.

Quality Parenting Initiative

The Quality Parenting Initiative (QPI) provides training and strategies to improve child safety, permanency and well-being for children who are placed in Florida's out-of-home care system. It is designed ensure that children are residing in an out-of-home care setting shall be placed with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The community-based care lead agency and other agencies provide prospective caregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child. Such careful attention to placement-matching details

improves the ability of caregivers to provide the right support and parenting to children placed with them. Mentoring and coaching from foster parents to birth parents is encouraged as a "best practice" through QPI trainings. In addition, QPI is also designed to promote the participation and engagement of foster care parents in the planning, case management, and delivery of services for those children that are residing in Florida's out-of-home care system, which increases positive outcomes for children and families. See also the discussion of QPI as an ongoing strategy in Chapter IV, Goals and Objectives.

Adoptive Parent Training, Communication, and Organizations

The Department of Children and Families hosts a statewide training opportunity for adoptive parents twice a year, one in January and one in May. The trainings are conducted by nationally recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien and Dr. Wayne Dean. Each training contains a general information and question 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 as to the needs of the foster parents, respite, mentors, volunteers and adoptive families.

The Department's Communication Office works closely with foster/adoptive families and child welfare staff throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with community-based care organizations.

The Florida State Foster Adoptive Parent Association (www.floridafapa.org) 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 provides wonderful examples of "real life" examples of foster care/adoption experiences to share with the media and others for recruitment purposes.

The Department collaborates with One to One Child of Florida in the efforts to provide general information and recruitment efforts to Florida Foster and Adoptive community within Florida's Child Welfare community.

Information and Access Strategies

The Department uses and plans to continue use of several different strategies for access to information and services. Some of the strategies are local, based on the needs of the community, while others are statewide strategies.

Local:

- Weekend and after hours training classes.
- Community-based organizations delivering services in multiple locations (churches, neighborhoods, etc.), which helps with transportation issues.
- Providing child care services so that families can attend pre-service and in-service trainings. Individualized study processes when needed.
- Outreach by FSFAPA to local associations and individual parents.

- Designated staff at CBC lead agencies for foster parent liaison work.
- Foster parent mentors (voice of experience).
- Some CBCs 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.

Statewide:

- In-Service Training available on line.
- Streamlined home study and relicensing processes.
- Quarterly mini-conferences and an annual Educational Conference are sponsored by the Florida State Foster/Adoptive Parent Association (FSFAPA) and supported by the Department and the Florida Coalition for Children.
- Multiple websites for obtaining information, such as Explore Adoption, adoptflorida.org. and its associated Adoption Information Center, 1-800-96ADOPT.

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 a 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. Since the beginning of Governor Scott's administration, Florida has reduced the number of children available for adoption without an identified family from 850 to 750 on any given day. This can be tied to several initiatives:

- diligent training efforts from the state Office of Child Welfare with adoption specialists across the state;
- identification of a system setting in Florida's SACWIS system that was preventing posting of some siblings; and
- increased coordination with Heart Galleries to post children simultaneously on both the Heart Gallery and Department websites.

Training for Diverse Community Connection

The Department is committed to diversity in community connections and will continue to employ strategies such as:

- Online training resources available at the Department's child welfare portal, Center for Child Welfare: http://centerforchildwelfare.fmhi.usf.edu/Publications/CulturalCompetencyDiversityPub.shtml
- DCF will continue to host the Child Protection Summit annually – this comprehensive conference has plans to include annual opportunities for diversity training, such as working with children who have special needs, and being sensitive to children's cultures
- DCF will collaborate with strong community advocates to foster understanding of and provide guidance related to matters impacting lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in care.

- The Florida Coalition for Children also hosts an annual training conference – another potential resource for diversity training.
- 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.

Our new child welfare practice model describes engagement in the following way:

- Build rapport and trust with the family and people who know and support the family.
- Empower family members by seeking information about their strengths, resources and proposed solutions.
- Demonstrate respect for the family as the family exists in its social network, community and culture.

Because the new pre-service curricula is based on the key practices outlined in our practice model, the themes of relationship-building, respect for the family, and understanding the family's culture are woven throughout the curricula. Also, there is discussion about personal bias and understanding its impact on the work of the child welfare professional. Presenting these themes to child welfare professionals at the beginning of their employment with the Department sets a tone of respect and appreciation for all individuals involved in the child welfare system. It will increase employee awareness of foster parents as partners and professionals, thereby enhancing communications and relationships and improving recruitment and retention of valued members of our system of care. The adoption track of Florida's new pre-service curriculum is derived from the National Child Welfare Resource Center for Adoption's: Adoption Competency Curriculum.

In addition to "culture" being woven throughout, the new pre-service "core curriculum" contains the following in module 4:

"Unit 4.2: The Impact of Family Dynamics and Culture on Family Functioning

- The purpose of this unit is to introduce to participants the concepts of family dynamics and culture. During this segment, participants will understand family dynamics and cultural characteristics, and will be provided opportunities to evaluate these elements through a scenario-based activity, and explain the dynamic they observe. This understanding helps participants approach their child welfare work with the ability to discriminate among healthy and unhealthy family dynamics and cultural issues."

The changed focus of pre-service training emphasizes to new child welfare professionals that respect and appreciation for differing family dynamics allows for meaningful engagement. Engaging families will allow workers to address to the symptoms that cause these families to become involved with Florida's system of care.

Strategies for dealing with barriers to communication

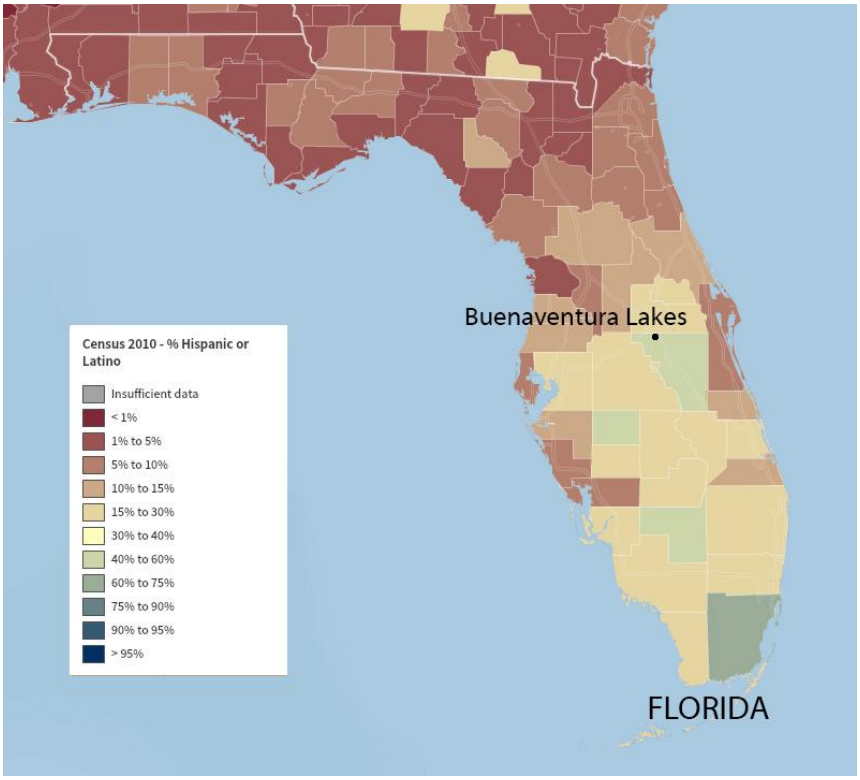
One strategy the Department will continue to use in order to address linguistic barriers is hiring staff from diverse backgrounds to ensure native speakers of Spanish, Creole, and other languages are available. Child welfare materials have been requested and produced in Spanish and Creole, the two languages most used by families involved with the Department. In addition, interpreter services are

available for purchase as needed. The chart below represents the primary languages spoken in Florida:

RANK	LANGUAGE	SPEAKERS
1	English	11,569,740
2	Spanish	2,476,500
3	French Creole	208,485
4	French	125,445
5	German	89,575
6	Italian	67,255
7	Portuguese	54,710
8	Tasalog	38,440
9	Arabic	32,420
10	Vietnamese	30,960

Source: Communicaid, http://www.communicaidinc.com/a-42-florida.php

Some areas of the state provide foster and/or adoption preparation classes in Spanish. The need for Spanish materials is greatest in areas south of Orlando, as indicated by the percentages of Hispanic or Latino populations in the map below.



(Source: 2010 U.S. Census).

In addition, providers have created some and are working to create more materials in French-Creole.

Linguistic barriers are not limited to the language spoken by a family. These barriers also can be hearing or speech limitations. The Department is partnering with Health and Human Services on an Advisory Committee for the Deaf and Hard of Hearing (DHH) to make improvements in the following areas, based on the committee's recommendations:

- Recruiting foster parents who are DHH or who can sign;
- Placing children in foster homes with parents who are DHH or who can sign, when appropriate;
- Ensuring caregivers who have a DHH placed in their homes receive appropriate aids and services; and
- Improving foster parent training as it relates to services to those who are DHH.

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 an adoption home study to expedite the process. If a family chooses to go to an outside agency that can conduct adoptive home studies because they do not want to wait, they can choose to do so. Chapter 65C-16, Florida Administrative Code, determines in the order in which home studies are to be completed. The cost for securing a home study by this method ranges from $500 to $1500, depending on whether the family also attends adoptive parent pre-service classes and whether the individual completing the home study is a licensed practitioner, or attached to a licensed child placing agency.
- Florida Administrative Code 65C-15.010 governs "Finances" for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

Timely Search and Placement

The Department, in collaboration with the Casey Family Programs, will continue the Permanency Roundtable approach in eleven Community Based Care agencies during the next five years. Training and mentoring by Casey Family Programs will be provided for staff and stakeholders at each new site with a designated lead and facilitator identified by the new Community Based Care Agency. To ensure fidelity of the model, a monitoring component will be implemented. Each new Community Based Care Agency will be required to begin their Permanency Roundtable implementation with a comprehensive review of all children who have an APPLA goal and children who have been permanently committed to the Department for more than 12 months. The goal is to implement the Permanency Roundtables statewide. Each year, one to two Community Based Care lead agencies will develop an implementation plan that begins with a training plan and identification of one staff person from an experienced Community Based Care Agency being assigned as a mentor. For additional information refer to Chapter V under local permanency initiatives.

In addition, the Department's attorneys with Children's Legal Services, in collaboration with Casey Family Programs, will continue the "Cold Case" initiative and research cases that involve children who have been in care for three or more years.

All children available for adoption and who have no identified family must be, according to Florida statute, on the statewide website with a photo and narrative within 30 days of TPR. In addition, the national photo listings at adoption.com, adoptuskids.com 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 our foster children by engaging local churches across Florida. The focus of One Church One Child is to continually reach out to the African American community. African American children represent about half (40 – 50%) of the available children awaiting adoption. In addition, One Church One Child provides education and outreach about the adoption process in the church

community. This outreach is primarily to provide public awareness, support children in need of a permanent family, support foster/adoptive families, and keep the community involved and engaged. It is difficult to quantify the number of adults who become mentors, foster or adoptive parents or supportive adults to someone in their church due to the time spans between outreach, response and training.

Additional child specific recruitment efforts will be conducted for National Adoption Month in November and 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 the statewide website at www.adoptflorida.org. 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, 1-800-96-ADOPT.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days. The event generate numerous inquiries and interest to 1-800-96-ADOPT.

Currently, the Dave Thomas Foundation's Wendy's Wonderful Kids program has Wendy's recruiters in eight Community Based Care Agencies. Wendy's Wonderful Kids in collaboration with the Department will be conducted a Post Adoption Study with children who were adopted through the recruitment efforts Wendy's Wonderful Kids.

The Department's Adoption Specialist will collaborate with the staff of Children's Medical Services and establish a written protocol that will establish that local Heart Gallery photos and videos of children with medical challenges can be on display in the CMS waiting rooms where the caregivers of children with similar medical issues congregate. This is an excellent target audience for our children with medical challenges.

Plan for Action

Adoption

1. The Department, in collaboration with the Casey Family Programs, will engage at least one new Community Based Care Agency each year to join the Permanency Roundtable Project. Beginning in 2015, one to two CBCs will be implementing Permanency Roundtables each year.

During the report period, the Department, in collaboration with the Casey Family Programs, has implemented Permanency Roundtables in one additional CBC's.

2. Once a month, the Department will continue to pull information from Florida's statewide website to update the information about Florida's children on the national website, adoption.com. The information includes photo, age and web memo narrative for each child/sibling. This is an opportunity for Florida's children to be shown on another national website for recruitment (not analytic).

3. The Department's Adoption Specialist will continue to conduct a monthly monitoring of the children who are available without an identified family, according to FSFN, and are not on the statewide website. The Adoption Specialist will also communicate with the adoption specialist of each Community Based Care agency about the accuracy of the website.

4. The Department will continue to assess the tasks required in the contract for One Church One Child. For the upcoming year, the tasks will include:

- Recruitment and referral of 100 families to complete adoptive parent training
- Enrollment of 88 partner churches to assist with adoptive parent recruitment

- Six statewide educational presentations with churches about recruitment.

5. The statewide Association of Heart Galleries has a goal for the next five years to establish one or two annual child specific recruitment initiatives, especially a Heart Gallery display on the 22nd floor of the State Capital building, a well-trafficked area, to kick-off National Adoption Month. The plan will engage all fifteen Heart Galleries. In addition, the statewide Association will develop an action plan to assist the local Heart Galleries disseminate and publicize the videos that are currently available on the 15 individual websites.

6. The Department's Adoption Specialist and the Wendy's Wonderful Kids Director will establish an action plan to engage more CBCs, with a focus on the need for Wendy's recruiters in the larger Florida counties. The goal will be to obtain at least one new Wendy recruiter per year for each of the five years.

7. The Department's Adoption Specialist will collaborate with the staff of Children's Medical Services (CMS) to ensure that at least one CMS office per CBC displays local Heart Gallery photos and videos of children with medical challenges in the CMS waiting rooms.

Fostering

1. The Department will continue Fostering Success to produce a "best practices" for foster parent recruitment and retention self-study tool.

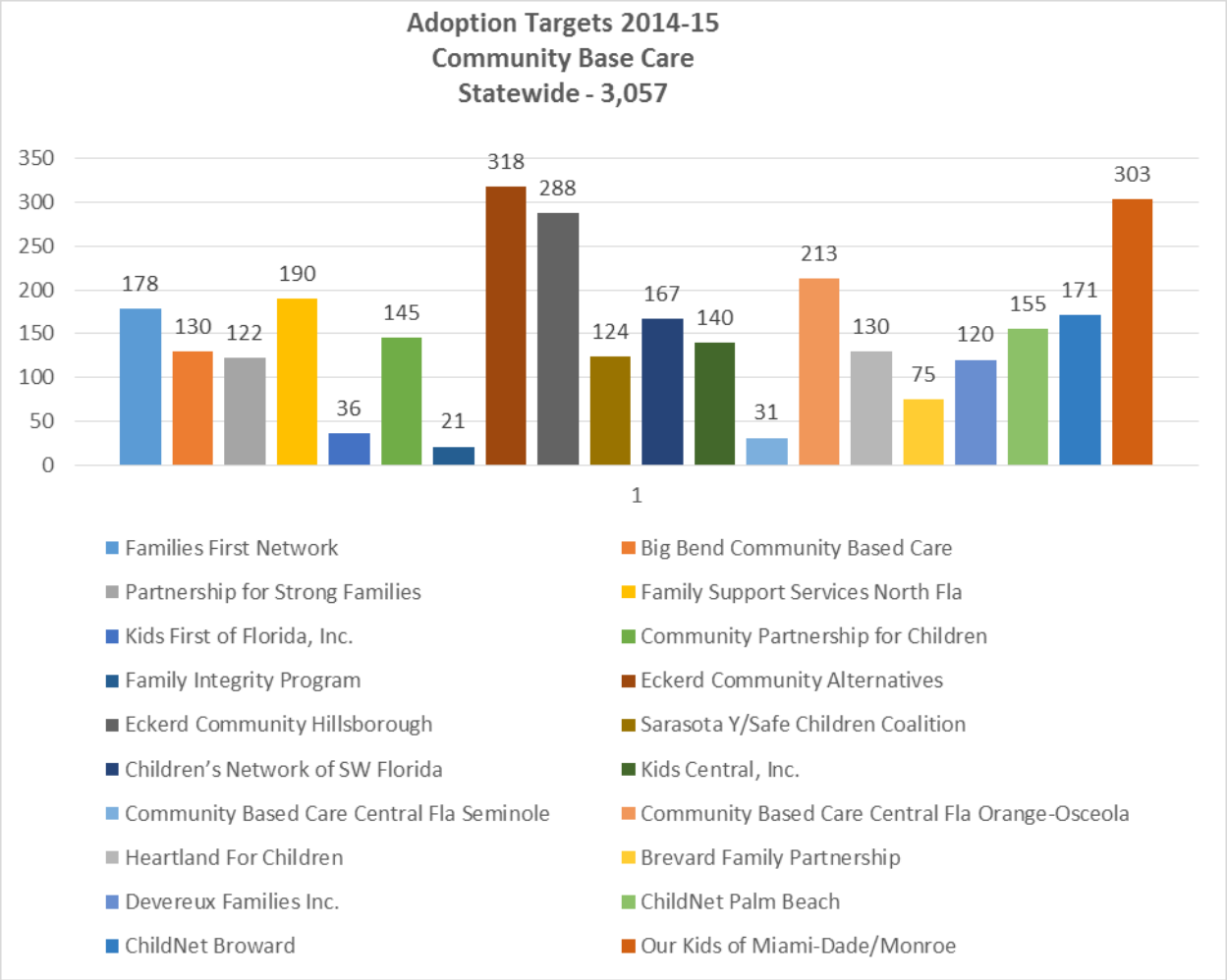
2. Work collaboratively with Community-Based Care lead agencies and Department's Regional Managing Directors to analyze in each local geographic region it serves. Allow each CBC the ability to establish innovative strategies to establish foster home goals that are relevant for each community's system of care.

3. Continue to with the Quality Parenting Initiative, FSFAPA to continue to support and provide resources for the quality foster parents around the state.

4. Continue making changes to Florida's administrative rule for foster home licensing to further reduce barriers and unnecessary regulatory processes.

DCF and its Community Based Care partners want to reduce the number of children in group care by encouraging more families to foster and adopt children in foster care with special needs. Given the chance to live in a loving, nurturing home with a foster or adoptive family, these children often thrive and can achieve their maximum potential.

Adoption Targets



Counts of Licensed Foster Care Providers and Newly Licensed Providers

Table 1 (Source: ad hoc analysis of FSFN data)

Number of Licensed Foster Care Providers Statewide & Turnover	
Number licensed on 6/30/2014	4678
Number licensed on 6/30/2015	4845
Number Licensed on 9/30/2015	4909
Number of Licenses ended in SFY 2015/2016 as of 9/30/2015	364
Number of 'newly licensed' in SFY 2015/2016 as of 9/30/2015	410

Number of Licensed Providers, by CBC

Table 2 (Source: ad hoc analysis of FSFN data)

CBC	6/30/2014	6/30/2015	9/30/2015	Net Change from 6/30/2014 - 6/30/2015
Big Bend CBC	189	191	197	2
CBC of Brevard	119	113	122	7
CBC of Central Florida	231	217	221	-1
CBC of Central Florida (Seminole)	79	87	87	13
ChildNet, Inc.	508	553	548	43
ChildNet Palm Beach	261	289	299	32
Children's Network of SW Florida, Inc.	342	359	352	17
Community Partnership for Children	194	183	183	-10
Devereux CBC	93	140	154	46
Eckerd Community Hillsborough	442	403	399	-39
Eckerd Community Alternatives	458	454	454	-9
Families First Network	299	311	315	14
Family Support Services of North Florida	318	352	358	35
Heartland for Children	178	181	181	13
Kids Central, Inc.	186	189	188	8
Kids First of Florida, Inc.	60	66	64	5
Our Kids of Miami-Dade/Monroe, Inc.	389	406	425	19
Partnership for Strong Families	115	131	139	15
Sarasota Family YMCA, Inc.	166	160	157	-4
Family Integrity Program	34	47	49	11
Unknown	17	**13**	**17**	-6
Total	**4678**	**4845**	**4909**	**211**

Number Newly Licensed between 7/01/2013 and 9/30/2014, by CBC

Table 3 (Source: ad hoc analysis of FSFN data)

CBC	Number of Newly Licensed Foster Homes	Total Bed Capacity of Newly Licensed Foster Homes	Number of Newly Licensed Foster Homes with a New Placement After Licensure**	Percent of Newly Licensed Providers with a New Placement Since Licensed
Big Bend CBC	49	94	42	86%
CBC of Brevard	31	74	20	65%
CBC of Central Florida	191	307	156	82%
CBC of Central Florida (Seminole)	108	171	74	69%
ChildNet, Inc.	127	231	95	75%
ChildNet Palm Beach	45	81	34	76%
Children's Network of SW Florida, Inc.	31	58	15	48%
Community Partnership for Children	52	96	32	62%
Devereux CBC	71	107	52	73%
Eckerd Community Hillsborough	89	141	80	90%
Eckerd Community Alternatives	103	154	82	80%
Families First Network	101	197	85	84%
Family Support Services of North Florida	91	179	70	77%
Heartland for Children	54	124	44	81%
Kids Central, Inc.	57	115	43	75%
Kids First of Florida, Inc.	21	45	17	81%
Our Kids of Miami-Dade/Monroe, Inc.	98	192	75	77%
Partnership for Strong Families	53	99	41	77%
Sarasota Family YMCA, Inc.	40	59	30	75%
Family Integrity Program	21	43	13	62%
Total	**1463**	**2599**	**1089**	**74%**

Florida Intelligent Recruitment Project Information

Project Description: Building upon Fostering Florida's Future, a statewide collaborative effort designed to improve the quality and availability of foster and adoptive resource homes, the Department of Children and Families (DCF) proposed to implement an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Utilizing Gold & Associates' "*Intelligent Imagination*"™— a value- and behavior-based multi-layered strategic marketing process deployed for Disney, GEICO, the NFL and many other Fortune 500s firms, the *Intelligent Recruitment Project* (IRP) committed to breaking 'plateaus' of child placement.

The project team, consisting of the Florida Department of Children and Families and four privatized child welfare Community Based Care Lead Agencies, each responsible for coordinating child welfare safety and permanency services in one or more Judicial Circuits, is focused on using proven marketing strategies to identify permanent resource families for some of Florida's most difficult to place youth. The project proposal, theory of change and logic model emphasized the implementation of the *Intelligent Recruitment Project* as a means to improve permanency outcomes for children in 21 Florida Counties; utilizing a level of creativity that doesn't always occur in the child welfare system.

The approach builds upon key findings from 2008 and 2010 Diligent Recruitment grantees and serves as a national 'test-bed' for measuring the effectiveness of a strategic market research-based approach to recruiting across distinct demographic, geographic, and socioeconomic environments.

Responsibility Matrix:

Entity	Responsibilities and Timeframe (Task or Activity)
Florida Department of Children and Families (DCF)	**Project Kickoff** • Execute and maintain contract with ACF / Children's Bureau • Convene project partners, clarify roles and responsibilities, execute sub-contract with Kids Central as Managing Partner **Year One Specific Tasks** • Participate in scheduled project partner meetings • Collaborate in the development of project plan and communication plan • Review and approve revised project plan for years 2 – 5 • Provide access to needed data for development of Strategic / Targeted Marketing research and planning **Ongoing Project Responsibilities Years 2 - 5** • Submit semi-annual reports compiled by Kids Central and project partners • Review and submit annual budget completed by Managing Partner (Kids Central) • Monitor annual project plan and reported outcomes and make recommendations for changes to schedule, activities, or • Identify and provide recommendations related to project implementation and progress in relation to statewide initiatives, strategic goals and objectives • Identify and mitigate potential barriers to dissemination at the statewide level • Integrate and communicate project work and findings state wide through *Fostering Florida's Future* workgroup and meetings • Integrate findings into statewide Child and Family Services Plan

Entity	Responsibilities and Timeframe (Task or Activity)
	• Provide access to child services data (via SACWIS) in accordance with each Community Based Care Lead Agency contract • Provide necessary staffing and associated funding required to complete project activities.
Kids Central, Inc. (Project Managing Partner)	**Managing Partner Responsibilities:** 1. Provide all aspects of grant management including, 2. Develop annual project plan including activities, work schedules, key deliverable due dates, and outcome expectations, 3. Monitor adherence to work plan 4. Establish annual budget 5. Schedule and facilitate project meetings 6. Initiate project communication 7. Maintain project communication forums (web, blog, written communication) 8. Compile materials and tools developed for project tasks 9. Establish and maintain website for project documentation 10. Develop, monitor and amen d project annual budget as necessary 11. Collect and compile documentation from each project partner pertaining to work activities, budget expenditures, progress towards project activities, goals and objectives 12. Work collaboratively with project partners to refine and implement project plan for years 2 - 5 13. Compile semi-annual reports and provide to DCF for submission 14. Monitor evaluation activities and outcomes, amend project plan, activities and schedule as appropriate 15. Provide all necessary oversight and communicate feedback to project partners 16. Coordinate attendance and presentations at annual Grantees Meeting 17. Collaborate with and provide project information, data, and findings to DCF **Project Kickoff** • Convene project kick off in partnership with DCF • Develop project charter in cooperation with partnering entities **Year One Specific Tasks** • Work collaboratively with Gold and Associates to develop market data collection tools, collect data, compile data, and interpret results • Revise years 2 – 5 project plan based on year 1 findings and outcomes • Provide oversight of project subcontractors, *Gold and Associates* and *J.K. Elder & Associates* • Develop and execute project communications plan with partnering entities • Review specific geographic and programmatic areas of need for children in care • Provide Gold and Associates and J.K. Elder & Associates with required Circuit-level (via SACWIS or internal tracking systems) • Collaborate with external evaluator to develop evaluation plan and IRB application • Develop circuit-specific strategic targeted marketing plan in cooperation with, and in consideration of recommendations and findings made by Gold and Associates • Submit revised Years 2 – 5 Plan for ACF review and approval **Ongoing Project Responsibilities Years 2 - 5** • Provide required staffing to implement strategic targeted marketing plan • Implement strategic targeted marketing plan • Re-allocate CBC contractual funding to fund media campaign created in collaboration with Gold and Associates • Attend project meetings • Maintain local project communication plan with key stakeholders • Modify circuit-level project activities in response to evaluation findings and project outcomes • Attend all project meetings • Designate project staff to attend annual grantee meetings • Provide necessary staffing and associated funding required to complete project activities.

Entity	Responsibilities and Timeframe (Task or Activity)
Big Bend CBC, Inc. Heartland for Children, Inc. Our Kids of Miami-Dade / Monroe, Inc.	**Project Kickoff** • Attend project kickoff meeting • Collaborate with project partners to develop project charter, communication plan and work plan **Year One Specific Tasks** • Review specific geographic and programmatic areas of need for children in care • Work collaboratively with Gold and Associates to develop market data collection tools, collect data, compile data, and interpret results • Revise years 2 – 5 project plan based on year 1 findings and outcomes • Develop and execute project communications plan with partnering entities • Provide Gold and Associates and J.K. Elder & Associates with required Circuit-level (via SACWIS or internal tracking systems) • Develop circuit-specific strategic targeted marketing plan in cooperation with, and in consideration of recommendations and findings made by Gold and Associates • Provide required staffing to implement strategic targeted marketing plan **Ongoing Project Responsibilities Years 2 - 5** • Implement strategic targeted marketing plan • Re-allocate CBC contractual funding to fund media campaign created in collaboration with Gold and Associates • Attend project meetings • Maintain local project communication plan with key stakeholders • Modify circuit-level project activities in response to evaluation findings and project outcomes • Attend all project meetings • Designate project staff to attend annual grantee meetings
Gold and Associates, Inc.	**Project Kickoff** • Attend project kick off meeting • Work collaboratively with all partners to establish project work plan **Year One Specific Tasks** • Review specific geographic and programmatic areas of need to establish data collection process • Prepare strategic targeted marketing process overview and present to project partners • Develop forms, questionnaires, focus group protocols and interview protocols to collect demographic, geographic, and lifestyle data from current foster parents • Prepare a statistical research questionnaire • Prepare outreach materials explaining data collection purpose and process for distribution to foster / adoptive resource families • Execute market research plan / statistical study • Present findings • Coordinate and cross-reference data using proprietary systems to identify market-specific trends for successful outreach in each distinct market area • Develop strategic targeted marketing plan with recommendations for messaging, media, formatting, and frequency (as appropriate) **Ongoing Project Responsibilities Years 2 - 5** • Work collaboratively with CBC Lead Agencies to implement and execute marketing plans
J.K. Elder & Associates, Inc. (External Evaluator	**Project Kickoff** • Attend project kick off meeting • Work collaboratively with all partners to establish project work plan

Entity	Responsibilities and Timeframe (Task or Activity)
	Year One Specific Tasks • Design project logic model • Review and refine appropriate control group • Design and implement project evaluation plan • Review project work plan, charter, and other documentation for compliance with project objectives, intent and desired outcomes – provide recommendations to project partners • Communicate data needs, timeframes and submission requirements to project partners • Develop evaluation tools, questionnaires, surveys, focus group questions, protocols, process documentation, formats and data bases to capture project data to evaluate implementation and outcomes • Submit IRB Application and annual updates **Ongoing Evaluation Tasks Years 1 - 5** • Implement data collection protocols • Compile project data from each partnering CBC Lead Agency • Document project qualitative and quantitative changes for process and outcome aspects of evaluation • Data analysis and reporting • Provide monthly status report and related recommendations • Complete semi-annual project evaluation reports and submit to project partners for review and submission to ACF • Compile and communicate project findings with each partnering agency, statewide workgroup (via DCF), and provide recommendations for integration into Child and Family Services Plan • Attend annual grantee meeting • Provide staffing required to execute and implement project evaluation tasks and objectives.

Target Analysis: At the time of the initial proposal, Florida's CBC Lead Agencies were serving more than 5,200 children who had been in out-of-home care for more than 12 months. The project was specifically designed to respond to the most challenging of these cases; those who are from nine (9) to fifteen (15) years old. The proposed project covers six Judicial Circuits (21 counties) and includes children from a broad range of socioeconomic, ethnic, and demographic characteristics. The large, diverse population of children served by the partnering agencies supports the selection of a representative target population that serves as the focus for our project. As of July 2015, partnering CBCs serve 27.37% of youth in care meeting the definition of the target population. The following charts provide a breakdown of these youth by CBC Lead Agency:

CBC Lead Agency	# of Youth in Target Population	Average Age	Average Time Since Removal (Years)	Average Time Since TPR (Years)
Big Bend East	11	14.27	2.50	1.55
Big Bend West	17	11.41	3.98	2.09
Kids Central	27	13.11	3.65	2.81
Heartland for Children	24	12.50	3.87	1.93
Our Kids	91	12.11	4.28	3.33
Statewide	**621**	**12.67**	**5.65**	**3.00**

	Target Population, Count of Children By Age							
Lead Agency & Placement Type	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**Grand Total**
Big Bend East								
Approved non-Relative	*0*	*0*	*0*	*0*	*0*	*1*	*1*	*2*
Approved Relative	*0*	*0*	*0*	*0*	*0*	*0*	*3*	*3*
DJJ, Jail, Prison	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*1*
Foster Home	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*1*
Group Facility	*1*	*0*	*0*	*0*	*0*	*1*	*2*	*4*
Big Bend East Total	**1**	**0**	**0**	**0**	**0**	**2**	**8**	**11**
Big Bend West								
Adopt Placement	*2*	*0*	*0*	*0*	*0*	*0*	*0*	*2*
Approved non-Relative	*0*	*1*	*0*	*1*	*0*	*1*	*0*	*3*
Approved Relative	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*1*
Foster Home	*1*	*1*	*0*	*0*	*1*	*0*	*0*	*3*
Group Facility	*2*	*1*	*0*	*0*	*1*	*2*	*2*	*8*
Big Bend West Total	**6**	**3**	**0**	**1**	**2**	**3**	**2**	**17**
Heartland for Children								
Adopt Placement	*0*	*1*	*0*	*1*	*0*	*1*	*0*	*3*
Approved non-Relative	*0*	*1*	*1*	*1*	*0*	*0*	*0*	*3*
Approved Relative	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*1*
Foster Home	*1*	*0*	*2*	*0*	*0*	*2*	*0*	*5*
Group Facility	*0*	*0*	*0*	*1*	*2*	*5*	*2*	*10*
Missing Child	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*1*
Respite	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*1*
Heartland for Children Total	**2**	**3**	**3**	**3**	**2**	**8**	**3**	**24**
Kids Central								
Approved non-Relative	*0*	*0*	*2*	*0*	*0*	*1*	*0*	*3*
Approved Relative	*0*	*0*	*0*	*0*	*1*	*1*	*1*	*3*
DJJ, Jail, Prison	*0*	*0*	*0*	*0*	*1*	*1*	*0*	*2*
Foster Home	*1*	*1*	*1*	*0*	*1*	*3*	*3*	*10*
Group Facility	*0*	*1*	*1*	*1*	*1*	*2*	*3*	*9*

Kids Central Total	**1**	**2**	**4**	**1**	**4**	**8**	**7**	**27**
Our Kids Inc.								
Adopt Placement	*1*	*0*	*1*	*0*	*0*	*1*	*0*	*3*
Approved non-Relative	*3*	*1*	*2*	*0*	*1*	*1*	*1*	*9*
Approved Relative	*3*	*4*	*4*	*2*	*3*	*3*	*1*	*20*
DJJ, Jail, Prison	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*1*
Foster Home	*6*	*6*	*5*	*4*	*4*	*2*	*6*	*33*
Group Facility	*1*	*2*	*1*	*3*	*3*	*5*	*8*	*23*
Medical Mental Health	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*1*
Missing Child	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*1*
Our Kids Inc. Total	**14**	**13**	**13**	**9**	**11**	**13**	**18**	**91**
Statewide Total	60	64	75	64	80	114	164	621

Projected Need: Given existing removal, placement and recruiting trends, the project team projected potential needs for each Lead Agency partner. Additionally, CBCs were asked to independently project their targeted recruitment goals based on their perceived need. The following table provides a comparison of calculated need vs. independent projections for each CBC:

CBC Lead Agency	Calculated Needs Projection	CBC Recruitment Target
Big Bend CBC	42	119
Heartland for Children	72	70
Kids Central, Inc.	53	60
Our Kids Inc.	154	195

Appendix C.

Florida's Health Care Oversight and Coordination Plan

Florida's Health Care Oversight and Coordination Plan

Florida's Health Care Oversight and Coordination Plan is a discreet plan within Florida's Child and Family Services Plan 2015-2019. The link for the CFSP and full Health Care Oversight and Coordination Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Update

During the reporting period, the Department worked with The Agency for Healthcare Administration (AHCA) to implement Child Welfare Specialty Plan through ACHA's Managed Medical Assistance (MMA) program. The Managed Medical Assistance (MMA) program provides primary care, acute care and behavioral health care to recipients enrolled in an MMA plan. Implementation of the MMA program began in May of 2014 and was completed August 1, 2014. In July of 2015, the Child Welfare Specialty Plan was expanded to include children who have been adopted from the child welfare system. The Department worked with the Child Welfare Specialty Plan administered by Community Based Care Integrated Health (CBCIH) to ensure the successful transition of children in the child welfare system to the plan throughout the review period. The following are updates to the Health Care Oversight and Coordination Plan.

Continuity of Care and Coordination of Services

Health Care and Behavioral Health

The Child Welfare Specialty Plan provides care coordination/case management appropriate to the specific needs of child welfare recipients. The plan is required to develop, implement and maintain a care coordination/case management program specific to the child welfare specialty population, approved by Agency for Health Care Administration (AHCA). In addition, the plan requires submission of a care coordination/case management program description annually to the Agency for Health Care Administration. The care coordination/case management program description shall, at a minimum, address:

(1) The organization of care coordination/case management staff, including the role of qualified and trained nursing, social work and behavioral health personnel in case management processes;
(2) Maximum caseload for case managers with an adequate number of qualified and trained case managers to meet the needs of enrollees;
(3) Case manager selection and assignment, including protocols to ensure newly enrolled enrollees are assigned to a case manager immediately.

AHCA has developed performance measure to ensure the health care needs of children are being met. AHCA will monitor performance through the contract performance measures required within the Child Welfare Specialty Plan contract. AHCA has adopted a set of quality metrics that sets targets on the metrics that equal or exceed the 75th percentile national Medicaid performance level. In addition, these metrics will be used to establish plan performance, improvement projects focusing on areas such as improved prenatal care and well child visits in the first 15 months and better preventive dental care for children. The Child Welfare Specialty Plan must report on 24 measures from the Healthcare Effectiveness Data and Information Set (HEDIS), 6 measures from the Children's Health Insurance Program Reauthorization Act (CHIPRA) core measures, 11 measures that are agency defined, 2 measures that are HEDIS and agency defined, and one Joint Commission measure. The list of performance measures that the Child Welfare Plan is required to report and the report card on these measures can be found in the Report Guide at the following link:

http://ahca.myflorida.com/medicaid/statewide_mc/report_guide_2015-07-01.shtml

AHCA has developed a Medicaid Health Plan report card to help provide consumers with information about the quality of their Medicaid health plans. The report card, based on the above performance measures, gives consumers valuable information on the performance of their plan and other available plans. This data includes performance measures for the Child Welfare Specialty Plan. The health plan report card is based on 2014 performance data for health plans that are now operating under the Managed Medical Assistance (MMA) program and includes data related to the following five performance measure categories:

1. Pregnancy-related Care
2. Keeping Kids Healthy
3. Keeping Adults Healthy
4. Living with Illness
5. Mental Health Care

The Florida Health Plan report card can be found at the following link:
http://www.floridahealthfinder.gov/HealthPlans/Search.aspx?p=5

Medical and Dental Services
The Department and CBCs implemented new scorecard measure focusing on medical and dental services received in the last 12 months for children in out-of-home care. The CBC scorecard measures for medical services in the last 12 months and dental services in the last 7 months. There are summary reports in FSFN to track this, and corresponding list reports that have allowed caseworkers and managers to identify children who have not had these services in the requisite time frame, or are coming due for a service.

Psychotropic Medication Oversight and Monitoring

There are a number of laws, administrative rules and policies that govern the administration and monitoring of psychotropic medication use. The Department works in conjunction with AHCA to provide extra levels of oversight and monitoring. AHCA had expanded the prior authorization requirements for filling prescriptions for certain medications. Prior authorizations include a review of the child and medication by a child psychiatrist with the University of South Florida, and is required in the following circumstances:

- Antidepressants (Age <6 years)
- Antipsychotic (Age <6 years of age)
- Antipsychotic (Age 6 to < 18 years of age)
- Stimulants and Strattera (<6 years of age)

In an effort to reassess the effectives of administrative rule and operating procedures governing the use of psychotropic medications, the Department convened a workgroup to review the psychotropic medications process and to implement improvements. The workgroup began meeting in late July 2015. The group consists of stakeholders from across the child welfare spectrum including the Department of Health, AHCA, University of Florida, CBCs, and the Guardian Ad Litem Program as well as others. The varying expertise on the group provides for an opportunity to assess the effectiveness of current processes and make recommendations for long-term sustainable solutions in the identified areas of rule, policy and training.

The Five Year Plan is amended to exclude the following oversight process that is no longer in place:

~~Oversight of Children on High Dose or Multiple Antipsychotics: Child Welfare QA/CQI collaborates with the University of South Florida (USF) to conduct data matches of children in out-of-home care on psychotropic medications. The University of South Florida has a contract with the Agency for Health Care Administration (AHCA) to provide analysis of anti-psychotic medication utilization. AHCA provides USF with Medicaid pharmacy data and USF, which has developed clinical utilization protocols, provides critical information back to AHCA about patients being prescribed potentially unsafe combinations or high dosages of anti-psychotic medications. USF analysis is currently limited to anti-psychotic medications only~~.

Trauma-Informed Care

The Department completed activities to implement policy and procedure in accordance with the 2015 amendments to Florida Statutes that address the rising rate of Human Trafficking amongst the child welfare population. The changes to Section 409.1754(1)(a) and 409.1678(7)(e), F.S., directed the Department to develop or adopt an initial screening or assessment tool to determine the appropriate placement for sexually exploited children and to provide specific training to be developed for foster parents and staff on the needs of sexually exploited children as well as the effects of trauma on these children.

Sharing Medical Information, With the Option for an Electronic Health Record

In 2013, the Florida Legislature appropriated $450,000 to create an electronic health records system for children in foster care. The Department contracted with Five Points to create this system using a system already in partial use in Florida called MyJumpVault. During the reporting period, the hosting environment configuration was completed (July 2014) and User Acceptance Testing was conducted (September 2014). The program experienced a smooth go live in November 2014. The system is now available to all CBCs. The legislature funded the continued maintenance of the system for the 2015-2016 state fiscal year.

Healthcare Transition Planning for Youth Aging Out of Foster Care

In July 2014, community advocates notified the Office of Child Welfare that a large number of young adults served by DCF were not aware of their new eligibility for Medicaid. These young adults aged out prior to the extension of foster care and the Affordable Care Act, and are now over 21 years of age. In partnership with the Department's Automated Community Connection to Economic Self Sufficiency (ACCESS) Office, the Office of Child Welfare identified the population of young adults who had not applied for Medicaid. The Office of Child Welfare issued guidance and worked in partnership with Community-Based Care providers throughout the state to address this concern. All young adults participating in an Independent Living Program who are eligible will be enrolled during the 2014-2015 federal reporting period.

To continue monitoring Medicaid enrollment of youth who reached age 18 while in foster care but are not currently receiving Independent Living Services, the Department disseminated to the six DCF Regions the first quarterly list reflecting young adults ages 18-26 who reached age 18 while in foster care and their current Medicaid status. Lists will continue through the 2014-2015 reporting period.

Appendix D.

Florida's
Child Welfare Disaster Plan

Florida's Child Welfare Disaster Plan

Statewide Disaster Planning

As required Florida's Child Welfare Disaster Plan is a discreet plan within Florida's Child and Family Services Plan 2015-2019. The link for the CFSP and full Child Welfare Disaster Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Update

Florida has not experienced an emergency/disaster during the reporting year. The Office of Child Welfare continues to be vigilant in communicating the need to review and revise, when necessary, all Emergency Plans from Community-Based Care lead agencies and their subcontracted providers. We also remind our stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan. All information from Chapter IX, Florida's Child Welfare Disaster Plans, CFSP 2015-2019, remains relevant.

- Florida's privatization of child welfare case management services has created Community-Based Care lead agencies. Each lead agency has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. The disaster plans address how the lead agency, along with any subcontracted case management agencies, would assist families in maintaining uninterrupted services if displaced or adversely affected by a disaster. All written plans are updated and submitted annually to the Department of Children and Families. Copies of the written plans are provided to the Department of Children and Families' Offices of General Services and Office of Child Welfare, as well as being made available to the circuits, regions and within all community-based care locations.
- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families that care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.
- The case manager will explore with the family expected duration of interruption, alternative service providers, transportation considerations, etc.
- Local agencies make determinations as to the extent of damage and interruption of services. If the agency identifies that certain services to children may be interrupted, such as speech therapy, mental health services, educational supports like tutoring, etc., they will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors make the staff aware of the alternative services available.
- If a family relocates 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. The primary and secondary worker would also work together and with the local providers in their respective areas to ensure that new providers have current, relevant information as to the child's needs and status in service provision prior to leaving their originating county.

- If the family relocates 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 as to service needs and will request that once a local case manager is assigned, that case manager make contact with the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to affect continued services to address the child's previously identified needs as well as any new needs identified in their own contacts with the family.

The Department of Children and Families and its Community-Based Care lead agencies will continue to work with state emergency management personnel and agency leadership to ensure the safety of its clients and staff prior to, during, and after any disaster that Florida may experience.

Appendix E.

Florida's Training Plan

Updates to Florida's Training Plan

Section 2: Headquarters Training Unit Overview, describes the growth of the Department's training unit in the Office of Child Welfare, starting on page 6.

Section 3: Description of the Initial Training for New Child Welfare Professionals, provides information on the Case Management Pre-Service Curriculum which has been updated. The updated information begins on page 21. Additions were made to the Children's Legal Services Pre-Service Curriculum starting on page 29. Also, the anticipated implementation dates for the Pre-Service specialty tracks for Case management, Adoptions, Foster Care Licensing and Florida Abuse Hotline Counselors have been updated. The Core Pre-Service curriculum is already implemented and has not changed.

Section 4: Training Tracking, provides information on how the tracking of training events and courses has been updated, starting on page 36.

Section 5: Training Funding, includes updates on the usage of Title IV-E funds for training, starting on page 36.

Additionally the prior update concerning the Title IV-E student stipend training program has been amended into Florida's staff development and training plan, starting on page 1.

Florida's Staff Development and Training Plan

Florida's Staff Development and Training Plan is located:
http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Update

This Staff Development and Training Plan update seeks approval for Florida's new Title IV-E Student Stipend Training Program. The Title IV-E Student Stipend Training Program will leverage federal dollars at the 50% Federal Financial Participation rate to provide social work students with a specialized Title IV-E related course of study in child welfare retroactive to October 1, 2015.

Florida's Title IV-E Social Work Student Stipend Training Program

The Department in collaboration with the Florida Association of Deans and Directors of Social Work (Association) and a representative of the case management organizations developed a Social Work Student Recruitment Stipend Training Program for the State of Florida.

The Student Stipend Training Program is designed to ensure when students graduate with a degree in Social Work at one of the 14 public/private universities, they will be prepared to pass the test for certification as a child welfare professional and to be employed as a case manager or child protective investigator without going through the weeks of pre-service core curriculum training. The testing for certification is administered upon employment. The turnover rate for community-based care case managers is 30% (Source: Florida and Other States' Child Welfare Systems, Office of Program Policy Analysis and Government Accountability); the turnover rate for child protective investigators is 40% (Source: DCF, Human Resources, Turnover Report). High turnover requires continuous recruitment and training of child welfare professionals. The

Department and its contracted entities must sustain a multi-pronged approach to stabilize and professionalize the workforce.

Florida's program consists of three parts. First and foremost is the stipend itself. The stipends will not exceed $6,000 for a full-time student or $4,000 for a part-time student. Stipends are to be used by the student while attending a semester of school. Each student may receive a maximum of two stipends one per state fiscal year. The stipend recipients must commit to work for the Department, or with a community-based care agency post-graduation on a year for year basis (meaning one year of receiving a stipend equates to one year of work). The stipend recipients must obtain employment within six months of graduating (full time employment). If a stipend recipient fails to fulfill the work commitment, the student must repay the stipend.

The stipend training program will prepare social work students for employment in child welfare and assist in stabilizing the state's child welfare workforce. The students exiting the stipend training program will be ready to begin work as a child protective investigator or in case management (in-home care, foster care, and adoptions) without going through the entire child welfare pre-service training program. The recipients will complete a course of study that aligns with the five-week core child welfare pre-service curriculum as a part of their education through the Schools of Social Work.

Competencies emphasized will include skills and abilities related to the following major job tasks: assessment, case planning, family centered practice, interviewing, and family preservation, ongoing assessment, removal, placement, permanency, and well-being. A recipient hired by the Department, or for case management service delivery (for in-home care, foster care or adoptions) by a community-based care agency, will have the necessary skills, including assessment skills, and be prepared to work with children and families.

Core curriculum is the first step for all employed as a child welfare professional with the Department and Community-Based Care organizations. The stipend recipient will be knowledgeable of:

- *child development*: child maturation, developmental stages, need for protection, nurturing and well-being;
- *trauma*: the short-and long-term impacts of traumatic events on the child, highlighting the importance of careful, thoughtful professional communication and intervention. Important facts about screening, assessing and evaluating trauma, as well as the importance of considering culture and historical trauma when approaching children and families in a trauma-informed manner;
- *family conditions*: family systems and the family dynamics that impact family functioning. The concepts of family dynamics and culture to help them approach their child welfare work with the ability to discern healthy and unhealthy family dynamics and cultural issues. A clear understanding of the impact of mental health issues on the families and the role of the child welfare professional in addressing such mental health issues in the family. A framework for understanding how poverty impacts the families with whom child welfare professionals work. Child welfare-related implications of working with a family in which a caregiver has limited cognitive functioning;
- *child maltreatment*: maltreatment, including some specific types of maltreatment - neglect, physical abuse, sexual abuse, mental injury, dynamics of substance abuse, and the dynamics of domestic violence;

- *assessment and analyzing family functioning*: assessment of the six domains of information collection – Family Functioning Assessment; skill in writing critically-thought, synthesized assessments regarding the extent maltreatment and circumstances surrounding of maltreatment; broadens the focus beyond the child's developmental stages to look at the child's functioning needs within his or her family, including assessment and analysis; defines adult functioning and helps to understand what information constitutes adult functioning, as well as how to assess and analyze this information; to help participants understand the basic concepts associated with the Parenting General domain and understand why this information is important in the overall assessment of Family Functioning; and helps participants understand the Parenting Discipline;
- *safety and risk*: how child development, trauma, maltreatments, and family conditions create a safe or unsafe environment for children and whether a non-maltreating parent has the sufficient protective capacities to protect against the danger.

The time spent in pre-service training will decrease significantly (five weeks) for the stipend recipients. The end state is to have a qualified and talented staff that possesses the required skill set for a child welfare professional upon graduation.

The second part of the program is the faculty who are involved with the stipend training program. Faculty will be hired to work 100% for the stipend training program. Their job duties include working with the students, developing curriculum in conjunction with the Department and the Florida Institute for Child Welfare that addresses the core competencies, teaching specialized classes for the benefitting program, developing appropriate field settings in child welfare agencies, recruiting and selecting appropriate students to participate in the program, and acting as a mentor and coach for the students in the program.

Oversight and evaluation makes up the third part of the program. Two full-time employees, one program lead and one administrative assistant, will guide implementation, oversee, and validate the program's required eligibility checks, reviews, screenings, federal requirements, and fulfillment of work commitments for the program. The independent evaluation will be contracted with a third party to assess the effectiveness of the program.

The Department contracted with the University of Central Florida (UCF) as the coordinator for this program. This lead university will coordinate with the 13 other participating schools of social work through sub-contracts. UCF will have two full time and two part-time positions to administer the statewide program and coordinate among the other universities.

The full-time administrative coordinator will be responsible for coordinating UCF's stipend program and will oversee the subcontracts with the other 13 universities. The position requires the ability to interpret federal policies and procedures regarding reimbursement under title IV-E and IV-B and ensure compliance with federal and state requirements. A half-time budget coordinator is also needed to develop, monitor, and account for all costs and expenditures of the project statewide.

Each university will develop and implement a recruitment plan to identify students who have an expressed interest in child welfare. Each university will select stipend recipients based on standardized selection criteria developed in consultation with the Department. The universities will award the stipends to selected students in both the bachelor's and master's social work programs.

Each university will have staff (one position for large institutions and part-time positions for the smaller institutions) to provide guidance to the students as they complete their required coursework and supplemental coursework, as necessary, to expand their knowledge specifically in the area of child welfare. These employees will also coach, mentor, and guide the students throughout their field placements (internships) to demonstrate links between theory and practice. Part of this will take place in the recruitment and teaching of the students. Once in the program, the student's needs and progress will determine the amount of time needed to coach, mentor, and guide the student through their field placement. In addition, the university employees will also facilitate the development of the field placement learning contracts and have weekly contact with the students while they are placed in the child welfare agencies.

The Department and the universities will work in partnership to align the social work coursework and field placements with the core competencies taught in the Department's core pre-service training program for newly hired employees. Students exiting the stipend training program will have these core competencies and can bypass the five-week pre-service core training required for all new hires (Department, Sheriffs conducting investigations, and CBC organizations).

On a semiannual basis (at a minimum), the Department and UCF will meet to review the program, the ongoing progress of the students, and the statewide performance measures. Based on the semiannual review, any necessary adjustments to the program will be made.

In addition, the Department staff will analyze the universities' reports to ensure all benefitting program guidelines and performance measures are being met and identify recommendations to overcome the challenges the universities may be facing. They will monitor the hiring of the graduates to ensure they meet federal guidelines of being hired within two months of graduation, their commitment to work, and the recruitment and hiring standards.

The Department staff will develop and negotiate a contract with a third party to conduct an evaluation of the program. The evaluation will include, but will not be limited to, ascertaining whether the program contributes to a more stabilized workforce and determining the performance of the stipend recipients.

Office of Court Improvement 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 IV-E dollars to training for court personnel. This initiative will expand Florida's training plan to include training dependency case managers, family court managers, and magistrates who hear cases involving dependent children.

The Office of Court Improvement will hire a "master trainer" to develop and to deliver training to case managers, family court managers, and magistrates hearing cases involving dependent children. In addition, the "master" trainer will assist in staffing the Supreme Court Steering Committee on Families and Children in the Court (FCC). Much of the work completed by the FCC has a training component. Currently, three of the four committee charges have associated training needs, and all four charges have a child welfare tie-in. Finally, there is a high need 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 2016 Child and Family Services Review.
- Cutting edge research in the areas of trauma, brain development, and child development.
- Potential research findings and recommendations from the new Florida Institute for Child Welfare.

The functions of this position include: conducting an annual training needs assessment, developing a training plan to include training related to the work products of the FCC, training court personnel to use the Florida Dependency Court Information System (FDCIS), coordinating training with outside resources, and delivering training.

Florida's Staff Development and Training Plan

SECTION 1: Training Plan Overview
SECTION 2: Headquarters Training Unit Overview
SECTION 3: Description of the Initial Training for New Child Welfare Professionals
SECTION 4: Training Tracking
SECTION 5: Training Funding
Attachment A: Five-Year Staff Development and Training Plan

SECTION 1: TRAINING PLAN OVERVIEW

The 2015 - 2019 Child and Family Services Staff Development and Training Plan (the Training Plan) describes Florida's three staff development and training goals listed below, along with corresponding initiatives. It was developed 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.[1]

The initiatives were developed during in-person planning sessions with the Department's headquarters training staff, regional training staff, and community-based training partners. These planning sessions were held in March 2014 immediately following the release of the Administration for Children and Families Program Instruction regarding development of the 2015 - 2019 Child and Family Services Plan. Additional input was sought from the Seminole tribe through a telephone conversation with the tribe's family preservation administrator. The Training Plan reflects a combination of both current and new initiatives.

GOAL 1: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1	Annual Needs Assessment, Planning, and Budgeting
Initiative 1.2	Trainer Credentialing
Initiative 1.3	Professionally Developed Curricula
Initiative 1.4	Research and Policy Development
Initiative 1.5	Training Resource Clearinghouse / Support Network
Initiative 1.6	Leadership and Guidance

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1	Career Ladders / Specialty Tracks / Career-Long Curricula
Initiative 2.2	Supervisor Professional Development

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

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

SECTION 2: HEADQUARTERS TRAINING UNIT OVERVIEW

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 regional representatives.

Organizationally, the Department's training unit is situated within the Office of Child Welfare. During the last five year time period, since 2011, the training unit has been disbanded,

[1] Note: This plan covers staff training related to Title IV-B and aspects of Title IV-E except training for foster care, adoption, and guardianship. For training of those groups, see Chapter VII, Foster and Adoptive Diligent Recruitment Plan.

reorganized, disbanded again, and most recently reorganized in November 2014 with the current staffing configuration. The unit consists of one supervisor and two specialists. The supervisor is dedicated solely to training initiatives. One specialist is dedicated to curriculum design. The other specialist is dedicated training initiatives. In 2016 two additional specialists and an administrative assistant were added to the unit. The specialists are dedicated to training initiatives, funding, and curriculum development.

Programmatically, the training unit will be responsible for ensuring that all training and staff development activities are in direct support of Florida's practice model and Florida's goals for prevention, safety, permanency, and well-being (see Appendix E4. Practice Model). Specifically, the training unit will ensure the following:

- The seven professional child welfare practices are effectively taught and reinforced through curricula, performance expectations, structured field experiences, coaching and supervision.
- Training curricula and field experiences are safety focused, trauma-informed, and family centered.
- Child welfare trainers have ready access to quality training materials and resources and are adequately prepared, supported, and – eventually - certified.

Administratively, the training unit will be responsible for the following:

- Tracking the training activities of the Department and community-based training providers to ensure they are supportive of the Child and Family Services Plan goals and objectives as well as the ongoing professional development of child welfare staff.
- Monitoring the expenditure of Title IV-E training dollars by the Department's regional training offices, sheriff offices, and community-based lead agencies.
- Acting as liaison between the Office of Child Welfare and its Center for the Advancement of Child Welfare Practice (housed at the University of South Florida).

SECTION 3: DESCRIPTION OF THE INITIAL TRAINING FOR NEW CHILD WELFARE PROFESSIONALS

New curricula. In order to ensure that the newly developed training curriculum supports the Florida Child Welfare Practice Model the proposed implementation date was extended from the summer of 2014 to the summer of 2015. During this time, extensive reviews and revisions were made to the overall framework of the curriculum plan. The newly revised Pre-Service curriculum now consists of Core training and 5 separate specialty curricula. A sixth tack has been designed for Children's Legal Services that does not utilize Core training, but is supportive of the Florida Child Welfare Practice Model.

See below for the content overview of each.

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

Core Pre-Service Curriculum

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

Week 1	Week 2	Week 3	Week 4	Week 5
Orientation / Classroom	Lab	Structured Field Day	Lab	Structured Field Day
Classroom	Structured Field Day	Classroom	Lab	Classroom
Classroom	Classroom	Classroom	Structured Field Day	Classroom
Lab	Classroom	Classroom	Classroom	Classroom
Lab	Lab	Classroom	Lab	Classroom

Orientation

In this module, we will welcome participants and provide an overview of training, the purpose of the training, and the contents of the training.

Module 1: Florida's Child Protection System

This module provides an overview of the key legal constructs driving Florida's Child Welfare System, our guiding principles, the major roles and responsibilities of child welfare professionals, and the ethical standards for a child welfare professional.

Unit 1.1: Legal Foundations
The purpose of this unit is to provide new child welfare professionals with an understanding of the core legal constructs that govern Florida's Child Welfare System.

Unit 1.2: Guiding Principles
This unit provides new Child Welfare Professionals with an understanding of the purpose of the child welfare system and the principles that guide our work.

Unit 1.3: Roles and Responsibilities
The purpose of this unit is to begin to inform participants of the various child welfare roles within DCF's Child Welfare System, what they each do, and how they work together, as well as with community partners to achieve child safety, permanency and resilient families.

Unit 1.4: Ethical Requirements of the Child Welfare Professional
The purpose of this unit is to provide participants with a continued discussion on ethical behavior and to highlight the importance of vigilance in behaving ethically.

Unit 1.5: Tools and Resources
The purpose of this unit is to provide participants with the tools and resources they will need to be successful child welfare professionals.

Module 2: The Practice Model
In this module, we turn participant attention to Florida's Child Welfare Practice Model.

Unit 2.1: Florida's Child Welfare Practice Model
This unit introduces participants to the major components of the child welfare system, building on the legal foundations, purpose and principles, and professional roles. Participants will have their first introduction to Florida's Child Welfare Practice Model.

Module 3: Child Development
In this module, participants will learn about child maturation; the child's developmental stages; the child's need for protection, nurturing and well-being.

Unit 3.1: How Children Develop
The purpose of this unit is to provide participants with a strong understanding of the stages of child development and to provide participants with the ability to evaluate children based on the developmental stages. It also introduces the child functioning domain, how to assess a child's functioning, and how to write adequate content about a child's functioning.

Unit 3.2: Child Attachment, Permanency and Well-Being
This unit broadens the focus from the child's developmental stages to look at the child's needs within the family for safety, nurturing and attachment, and well-being, providing definitions and examples, as well as scenario or video practice to determine where these needs are and are not being addressed. In addition, participants learn about the importance of meeting the child's needs from a well-being point of view.

Module 4: Trauma and the Child
This module explains the short and long-term impacts of traumatic events on the child. It also acknowledges the multi-generational nature of trauma and discusses how parents who were traumatized as children continue to experience the effects throughout their adult lives.

Unit 4.1: Trauma and its impact on the Child
This unit portrays for participants the short- and long-term impacts of traumatic events on the child, highlighting the importance of careful, thoughtful professional communication and intervention. The implications of the ***Adverse Childhood Experiences (ACE) Study*** are woven into this discussion, and the activities are designed to produce a visceral impact on participants about the child's experience of trauma. The ability to demonstrate empathetic listening which participants have learned about in Labs 1-4, should be reinforced as the skills needed to communicate with adults who have likely experienced trauma as children and adults.

Unit 4.2: Approaching Children and Families in a Trauma-Informed Manner
Attention in this unit turns to the role of the child welfare professional, highlighting the impact on the child when the approach is not trauma-informed and how one might alternatively behave in a trauma-informed manner. Participants are then provided a list of ways to approach various situations in a trauma-informed manner from the hotline call through case closure.

Unit 4.3: Referring and Advocating for the Child and Family in a Trauma Informed Manner
In this unit, participants learn important facts about screening, assessing and evaluating trauma, as well as the importance of considering culture and historical trauma when approaching children and families in a trauma-informed manner.

Module 5: Family Conditions
In this module, participants will learn about family systems and some of the family dynamics that impact family functioning. Please note that domestic violence and substance abuse are covered in Module 6, Maltreatments.

Unit 5.1: The Basic Social Unit: The Family
In this unit, participants will be introduced to the concept of the family household as a whole rather than a collection of individuals. This unit focuses on our society's most fundamental social entity, which is the family. Today's families might be one parent, two parents or "blended." A child might be raised by extended family members, a foster parent or an adoptive family. A child may be living in a household where one or more families reside together. The family unit, however defined, is responsible for the care, supervision and protection of the child. Children develop their values, beliefs about self and others, and patterns of behavior within their family system. In child welfare, given the many family configurations that exist, our assessment of families focuses on the household where children reside, the people in the household, and how they function.

Unit 5.2: The Impact of Family Dynamics and Culture on Family Functioning
The purpose of this unit is to introduce participants to the concepts of family dynamics and culture to help them approach their child welfare work with the ability to discern healthy and unhealthy family dynamics and cultural issues.

Unit 5.3: Dynamics of Mental Illness
This unit provides participants with a clear understanding of the impact of mental health issues on the families and the role of the Child Welfare Professional in addressing such mental health issues in the family.

Unit 5.4: Dynamics of Poverty
The impact of poverty on the child through family dynamics and other factors can play, the most central role in the child's safety, as well as their short- and long-term prognosis for a healthy, productive life. This unit provides a framework for understanding how poverty impacts the families with whom Child Welfare Professionals work.

Unit 5.5: Dynamics of Limited Cognitive Functioning
This unit defines and describes limited cognitive functioning, as well as discusses the child welfare-related implications of working with a family in which a caregiver has limited cognitive functioning.

Module 6: Understanding Child Maltreatment

To build a solid understanding of maltreatment of children.

Unit 6.1: Maltreatment: Overview

To provide participants with a broad understanding of maltreatment, setting the stage for a deeper look (in the other units of this module) at some specific types of maltreatment.

Unit 6.2: Neglect

This unit provides participants with an understanding of neglect, including the identification and ability to differentiate between types of neglect in the Maltreatment Index, the ability to identify indicators of different types of neglect in family scenarios through descriptions, photographs, behaviors and words and the ability to explain and appreciate the longer-term impact of child neglect maltreatment.

Unit 6.3: Physical Abuse

This unit provides participants with definitions and a detailed examination and understanding of child physical abuse.

Unit 6.4: Sexual Abuse

This unit provides information about the effects of child sexual abuse, including identification of it in the Maltreatment Index, the ability to determine if what is alleged actually rises to the definition of sexual abuse, the ability to identify indicators in family scenarios and through descriptions, and the ability to explain and appreciate the longer-term impact of sexual abuse on the child.

Unit 6.5: Mental Injury

The purpose of this unit is to provide participants with sufficient understanding of mental injury, including the ability to differentiate between types of mental injury; identify indicators of mental injury in family scenarios and through descriptions, behaviors and words; and the ability to explain and appreciate the longer-term impact of mental injury abuse on the child.

Unit 6.6: The Dynamics of Substance Abuse

The purpose of this unit is to educate participants about substance abuse issues and their effect on the family. This unit provides information about the continuum of use, abuse and dependency, and explores signs and symptoms. Learning opportunities are provided that are designed to support child protection professionals in working with families from various cultural groups affected by alcohol and/or drug-related problems. Participants will also be provided opportunities to evaluate these elements through a scenario-based activity, and explain the family dynamics and culture issues they observe. We will also explore substance abuse as a maltreatment.

Unit 6.7: The Dynamics of Domestic Violence

This unit provides an overview of the dynamics of domestic violence, its impact on the children and the survivor of domestic violence, and how to assess when domestic violence may be actively occurring in the family and threatening the child. It also helps participants understand the survivors' actions to protect themselves and their children.

Module 7: Assessment and Analyzing Family Functioning

In this module, participants learn to key points in assessing the six domains of information collection.

Unit 7.1: Information Collection for the Family Functioning Assessment

In this unit participants are introduced to the six domains of information collection.

Unit 7.2: Assessing the Extent of Maltreatment and Circumstances Surrounding Maltreatment

This unit builds participant skill in writing critically-thought, synthesized assessments regarding the extent maltreatment and circumstances surrounding of maltreatment.

Unit 7.3: Assessing Child Functioning

This unit broadens the focus beyond the child's developmental stages, and the need for the child to be safe and experience well-being and permanency to look at the child's functioning needs within his or her family, including assessment and analysis of this domain of information collection.

Unit 7.4: The Parent/Caregiver as a Functioning Adult

This unit will define the domain of adult functioning and help participants understand what information constitutes adult functioning, as well as how to assess and analyze this information. Participants will then review a completed Adult Functioning Domain and identify strengths and gaps in information.

Unit 7.5: Parenting General

The purpose of this unit is to help participants understand the basic concepts associated with the Parenting General domain and understand why this information is important in the overall assessment of Family Functioning. Historically we have focused on a specific maltreatment and when we did ask questions about parenting we centered them on how the parents disciplined. We rarely explored how they came to be parents, what they think about being parents and what type of parent they are. In this domain we will explore all of this using a case example.

Unit 7.6: Parenting Discipline

The purpose of this unit is to help participants understand the Parenting Discipline domain and understand why this information is important in the overall assessment of Family Functioning.

Module 8: Safety and Risk

We have looked a child development, trauma, maltreatments and family conditions in previous modules. In this module, we will explore how these concepts create a safe or unsafe environment for children and we will explore whether a non-maltreating parent has the sufficient protective capacities to protect against the danger.

Unit 8.1: Assessing Present Danger

The purpose for this unit is to focus on what is present danger and identifying the danger threats associated with present danger.

Unit 8.2: Impending Danger, Information Sufficiency and Danger Threats

This unit is the first time that the three core safety components will be introduced, danger threats, child vulnerability and caregiver protective capacities. This will be the

first time that all of the six information domains will be pulled together. Participants will begin to see the totality of information about family conditions that is reflected in the six domains. They will begin to learn how sufficient information in the domains is linked to the identification of danger threats.

Unit 8.3: Impending Danger, Information Sufficiency and Caregiver Protective Capacities
This unit will continue to reinforce the inter-relationship of the three core safety components: danger threats, child vulnerability and caregiver protective capacities. Participants will begin to learn how sufficient information in the domains is linked to the identification of caregiver protective capacities.

Unit 8.4: Impending Danger, Information Sufficiency and Child Vulnerability
This unit will continue to reinforce the inter-relationship of the three core safety components: danger threats, child vulnerability and caregiver protective capacities. Participants will begin to learn how sufficient information in the domains is linked to the identification of child vulnerability.

Unit 8.5: Risk, Protection and Prevention
Through Units 1-4, participants have worked to develop an understanding of present danger, then learning and applying the danger threshold criteria to determine if a child is safe or unsafe. In this unit, we turn our attention to another construct – that of the family being 'at risk' of future maltreatment. Participants learn in this unit the basis of the concepts of risk and protection, as well as the concept of prevention, which is another focus of DCF's efforts to keep children safe. The unit ends with an activity designed to help participants see the linkages between the information domains and the protective factors.

Unit 8.6: How Safety and Risk Work to Address Two Different Aspects of Protecting Vulnerable Children
Participants learn in this unit what actuarial risk is. They will learn about the differences between determining actuarial risk and safety and will apply the actuarial risk table to a case study they worked on earlier to determine child safety.

Module 9: Safety Planning
This module covers what must occur once either present danger is identified during the assessment or when the Family Functioning Assessment-Investigation determines that a child is unsafe: safety planning and management.

Unit 9.1: What are Safety Plans?
This unit will focus on what are safety plans, the rationale for creating safety plans, and the responsibility of the agency in creating and managing safety plans.

Unit 9.2: Safety Planning Analysis and Conditions for Return: Purpose
This unit will focus on the safety planning analysis, including the purpose and the development of conditions for return.

Unit 9.3: Creating Sufficient Safety Plans
This unit will focus on safety services and the development of sufficient safety plans.

Module 10: Readiness Assessment
The purpose of the Readiness Assessment is to provide child welfare professionals an opportunity to demonstrate the ability to take concepts learned in the classroom and labs and write logical and succinct domain information to justify conclusions.

Core - Communication Skills Labs

Communication Skills Lab 1: Foundations for Interviewing
This lab follows the presentation of Modules 1 and 2 (*The Child Welfare System* and *Florida's Child Welfare Practice Model*, respectively.) Transfer of learning is achieved when participants move from a conceptual understanding of the values intrinsic to the field of child welfare to actually demonstrating behaviors and basic interviewing techniques consistent with those values during structured learning activities.

Since the best outcomes for children can only be realized when there is a productive working relationship between parent and professional the steps to establish this relationship are covered in depth. This lab introduces the Engagement Continuum describing the full spectrum of interpersonal helping skills. Stages of interviews are discussed to help place the timing and use of more advanced skills (e.g., use of exploring, focusing or directing interviewing skills) in context to the overall information gathering process. In this first lab, participants will demonstrate rapport building through the use of physical attending behaviors.

Unit 1.1: Foundational Concepts
The purpose of this unit is to help new child welfare professionals explore what values and perceptions they bring to their work with families and how these elements can significantly affect what they accomplish with families.

Unit 1.2: How We Gain Trust
The purpose of this unit is to help new child welfare professionals examine the basic elements for building trust—genuineness, respect and empathy. They will observe two different interviews and begin to identify the professional behaviors that made one interview more effective than the other. They will explore what personal values and they will bring to their work with families and how these elements can significantly affect what they accomplish with families if they are not self-aware.

Unit 1.3: Interviewing Engagement Continuum
The purpose of this unit is to introduce new child welfare professionals to the continuum of interviewing skills that they will be learning and how they parallel the phases of an interview. These skills are the manner in which the core conditions of respect and empathy will be demonstrated to the family. There is a heavy emphasis in this unit on the importance of communication skills as a way of truly "listening and hearing" what families are saying and feeling.

Unit 1.4: Attending Behaviors
The purpose of this unit is to introduce new child welfare professionals to the attending behaviors. They will practice the demonstration of empathy through physical attending behavior. They will be introduced to observing and recording feedback.

Communications Skills Lab 2: Exploring Skills

Exploring skills, which include physical and attending behaviors, reflections, silence, reframing, and exception finding questions are used in all interviewing models (narrative, solution-focused, and motivational interviewing). These skills are the bedrock of active listening, and as such, new child welfare professionals should be expected to be reasonably proficient in these skills at the end of core. These skills will be practiced through-out all the labs as new skills are added, and new topics are the focus of an interview.

Unit 2.1: Attending Behaviors

Participants will build on their experience of listening without speaking from Lab 1, and learn the specific types of physical and psychological attending behaviors including the use of silence. They will observe a video and practice the identification of attending behaviors, as well as non-verbal behaviors of the interviewer and family members interviewed.

Unit 2.2: Reflections and Reframing

Participants will build on their understanding of attending behaviors, moving into "active listening" techniques. They will continue to practice the identification and demonstration of attending behaviors while incorporating the use of reflections and reframing.

Unit 2.3: Opening Phase of the Interview

The purpose of this unit is to go back to the phases of an interview and discuss how the exploring skills are used in the opening phase of the interview. Participants will use the information learned to watch a video of two different styles opening an interview. They will be expected to observe interview openings as part of their Child Welfare Professional shadowing and observations during their field days.

Unit 2.4: Wrap-up and Preparing for Field Shadowing

The purpose of this unit is to review exploring skills are used in the opening phase of the interview. Participants will be expected to observe interview openings as part of their Child Welfare Professional shadowing and observations during their field days.

Communication Skills Lab 3: Focusing Skills

Participants will debrief their field shadowing experiences by sharing their direct, personal use or second party observation of exploring skills. Participants will learn what focusing skills are, and how focusing skills in combination with exploring skills are used to steer the interview from an exploration of the general to gathering of specifics. There will be further discussion about the linkages between focusing skills and motivational interviewing, including building ambivalence to facilitate change. This module will begin to differentiate techniques appropriate for children vs. adults, and will provide an intro to child interviewing as the last module. Participants will continue to practice observation, note taking and providing feedback to peers.

Unit 3.1: Debrief Field Observations

The purpose of this unit is to give participants an opportunity to share their field shadowing experiences – particularly their use and observations of exploring skills. This will provide both a review of the exploring skills and an opportunity to further clarify any questions that participants have.

Unit 3.2: Summarization and Questions

This unit moves from exploring skills to focusing skills, which allow the child welfare professional to build on the foundation of general information gathered, zeroing in on the specific details of family conditions and dynamics. The effective use of focusing skills, in combination with exploring skills, will result in gathering necessary descriptive details as well as family perspectives towards the safety of their children and necessity for change. Focusing skills are essential in order for the child welfare professional to have the details needed for safety determinations and to create sufficient safety plans, when needed, that meet the standard of "least intrusive".

Unit 3.3: Interviewing to Enhance Motivation to Change
In this unit, participants are introduced to stages of change and motivational interviewing, both at a high level. All of the skills covered thus far are foundational to motivational interviewing--the ability to build a trusting relationship, conveying empathy, and seeking solutions. The next focusing skills on the engagement skills continuum, positive reinforcement and developing discrepancy require a more direct linkage to the goals of motivational interviewing. Stages of change and motivational interviewing will be covered in greater depth in the specialty tracks.

Unit 3.4: Skill Demonstration
This unit provides opportunities for participants to practice the exploring and focusing skills they have learned thus far. They will also practice observing, giving and receiving feedback. The practice activities are broken into two parts in order to best sequence their skill practice and acquisition. Using case scenarios provided and roles assigned, the first activities will involve the use of listening and focusing skills, but not the more advanced skills of reframing, solution-focused questions, positive feedback and developing discrepancy. The second set of activities will involve the full set of exploring and focusing skills. In this set of activities, participants will use one of their personal topics. The purpose of this second set of activities is to practice the skills, and hopefully, experience the benefit of effective listening and solution developing skills.

Communications Skills Lab 4: Interviewing Children
This lab will be focused on interviews of children, in particular developing knowledge and skills related to linguistic competence. This lab will build on information that has been learned in Module 3, Child Development. As this lab will also follow a field shadowing of interviews of adults, the first unit will be a debrief of those field observations. This lab will focus on linguistic issues generally associated with child age groups, particularly focusing on the pre-school age group. The strategies for interviewing young children are generally transferable to children of all ages, especially in light of the possible developmental delays that many maltreated children experience. These strategies should also be considered when interviewing a person with limited proficiency in the English language. There are several new interviewing techniques introduced in this lab that are best interviewing practices to use with children and adults with limited English proficiency. At the end of this lab, participants should be able differentiate between interviewing skills appropriate for adults vs. children.

Unit 4.1: Debrief Field Observation of Exploring and Focusing Skills
The purpose of this unit is to give participants an opportunity to share their experiences with field shadowing as well as their observations of exploring and focusing skills. This will provide both a review of the exploring and focusing skills and an opportunity to further clarify any questions that participants have.

Unit 4.2: Linguistic Factors with Children

The purpose of this unit is to explain how cognitive development impacts a child's use and understanding of language.

Unit 4.3: Effective Interviewing Skills with Children
The purpose of the unit to learn specific skills that are appropriate for interviews with children who do not have abstract thinking skills.

Unit 4.4: Observation and Demonstration of Child Interviewing Skills
The purpose of this unit is to practice use and observation of child interviewing skills through role plays and field experiences.

Communication Skills Lab 5: Interviewing to Learn about Maltreatment and Surrounding Circumstances
The purpose of this lab is to practice exploring and focusing skills learned for conducting an interview of an adult to learn about maltreatment and surrounding circumstances. Participants will first debrief about their field experiences with observations of child interviews. Participants will practice through various role plays of different case scenarios provided. Participants will also continue to practice skill observation and feedback.

Child Protective Investigators (CPI) Pre-Service Curriculum

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

Week 1	Week 2	Week 3
Classroom	Lab	Lab – Courtroom Testimony
Classroom	Classroom	Lab
Classroom	Classroom	Lab – Readiness Assessment
Lab	Lab	
Classroom	Classroom	

Module 1: Introduction to Child Protective Investigations Family-Centered
The purpose of this module is to provide the framework for practice and understanding of the Child Welfare Practice Model.

Unit 1.1: Reviewing the Child Welfare Practice Model
The purpose of this unit is to explain the investigative processes and procedures and the roles and functions of Child Protective Investigators (CPI).

Unit 1.2: Overview of the Child Protective Investigation Process
The purpose of this unit is to provide an overview of the investigative process, procedures and essential assessment skills needed to make informed investigative decisions.

Unit 1.3: Family-Centered Practice
The purpose of this unit is to provide investigators with strategies to utilize the family-centered practice approach in the investigative process.

Unit 1.4: Cultural Competence
The purpose of this unit is to familiarize participants with the importance of understanding cultural bias and cultural sensitivity when working with culturally diverse families and environments.

Module 2: Assessment of Hotline (Screen-In) to Assignments
The purpose of this module is to identify and apply the pre-commencement activities and procedures when a hotline intake is assigned for investigation.

Unit 2.1: Pre-Commencement Activities
The purpose of this unit is to identify and apply the pre-commencement activities and procedures when a hotline intake is assigned for investigation.

Unit 2.2: Intakes Not Requiring Investigation
The purpose of this unit is to identify the exceptions to completing pre-commencement activities.

Unit 2.3: Intakes with Special Circumstances
The purpose of this unit is to identify the specific practice and procedural requirements for investigating cases with special circumstances.

Unit 2.4: Special Conditions Referrals
The purpose of this unit is to identify the specific practice and procedural requirements for investigating special condition referrals.

Unit 2.5: Institutional Investigations
The purpose of unit is to identify the practice requirements for Institutional Investigations and explore the different elements making up the Child Institutional Safety Assessment.

Module 3: Commencement of the Investigation: Initial Contact and Present Danger
The purpose of this module is to define the purpose, process and procedures that occur during the commencement phase of an investigation as it relates to present danger.

Unit 3.1: Purpose of Commencement and Planning for Initial Contact
The purpose of this unit is to set the framework for the initial investigation commencement activities.

Unit 3.2: Present Danger
The purpose of this unit is to discuss the requirements for assessing present danger at initial contact.

Unit 3.3: Conducting the Initial Assessment
The purpose of this unit is to provide participants with an understanding of the documentation and notification requirements, as well as an understanding of the importance of observations in the investigative process.

Module 4: Present Danger Assessment
The purpose of this module is to identify the necessary actions that must be completed to assess present danger, establish a present danger safety plan and utilize Children's Legal Services for removal/separation action.

Unit 4.1: Present Danger Assessment
The purpose of this unit is to identify the purpose of and demonstrate the ability to complete a present danger assessment.

Unit 4.2: Developing a Present Danger Safety Plan
The purpose of this unit is to identify the purpose of a present danger plan and the safety actions that are included in the development and implementation of the plan.

Unit 4.3: Temporary Removal Due to Present Danger
The purpose of this unit is to identify the legal basis for a temporary removal due to present danger.

Unit 4.4: Investigations Involving a False Report
The purpose of this unit is to identify the specific practice and procedural requirements for discontinuing an investigation involving a false report.

Unit 4.5: Patently Unfounded Investigations
The purpose of this unit is to identify the specific practice and procedural requirements for discontinuing patently unfounded investigations.

Unit 4.6: Continuing the Assessment Process
The purpose of this unit is to assist CPI's with identifying the gaps in information collections and determining sufficiency to make sound safety determinations.

Module 5: The Family Functioning Assessment – Investigation and Safety Planning
The purpose of this module is to provide participants with the requisite knowledge to effectively utilize the Family Functioning Assessment (FFA)-Investigations to make safety determinations.

Unit 5.1: Overview of the Family Functioning Assessment-Investigation
The purpose of this unit is to introduce participants to the essential components of the Family Functioning Assessment-Investigation and describe its use in practice.

Unit 5.2: Information Collection and Determining Impending Danger
The purpose of this unit is to provide participants an understanding of the family functioning assessment as it relates to determining impending danger.

Unit 5.3: Assessing Impending Danger Related to Caregiver Protective Capacities (CPC) and Child Vulnerability
The purpose of this unit is to provide participants with an understanding of how caregiver protective capacities are utilized in safety determination.

Unit 5.4: In-Home Safety Analysis and Planning
The purpose of this unit is to provide participants with a framework for managing safety, safety planning and analyzing the effectiveness and appropriateness of their plan.

Module 6: Developing in-Home or Out-of-Home Safety Plan
The purpose of this module is for participants to understand how to develop in-home or out of home safety plans, how to analyze their effectiveness, and when to consult with Children's Legal Services (CLS).

Unit 6.1: Managing for Safety
The purpose of this unit is to understand the importance of utilizing appropriate impending danger safety plans to manage for safety in the least intrusive manner.

Unit 6.2: Documentation, Removal and Placement
The purpose of this unit is provide participants with an understanding of the situations that require removal consideration and the documentation that provides the rationale for removal and placement of the child(ren) once the determination is made.

Unit 6.3: Consulting with CLS
The purpose of this unit is to provide participants with an understanding of when to consult with CLS and identify roles and responsibilities between parties.

Module 7: Closing an Investigation – Family Functioning Assessment–Investigation and Case Transfer
The purpose of this module is to review the child maltreatment index, familiarize participants with the utilization of the risk assessment and the investigations case closing process.

Unit 7.1: Maltreatment Evidentiary Standards
The purpose of this unit is to describe the purpose and application of the Child Maltreatment Index.

Unit 7.2: Risk Assessment at Closure
The purpose of this unit is to learn how risk is integrated into the work of the CPI, and for the CPI to learn how to conduct a risk assessment.

Unit 7.3: Investigation Closure – Safe
The purpose of this unit is to familiarize participants with the process, procedures and considerations for closing an investigation when the children are safe.

Unit 7.4: Investigative Closure: Unsafe
The purpose of this unit is to familiarize participants with the process, procedures and considerations for closing an investigation when the children are unsafe.

CPI Practice Application Labs

CPI Practice Application Lab 1: Pre-Commencement Preparation
This lab takes participants through each step of information collection for pre-commencement preparation, using the Sandler case example. Participants will review considerations about the focus of the current FFA, reading prior child welfare history and criminal history, the use of other professional expertise and planning the sequence and location of interviews.

CPI Practice Application Lab 2: Present danger Assessment and Planning
This lab reviews the expectations for tasks to be accomplished during commencement of an investigation by using a case example.

CPI Practice Application Lab 3: Further Information Gathering for Impending Danger Assessment
The purpose of this lab is to review the standards for sufficient information in order to develop the FFA-Investigations, and determine whether or not a child is safe or unsafe. Participants will practice the assessment of information sufficiency, danger threat and protective capacity assessment and impending danger determination by applying the Sandler case example.

CPI Practice Application Lab 4: Impending Danger Safety Planning, Risk Assessment and Closing Interviews with Family
The purpose of this lab is to develop an Impending Danger Safety Plan for the Sandler Case, complete a Risk Assessment and practice a closing interview.

CPI Practice Application Lab 5: Putting It All Together
Unit Overview: This lab provides an opportunity to practice each step of the Investigation portion of the Child Welfare Practice Model using a case example.

Case Management Pre-Service Curriculum

This three to four week specialty track follows Core training. All case management including Independent Living Case Managers, Adoptions Independent Living, and Licensing staff must complete this curriculum. This curriculum is currently being revised, updated and field tested with an anticipated implementation date during the summer of 2016.

Week 1	Week 2	Week 3
Classroom	Classroom	Field Day
Classroom	Classroom	Classroom
Classroom	Classroom	Classroom
Lab	Classroom	Classroom
Field Day	Lab	Classroom

Module 1: Introduction to Case Management

Unit 1.1: Review of Core
The purpose of this unit is to review the concepts and processes learned in Core training.

Unit 1.2: Overview of the Case Management Process
The purpose of this unit is to explain the case management process within Florida's Child Welfare Practice Model.

Unit 1.3: Laws Rules and Policies
The purpose of this unit is to provide Case Managers with an understanding of the legal foundations governing case management.

Unit 1.4: Understanding Quality Assurance Case Reviews and Family-Centered Practice
The purpose of this unit is to provide participants with an overview of the types of quality assurance reviews that are conducted for case management cases.

Module 2: Case Transfer

Unit 2.1 Case Transfer- What is it?
The purpose of this unit is to review the preparation process for ongoing case management regarding case transfer.

Unit 2.2 Preparing for Case Transfer
In this unit participants will learn about the importance of being prepared for the case transfer process and will walk through the process of receiving a case at case transfer.

Unit 2.3: Case Types
The purpose of this unit is to review the different types of cases that the Case Manager may be involved with.

Unit 2.4: Case Transfer Conference
In this unit participants will review the policies and procedures for conducting a Case Transfer Conference.

Module 3: Safety Management

Unit 3.1: The Case Manager Responsibility for Safety Management
The purpose of this unit is to review the Case Manager's role and responsibility for safety management after case transfer.

Unit 3.2: Managing and Monitoring Safety Plans
This unit provides Case Managers with a complete picture of what safety services are, how they can be used to manage danger, and what safety services are available in their local area.

Unit 3.3: Managing and Modifying Safety Plans
This unit provides an overview of the skills needed for safety plan assessment and modification.

Module 4: Court Proceedings and Case Management

Unit 4.1: Taking Court Action
The purpose of this unit is to provide a review of the dependency court process and legal requirements for each of the petitions and hearings that are part of the process.

Unit 4.2: Staffings
The purpose of this unit is to provide a review of the types of staffing that occur during case management.

Module 5: Out-of-Home Care

Unit 5.1: Placement Considerations
The purpose of this unit is to provide information on how to make placement decisions for children who are in out-of-home care.

Unit 5.2: Meeting Children's Needs in Out-of-Home Care
The purpose of this unit is to provide information on how the needs for children are addressed in out-of-home care.

Unit 5.3: Family Time and Maintaining Connections
The purpose of this unit is to provide information on how children in out-of-home care maintain connections with their families through regular family time.

Unit 5.4: Transitions and Achieving Permanency
The purpose of this unit is to familiarize participants with the events comprising a child's transition from foster care to permanent placement and prepare them in assisting the families and children during transition.

Module 6: Family Engagement Standards - Preparation and Introduction

Unit 6.1: Family Functioning Assessment- Ongoing
The purpose of this unit is to discuss the philosophy and focus of the Family Functioning Assessment-Ongoing.

Unit 6.2: Overview of Preparation
The purpose of this unit is to discuss the initial step in the Family Engagement Standards: Preparation.

Unit 6.3: Overview of Introduction
The purpose of this unit is to discuss the next step in the Family Engagement Standards: Introduction.

Module 7: Family Engagement Standard - Exploration

Unit 7.1: Overview of Exploration
The purpose of this unit is to discuss the third step in the Family Engagement Standard: Exploration.

Unit 7.2: Scaling Caregiver Protective Capacities
The purpose of this unit is to discuss the importance of scaling the Caregiver Protective Capacities to help determine what case plan outcomes will facilitate change.

Unit 7.3: Assessing and Ensuring Child Wellbeing
The purpose of this unit is to learn the Child Strength and Needs assessment, including the information needed to complete the assessment.

Unit 7.4: Danger Statement, Family Change Strategy, and Motivation for Change
The purpose of this unit is to discuss the importance of establishing a danger statement and family goal with the family to facilitate change.

Unit 7.5: Information Collection Domains
The purpose of this unit is to discuss the importance of gathering sufficient information along the domains to inform the FFA-Ongoing.

Module 8: Family Engagement Standards – Case Plan

Unit 8.1: Building a Case Plan for Change
The purpose of this unit is to teach participants the basic components of case plans and how to integrate knowledge obtained during the FFA-Ongoing process.

Unit 8.2: Addressing Child's Needs in the Case Plan
The purpose of this unit is to teach participants case planning that addresses children's needs.

Unit 8.3: Concurrent Case Planning
The purpose of this unit is to discuss permanency for children and the need to develop concurrent case plans to ensure timely permanency is achieved.

Module 9: Evaluating Family Progress

Unit 9.1: Measuring Progress
The purpose of this unit is to discuss the purpose of the ongoing assessment, related activities including purposeful contacts, on-going documentation of assessment information learned about the child and family, and the formal process of documenting Progress Updates.

Unit 9.2: Measuring Change through the Progress Update
The purpose of this unit is to discuss how to assess behavioral changes in a family and assess these changes through the Progress Updates.

Unit 9.3: Achieving Safe Case Closure
The purpose of this unit is to review the steps on how to safely close a case.

Lab 1: Courtroom Testimony
This lab prepares CPIs and CMs for the communication skills that are necessary to demonstrate in the courtroom. This lab includes preparation for testimony, responding to questions in appropriate ways, and understanding the strategies that parent's attorneys will use during cross-examination. This unit also discusses the ways in which CPIs and CMs can support CLS as they prepare children for their testimony.

Lab 2: Engage and Motivate
This Lab explores the Case Manager's role as a change agent and how they will use engagement skills to achieve the family engagement standards.

Adoptions Pre-Service Curriculum

(Four week specialty track following core training)

The Adoptions specialty track is proposed to be a four week curriculum to follow Core and Case Management training. This curriculum is currently being revised, updated and field tested with an anticipated implementation date of the spring of 2017.

Module 1 – Introduction and Adoption Requirements: Definitions, Philosophy, and Values

Unit 1.1: Introduction and Adoption Requirements. The purpose of this unit is to establish the groundwork for the Adoptions training, and to allow participants to learn teamwork principles and get to know each other.

Unit 1.2: Definition, Philosophy, and Values. The purpose of this unit is to provide an overview of the legal and philosophical basis for their role as Adoption Specialists and to clarify their personal values as they relate to adoption. Participants also learn about opportunities to recruit permanent families for children that historically are more difficult to permanently place.

Module 2 – Federal and State Laws and Policies Impacting Adoption

Unit 2.1: Federal and State Laws and Policies Impacting Adoption. The purpose of this unit is to provide participants with the federal and state law and policy that undergirds the adoption processes. This unit also explores the cultural perceptions as well as national and state data regarding adoptions.

Module 3 – Child(ren) & Youth Assessment and Preparation

Unit 3.1: Child(ren) & Youth Assessment and Preparation. The purpose of this unit is to develop participants' skill in the areas of assessing, engaging and preparing children for adoption, giving children the knowledge and skill to be prepared to be adopted, and writing a child study.

Module 4 – Family Assessment and Preparation

Unit 4.1: Family Assessment and Preparation. The purpose of this unit is to develop participants' skill in the area of assessing and engaging and preparing prospective parents for adoption and writing a home study.

Module 5 – Decision Making and Placement Selection in Adoption

Unit 5.1: Decision Making and Placement Selection in Adoption. The socio-emotional process is complex and requires assessment of child/youth and family strengths, challenges, needs, wants and desires and selecting the family with the best potential to meet the child's needs and desires. The purpose of this unit is to review these policies and practices, improve decision-making and engagement skills and introduce participants to the state-specific policies, standardized practices and protocol and effective team planning.

Module 6 – Title IV-E Adoption Assistance Agreements

Unit 6.1: Title IV-E Adoption Assistance Agreements. The Title IV-E Adoption Assistance Agreements unit presents a history of Adoption Assistance in the United States and reviews federal and state laws, policies and eligibility requirements for the Title IV-E Adoption Assistance Programs. Participants discuss negotiating Title IV-E Adoption

Assistance Agreements and discuss adoption assistance and medical assistance with older children/youth. Participants build case scenarios.

Module 7 – Post Adoption Services

Unit 7.1: Post Adoption Services. The purpose of this unit is to provide participants with the skills in 1) determining the necessary post-adoption services, 2) developing a post-adoption services plan, 3) stabilize crises and develop a crisis contingency plan, and 4) Develop an individualized plan for family support.

Foster Care Licensing Pre-Service Curriculum

This three week specialty track follows Core and Case Management training. This curriculum is currently being revised, updated and field tested with an anticipated implementation date of the spring of 2017.

Module 1: Overview of Licensing Requirements

Unit 1.1: Overview of Licensing
The purpose of this unit is to provide an overview of how the role of foster care licensing relates child welfare protection and Florida's Child Welfare Practice Model.

Unit 1.2: Licensing Laws and Time Frames
The purpose of this unit is to give an overview of the licensing laws designed to protect children in licensed care.

Unit 1.3: Who Can Become a Foster Parent?
The purpose of this unit is to explain how assessment is an ongoing and mutual process that is fully woven within the fabric of a licensing specialist's job.

Module 2: Collaboration with Foster Parents

Unit 2.1: The Support Team
The purpose of this unit is to define the support team in terms of who they are and the services they provide. In addition, the process by which support team members and foster parents support and communicate with one another is highlighted.

Unit 2.2: Working with Birth Parents
The purpose of this unit is to explain to participants how to support foster parents by facilitating their relationships with birth parents.

Unit 2.3: Parenting Children in Out-of-Home Care – Children's Behavior and Needs
The purpose of this unit is to discuss the important aspects of parenting children in out-of-home care. In particular, the intent of the unit is to facilitate the participants' understanding and sensitivity to the effects of trauma on a child and on the foster care family when a child who has experienced trauma has transitioned to foster care. The unit also focuses on how provide normalcy for a child. The unit explores the ways licensing specialists and the team can support foster parents in this critically important role including how to prevent disruption and when to offer specialized therapeutic care.

Unit 2.4: Transitions
The purpose of this unit is to familiarize participants with the events comprising a child's transition from foster care to permanent placement and prepare them in assisting the families and children during transition.

Unit 2.5: The Exit Interview
The purpose of this unit is to discuss the importance of the exit interview in terms of obtaining valuable feedback from children in order to best serve their needs.

Module 3: Recruiting and Licensing Foster Parents

Unit 3.1: Recruitment and Inquiry
The purpose of this unit is to explore the recruitment and inquiry including how foster homes are recruited, the steps foster parents must take, and the basic requirements foster parents must meet in order to be recommended for licensure.

Unit 3.2: Initial Licensing
The purpose of this unit is to provide a detailed overview of the initial licensing approval process when a potential parent applies for foster care licensure.

Module 4: Placement, Retention and Re-Licensing

Unit 4.1: Placement, Retention and Re-Licensing Process
The purpose of this unit is to explore the placement, retention and re-licensing phase of assessment and licensing including how children are matched to foster homes, how to assess for strengths and needs in order to provide support and training, and the steps foster parents must take and the requirements parents must meet in order to be eligible for re-licensure. Licensing specialists are expected to use professional judgment to ensure that on-going assessments are conducted and supports are provided to prevent placement disruption and encourage foster home retention.

Unit 4.2: Foster Parent Development
The purpose of this unit is to provide an overview of the process by which licensing specialists plan and prepare development opportunities for foster parents.

Module 5: Resolving Foster Parent Concerns

Unit 5.1: Reporting and Responding to Concerns in Foster Homes
The purpose of this unit is to review the primary events and elements of reporting and responding to concerns in the foster home including calls to the hotline which lead to investigations and foster care referrals.

Unit 5.2: Techniques to Manage Problems
The purpose of this unit is to provide an overview of the events surrounding cases where license revocation is deemed necessary. Specifically, participants will review foster care problem situations requiring resolution and the types of concerns a foster parent might have. In addition, participants will learn how to use corrective action plans and performance improvement plans as a response to problem resolution.

Module 6: Putting It All Together

Unit 6.1: Putting It All Together
The purpose of this unit is to provide a cumulative review of modules 1 through 5 by practicing key skills required to complete objectives in these modules.

Florida Abuse Hotline Counselors Pre-Service Curriculum

This specialty track follows Core training. This curriculum is currently being revised, updated and field tested with an anticipated implementation date of the spring of 2017.

Module 1: Overview of Process and Protocol

Unit 1: Gives a broad overview of the importance of the Hotline, its purpose and functions, legal basis and terms, and the basics of the job as Hotline Counselor.

Module 2: Obtaining & Documenting Information Regarding the Six Domains for Calls Involving Children

Unit 1: Allows recall of what has been learned about the 6 domains and practice in classifying information that is gathered during the intake process of the Hotline, according to domain, as well as providing hands-on use of the computerized note-taking tool.

Unit 2: Reviews the interviewing skills learned in the Core training and applies those to the interviewing protocol and unique circumstances of the Hotline.

Unit 3: Provides the opportunity to build interviewing skills for obtaining information by critiquing others in recorded scenarios, as well as practicing these skills in a role play simulation.

Unit 4: Gives opportunity for practice in documenting an intake narrative.

Unit 5: Reviews what has been learned about confidentiality and applies directly to the Hotline responsibilities and tasks. Will be presented by Children's Legal Services staff.

Module 3: Information Systems Used by Hotline Counselors

Unit 1: Gives overview and demonstration of the various computer systems that will be used as well as give the first hands-on practice with these systems.

Module 4: Collecting and Assessing Information

Unit 1: Reviews maltreatment knowledge and questions to illicit such information already acquired in Core, as well as review the domains of surrounding circumstances, and child functioning and apply that to screening scenarios.

Unit 2: Reviews the domains of adult functioning, general parenting, and behavior management/discipline, questions to illicit such information, and then apply to screening scenarios.

Unit 3: Reviews the required demographic information to collect, ways to do that while collecting other information and the importance of this information to next steps in the call process.

Unit 4: Builds on what has been learned and apply to establishing jurisdiction when making screening decisions.

Unit 5: Explains what information can be gained by record checks, systems and procedures for doing so, and gives practice in performing record checks.

Unit 6: Delineates when and how to consult with a supervisor.

Module 5: Making the Best Screening/Safety Decision

Unit 1: Builds on the last module and use information gathered to make screening decisions.

Unit 2: Gives practice in documenting screening decisions by entering an intake into the appropriate databases.

Module 6: Closing the Call

Unit 1: Makes the link between the Core concepts of "present danger" or "impending danger" and response priority.

Unit 2: Provides practice in call-closing procedures, including informing the caller of the screening decision.

Unit 3: Provides practice in inputting final information required when closing an intake call.

Unit 4: Applies the procedures for the next steps for closing out an intake, both screened in and screened out and based on response level, as well as for other types of calls/contacts.

Module 7: Vulnerable Adults

Unit 1: Provides opportunity to prepare for taking intakes regarding vulnerable adults who may be the victims of abuse, neglect, or exploitation.

Module 8: Other Contact Types and Situations

Unit 1: Examines contacts that are not made by phone call.

Unit 2: Identifies the differences and procedures for institutional intakes, for children and for vulnerable adults call types.

Unit 3: Identifies what to do with an intake when the computer system is down.

Module 9: Criminal Background Checks

Unit 1: Provides opportunity to identify policies, processes and procedures and apply to performing criminal background checks for Hotline purposes.

Module 10: Putting it All Together

Final performance of applying all course skills to Hotline intake scenarios.

Children's Legal Services (CLS) Pre-Service Curriculum

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

New Attorney Guide to Success

1. Philosophy of Children Legal Services:
   - Vision, Mission
   - Children Legal Services Model Memo
   - Dress code
2. Overview of dependency process/Child Welfare Practice Model:
   - Map of Regions and Circuits
   - Map of Community Based Care Lead Agency Map
   - Dependency Flow Charts with hearings and purposes
   - Acronym List
   - Child Welfare Practice Model (separate binder of materials)
   - Parties/participants (community partners, relationships)
   - Benchcards and Guardian Ad Litem Information
3. On-call:
   - 6 Information Collection Standards – Assessment (also see Child Welfare Practice Model Materials in separate binder)
   - Probable cause defined (also refer to Safety Methodology Tab 2)
   - Nexus Generally
   - Safety Plan Workshop PowerPoint
   - Analysis Worksheet
   - Safety Plan Error Indicators
   - Safety Plan Essentials
   - Safety Plan Sample
   - Staffing- Legal Staffing Decision Form
   - Paternity Decision Tree
   - Identification/Engagement of fathers – legal, biological, putative
4. Shelter Hearing/ Chapter 39 Injunctions and Procedure:
   - Shelter Hearing handout
   - Sample Shelter Allegations (2)
   - Shelter Hearing Checklist
   - Child Protective Investigation Sample Predicate Questions
   - Injunctions PowerPoint and Sample
   - Sample Order Authorizing Access to Child's Medical/Educational Records
5. Pleadings
   - Pleading PowerPoint - Top 10 Practice Pointers
   - Getting the Judge to Say Yes
   - The Essentials of Good Legal Writing Article
   - Dependency petition samples
   - Termination of Parental Rights (TPR) Petition/Expedited TPR Petition
   - Sample Motion
6. Case plan:
   - Case Plan Sample. .
   - Case Plan Approval Benchcard
   - Attorney Checklist to Review Case Plan
   - A Good Case Plan Must Cheat Sheet

7. Arraignment through Adjudication and Disposition
    - Discovery - Case Files: legal, Child Protective Investigators, Case Management
    - Service
    - Arraignment Hearing at a Glance
    - Arraignment Hearing Checklist
    - Adjudicatory Hearing at a Glance
    - Adjudicatory Hearing Checklist
    - Disposition Hearing at a Glance Benchcard
    - Disposition Hearing Checklist
8. Trial skills in General
    - Know your Judge – From a Judge's perspective
    - Litigation Skills Workshop Notes (National Institute for Trial Advocacy)
    - Case Analysis PowerPoint
    - Dependency Trial Preparation Timetable
    - 25 Tips for Trial Preparation (from parents' attorneys)
    - Theme, Theory and Why Organization is Important
    - Trial Advocacy Discussion Guide
    - Judicial Notice Best Practices and Sample
9. Opening Statements
    - Making a Compelling and Persuasive Opening Statement
    - Opening/Closing Chart
    - National Institute for Trial Advocacy PowerPoint Presentation
    - Opening Statements
    - Opening Sample Notes
10. Direct Examination of the lay witness
    - Direct Examination for Child Welfare Attorney
    - Direct Examination Cheat sheet
    - National Institute for Trial Advocacy When Your Witness gives you the wrong answer PowerPoint
    - Direct Examination
    - Guides to give your witnesses to help: Guidelines for Effective Testimony etc.
11. Cross Examination
    - 10 Commandments of Cross Examination handout
    - National Institute for Trial Advocacy Cross Examination PowerPoint
    - National Institute for Trial Advocacy Impeachment PowerPoint
    - Cross Exam – How to Write, Deliver, Impeachment
    - Tips for Cross Examining a Defendant or Defense witness
    - Tactics and Responses handouts
12. Expert Witnesses
    - Expert Cheat Sheet and Sample Cross Exam
    - Sample Predicate Questions for Direct
    - Do not need to tender witness as an expert
    - Article on Cross Examination of Psychologists
13. Evidence
    - Rules of Evidence Most Relevant to Dependency Cases
    - National Institute for Trial Advocacy Foundations PowerPoint
    - Business Records Certification
    - Sample Questions – Audio and Visual
    - Evidentiary Objections

- Hearsay Exceptions
- Fla. Evidence Code Summary Trial Guide

14. Closing arguments
    - National Institute for Trial Advocacy Closing Argument PowerPoint
    - Closing/Opening Chart
    - Sample Closing Argument with Notes
15. It is all about the children:
    - Training– When Basic Needs are Not Met
    - Protecting Children From Toxic Stress
    - Handbook on Questioning Children
    - Preparing Dependent Children For Court
    - Children in Court – Rule 8.255 and Best Practices
    - Child Testimony: In Camera/Hearsay
    - Child Victim Hearsay PowerPoint
    - Child Victim Hearsay Sample Questions
    - Notice of Intent to Offer Child Hearsay Statements and Motion to Admit
    - She Said What? What to do in Civil Domestic Violence Proceedings with Child Hearsay(helpful tips on child hearsay)
    - Sexual Assault Nurse Examiner (SANE) Testimony in Child Sex Abuse Cases Article
    - Transitioning Children Benchcard
    - Education – Appointment of Surrogate
16. Judicial Review:
    - Benchcard Judicial Review at a glance
    - Judicial Review (JR) Checklist
    - JR PowerPoint
    - Special Considerations for Youth Transitioning to Adults
    - Master Trusts
    - Sample Questions for Judicial Review
17. Permanency Review – 12 months or sooner:
    - Permanency Hearing at a Glance Benchcard
    - Enhancing Permanency for Youth in Out-of-Home Care
    - Permanency Cheat Sheet
    - Permanency Goals
18. Termination of Parental Rights – Can you? Should you?
    - Termination of Parental Rights Adjudicatory Hearing at a Glance
    - Termination of Parental Rights Advisory Hearing at a Glance
    - Advisory Hearing Checklist
    - Best Interest Testimony Best Practices (Sample Questions)
    - Termination of Parental Rights Petition Samples
    - Trial Brief Samples
    - Request for Judicial Notice (see Trial Skills in General)
19. APPEALS
    - Recurring Practice Problems
    - What's the Deal with my Appeal PowerPoint
    - Appeals in general
20. Interstate Compact on the Placement of Children (ICPC)
    - Interstate Compact on the Placement of Children (ICPC)PowerPoint
    - Five Federal Laws and the National Compact
    - Motions for Order of Compliance (various regulations)

- Statements of Case manager (various regulations)
- Orders of Compliance

21. Indian Child Welfare Act (ICWA)
    - Indian Child Welfare Act
    - Technical Assistance Brief – Indian Child Welfare Act
    - Sample Notice to Tribe
22. Psychotropic Mediations/Residential Placement
    - Benchcard Psychotropic Medication
    - Benchcard Statewide Inpatient Psychiatric Placement Program (SIPP)
    - Sample Questions for Statewide Inpatient Psychiatric Program hearing
    - Sample Motion and Order
23. Independent Living/Extended Foster Care
    - Chapter 65c Extension of Foster Care
    - Frequently Asked Questions on Extension of Foster Care
    - Medicaid Eligibility for kids until 26
    - Independent Living Services and Checklists
24. Florida Safe Families Network (FSFN)
    - Children Legal Services/Florida Safe Families Network How to Guide
    - Retrieving an Overview of Your Caseload from Florida Safe Families Network
25. Miscellaneous topics
    - Intervention for private adoption PowerPoint and materials
    - Human trafficking
    - Ludwig Handout

Day One: Policies and Procedures for DCF

Task: Receipt of equipment, books, materials and manuals - complete online Department of Children and Families trainings for new employees.

Day Two: Policies and Procedures for CLS

Tasks: *Review New Attorney Guide to Success Chapter 1-2*
Review Organizational chart of Children Legal Services,
Review Children Legal Services Performance Measures/Metrics with Supervisor.
Acknowledge Performance Measures Expectations via People's First.

Introduction to various data Base Systems Training: Westlaw, Florida Safe Families Network, Electronic Document Management System (EDMS), Comprehensive Case Information System (CCIS), incident reporting system, Children Legal Services Webpage, Department of Children and Families Web page, People's First Time Card, local Clerk of Court access, e-Filing access registration) with Administrative Assistant/Paralegal Specialist (as designated by the office for technical assistance).

Begin review of Chapter 39 Book
Begin review of New Attorney Guide to Success Binder
Begin review of Trial Advocacy for the Child Welfare Attorney

Days Three and Four: continue review books

Continue review of Chapter 39 Book, New Attorney Guide to Success Binder: Trial Advocacy for the Child Welfare Attorney.
Review New Attorney Guide to Success Chapter 15 – It is all about the Children

Days Five and Six: Staffing and LSD Forms

Tasks: *Review New Attorney Guide to Success, Chapter 3/LSD Form Information and Chapter 4*

Staffing Forms and Determining Legal Action with Supervising Attorney/Managing Attorney
Sample File with Paralegal Specialist.
Injunctions
Observe staffing, if available, with Senior Attorney/Supervising Attorney

Review Safety Methodology Materials

Continue review of Chapter 39 Book, New Attorney Guide to Success Binder: Trial Advocacy for the Child Welfare Attorney. ***(continue daily until completed)*

Review Statutes: 61, 63, 119, 409, and other statutes related to ancillary issues ***(continue daily until completed)*

Day Seven: Child Welfare Practice Model Training

This is just the beginning of the training on the new practice model. Once the webinar has been viewed in conjunction with all the handouts, the Supervisor/Managing Attorney (MA) must continue to work "on the line" with the attorney as cases are staffed and files reviewed. The best way to become competent is work on the cases and consult with supervisor, then review materials again.

Day Eight: Shelters, begin shadowing experienced attorney, draft pleadings

Tasks: *Review New Attorney Guide to Success, Chapter 4 Shelter Hearing and Procedure*

Shelters- Staffing, Drafting Petition, Hearing with Supervising Attorney/Managing Attorney
Review Shelter rules and statutes
Discussion/Debrief regarding Shelter Hearing, rules and statutes with Supervising Attorney/Managing Attorney
Watch Webinar – Whose Your Daddy

Days Nine and Ten: Begin the analysis of whether a child is dependent.

Tasks: *Review Webinar/materials on* Children Legal Services *Website – Pleadings*

Review New Attorney Guide to Success Binder Chapter 5, Pleadings
Drafting dependency petition with Supervising Attorney/Managing Attorney
Review Guide to Success Binder Chapter 6-7, Arraignment through Disposition
Shadowing Settlement Conferences/Case Plan conferences
Watch Webinar - Without Harm, Your Allegations Have No Charm
Watch Webinar - How to Prevail at Shelter on Impending Danger Cases

Days Eleven – Fifteen: Preparing case for trial

Tasks: *Review New Attorney Guide to Success Ch. 8-14 (Litigation Skills)*

Finish National *Institute for Trial Advocacy Book, Trial Advocacy for the Child Welfare Lawyer*
Review Webinar on Children Legal Services *Website – Hello Daubert, Goodbye Frye (experts)*
Facilitate settlement conferences/case plan conferences
Redact Discovery/Provide Response to Discovery

Trial Preparation
Prepare Witnesses
Review Appeals process/procedure

Day Sixteen – Twenty: Judicial Review Process

Tasks: *Review New Attorney Guide to Success Chapter 16-17 Judicial Review/Permanency Review*
Review New Attorney Guide to Success Chapter 22 Psychotropic Medications
Review Webinars on Children Legal Services *Website – 2014 Changes to Independent Living/Extended Foster Care*
The Master Trust/Surrogate Parents
Read Judicial Reviews
Attend Judicial Review
Attend Dispositions
Review Case Plans

Day Twenty One – Twenty Five: TPR Process

Tasks: *Review* Children Legal Services *Webinar, Termination of Parental Rights Best Practices*
Review New Attorney Guide to Success Chapter 18
Attend permanency staffing
Drafting a Termination of Parental Rights Petition for Supervising Attorney/Managing Attorney review and comments
Become familiar with:
Grounds for Termination of Parental Rights
Least Restrictive Means Test
Manifest Best Interest

End of First Month: Attend 3 Day New CLS Attorney Training

Note there are case materials to prepare including reviewing the Shelter and Dependency Petitions, Psychological Evaluation, Substance Abuse Assessment, Evidence (photos and letters), Business Records Certification.

The attorney must review and prepare a direct examination, cross examination, prepare evidence to be admitted and a closing argument.

Month Two – Chair/Co-chair Trial

First or Second Chair Trial.
Continue shadowing as needed and reviewing materials.
Continue review of New Attorney Guide to Success
Watch Webinar on Children Legal Services *website: Evidence 2014*
Watch Webinar – Top 20 Tools for your Dependency Law Toolbook

Month Two - Three

Complete review of New Attorney Guide to Success
Review Webinars on CLS Website –
Interstate Compact on the Placement of Children (ICPC) *101*
Science of Attachment (Zeanah)
Youthshine Panel – We shall be heard
Ethics in Child Welfare
Risk Factors Associated with Maltreatments by Dr. Lambert, Child Protection Team
Listen in on Decision Team Staffing (Title varies by Circuit) in your Circuit

SECTION 4: TRAINING TRACKING

Training events and courses are tracked two ways: 1) quarterly training reports from the community-based care providers, Sheriff Offices, and Department of Children and Families regions; and 2) the training tracking module in the SACWIS system.

Semi-annual training reports. Aside from standard, statewide pre-service curricula for newly hired child welfare professionals, training conducted across the state varies among the regions, the contracted community-based care providers, and the sheriffs' offices. Twice a year, the contracted providers and the sheriffs' offices submit a summary of all the training courses they have conducted. Beginning in July 2015 quarterly training reports replaced the semi-annual reports. Four times a year, the contracted providers, sheriff's offices, and Department of Children and Families regions submit a summary of all the training courses they have conducted.

See Appendix E6: *Overview of Training*

Detailed spreadsheets of individual training available on request:

- *Semi Annual Reports for CBC and sheriff offices January 2015 to June 2015*
- *Quarterly Reports July 2015 to September 2015*
- *Quarterly Reports October 2015 to December 2015*

Training tracking in SACWIS. In early 2013, a new training tracking feature was implemented in Florida's SACWIS system. Per directive from the Department's central office, all child welfare professionals across the state are encouraged to use the system. Each professional is directed to self-report the training he or she has received. The Department plans to engage in on-going efforts to increase usage.

SECTION 5: TRAINING FUNDING

The Department allocates funding specifically for training among community-based care lead agencies, 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, and advanced and in-service training that reflects the agency's system of care and meets both agency and individual training needs. Additionally, the Department uses training funds from other grants, such as the Children's Justice Act, in order to meet the specific training needs that support the goals and objectives of the grant program. CBC lead agencies are restricted to using these funds for child welfare education and training services only. To ensure appropriate expenditure of these funds, each agency receiving training funds were required to submit semi-annual training reports and beginning in July 2015 are required to submit quarterly training reports.

During State Fiscal Year 2013/14, the Department and sheriffs expended about $3.5 million on training related primarily to child protective investigation and related case management/service provision activities. The CBCs expended about $6.3 million on training related to case management and other aspects of service provision, so the cost of training in total was around $9.8 million. The allocated budget for SFY 2014/15 was similar. Two major factors affected the budget/cost of training beginning in SFY 2015/16. First, legislative appropriations to support major new Department initiatives in child protection and welfare have provided additional training funding. Second, the Children's Bureau and the stateares amending the Terms and

Conditions for the Title IV-E Demonstration Waiver removed training from the "cap" for administrative claims, and therefore federal FFP may be claimed for allowable training activities including In-service, Pre-Service, and field training performed by the Department, sheriff offices, and CBC's. During State Fiscal Year 2015/16, the Department and sheriffs were allocated about $48.6 million on training related primarily to initial assessment, case management, service provision and foster and adoptive parent trainings.

Attachment E1 Training Plan Matrix

Training Plan Appendices:

- Appendix E1 CBC Training Expenditures
- Appendix E3 CPI Training Allocation
- Appendix E4 Practice Model
- Appendix E5 Florida's Statewide Automated Child Welfare Information System Assessment Review Report Findings
- Appendix E6 Overview of Training

Note: Training Information details available on request:

2015 Semi-Annual Reports January to June for community-based care agencies and Sheriff Offices

2015 Quarterly Reports July to September for community-based care agencies, Sheriff Offices, and Department of Children and Families regions.

2015 Quarterly Reports October to December for community-based care agencies, Sheriff Offices, and Department of Children and Families regions.

Training Plan

Appendix E1: FLORIDA'S FIVE YEAR STAFF DEVELOPMENT AND TRAINING PLAN FOR 2015-2019

FLORIDA'S CHILD WELFARE TRAINING SYSTEM FIVE YEARS FROM NOW

OUR VISION

…. is to create a formal statewide training system that supports the three goals of the Child and Family Services Plan as well as the purposeful and continual development and career progression of the Department's child welfare professionals – both employed and contractual – throughout the lifetime of their employment.

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.1: Annual Needs Assessment, Planning and Budget The Department allocates almost all (see note below) child welfare training dollars to the regions, community-based care agencies, and sheriffs' offices to train investigators, case managers, licensing specialists, adoptions specialists, and supervisors. In turn, those entities spend their training budgets as they deem appropriate. Spending on training is on par with national averages. However, it is unknown whether the training budgets adequately meet the training needs. Note: Approximately $1,000,000 is spent on training from the headquarters office, half of which is from the Children's Justice Grant funds to pay for approximately 700 scholarships for attendance to the annual statewide child welfare conference. Supporting information and data: • According to the *2013 State of the Industry Report* issued by the American Society for Training and Development, as a percent of payroll, direct	A fully funded training system based on the state's child welfare training needs. Training dollars are spent in a purposeful way, leveraging the amount available to achieve the greatest impacts in the areas of greatest need.	• With input from staff around the state, develop a method for conducting statewide and local assessments (an annual performance needs assessment and an annual data-driven training needs assessment) to identify gaps in child welfare staff skills and knowledge that will inform in-service training, modify pre-service training, and identify emerging needs. *Year one. Needs assessments were completed* • Clearly define training activities to be able to accurately capture training expenditures at headquarters, regional offices, community-based care providers, and sheriffs' offices. *Year one. Community-Based Care agencies have submitted detailed semi-annual training reports in year one, goal is to have regions and Sheriff's offices also submit these reports in year two.* *Year two: See below.* • Develop statewide and local 2-year training plans and training budgets; adjust annually as needed.

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
expenditure on learning was 3.6% in 2012, with an average of $1,195 spent per employee. • On average, over the past three years, the community-based care agencies spent 1.8% of their payroll budget on training (2.08% in 2011, 2.02 percent in 2012, and 1.19 percent in 2013). • On average, over the past three years, the Department's regions have been allocated training budgets that are 3% of the total salary costs. This allocation represents an average spending of $1,551.31 per position. • On average, over the past three years, the sheriffs' offices spend 2% of their total budgets on training. (Spending costs per employee or as a percentage of payroll costs are not available.) See Appendix A1, CBC Training Expenditures and Appendix A2, Training Allocation CPIs		*Year two and ongoing.* *Year two. Community-Based Care agencies have submitted detailed semi-annual training reports from December – June 2015. Beginning in July 2015 Community-Based Care agencies, Department of Children and Families regions, and Sheriff's offices submitted Quarterly training reports. Goal is to continue to work towards developing statewide and local training plans that guide training budgets and the provision of training.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.2: Trainer Credentialing Statewide, there are approximately 150 trainers with widely varying degrees of training experience and expertise. Some trainers hold credentials from the former credentialing program. However, Florida does not currently have a credentialing program for child welfare trainers. With attrition, the number of trainers who do not meet any standards will grow. Supporting information and data: • Seventeen percent of child welfare trainers do not hold a formal trainer certification (total number of respondents is 138). • Ongoing professional development for trainers is highly variable around the state. While 39% of the 138 respondents have taken over 6 trainer-related courses in the past three years, 24% report having taken no professional development trainer-related courses over the past three years. • In a 2007 review of child welfare training literature conducted by the Boston University School of Social Work, research indicated that adult learners generally reported higher levels of satisfaction and experienced higher levels of achievement under instructors who are competent educators and use advanced practice skills. • Organizations must be sure that the people who deliver training have the competencies of effective adult educators (Williams, 2001). See Appendix B, Trainer Survey Findings	Florida has a statewide network of qualified trainers to deliver pre-service, in-service, specialty track, and emergent needs training for all Child Welfare Professionals (hotline counselors, child protective investigators, case managers including independent living case managers, adoptions specialists, foster care licensing specialists, department attorneys, and supervisors). Ongoing professional development of trainers is required through a continuing professional development process. All trainers meet specified standards and competencies. Trainers use advanced teaching techniques, student engagement, and classroom management techniques, such as: • Place value on the experiences learners bring with them and relate the training to learner experience. • Adjust delivery style to the overall learning needs, skill level, and organizational context of the training group. • Create a supportive environment / encourage discussion /provide objective feedback. • Facilitate problem solving / stimulate critical reflection.	1. Create a statewide workgroup that will use the former certification standards as the basis for the development of a new program. These standards will address initial certification as well as ongoing requirements for recertification. *Year one. A statewide workgroup was created to address formal standard qualifications for a child welfare trainer program.* 2. Secure, through the legislative budgeting processing, headquarters office capacity to administer and appropriately support a statewide network of certified trainers. *Year two. Title IV-E training funds have been allocated to this purpose and exploration has begun on contracting out the trainer credentialing program. Headquarters will provide oversight for this program.* 3. Embed the certification program in administrative code. *Year two. This goal is being moved to year three.* 4. Administer the program. *Year two and ongoing. This goal is being moved to year three and ongoing*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
	• Provide clear presentations and well organized lectures.	
Initiative 1.3: Professionally Developed Curricula The new pre-service curricula was developed using professional instructional designers. In-service training for Child Welfare Professionals may come from any source. The state does not have standards for curriculum development. Supporting information and data: In a survey that allowed trainers (138 respondents) to select all responses that applied: • Seventy-six percent indicated that the trainers themselves develop curricula (staff who do not hold degrees in instructional design). • Fifty-six percent responded that training is developed in-house by professional curriculum developers. • Forty-four percent reported that some training development is through contractual arrangement. • Thirty-nine percent reported they use training that is "off-the-shelf" and available for public use. There have been significant advances in the field of child welfare training over the last 25 years, one of which, most notably, is the use of "a calculated approach to training development focusing on competencies" (Brittain, 2004). Such a formal, "calculated" approach implies a certain skillset which is why the National Staff Development and Training Association (of the American Public Human Services	The headquarters training unit has a full-time instructional designer and training specialists. They construct learning experiences that: 1) structure content in a way that best reflects the way the brain processes new information – from simplest terms and definitions to rules and procedures to critical thinking (analysis & problem-solving); and 2) effectively use instructional techniques, such as demonstration, practice, feedback, and structured transfer activities, to reinforce the application of that new information. These instructional designers maintain the pre-service curriculum and develop in-service curriculum for statewide use, as identified through the formal needs assessments and in support of the CFSP goals. The instructional designers provide technical assistance to staff, who develop courses based on local training needs. The curricula is posted to the web-based Training Resource Clearinghouse (see 1.5 below) and available to all credentialed trainers. Training developers in the regions, community-based care agencies, and sheriffs' departments use basic statewide standards when designing curriculum.	1. Request budget allocation for three full-time degreed curriculum developers to be housed at the headquarters office. *Year one. Budget allocation was requested but funding will not be available until year two.* 2. Recruit and hire for the new positions. *Year one. Funding not available until year two* *Year two. One full-time degreed curriculum developer and one specialist are devoted to curriculum development.* 3. Develop standards for curriculum development. *Year one. Legislative Budget Request submitted and approved for additional staff to develop curriculum standards.* *Year two. Standards are in the process of being developed.* 4. Develop curricula as identified by the formal statewide needs assessments and in support of the CFSP goals. *Year two. Curriculum development has focused on Pre-Service training. The Child Protective Investigations Pre-Service curriculum was implemented and the Case Management Pre-Service curriculum was developed.* 5. Post curricula to the Training Resource Clearinghouse for the network of 150 trainers to use. *Year two. After development all curriculum is posted to Florida's Center for Child Welfare for the network of trainers to use.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Association) has identified "curriculum designer" as one of the nine positions needed to adequately staff a public welfare training program. Formally trained curriculum designers have the skillset needed to develop learning experiences for adults that match learner needs with appropriate content and instructional methods (Literature review, Boston University School of Social Work, 2007).	Curriculum is routinely shared with the Seminole Tribe of Florida.	
Initiative 1.4: Research and Policy Development There is no formal, ongoing review of current literature or formal affiliations with child welfare research groups to stay abreast of the latest evidence-based practice recommendations. Likewise, there is no systematic examination or validation of internal practices in comparison to current literature. Training is not informed by these cutting-edge evidence-based findings.	The Continuous Quality Improvement office within the Office of Child Welfare has two full-time staff who conduct formal research and review current literature. These staff members have affiliations with child welfare research groups to stay abreast of latest evidence-based practice recommendations. In turn, the research findings yielded from these activities are used to inform policy and practice; design training informed by research; promote supportive and strategic legislative agendas and requests; and prepare position papers to drive media responses and public relations efforts.	1. Create a research workgroup. Engage universities. *Year one. Florida State University's Florida Institute for Child Welfare was established. The institute is mandated by legislation to conduct research on policy and practice standards that prioritize safety, permanency, and well-being outcomes.* 2. Create a research agenda based on continuous quality improvement findings and input from stakeholders and program professionals. Ensure that the agenda links to the CFSP goals and the practice model. *Year three.* 3. Draft research briefing papers and circulate for workgroup review and internal review. *Year three and ongoing.* 4. Publish research briefings. *Year three and ongoing.* 5. Monitor action taken in response to the recommendations, specific to training. *Year three and ongoing.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.5: Training Resource Clearinghouse / Peer Network Sharing of trainer resources and networking among the trainers varies throughout the state. Department-affiliated trainers in the regions, community-based care agencies, and sheriffs' offices are loosely associated by a statewide peer network for periodic, one-way communication and delivery of information. Trainers at a local level may or may not network and share. Supporting information and data: • In a recent survey, 51% of the 138 trainers who responded expressed high levels of satisfaction with the availability of shared trainer resources (best practices, national literature, curriculum, etc.) while 34% expressed low levels of satisfaction. • Fifty-one percent of the 138 respondents expressed high levels of satisfaction with the opportunities for peer interaction and learning opportunities among child welfare trainers, while 38% expressed low levels of satisfaction.	Across the state, certified trainers view themselves as members of a network of professional child welfare trainers. As credentialed members of this network, they have exclusive access to the Training Resource Clearinghouse that provides a continually expanding library of high-quality, professionally developed training and resource materials. Furthermore, trainers are associated through a network that provides regular two-way communication through various forums (on-line chats, Facebook, and flash surveys for quick field input). Finally, trainers meet face-to-face at least semi-annually for their own professional development, to address issues, and to plan for the future. The Seminole Tribe of Florida is a member of the network, participates in the semi-annual meetings, and uses (and contributes to) the Training Resource Clearinghouse.	1. Using a national review that has already been conducted, work with the University of South Florida to identify curricula to post on the Center for Child Welfare website. Routinely post curricula as it becomes available and alert the trainer network when it is posted. *Year one. The Office of Child Welfare continuously reviews curriculum and resources that will be posted on the Center for Child Welfare's website.* *Year two. The Office of Child Welfare continues to review curriculum and resources that will be posted on the Center for Child Welfare's website.* 2. Determine ways to formalize the peer network into a web-based, active provider of technical assistance information and real-time sharing of information. Add the Seminole Tribe of Florida to the network. *Year one. The peer network has been developed; however a web-based technical assistance venue has not been created. A formalized process has been created for the Office of Child Welfare to receive questions from the field and responses are posed on a FAQ link on the Center for Child Welfare's website.* *Year two. The peer network remains in place as does the formalized process for the Office of Child*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
		Welfare to receive questions from the field. All training managers in the trainer network are invited to a quarterly web based Q&A training meeting to share training information. 3. Subscribe to several child welfare professional journals and become an institutional member of the International Society for Performance & Improvement and the American Society for Training & Development. *Year one. This has not been completed and we would like to remove it from the plan.* 4. Establish a workgroup to assist in the planning and delivery of the semi-annual trainer meetings. *Year one and ongoing. Due to staff changes, this needs to be moved to year three.*
Initiative 1.6: Leadership and Guidance The current training unit has one supervisor solely dedicated to training and two specialists, each partially dedicated to training. Supporting information and data: The National Staff Development and Training Association (NSDTA) was established in 1985 as an affiliate of the American Public Human Services Association for the purpose of supporting persons responsible for human services training at all levels of government. The mission of NSDTA is to build professional and organizational capacity in the human services field. As one of its functions, the NSDTA researches and makes recommendations for frameworks, models, and competencies required for	The training unit has the capacity 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 unit provides: • technical assistance to the Department's regions, the community-based care agencies, and the sheriff offices • staff statewide training workgroups who assist with the five-year plan goals • communication to the field to apprise trainers of current trends in training practices	1. Request budget allocation for five additional full-time positions to be housed in the training unit at headquarters (one additional specialist, one training administrator, and the three instructional designers mentioned in 1.3).The training unit is comprised of one supervisor; three curriculum developers; one training administrator and three training specialists. *Year Two. Two additional specialists were added to the training unit at headquarters in March 2016. One specialist is involved in training development and one specialist is involved in training funding and training initiatives.* *Year three.* 2. Recruit and hire for the new positions. *Year three.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
effective staff development and training programs. Currently, there are 12 "competency clusters" recommended for effective child welfare training infrastructure: 1. Administration 2. Communications 3. Course design 4. Evaluation 5. Group dynamics/process 6. Instructional techniques 7. Learning theory 8. Manpower planning 9. Person/organization interface 10. Research and development 11. Training equipment and materials 12. Training needs analysis	• annual meetings for the statewide network of trainers • review of the annual training reports to ensure alignment with the practice model and the CFSP goals • development and administration of the annual needs assessments	

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.1: Career Ladders / Specialty Tracks / Career-Long Curricula Career ladders vary. Some areas of the state enjoy well-structured, clear career ladders, while other areas offer mediocre ladders or lack professional advancement opportunities. Some pockets of the state have informal specialty tracks for Child Welfare Professionals. There is no statewide program for specialty learning or certification.	Florida recruits individuals who are well suited for working in the child welfare system. Supervisors have a variety of tools to use during application reviews and interviews of applicants. New hires are presented with a clear, structured career ladder that specifies general career progression, based on established competencies. This includes learning opportunities for specialty tracks and	1. Create a workgroup. *Year two. Move to year three.* 2. Explore current career ladders and corresponding in-service training requirements (a standardized core set of long-term, in-service courses determined by the needs of Child Welfare Professional practice, the goals of the CFSP, and findings of continuous quality improvement data - and that range from foundational level to advanced practitioner level within a chosen track) and specialty tracks.

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**
All new employees are sent to pre-service training. Beyond pre-service, a wide variety of in-service is offered, depending upon which agency, and where the new employee is employed. There is no statewide systematic training on topics such as psychotropic medications, behavioral health, the Indian Child Welfare Act, and disaster planning. All certified staff must have 20 hours of ongoing education each year (content and topics not specified). Supporting information and data: • A recent report from the Florida legislature's research agency indicated that the turnover rate for child protective investigators is 20% and 30% for case managers. Other reports indicate higher rates depending on how turnover is defined. • Of the 138 respondents to the trainer survey, 58% indicated that the career ladder is "excellent" (a very clear, structured career ladder is in place) or "good" (a career ladder is in place but the structure is somewhat lacking). The remainder of the respondents indicated that the career ladder is only "okay" or poor. See also SACWIS findings Appendix D, SARRS Findings and Appendix E Overview of Community-Based Care Training (DCF intends to examine the listing of training topics providing by the community based care agencies to note trends and possible statewide application)	in-service courses (outlined in Florida statute) to complete during their first years of employment. In-service training requirements tor on-going education include topics such as psychotropic medications, behavioral health, the Indian Child Welfare Act, and disaster planning.	*Year two. Move to year three.* 3. Identify a variety of the best recruitment tools and strategies and offer them as examples for use at the regional level. *Year two. Move to year three.* 4. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child protective investigators and case managers in Florida. *Year three and four.* 5. Pursue legislation mandating skills and policy training specific to child abuse and neglect investigations within the first years of employment. *Year three and four.*

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**
Initiative 2.2: Supervisor Professional Development The Department is currently moving away from a compliance-driven supervision model to a coaching and consulting supervision model. New pre-service curriculum for newly hired supervisors has been developed. There are significant differences in the frequency of supervisor trainings offered statewide. There is no standard in-service supervisor curriculum. Supporting information and data: • Survey responses from 138 trainers indicates that 37% of the training entities statewide offer supervisor-specific training very frequently (over 6 classes per year); 23% offered them frequently 4-6 times per year; and 33% offered them less than frequently (1-3 times per year). • Both Child Welfare Professionals and the literature identify the importance of the supervisory role in achieving desired service and organizational outcomes. The Children's Bureau has identified child welfare supervisors as "a critical focal point for the successful achievement of agency goals and caseworker practices that strengthen families." Due to the vital role they play in the child welfare organization, there is also increasing recognition in the literature of the need to provide training to supervisors and to provide extensive support to them as they carry out their roles (Strengthening Child Welfare Supervision, NCWRCOI, 2007).	Supervisors are the linchpin of practice. The instructional designers in the training unit develop advanced supervisor training for experienced staff. The headquarters training unit offers regular "lunch-and-learn" trainings that managers use with their frontline child welfare supervisors. The trainings are reinforced with a variety of fast, easy-to-administer training activities sent out through e-mail and survey tools. These trainings supplement the new supervisor pre-service curricula and focus on topics such as: a) common issues in supervising child welfare staff b) using data to improve the child welfare unit's effectiveness c) effectively providing performance feedback to employees d) recognizing strengths and improvements made e) coaching for improvement	1. Create a workgroup to assist with planning and delivering "lunch and learn" events. *Year two. This has not been completed and we would like to remove it from the plan. Instead a proficiency process is being developed for Department of Children and Families supervisors at all levels to ensure adherence of fidelity to the Florida Child Welfare Practice Model and to ensure child safety threats are addressed with the sense of urgency needed. This process allows for the ongoing development of skills in the area of coaching, supervision, and consulting. An annual statewide supervisory training is also provided for Case Management and Child Protective Investigations supervisors to provide training on advanced supervisory skills.* 2. Select subject matter experts to work with the instructional designers to develop a standardized advanced supervisor skills curriculum determined by the needs of the Department's professional practice and findings of continuous quality improvement data. Ensure that the curriculum upholds the goals of the CFSP and the practice model. *Year two. This has not been completed and we would like to remove it from the plan.* 3. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child welfare supervisors in Florida. *Year three and four.*

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.1: Continuous Improvement of Training There is no formal evaluation method to assess the quality of training being conducted across the state. Each community-based care agency submits semi-annual reports that capture all training courses. The report does not include evaluative information. The current training tracking system is under-utilized and incomplete. Supporting information and data: When asked to check all that apply regarding how the effectiveness of training programs are evaluated, 137 trainers reported: • 63% checked "some courses have pre- and post-tests • 35% reported "trainees and supervisors are interviewed after the training program" • 88% use evaluation forms • 32% indicate "practice measures are captured before and after the training program	One of the training unit's specialists is responsible for tracking and reviewing statewide programs to ensure they meet established criteria for: a) quality; and b) support of the CFSP goals and objectives. The training unit 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.	1. Increase capacity and reporting capabilities of existing training tracking system. Amend provider contracts to include mandatory usage of the system by each employee. *Year one and two. Dismantling ancillary systems has encouraged the increased use of the FSFN tracking system.* 2. Establish quality criteria for training programs. *Year three.* 3. Establish criteria for determining whether trainings support the CFSP goals and objectives. *Year two.* 4. Initiate the bid process to identify potential university partners to conduct evaluations of large-scale curricula. *Year one. A bid process is not needed. Part of the Florida Institute for Child Welfare's responsibilities is to conduct a review of the pre-service training curricula.* 5. Create "annual training review" procedures for reviewing a sample of courses developed at the local level for quality and support of the CFSP goals and objectives and review of the training program in general. *Year four*

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance Only pockets of the state have processes for systematically using quality assurance review findings and other assessment data to inform training.	Established statewide processes for systematically using quality assurance findings and other assessment data to inform training.	1. Examine practices around the state. *Year one and two. In year one a process was initiated to establish Critical Child Safety Practice Experts (CCSPE) in Florida's Child Welfare Practice Model. These experts will go through a proficiency process in year two to establish them as experts in the new practice. This will assist the state in examining practices around the state and assist in the development of future trainings.* *Year two: Over twenty CCPEs throughout the state have successfully completed the proficiency process and are now experts in Florida's Child Welfare Practice Model which will assist the state in examining practices and in the development of future trainings.* 2. Identify promising practices. *Year two. Move to year three.* 3. Share and promote promising practices. *Year two and ongoing. Move to year three and ongoing.*

Florida's Child and Family Services Plan 2015-2019
Training Plan
Appendix E2. Community-Based Care Training **Expenditures**

	BBCBC	CBCB	CBCCF-OO	CBCCF-Sem	CFC	ChildNet	CNSWFL	CPC	ECA-H	ECA-PP
TRPIS Training Expenditures - **2013**	437,820	159,564	297,532	53,673	306,112	448,366	359,781	181,954	424,416	351,202
Case Management	13,657,177	8,870,272	22,317,356	4,655,967	13,198,242	22,408,108	12,774,668	10,988,060	27,503,247	22,627,128
% Case Mgt to Training	3.21%	1.80%	1.33%	1.15%	2.32%	2.00%	2.82%	1.66%	1.54%	1.55%
GRAND TOTAL	31,789,118	21,045,773	49,801,481	11,223,190	38,349,055	57,783,137	29,315,743	29,547,199	65,518,756	60,261,169
% Total expenditures to Training	1.38%	0.76%	0.60%	0.48%	0.80%	0.78%	1.23%	0.62%	0.65%	0.58%

TRPIS Training Expenditures - **2012**	439,325	215,133	292,443	86,829	336,285	497,345	328,085	109,470	482,220	518,585
Case Management	13,718,929	9,112,446	22,547,430	5,711,757	12,809,834	22,404,625	11,225,796	10,752,704	22,856,245	30,589,271
% Case Mgt to Training	3.20%	2.36%	1.30%	1.52%	2.63%	2.22%	2.92%	1.02%	2.11%	1.70%
GRAND TOTAL	31,236,620	20,561,192	51,261,915	12,865,908	38,444,996	61,371,183	26,154,807	28,851,681	56,007,847	66,004,970
% Total expenditures to Training	1.41%	1.05%	0.57%	0.67%	0.87%	0.81%	1.25%	0.38%	0.86%	0.79%

TRPIS Training Expenditures - **2011**	440,833	271,390	324,766	94,662	296,955	631,336	309,336	148,080	483,090	526,687
Case Management	13,062,889	9,608,833	23,048,710	5,686,090	13,276,457	23,140,836	10,205,183	10,309,251	21,557,835	28,430,397
% Case Mgt to Training	3.37%	2.82%	1.41%	1.66%	2.24%	2.73%	3.03%	1.44%	2.24%	1.85%
GRAND TOTAL	30,571,802	21,172,819	52,094,641	12,477,876	37,805,269	64,831,613	23,660,312	27,968,012	52,922,620	64,994,792
% Total expenditures to Training	1.44%	1.28%	0.62%	0.76%	0.79%	0.97%	1.31%	0.53%	0.91%	0.81%

	FFN-Lakeview	FSSNF	Heartland	KCI	KFF	OurKids	PSF	St Johns	UFF	YMCA	Total
TRPIS Training Expenditures - **2013**	538,522	317,155	319,572	512,114	15,235	475,950	333,629	36,826	376,448	145,607	6,091,477
Case Management	16,182,455	15,613,143	15,827,788	23,170,451	3,104,257	35,234,234	11,736,996	2,160,529	12,285,844	11,641,757	305,957,679
% Case Mgt to Training	3.33%	2.03%	2.02%	2.21%	0.49%	1.35%	2.84%	1.70%	3.06%	1.25%	1.99%
GRAND TOTAL	38,137,028	48,999,876	40,770,853	43,230,881	6,260,164	94,804,085	28,115,849	4,494,764	25,149,569	24,304,434	748,902,124
% Total expenditures to Training	1.41%	0.65%	0.78%	1.18%	0.24%	0.50%	1.19%	0.82%	1.50%	0.60%	0.81%

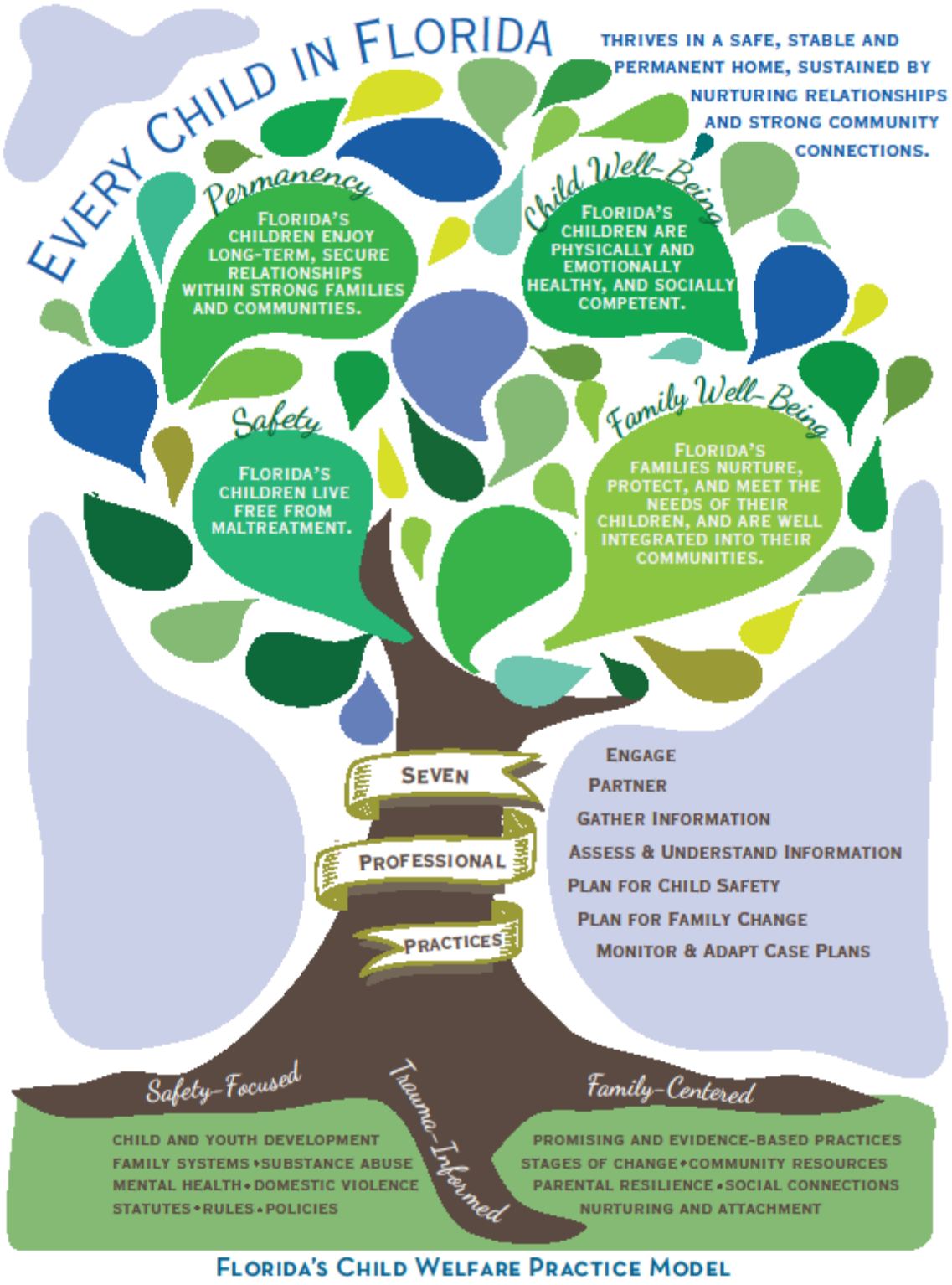
TRPIS Training Expenditures - **2012**	543,616	283,637	268,647	544,057	13,155	343,528	425,373	41,646	378,106	121,059	6,268,543
Case Management	16,266,973	15,349,892	16,380,772	23,057,973	2,910,231	36,280,238	11,225,474	2,119,443	12,681,664	12,186,745	310,188,442
% Case Mgt to Training	3.34%	1.85%	1.64%	2.36%	0.45%	0.95%	3.79%	1.96%	2.98%	0.99%	2.02%
GRAND TOTAL	36,826,633	46,899,132	41,685,079	42,742,986	5,832,408	94,905,616	29,158,160	4,704,547	24,257,426	24,448,783	744,221,890
% Total expenditures to Training	1.48%	0.60%	0.64%	1.27%	0.23%	0.36%	1.46%	0.89%	1.56%	0.50%	0.84%

TRPIS Training Expenditures - **2011**	472,069	127,174	346,253	590,471	8,831	699,249	368,233	19,147	182,225	120,800	6,461,588
Case Management	15,293,187	13,599,123	17,501,216	23,312,369	2,464,066	41,304,479	11,707,959	2,071,213	12,616,380	12,289,098	310,485,570
% Case Mgt to Training	3.09%	0.94%	1.98%	2.53%	0.36%	1.69%	3.15%	0.92%	1.44%	0.98%	2.08%
GRAND TOTAL	35,654,108	43,026,142	42,413,723	44,266,851	5,380,926	99,443,737	28,564,514	4,616,482	23,663,255	23,944,122	739,473,614
% Total expenditures to Training	1.32%	0.30%	0.82%	1.33%	0.16%	0.70%	1.29%	0.41%	0.77%	0.50%	0.87%

% Case Mgt to Training Dollars		% Total Exp to Training Dollars	
0.49%	3.33%	0.24%	1.50%
0.45%	3.79%	0.23%	1.56%
0.36%	3.37%	0.16%	1.44%
1.19%		0.81%	
2.02%		0.84%	
2.08%		0.87%	

Florida's Child and Family Services Plan 2015-2019
Training Plan
Appendix E3. CPI Training Allocation

Child and Family Services Plan Child Protective Investigations Appropriations History					
Approved Operating Budget as of July 1	**Fiscal Year**				
Program Activity	**2009-2010**	**2010-2011**	**2011-2012**	**2012-2013**	**2013-2014**
DEPARTMENT					
CHILD PROTECTION - INVESTIGATIONS (DEPARTMENT)*	$ 99,252,777	$ 99,791,110	$ 100,673,075	$ 109,896,757	$ 111,777,077
CHILD PROTECTION - INVESTIGATIONS (DEPARTMENT) - Salaries and Benefits Category ONLY*	$ 85,576,323	$ 86,262,481	$ 87,370,189	$ 90,470,889	$ 92,038,373
CHILD PROTECTION - INVESTIGATIONS TRAINING (DEPARTMENT)	$ 2,761,077	$ 2,758,794	$ 2,758,794	$ 2,533,297	$ 2,533,297
SHERIFF OFFICES					
CHILD PROTECTION - INVESTIGATIONS (SHERIFF)	$ 47,491,157	$ 47,491,154	$ 47,491,154	$ 46,985,592	$ 49,975,592
CHILD PROTECTION - INVESTIGATIONS TRAINING (SHERIFF)	$ 991,046	$ 993,328	$ 993,328	$ 919,825	$ 919,825
Grand Total	**$ 150,496,057**	**$ 151,034,386**	**$ 151,916,351**	**$ 160,335,471**	**$ 165,205,791**
*NOTE: Child Protection - Investigations (Department) appropriations do not include the following indirect cost (overhead) rates:	16.50%	16.09%	15.77%	12.84%	12.84%
state CPIs (1633 positions) $1,551.31 per position			3%	3%	3%
sheriff			2%	2%	2%
Source: ASB Master Report as of April 11, 2014					



FLORIDA'S CHILD WELFARE PRACTICE MODEL

Florida's Child Welfare Practice Model

Vision

Every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections.

Goals

Florida's child welfare professionals seek to achieve these goals:

- **Safety.** Florida's children live free from maltreatment.
- **Permanency.** Florida's children enjoy long-term, secure relationships within strong families and communities.
- **Child Well-Being.** Florida's children are physically and emotionally healthy, and socially competent.
- **Family Well-Being.** Florida's families nurture, protect, and meet the needs of their children, and are well integrated into their communities.

Practices

To achieve these goals, Florida's child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:

- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.
- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.
- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.
- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.
- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child's family that must exist for the child to be returned home safely with an in-home safety plan.
- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers' expertise in case planning and service delivery.
- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.

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THE SEVEN PROFESSIONAL PRACTICES: *What* child welfare professionals do.

THE SAFETY METHODOLOGY: *How* they do it.

THE GOALS AND VISION: *Why* they do it.

SEVEN PROFESSIONAL PRACTICES

Operationalized Using the Safety Methodology

Engage: The family is the primary point of communication, involvement and decision-making. The *Information Collection Protocol* for investigators and *Standards of Intervention* for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the *Family Functioning Assessment* and (for unsafe children) the safety planning, *Family Functioning Assessment - Ongoing* and case planning. Engagement is essential to the development of the *Case Plan*, which includes goals for what must change, related to enhancing *Caregiver Protective Capacities* and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner 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 progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the *Six Information Domains*, which frame what must be known about children and caregivers to inform effective decision-making. These *Six Information Domains* live within the *Family Functioning Assessment*. The *Six Information Domains* are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional "creates a picture" of the pervasive functioning occurring among adults and children within the family. The "picture" represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.

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The Seven Professional Practices:
Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five *Danger Threshold Criteria:* (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the *Six Information Domains* clearly supports an active impending danger threat that meets the *Danger Threshold Criteria*, and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: *Present Danger Assessment; Family Functioning Assessment;* the SDM® *Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update;* SDM® *Family Risk Re-Assessment* and SDM® *Family Risk Reunification Assessment.*

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a *Present Danger Plan* is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the *Family Functioning Assessment* process. When an investigator concludes at the end of the *Family Functioning Assessment* a child is unsafe, an *Impending Danger Safety Plan* is developed. Developing a sufficient *Impending Danger Safety Plan* to control and manage impending danger that is the least intrusive is completed through an immediate intervention called *Safety Planning Analysis.* Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the *Impending Danger Safety Plan* is transferred at the same time and continues to occur through the life of the case. In addition, the *Safety Planning Analysis* is used for children with an out-of-home Impending *Danger Safety Plan* to create *Conditions for Return* for these children to return home with an in-home *Impending Danger Safety Plan.*

Plan for family change: Information gathered through the *Family Functioning Assessment - Ongoing* results in the development of case plan outcomes related to what must change to demonstrate enhanced *Caregiver Protective Capacities* addressing impending danger threats and *Child Needs.* The *Case Plan* includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the "roadmap" or method by which change will be addressed.

Monitor and adapt case plans: The *Ongoing Family Functioning Progress Update* is a formal and ongoing intervention that occurs on a regular basis following the development of the family's *Case Plan.* It is intended to provide a standardized approach to measuring progress for enhancement of diminished *Caregiver Protective Capacities* as they relate to the impending danger threats and *Child Needs,* safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated *Six Information Domains,* which inform the *Ongoing Family Functioning Progress Update.*

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Florida's Statewide Automated Child Welfare Information System (SACWIS)

Training Needs Identified by Administration for Children and Families

Below is a summary of the SACWIS Assessment Review Report (SARR) findings concerning Florida Safe Families Network (FSFN) training. Attached to this summary is an excerpt of the report ("Attachment A – SARR Training Findings" pages 35-36) with the details of each finding and accompanying recommendations.

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SARR – Findings / Training Issues:

A number of issues were identified relating to training following the review of Florida's SACWIS system. Recommendations included: modifications of current system design and functioning, mandating and enforcing the completion of necessary FSFN data fields and related documentation requirements, and the training and support of staff for navigation and use of the FSFN system. Specific training recommendations included, with noted SARR finding referenced:

#3(A): Workers must be provided training to increase awareness of, and ability to use FSFN features.

#12(B): Provision of training as appropriate and needed to ensure effective use of FSFN

#13(B): Training related to effective use of Family Assessments

#17(B): Training related to use of meeting modules to support key case staffing activities, such as Family Team Conferences

#29(A): Training that FSFN is the official system of record and intended to support business functions of the Community-Based Care Agencies

#32(B): Training related to the system's automated features

#48: Training regarding the non-use of ancillary data systems

Page 30 (Agency Training Plan)

FSFN Training will have three primary areas of focus:

1) **Pre-Service Training:** Review and modification of current pre-service training materials to ensure newly hired staff are receiving adequate FSFN instruction during their standard required coursework

2) **Web Resources and Support:** Provide relevant ongoing web-based support by review and modification of existing FSFN resources and soon to be completed FSFN Casework Policy and Practice Guide

3) **In-Service Training:** Provide additional in-depth FSFN instruction to existing child welfare professionals, with specific attention given to: (1) executive leadership/administrators; (2) development of FSFN "Super-Users" who can act as an internal resource to their specific organizations and provide ongoing training and support to their agency-specific staff and (3) remedial training for existing FSFN users focusing on key features and expectations. The table provided below offers additional detail on the statewide in-service training plan to be developed and delivered.

Attachment A – SARR Training Findings

Finding	Recommendation
12(B) - A number of workers used calendars to track events for which FSFN provided ticklers. Other staff were unaware of existing FSFN reports.	12(B) – Florida must provide training as appropriate and needed to ensure effective use of FSFN. To ensure training is successful and the information retained by staff, the State must provide on-going training and establish training evaluation procedures
13(B) – Field staff describe the Family Assessment as a "cookie cutter approach" and note that it is not designated to promote individualized assessments.	#13(B) Field staff describe the Family Assessment as a "cookie cutter approach" and note that it is not designed to promote individualized assessments
#17 (B) – Family Team Conference (FTC) specialists, who are responsible for coordinating these key meetings, are dependent upon the Meetings Module to fulfill their responsibilities and noted a number of needed improvements including: • Functionality so that case managers can request FTCs • Screens and reports to track FTC activities such as 1) FTC Referrals, 2) family preparation for the FTC, and 3) the efforts of specialists to track or attempt to contact FTC participants. • Ticklers to remind case managers and specialists of scheduled FTCs. • Sufficient space to record FTC outcomes.	17 (B) – In order for FSFN to support Florida child welfare business processes, FSFN must support the directive implementing collaborative meetings, such as the FTC, with appropriate tools and reports.
#29(A) – N – The case plan and related documents, and FSFN features to support the case plan are not used consistently by CBCs. In many cases, ancillary systems are preferred to FSFN to perform case management tasks. For example: • The OurKids network of agencies does not use the FSFN case plan; they use an external case plan. They noted that judges and attorneys also do not like the FSFN case plan and that families have difficulty comprehending it. • OurKids and other CBCs also use Agency Secure Knowledge (ASK) to document cases. Every new case from March 2008 to the present day is maintained in ASK. • OurKids uses an external checklist at service initiation that is not in FSFN. • Some agencies use products such as Documentum to scan in critical records that are maintained separately from the FSFN official case record. This information is only	29 (A) – FSFN's case plan functionality must accommodate the needs and business processes of the CBCs. FSFN must contain the official case record used by all CBCs in the State. Child Welfare workers should not resort to ancillary systems and other documentation external to FSFN to conduct case management activities as then FSFN does not contain a complete history of case activities.

Finding	Recommendation
available to the agency collecting it; it will not be available if the child is served by different CBC. • The case plan summary is not consistently used, even though this more user-friendly document was designed to promote case plan usage. Workers also noted that providers do not display on the summary although there is a reserved space for this data. • Big Bend uses an ancillary system for all ICPC forms and templates for children placed out of State; the data must be re-entered into the ancillary system to populate these documents. • Some workers did not use the FSFN ticklers to schedule and manage their work. Instead, they would manually enter the same information on paper calendars so they could see their workload at a glance. • Independent Living workers at United for Families, Inc. use an ancillary system for youth over 17. • Case plan text boxes were not large enough to enter needed narrative. Workers must either re-write narratives and exclude details to fit them into the available space, or retain the information in external files and systems. • Teen Normalcy Plans, which are done yearly, are not fully accommodated by FSFN. Workers can only log plan dates, such as the date the Normalcy Plan staffing occurred, but not the details of the actual staffing and resulting plan.	
#32 (B) – Workers were unaware that FSFN provides automated support to help them efficiently complete case plans by transferring information form an approved case plan to the updated version of the same plan.	32 (B) – Workers require a better understanding of the system's automated features. DCF should provide refresher training to current workers, just-in-time training for new workers, and periodically evaluate the effectiveness of the FSFN training program
#48 – C – Although FSFN has screens and functionality to maintain and update foster care and adoptive home information, the functionality is inconsistently used by the CBCs and, as noted under requirement #45, the field uses ancillary stem so this critical data does not reside in the FSFN statewide database.	48 – All critical data must be directly entered into and managed by FSFN to ensure the statewide database contains complete, timely, and accurate data. It is not acceptable to enter the information into ancillary systems for later export to FSFN.

Appendix E6
OVERVIEW OF THE TRAINING (01/2015-12/2015)

This overview is a compilation of data submitted by all Community-Based Care lead agencies, Sheriff's Office grantees, the six Department of Children and Families regions and Children's Legal Services. The reporting period for state training is January 2015 to December 2015. During the year, 48,327 individuals attended 2,137 trainings organized by the Department and its contracted partner agencies at the estimated cost of $22,250,572.

The population trained included foster and adoptive parents, child protective investigators, case managers, licensing counselors, adoption specialists, independent living case managers, and children's legal services staff. The training data is self-reported and therefore is not always consistent. This includes the way local agencies label and describe their trainings. The Department is in the process of developing an electronic data collection system to increase consistent reporting.

Below are tables with the breakdowns of trainings by audience, course type, training setting and training provides. Totals vary across table because of missing data:

Table 1: Description of FY 2015 Audience

Audience Group	Number of Participants	Percentage
Adoptive Parents	806	1.67
Case Management	33362	69.36
Child Legal Services	1319	2.74
Child Protective Investigators	6257	13.00
Foster Parents	3491	7.26
Licensing Staff	760	1.58
Service Providers	2106	4.38
Grand Total	48101	100

Table 1 shows the numbers of individuals who received training in 2015, by stakeholder groups. Case management is the largest consumer of the trainings offered, followed by child protective investigators.

Table 2: Description of FY 2015 In-Service Trainings

Category	Number of Trainings Provided
AFCARS System	2
Assessment	268
Child Abuse and Neglect	201
Child Development	92
Communication Skills	119
Cultural Competency	21
Domestic Violence	47
Effects of Separation	4
Ethics	28
Evidence Based Practice	1
First Aid	9
Foster/Adoptive Parent	16
Independent Living	39
Job Performance	110
Mental Health	94
Permanency Planning	122
Policy and Procedure	233
Preserving Families	61
Referral to Services	51
SACWIS	78
Safe Driving	15
Social Work Practice	129
Stress Management	13
Substance Abuse	61
Supervisory Skills	99
Team Building	13
Title IV-E Policies	37
Worker Retention	7
Worker Safety	61
Visitation	4
TOTAL	2035

Table 2. shows that training categories receiving the most attention include (1) assessment to determine whether a situation requires a child's removal from the home; (2) state/local agency policies and procedures; (3) the impact of child abuse and neglect on a child and general overviews of the issues involved in child abuse and neglect investigations; (4) permanency planning, which includes using relative care as a resource for children involved with the child welfare system; (5) social work practice, which in Florida comprises family centered practice and social work methods such as interviewing and assessment; and (6) effective communication skills required to work with children and their families.

Table 3. Count of Trainings Offered by Audience Groups

Audience	# of Trainings	% of Trainings
Adoptive Parents	14	0.67
Case Management	1373	65.60
Child Legal Services	22	1.05
Child Protective Investigators	348	16.63
Foster Parents	74	3.54
Licensing Staff	49	2.34
Service Providers	213	10.18
Total	2093	100

Table 3 illustrates that in 2015 case management had the highest percentage of offered trainings and foster and adoptive parents had the lowest number offerings. This distribution of course offerings follows the same patterns as the attendance. It is believed that foster and adoptive parents are receiving more trainings than is being tracked and reported. Effort are being made to address this situation including telephone consultations with Community-Based Care lead agencies, Sheriff's Office grantees, and the six Department of Children and Families regions to reinforce both documentation and reporting of training activities.

Table 4. Description of Training Settings

Training Setting	Raw #	Percentage
Blended	28	1.32
Classroom	1478	69.82
Online	610	28.81
Other	1	0.05
Grand Total	2117	100

Table 4 illustrates the environment or setting where the training was provided. Over 70% of the trainings took place in some form of a "classroom" environment. This may be a conference room, or, as reported in one case, a court room. An online training is a computer training without an instructor. About 600 classes were taken online. A blended training is one that combines online environment with a face-to-face instructor.

Table 5. Training Providers

Training Provider	Raw Number	Percentage
Blended	95	4.45
Conference	112	5.24
Contracted	435	20.37
In-House	1494	69.94
Grand Total	2136	100

Table 5 illustrates the type of training providers Florida used for the trainings in 2015. In-house trainings are provided by staff from the state or local Title IV-E agency payroll. Contracted trainings are provided by contracted/purchased trainers. Blended are trainings provided by a combination of in-house and contracted trainers. The conference category are trainings provided in a conference setting. Over 70% of the trainings were delivered in-house.

Summary Report

December 2015

Florida Department of Children and Families
Office of Child Welfare

What people said about the 2015 Child Protection Summit…

"Excellent venue!! Wonderful networking opportunity with so many workshop options."

"Great presentations that are applicable to my work in the children and adult system of care."

"Highly organized, good speakers, interesting topics. Great learning experience!"

"I enjoyed networking with other professionals. It was a great experience because **it made me remember why I am in this field."**

"I learned a lot about this profession. I learned overall that **there is hope for our children."**

"I learned a lot of good techniques to help foster parents/caregivers with behaviors of kids who have been sexually abused."

"I **really learned a lot** about other legal issues facing older children in out-of-home care, such as LGBTQ issues and human trafficking victims."

"I was surprised at the amount of training provided, was hard to decide what to take :)"

"Information is available for the asking. Each person in 'the system of care' can and should make a significant difference in the lives of the children who are thrust into the Dependency system."

"It was encouraging to see almost 3,000 people coming together for the same purpose. **It gave me renewed love and excitement for this field** that can often become overwhelming."

"Keynote speaker showed that one person can make a difference."

"Mike Carroll is the right person to lead the state. He knows what he is doing and walks the walk."

"Networking and relationship-building that occurred were great."

"Renewing the child welfare spark in my heart. This event is uplifting and builds team relationships."

"The circuit breakout was very well thought out and productive. This needs be done locally on a regular basis. The zip drive containing the presentations was a great idea. Now I can easily share what I learned."

Source: Post-Summit electronic evaluation survey conducted by the Florida Institute for Child Welfare, School of Social Work, Florida State University. Of the 2,710 registrations for the 2015 Child Protection Summit, the response rate for the evaluation was 25.5% (n=693).

"The focus on the family as opposed to just children. The trauma that is caused by not trying to keep the family together. We need to really look at whether removal is truly keeping the child safe."

"**The greatest take-aways from the event this year were the presenters.** This year, particularly, they were more engaging, provided information unknown to some of the most seasoned personnel in the Child Welfare System and did an outstanding job with answering follow-up questions. Additionally, the movie night and amenities were **fantastic!**"

"The unlimited energy of those around the State and in our own community working in child welfare. It is **inspiring**."

"There is a great support system for Child Safety in Florida."

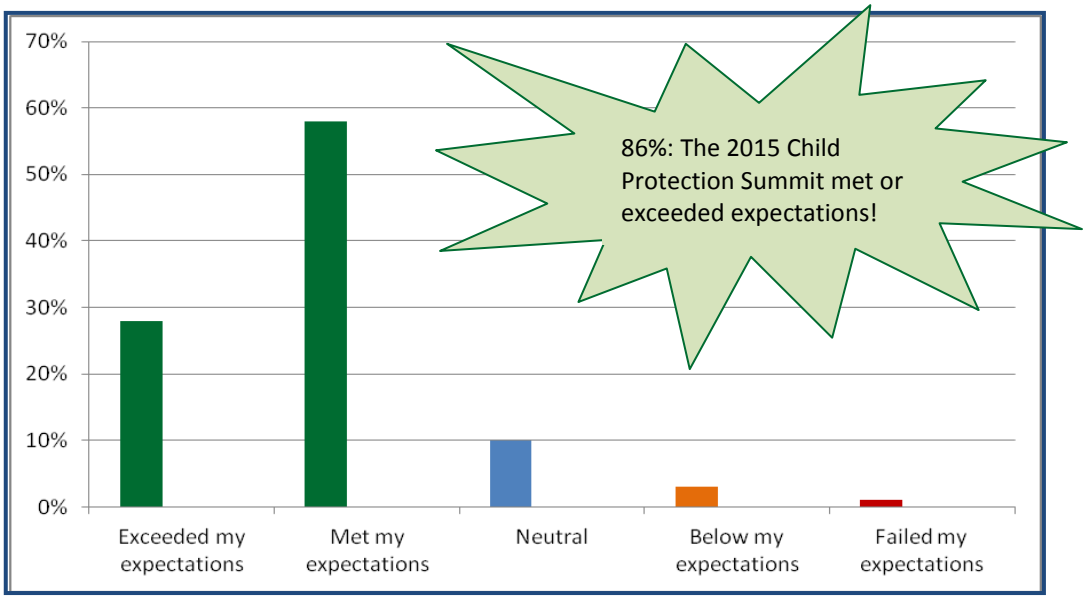
"There were some **great workshops** on Mental Health of parents."

"We all have an invisible thread tying us together."

"Well-organized conference, great topics and wonderful presentations.

"We make a difference."

How well did this event contribute to your overall professional development this year?



What is the Child Protection Summit?

The annual Child Protection Summit is the largest child welfare event in Florida and one of the largest professional development conferences for child welfare stakeholders in the country. The Summit in 2015 brought a record 2,710 child protection professionals, community partners, caregivers, advocates and stakeholders from the entire child welfare system of care for a three-day series of workshops and specialized trainings.

Because the Department does not have a state building large enough to accommodate the attendance of the Child Protection Summit, the Summit historically has been held at a conference site in the centrally located Orlando area. The 2015 Child Protection Summit was held at the JW Marriott Grande Lakes Orlando from Sept. 9-11.

To maximize the number of child welfare professionals and stakeholders who can benefit from the professional development opportunities offered at the Summit, all general sessions and several workshops were recorded and posted online at the Center for Child Welfare (http://centerforchildwelfare.org/Training/2015CPSummit.shtml). In addition, the Opening General Session (Wednesday, Sept. 9, 2015, 1 p.m. – 2:30 p.m.) was webcast live by The Florida Channel (thefloridachannel.org). Participants also received upon registration a USB drive that includes PowerPoint presentations and workshop materials used by presenters.

Who attended the 2015 Child Protection Summit?

Representatives from the entire child welfare system of care registered to attend, including: prevention service providers; frontline child protective investigators and case managers; foster and adoptive parents and other

caregivers; guardians ad litem; dependency judges and magistrates; attorneys; physicians; substance abuse and mental health treatment professionals; service providers for children and young adults with developmental disabilities; young adults who formerly were in foster care; policymakers; and representatives from the educational and juvenile justice systems.

Among those who registered for the 2015 Child Protection Summit:

Category	Number registered
Child Protective Investigators (DCF and Sheriff Office) and DCF Headquarters and Regional Staff	520
Case Managers and Community-Based Care (CBC) Lead Agency Staff	509
CBC-subcontracted Provider Agency Staff	253
Children's Legal Services (DCF, State Attorney's Offices and Offices of Attorney General)	204
Guardian ad Litem Staff and Volunteers	165
Judges, Magistrates and Court Support Staff	124
Foster and Adoptive Parents	93
Treatment Professionals	80
Young Adults formerly in Foster Care	33

What did the Department expect to gain by bringing all of these people together?

The goals of the 88 workshops and three general sessions offered during the 2015 Child Protection Summit were driven by the federal grant that supports this professional development conference, the Children's Justice Act (CJA) grant. The purpose of the CJA grant is to develop, establish and operate programs to improve:

- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;

- The handling of cases of suspected child abuse or neglect-related fatalities;
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and
- The handling of cases involving children who are victims of abuse and neglect who have disabilities or serious health-related problems who are victims of abuse and neglect.

The Florida Department of Children and Families is the designated agency responsible for administering the Children's Justice Act grant for the state of Florida. Florida complies with Section 107(a) of the Child Abuse and Prevention Treatment Act (CAPTA) in order to continue its eligibility to receive the CJA grant award. A CJA Task Force is a requirement of the grant, with members representing the following disciplines: law enforcement, criminal court judge, civil court judge, prosecuting attorney, defense attorney, child advocate attorney, court-appointed special advocate representative, health professional, mental health professional, child protective service agencies, individuals experienced in working with children with disabilities, parents and representative of parent group, adult former victims of child abuse and/or neglect, and individuals experienced in working with homeless children and youth. In Florida, this task force is called the Child Welfare Practice Task Force.

In addition to support by the Child Welfare Practice Task Force and the Children's Justice Act, community-based care lead agencies and child welfare stakeholders, sponsors for the 2015 Child Protection Summit were:

- Sunshine Health
- Casey Family Programs
- The Florida Certification Board
- North Highland Worldwide Consulting.

AK Consulting Group provides conference planning consultation services for the Child Protection Summit.

How long has the Department been hosting the Summit?

The conference originated as a Dependency Court Improvement initiative in 1997. With the exception of one year (multiple, local trainings were offered), this annual centralized, statewide conference has grown over the past 18 years. The conference has maintained a focus on improving the child welfare system of care in Florida and ensuring safety, permanency and well-being for vulnerable children throughout the state.

What was new in 2015?

Each year, the Summit planning team strives to improve the following year's conference, responsive to the feedback of participants and presenters, and mindful of training needs identified by legislative priorities and evaluation of practice. The 2015 Summit offered annual favorite features, including presentation of the William E. Gladstone Award and Child Welfare Excellence Awards and the graduation ceremony of the Florida Youth Leadership Academy participants. In addition, the 2015 Child Protection Summit offered:

- Advanced Training Workshops, such as:
    - the legislatively mandated specialized training on handling cases involving Medically Complex children and recognizing and identifying Medical Neglect;
    - a training specifically for supervisors of child protective investigators to strengthen the consultation and coaching skills needed to effectively implement the new Child Welfare Practice Model; and
    - a session focused on improving the continuum of care by implementing Evidence-Based Practices into the menu of services offered by communities throughout Florida.

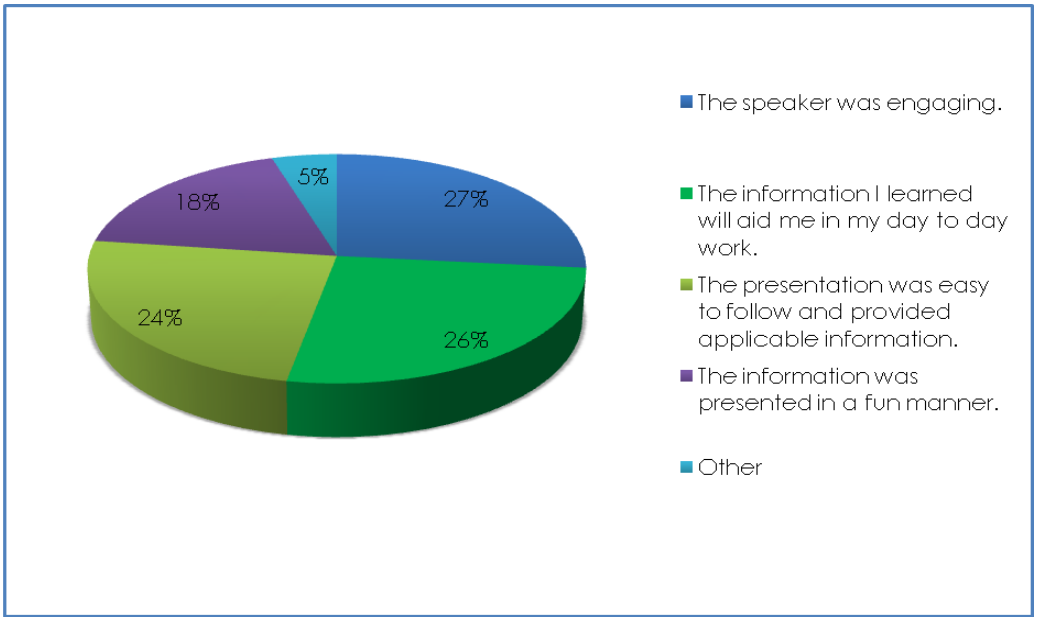
- Enhanced categorization of workshops targeting specific professions (System and Program Leadership, Practice and Caregivers, and Legal).
- Introduction of a special service project by the Florida Youth Leadership Academy to support youth in foster care with duffel bags.
- Support of the statewide foster parent recruitment campaign, including increased focus on the need to recruit foster parents of teens.
- A Movie Night and panel discussion of the *Tough Love* documentary, sponsored by Casey Family Programs and featuring director Stephanie Wang Breal and Judge Katherine Essrig of the 13th Judicial Circuit.
- Involvement during the general sessions of youth currently or formerly in foster care or involved in the child welfare system, including the NexGen Band, FSU Unconquered Scholar Brittany Gardener, Dan Scott of Florida Youth SHINE and the15 Florida Youth Leadership Academy graduates.
- Keynote speaker Laura Schroff, bestselling author of *An Invisible Thread*.

What did attendees of the 2015 Child Protection Summit like most about the workshops?

Nearly 700 attendees of the 2015 Child Protection Summit (693, or 25.5 percent) completed an electronic survey conducted by the Florida Institute for Child Welfare, College of Social Work, Florida State University, to provide feedback on the professional development conference.

Of the 693 attendees who answered the question, "What did you like most about the workshops?":

- 27% of those responded that they mostly liked that the speaker was engaging;
- 26% reported they mostly liked that the information they learned will aid them in their day to day work;
- 24% reported that they liked the presentations because they were easy to follow as well as provided applicable information; and
- 18% mostly liked the information which was presented in a fun manner.

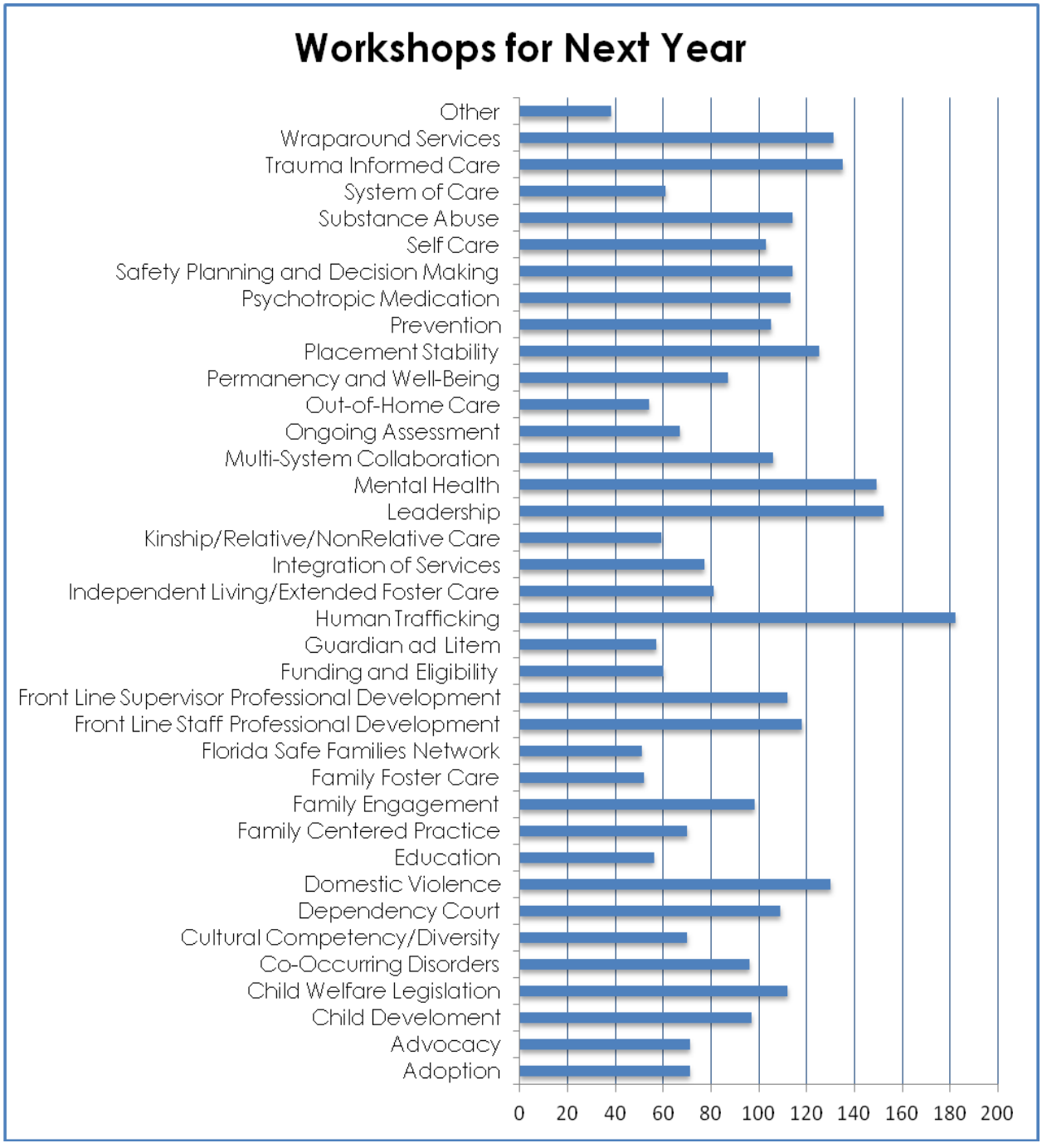


Top 25 Favorite Workshops

1. Finding an Extra Hour Every Day: Time & Tech Tips for Busy Professionals
2. It's the Little Things in Life That Matter: Florida Youth SHINE Speaks on Supportive Relationships
3. Top 20 Tools for Your Dependency Law Toolbox
4. Creating Sexual Safety and Promoting Healing (Recover) in Foster Care and Adoption
5. Children Visiting Incarcerated Parents in Prison: What We've Learned from 5,000 Child Visits
6. Simple Math: 2 Agencies + 1 dog = Better Outcomes for Kids
7. SUPERwoman, SUPERman, SUPERvisor...the Ultimate SUPERhero!
8. Adopting the Maltreated Child: Effects of Early Trauma on the Developing Brain
9. Recent Developments in Dependency Case & Statutory Law
10. Engagement Evolution
11. Controlling, Coercing or Coaching?
12. My State Regulates Your State: Coaching and Connecting with Children in Conflict
13. Serving and Protecting Children with Autism Spectrum Disorder (ASD)
14. 15th Judicial Circuit's Therapeutic Court: A Team Approach from Treatment to Permanency
15. Baker Act and Marchman Act
16. Providing a Continuum of Services for Commercially Sexually Exploited Youth: One Year Findings
17. Recommended Practices for Meeting the Needs of LGBTQ, Transgender & Gender Non-Conforming TGNC Youth
18. Safety Planning: Best Practices for Enhancing Safety for Domestic Violence Survivors and Their Children
19. A Step-By-Step Guide to Guardianship Issues for Dependent Teens
20. Advocacy Lessons Learned at My Grandmother's Kitchen Table
21. Child Welfare in the News: A Survey and Discussion of Child Abuse Cases Around the Country
22. Critical Incident Rapid Response Team: An Introduction to the Process
23. Sunshine Health Child Welfare Specialty Plan
24. The Fundamentals That Leaders Should Consider About Implementation of Evidence Based Practices (EBT)
25. Trendsetting Therapeutic Arts Services for Youth in Foster Care: A Journey into Lyrical Expression

What types of workshops do those who attended the 2015 Child Protection Summit want to see at future Summits?

Among the 37 workshop topic areas provided, 33% chose *Human Trafficking;* 27% chose *Leadership*; and 27% chose *Mental Health*; 24% chose *Domestic Violence* and 24% chose *Trauma-Informed Care*.



Are recordings available of the general sessions and workshops?

To watch the general sessions, review workshop materials and watch certain recorded workshops from the 2015 Child Protection Summit, go to the Summit page on Center for Child Welfare site:

http://www.centerforchildwelfare.org/Training/2015CPSummit.shtml

In addition, The Florida Channel recorded the general sessions and the following selected workshops:

Sept. 9, 2015: Department of Children and Families Child Protection Summit **Opening Session** (*http://thefloridachannel.org/videos/9915-department-of-children-and-families-child-protection-summit/*)

Sept. 10, 2015: Department of Children and Families Child Protection Summit **General Session** (*http://thefloridachannel.org/videos/91015-department-of-children-and-families-child-protection-summit-general-session/*)

Sept. 11, 2015: Department of Children and Families Child Protection Summit **Closing Session** (*http://thefloridachannel.org/videos/9115-department-of-children-and-families-child-protection-summit-closing-session/*)

Sept. 9, 2015: **Improving Outcomes for Infants and Toddlers through Early Childhood Court Teams** (*http://thefloridachannel.org/videos/9915-department-of-children-and-families-child-protection-summit-breakout-session-improving-outcomes-for-infants-and-toddlers-through-early-childhood-court-teams/*)

Sept. 10, 2015: **Children Visiting Incarcerated Parents in Prison: What We've Learned from 5,000 Child Visits** (*http://thefloridachannel.org/videos/91015-department-of-children-and-families-child-protection-summit-breakout-session-children-visiting-incarcerated-parents-in-prison-what-weve-learned-from-5000-child-visits/*)

Sept. 10, 2015: **Recent Developments in Dependency Case & Statutory Law** (*http://thefloridachannel.org/videos/91015-department-of-children-and-families-child-protection-summit-breakout-session-recent-developments-in-dependency-case-statutory-law/*)

Sept. 11, 2015: **Baker Act and Marchman Act** (*http://thefloridachannel.org/videos/9115-department-of-children-families-child-protection-summit-breakout-session-baker-act-and-marchman-act/*)

Save the Date!

The 2016 Child Protection Summit

will be held

Wednesday-Friday,

September 7-9, 2016,

at the

JW Marriott Grande Lakes Orlando.

Child and Family Services Reviews

Florida's Statewide Assessment

March 2016

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

Janice Thomas, Assistant Secretary of Child Welfare

Florida Department of Children and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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Table of Contents

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INTRODUCTION

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

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

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

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

CBC lead agencies are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services and adoption. Most CBCs contract local case management organizations and direct care services to children and their families. This innovative system allows local agencies to engage community partners in designing their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.

SECTION I: GENERAL INFORMATION

Name of State Agency: Florida Department of Children and Families

CFSR Review Period

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

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

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

Case Review Period Under Review (PUR):

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

State Agency Contact Person for the Statewide Assessment

Name: Eleese Davis
Title: Child Welfare CQI Manager
Address: 1317 Winewood Boulevard
Building 2, Suite 309
Tallahassee, Florida 32399-0700
Phone: (850) 717-4650
Fax: (850) 487-0688

Statewide Assessment Participants

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

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

State Response:

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

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

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

SECTION II: SAFETY AND PERMANENCY DATA

State Data Profile

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

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

CFSR 3 Data Profile

Submissions as of 08-19-15 (AFCARS and 09-25-15 (NCANDS)

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

Table Notes

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

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

Observed Performance

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

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

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

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

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

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

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

- Florida's Child and Family Services Review (CFSR) Data Profile: November 2015. The data is derived from Florida's submissions of National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS).
- Florida Safe Families Network (FSFN). FSFN is the Department's automated child welfare case management system.
- Florida's child welfare trend reports and performance dashboard. These data are available on Florida's Center for Child Welfare, under Results Oriented Accountability. The link is http://centerforchildwelfare.fmhi.usf.edu/Index.shtml#
- Quality Assurance (QA) case reviews. Data from the Florida CFSR reviews and Case Management Rapid Feedback Reviews.
- Structured Assessment Survey. In October 2015, a web-based statewide self-assessment survey was launched to gain stakeholder input on Florida's child welfare system. The total number of responders was 1,280 and included responses from adoptive parents, pre-adoptive parents, birth parents, case management staff, child advocates, Child Protective Investigators, region administration, community alliance members, county sheriffs, court personnel, education staff, youth in foster care, Guardians ad Litem, judges, legal services, foster parents, child welfare management and administrative staff, program specialists, quality assurance, regional administration, relative caregivers, senior leadership, substance abuse staff, tribe members, and Community-Based Care leadership. There were respondents from every Region and 58 counties. Individual responses were categorized by subject and the information has been incorporated throughout the assessment.
- Florida's Child and Family Services Review (CFSR). Florida adopted the CFSR review monitoring system in state fiscal year 2015/16. Data from these reviews is included as part of this assessment.

A. Safety

Safety Outcomes 1 and 2 Instructions

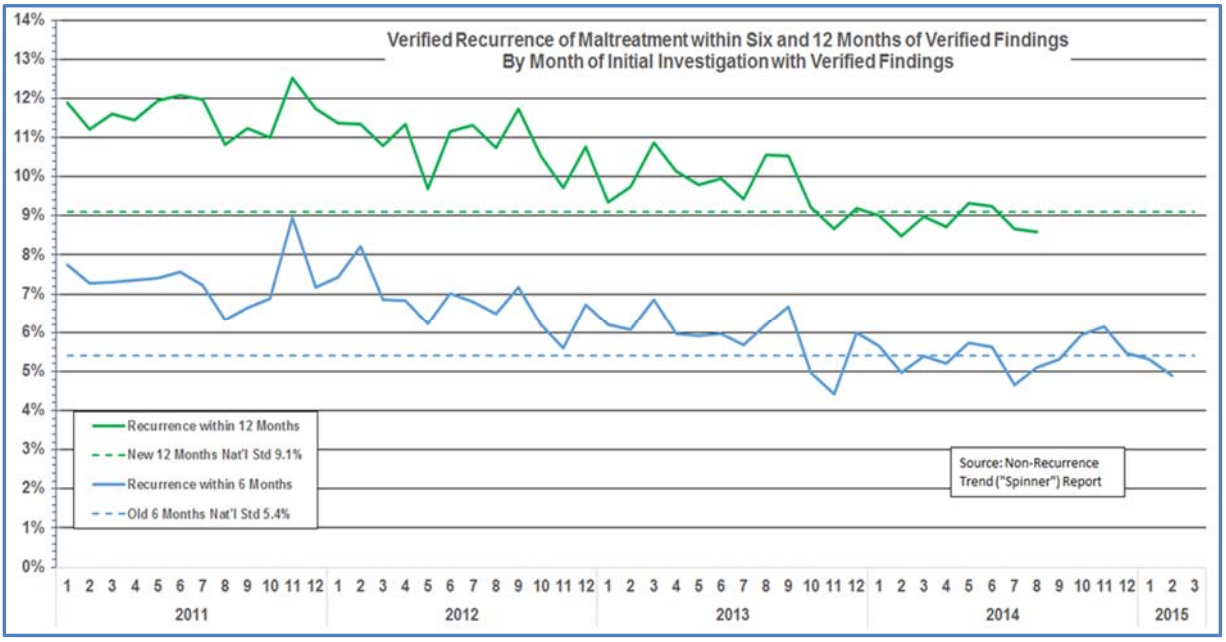
- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

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

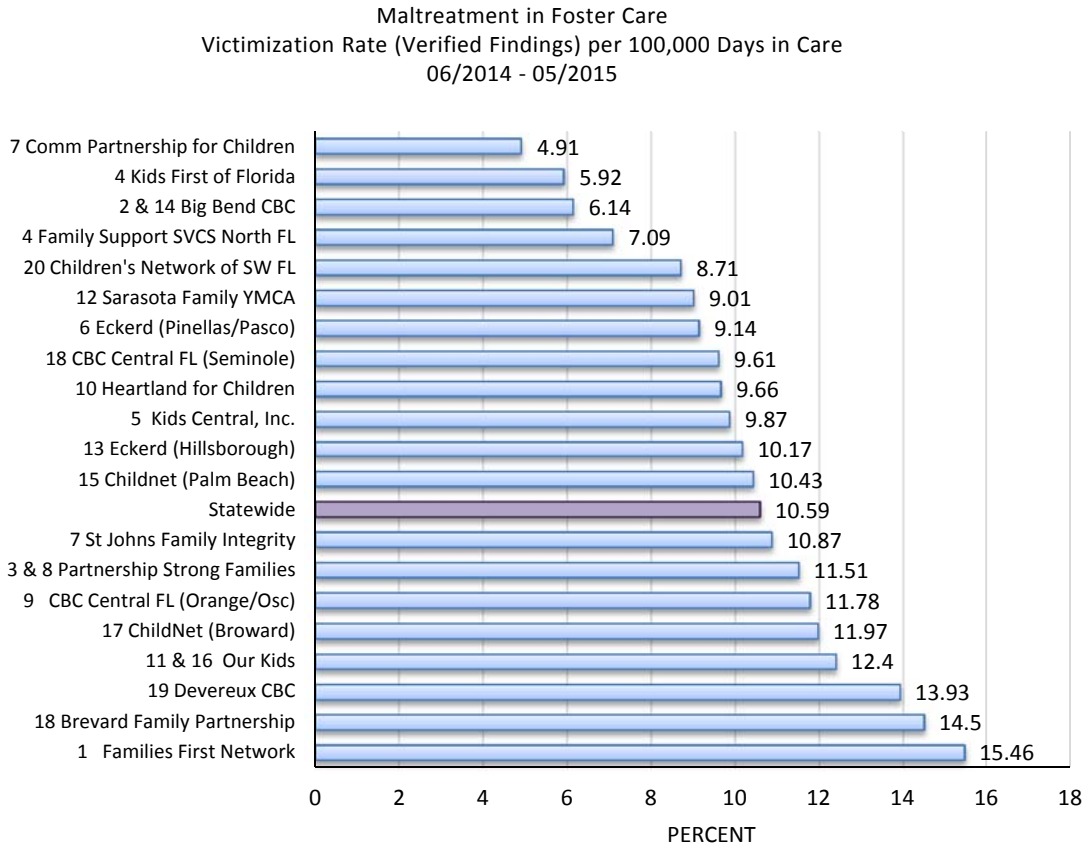
Source: Florida's CFSR Data Profile dated November 2015

Florida has evaluated its performance in the area of safety and finds that the state's performance in the area of recurrence of maltreatment is in substantial conformity. The state's performance of 8.8% meets the national standard of 9.1%.



Source: Child Welfare Key Indicators Monthly Report November 2015

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



Source: See Footnote 1

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

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

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

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

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

Child Protective Investigations

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

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

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

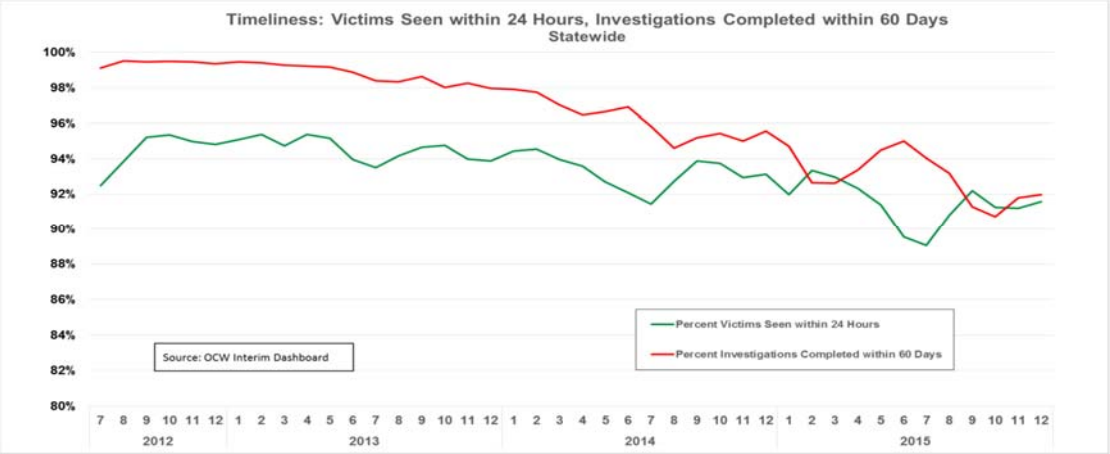
Performance on two key timeliness indicators, seeing alleged victims and investigation completion, has declined since 2013 (See Figure 1). In May and June 2015, the percent of victims seen within 24 hours dropped below the 90% level for the first time in several years. Compliance with the statutory requirement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

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

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

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

Figure 1



Source: Child Welfare Key Indicators Monthly Report January 2016

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

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

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

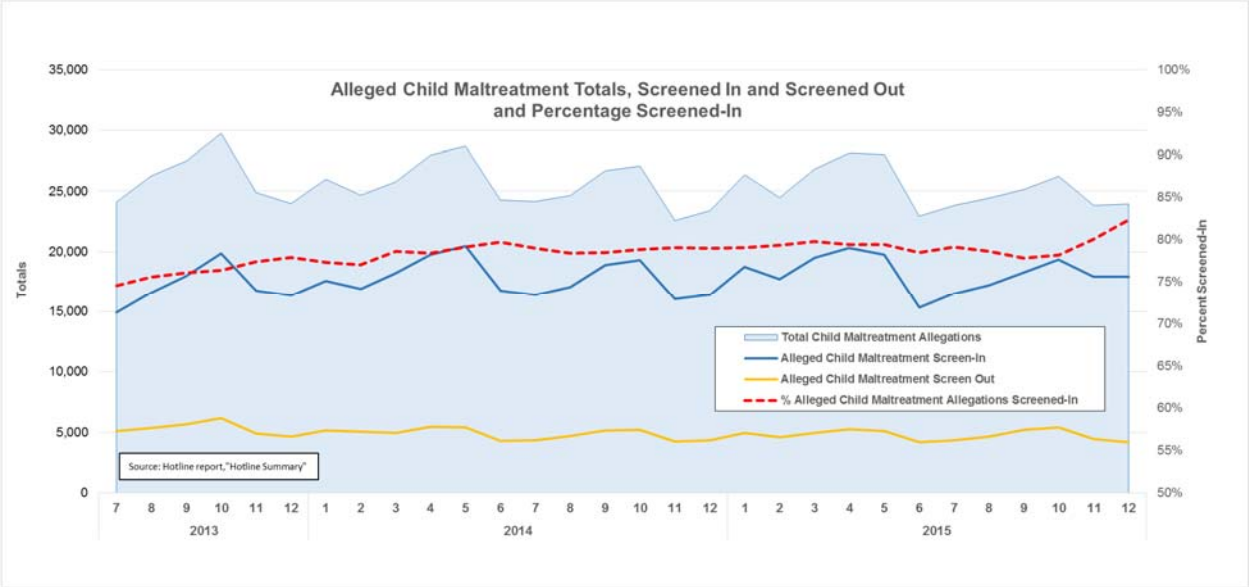
Case file reviews using the Rapid Safety Feedback standards indicated that CPIs and case managers need continued training and technical assistance with initial and ongoing safety and risk assessments, the development of appropriate safety plans, and the monitoring of safety plans including family engagement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

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

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

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

The number of child abuse and neglect reports that were screened-in for alleged child maltreatment increased over the prior three years.



Source: January 2016 Key Indicators Report

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

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

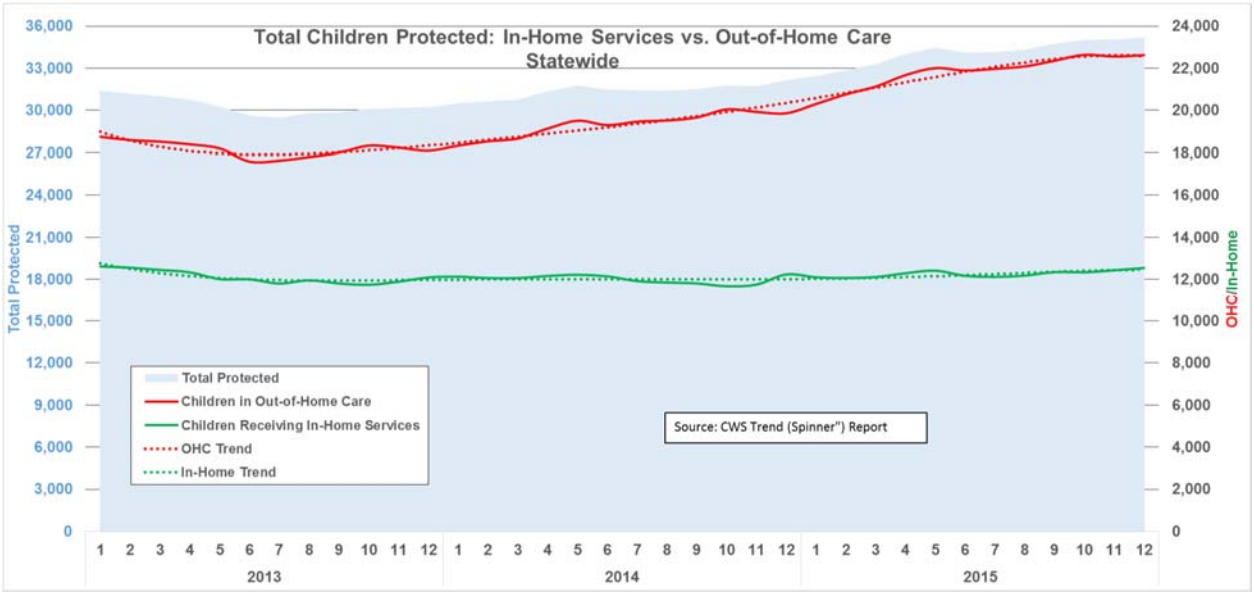
Purpose: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

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

- The state's performance in the area of recurrence of maltreatment is slightly improved. The state's CFSR Data Profile shows that Florida's performance of 8.8% meets the national standard of 9.1%.
- Recent FSFN data for initial investigation with verified findings in October through December 2014, 95.1% of children served did not have a verified maltreatment within 6 months of termination of in home services or out of home care. [2]

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

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



Source: January 2016 Key Indicators Report

[2] *FSFN OCWDRU Report, "Children Who are not Neglected or Abused within Six Months of Termination of Supervision" (services terminated October – December 2014)*

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

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

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

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

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

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

Item 3. Risk and Safety Assessment and Management

Purpose: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

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

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

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

[3] *2015 Annual Performance Report*

Source: 2015 Annual Performance Report

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

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

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

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

B. Permanency

Permanency Outcomes 1 and 2 Instructions

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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

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

Table 5: Insert Source here

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

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

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

Item 4. Stability of Foster Care Placement

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

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

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

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

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

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

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

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

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

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

Item 5. Permanency Goal for Child

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

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

Florida considers "time to be of the essence" in achieving permanency for children in out-of-home care. Section 39.701, Florida Statutes, requires the courts to review the status of the child and hold a hearing at least every 6 months until the child reaches permanency status. A permanency hearing must be held no later than 12 months after the date the child was removed from the home, or no later than 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first. A permanency hearing must be held at least every 12 months for any child who continues to receive supervision from the Department or awaits adoption.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Item 7. Placement With Siblings

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

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

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

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

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

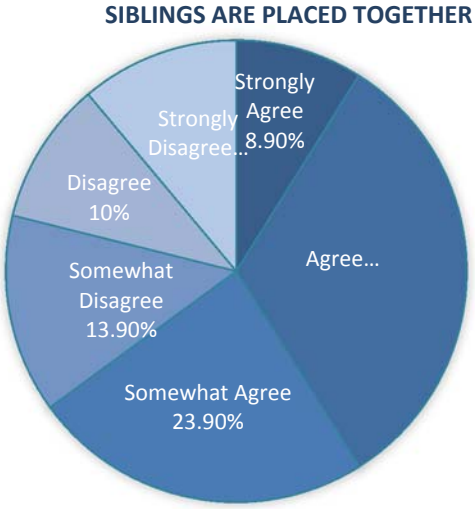
Table 12: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

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

FL CFSR Item 7	% Strength
Placement With Siblings	81%

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

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



Source: October 2015 Survey

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

Item 8. Visiting With Parents and Siblings in Foster Care

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

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

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

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

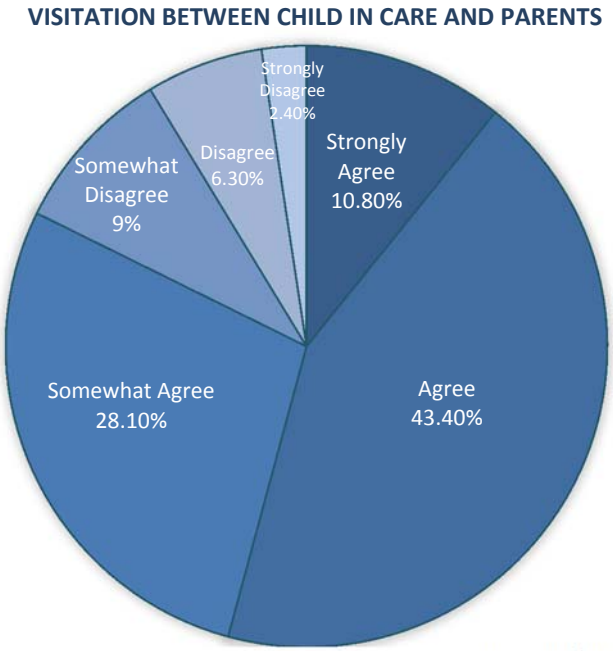
The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 59% of the 88 cases where this item was applicable. This is a shortfall and impacts our ability to reunify children with their parents in a timely manner. The reviews show that siblings are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

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

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

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

Figure 2



Source: October 2015 Survey

Item 9. Preserving Connections

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

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

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

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

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

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

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

Factors impacting this item include lack of

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

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

Item 10. Relative Placement

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

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

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

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

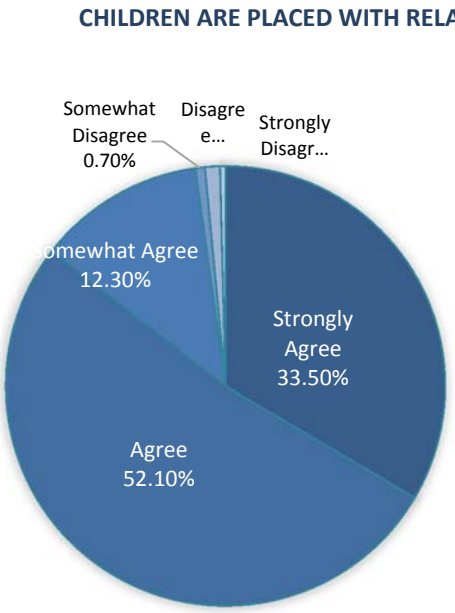
The Florida CFSR reviews for the period under review of July 2014 through October 2014 show this as a strength in 73% of the 104 cases where this item was applicable.

FL CFSR Item 10	% Strength
Relative Placement	73%

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

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

Figure 3



Source: October 2015 Survey

Item 11. Relationship of Child in Care With Parents

Purpose: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

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

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

Although case managers work to facilitate parent/child visitations, the case managers do not take enough time to ensure that the parents are incorporating newly-learned parenting methods from their parenting classes into their interactions with the children. This item in an area in need of improvement. There are a number of factors impacting this item:

- case documentation does not indicate that parents are encouraged to attend school staffings and medical appointments;
- case manager turnover and high caseloads;
- poor follow through when a parent's whereabouts are known;
- lack of transportation;
- whereabouts unknown;
- lack of diligent efforts to locate;

- inconsistent efforts to engage parents who are incarcerated.

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

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

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

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

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

C. Well-Being

Well-Being Outcomes 1, 2, and 3 Instructions

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

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

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

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

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

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

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

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

- Assessment and documentation of child and family needs as not timely;
- Lack of documentation regarding service provision for some children who are placed out of county;
- Ongoing assessment of family needs, even when needs were identified, and often services did not match the family's needs;
- Delays in service provisions due to service availability or waiting lists.
- Need for ongoing assessment of relatives and licensed caregivers.

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

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

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

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

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

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

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

Item 13. Child and Family Involvement in Case Planning

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

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

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

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

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

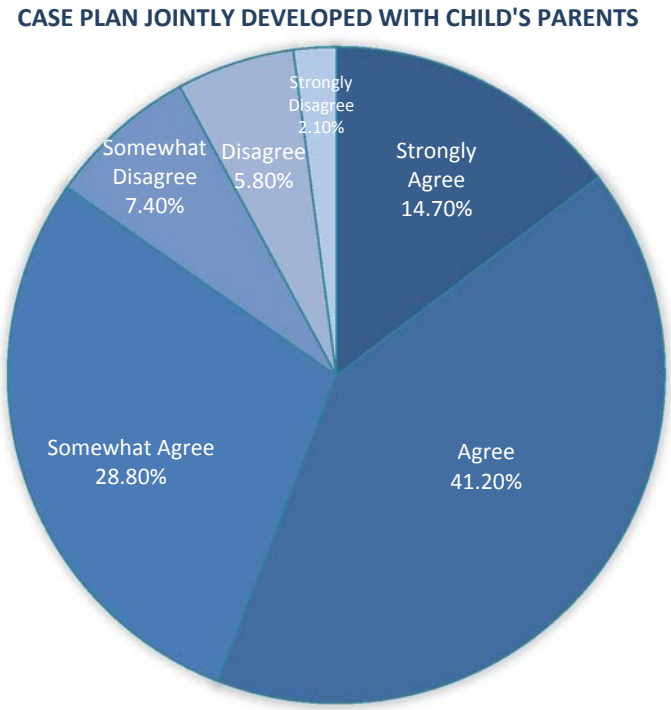
Table 24: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

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

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

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

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



Source: October 2015 Survey

Item 14. Caseworker Visits With Child

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

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

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

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

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

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

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

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

Item 15. Caseworker Visits With Parents

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

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

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

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

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

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

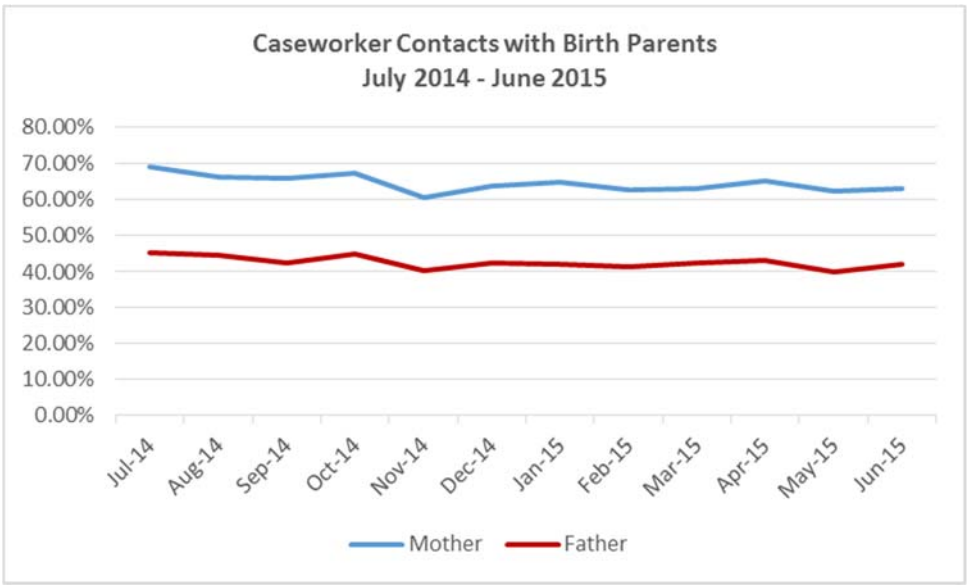
least once a month; the father less than once a month. The quality of the visits with the mother is sufficient to address the issues and promote achievement of the case goals in 60% of the cases reviewed; for the father, it is a strength in 46.7% of the cases.

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

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

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

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



Source: FSFN; Worker Contact with Birth Parents

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

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

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

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

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

Item 16. Educational Needs of Child

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

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

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

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

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

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

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

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

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

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

Item 17. Physical Health of the Child

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

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

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

Physical Well-Being

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

Table 32 Source: CBC Lead Agency Scorecard FY 2014-15 and 2015-16

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

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

Table 33: Rapid Safety Feedback Case Management Reviews for FY2014-15
Source: 2015 Annual Performance Report

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

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

Table 34: FL CFSR for Period Under Review of July 2014 through October 2014
Source: FL CFSR Portal

Item 18. Mental/Behavioral Health of the Child

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

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

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

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

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

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

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

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

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

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

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

SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS

A. Statewide Information System

Item 19: Statewide Information System Instruction

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

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

State Response:

FSFN Project History and System Adoption Initiative Overview:

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

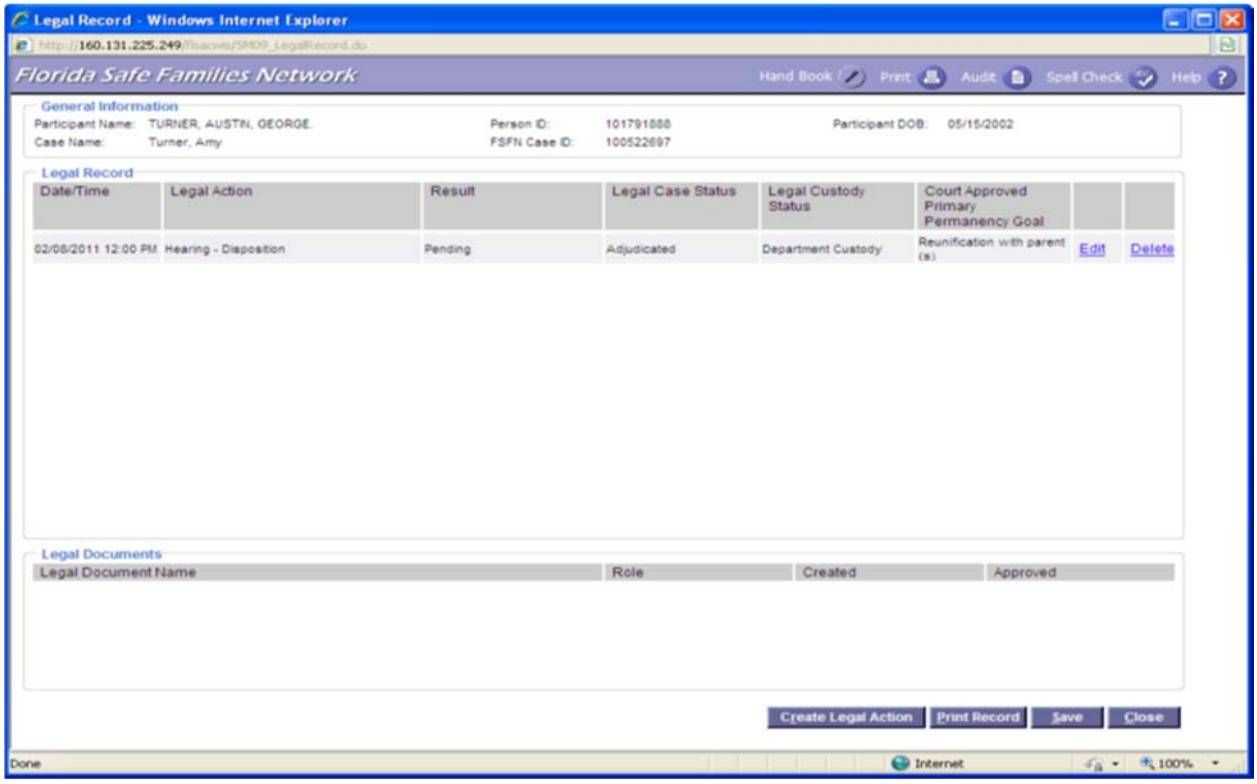
Florida Safe Families Network (FSFN) supports child welfare practices and the collection of data. Child welfare staff can readily identify the status, demographic characteristics and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care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

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

The Legal Record portion of the Legal Record page provides the following information:

- Date/Time
- Legal Action
- Result
- Legal Case Status
- Legal Custody Status
- Court Approved Primary Permanency Goal

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



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

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

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

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

Child Investigation and Special Conditions Status Reports (CSA Daily)

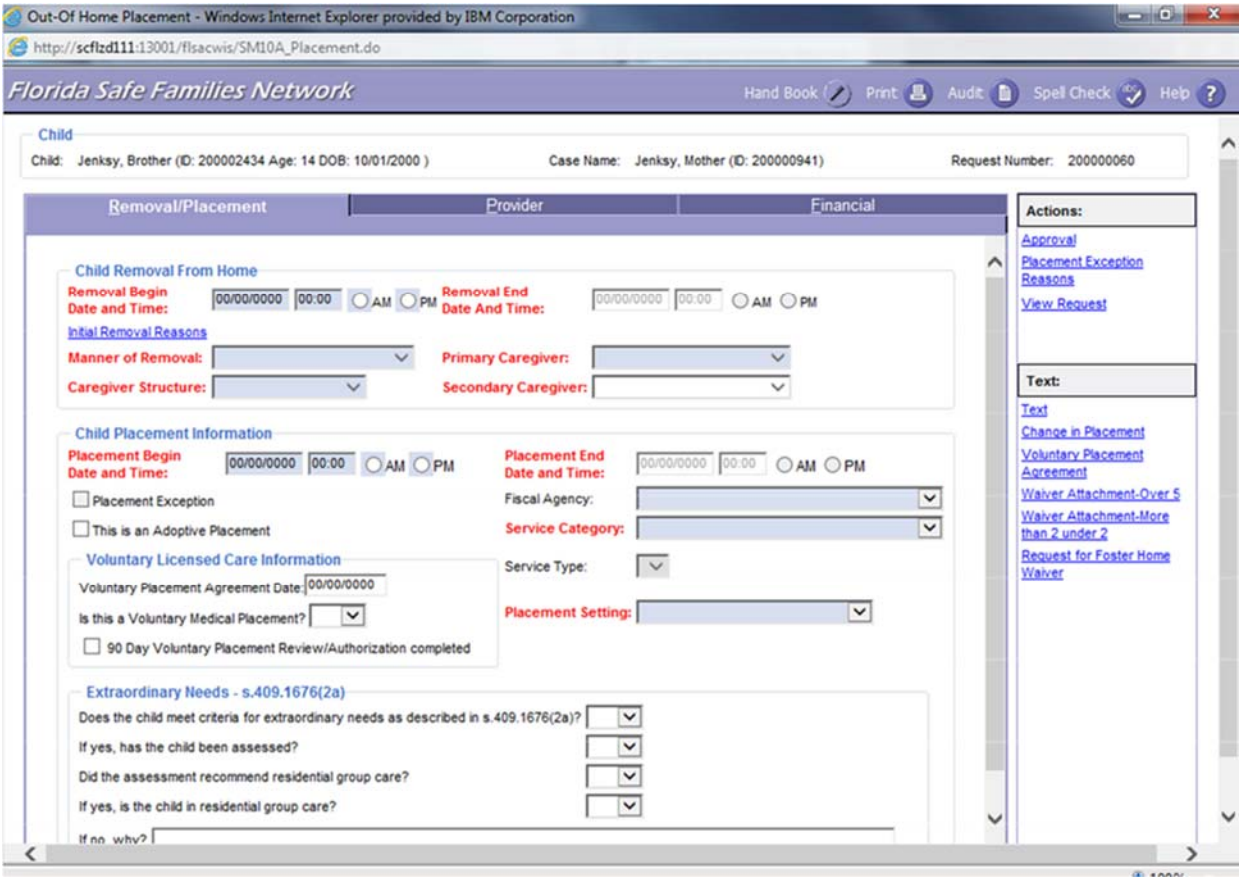
Intakes not linked
Investigations not commenced
Investigations Open Between 25 and 30 Days
Investigations Open Between 31 and 50 Days
Investigations Commenced But Not Submitted
Investigations Commenced After 24 Hours

Investigations With Victims Not Seen
Investigations With Victims Not Seen in 24 Hours
Investigations Awaiting Supervisory Review
Investigations Awaiting 2nd Party Review
Investigations Open 40+ Days Without a Disposition Having Been Submitted
Investigations Open Greater Than 50 Days
Investigations Awaiting Supervisory Approval for Closure
Investigations Closed With Case Status Open

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

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

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



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

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

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

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

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

- Establishing a common understanding of FSFN system adoption
- Exploring each CBC System of Care and support tools
- Identifying gaps in FSFN utilization
- Exploring FSFN Capabilities
- Establishing a CBC-owned plan to eliminate FSFN utilization gaps

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

FSFN System Overview

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

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

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

- all intakes/reports, including geographic location and other demographic information
- all required documentation
- special conditions referrals
- child-on-child sexual abuse reports

- child safety assessments and safety actions or plans
- information regarding all investigative activities and case management functions, including the Child Resource Record, geographic location, legal status, and other demographic information.
- records, files and data related to the licensing and maintaining of homes and facilities licensed for placement of children, or approved for relative, non-relative or adoption placement of children.
- service related expenditures.

Person Demographic Management in FSFN

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

- Receiving services
- Providing services
- Being of interest to a case, inquiry, referral, or intake
- Being an employee who is a user of the FSFN system

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

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

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

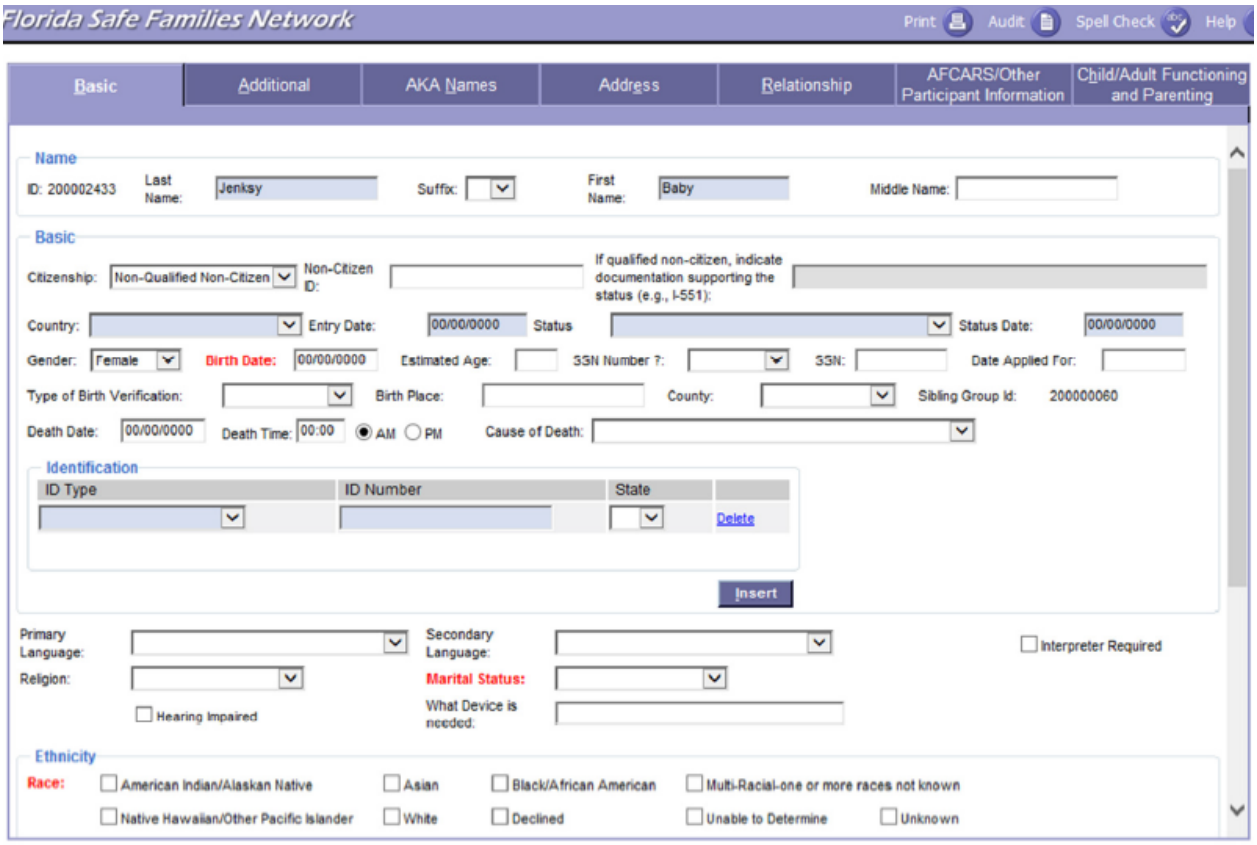
Person information is documented when one of the following roles is set up:

1. Referral Participant
2. Intake Participant
3. Case Participant
4. Professional
5. Other Contacts
6. Worker
7. Provider Participant

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

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

Screen Shot of Person Management in FSFN



Placement Information in FSFN

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

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

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

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

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

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

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

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

FSFN Placement Data Entry Expectations:

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

B. Case Review System

Item 20: Written Case Plan Instruction

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

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

State Response:

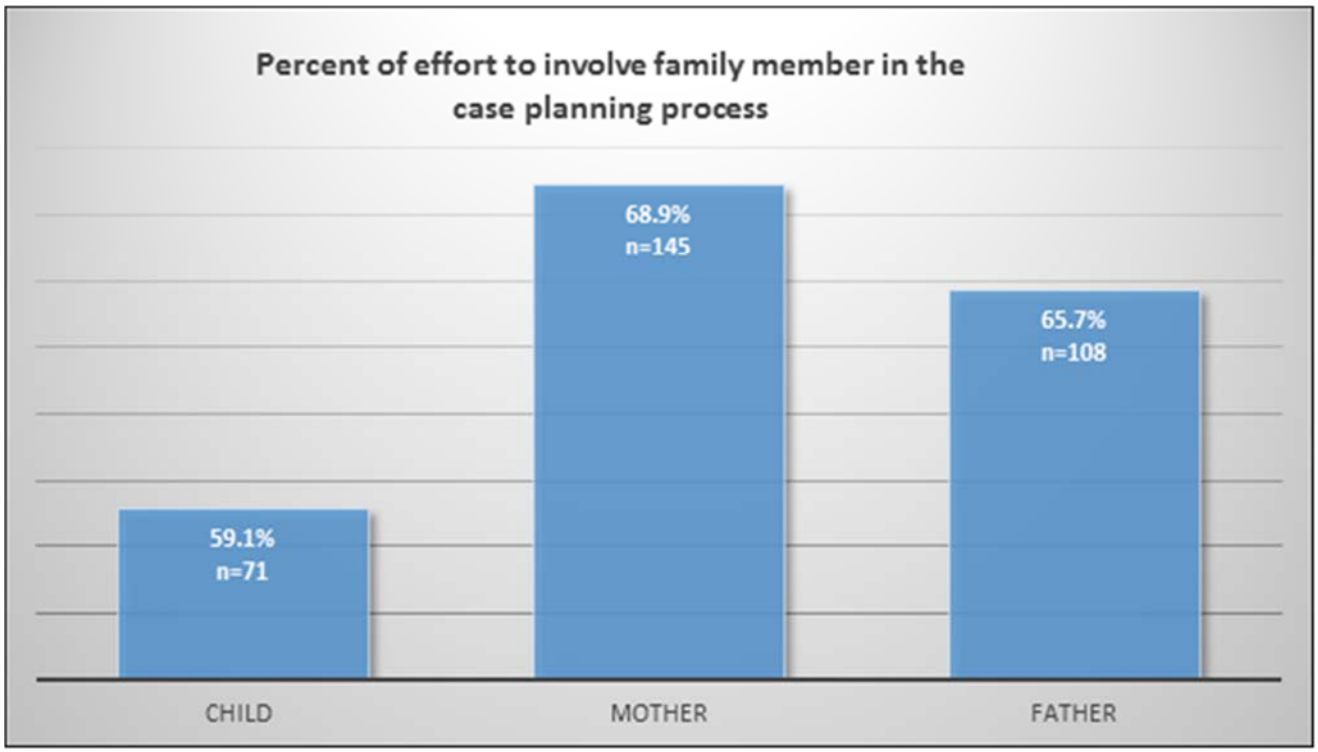
The case planning process is a strength. All children under the supervision of Florida's child welfare system (in-home and out-of-home care) are required to have a case plan that specifies services to address the contributing factors and underlying conditions leading to maltreatment in order to ensure the safety, permanency, and well-being of each child. The Case Plan must provide the most efficient path to quick reunification or permanent placement. The Family Functioning Assessment (initial and ongoing) are the basis for the case plan. Every child under Department or contracted service provider's supervision shall have a case plan that is developed as soon as possible, based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case

plan includes all available information that is relevant to the child's care including identified needs of the child while in care, and the permanency goal.

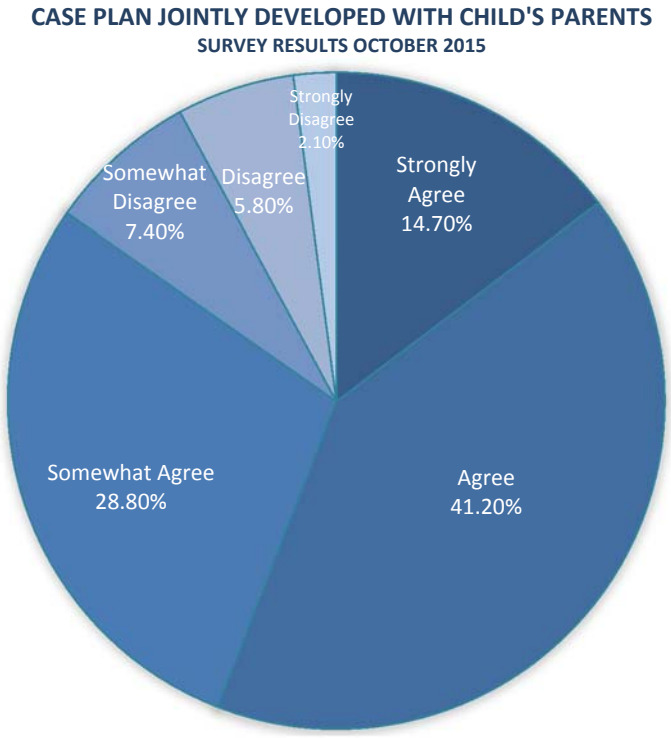
Section 39.6011, Florida Statute, details the process for case plan development within 60 days. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad-litem, and if appropriate, the child, and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments required by state and federal law are filed with the court and served on all parties.

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

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



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



Florida Statute: Chapter 39, Proceedings Related to Children

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

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

Florida's Practice Model

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

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

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

- A series of "Family Engagement Standards" that focus on specific case management activities that will support meaningful family engagement, including:
    - Engagement Standards for Preparation Activities to ensure that the case manager becomes as informed as possible about information already known about the family, is able to identify information gaps and discrepancies that must be reconciled and identifies strategies specific to family engagement.
    - Engagement Standards for "Introduction" to focus on the importance of building a constructive working relationship with parent(s) in order to develop the Family Functioning Assessment-Ongoing (FFA-Ongoing). A constructive working relationship is also critical to the case manager's ability to co-construct meaningful case plan outcomes, strategies for change and to assess parent progress over time.
    - Family Engagement Standards for Exploration of Child Needs as the case manager is responsible for identifying the extent to which certain desired conditions related to a child's functioning and well-being are present and how the parent and/or caregiver addresses any specific child needs. The child well-being indicators, referred to as "Strengths and Needs," are a core component of the FFA-Ongoing and Progress Updates. The child's strengths and needs will be assessed throughout the life of the family's involvement with the child welfare system, establishing what must be addressed in a child's case plan.
    - Family Engagement Standards for Exploration of Protective Capacities to promote family engagement as key to jointly explore with the parents or legal guardian what must change in order for the agency to close the case. These standards are intended to promote the case manager's interactions with parents/caregivers in order to raise self-awareness of caregiver(s), recognize and diffuse any parent resistance and continue to build a constructive working relationships. The work that the case manager accomplishes during exploration defines how the parents and the agency will know that the parents can provide adequate protection and care for their child going forward, without an agency managed safety plan. The exploration phase also facilitates deeper information gathering about caregiver protective capacities and child needs, and the relationship of all to the identified danger threats.
    - Family Engagement Standards for Building a Case Plan for Change with Parent(s). The purpose of family engagement standards for building a case plan with families is that parent(s) are more likely to succeed with making the changes that are vital to their child's safety and well-being when they are well-engaged in the case planning process. It is the case manager's responsibility to practice in a way that fosters family engagement. Family dynamics and history may make this a difficult task, but the ongoing efforts are still required.
- The other substantial practice model changes include a number of new constructs and practice expectations to ensure more robust family functioning assessments that lead to more precise, individualized and relevant case plans, including:
    - Assessment and ratings of specific, defined caregiver protective capacities
    - Assessment and ratings of specific child strengths and needs
    - Assessment of family motivation to change

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

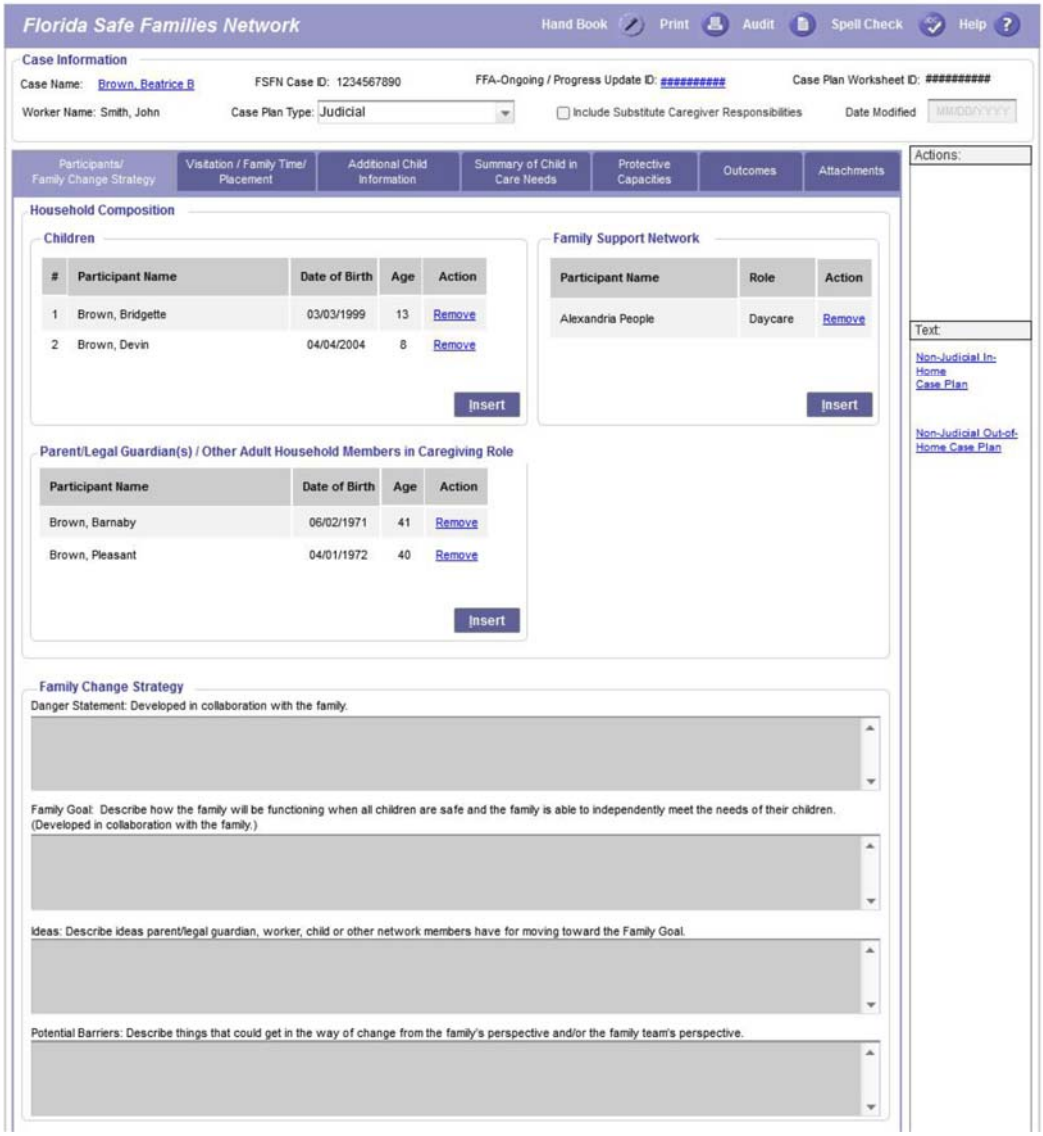
Florida Safe Families Network (FSFN) Case Plan Functionality

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

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

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

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



All children under the supervision of Florida's child welfare system, (in-home and out-of-home care) are required to have a case plan or a voluntary services plan that specifies services to address the contributing factors and underlying conditions leading to maltreatment in order to ensure the safety, permanency and well-being of each child. The case plan must provide the most efficient path to quick reunification or permanent placement. Every child under Department or contracted service provider's supervision shall have a case plan that is developed as soon as possible, based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case plan includes all available information that is relevant to the child's care including identified needs of the child while in care, and the permanency goal.

Section 39.6011, Florida Statute, details the process for case plan development within 60 days. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed guardian ad-litem, and if appropriate, the child and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they

are being resolved. The case plan, all updates, and attachments are filed with the court and served on all parties.

The case plan can be amended at any time in order to change the permanency goal, employ the use of concurrent planning, add or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and The October 2015 survey of Florida's twenty judicial circuits showed parental participation in case plan development was encouraged by the widespread use of formal and informal case plan conferencing, family team conferencing and court ordered mediation.

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

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

Item 21: Periodic Reviews Instruction

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

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

State Response:

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

Florida Statute details the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every 6 months or more frequently if the court sees necessary or desirable.

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

Florida Statute: Chapter 39, Proceedings Related to Children

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

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

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

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

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

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

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

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

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

Florida's Practice Model and Associated FSFN Functionality

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

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

- **Case Plan Due** date based on 60 calendar days from the Removal Begin Date/Time for the child
- **Initial Judicial Review Due** based on 180 calendar days from the Completed Date documented on the child's Legal Record - Legal page, within that specific FSFN Case, where the Legal Action Initiated is "Shelter Hearing - Initial Removal" with the Result of "Granted"
- **Subsequent Judicial Review Due** based on 180 calendar days from the Completed Date of the child's previous Judicial Review Worksheet page
- **Judicial Review Permanency Hearing due:** 365 calendar days from the Completed Date documented on the child's Legal Record - Legal page, within that specific FSFN Case, where the Legal Action Initiated is "Shelter Hearing - Initial Removal" with the Result of "Granted" and appears on the worker's Desktop - Tasks Due 6 months prior to the Due Date
- **Judicial Review Age 17 Due:** 90 calendar days following the child's 17th birthday

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

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

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

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

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

Item 22: Permanency Hearings Instruction

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

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

State Response:

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

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

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

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

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

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

Item 23: Termination of Parental Rights Instruction

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

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

State Response:

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

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

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

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

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

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

Item 24: Notice of Hearings and Reviews to Caregivers Instruction

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

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

State Response:

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

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

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

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

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

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

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

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

C. Quality Assurance System

Item 25: Quality Assurance System Instruction

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

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

State Response:

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

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

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

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

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

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

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

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

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

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

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

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

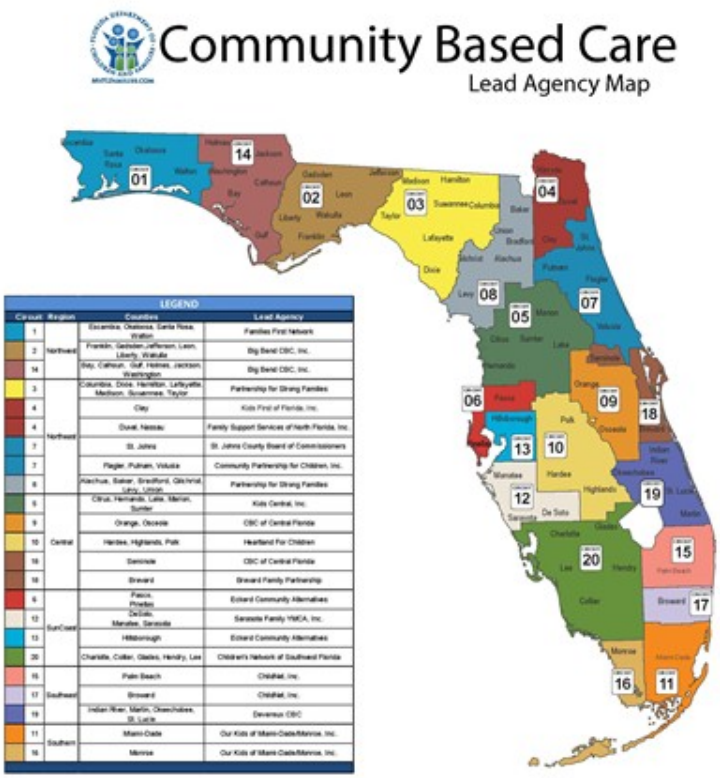
While the Department transitions to the new ROA program, Florida is preparing for the 2016 CFSRs. In January 2015 case review activities transitioned from the use of the Quality Service Review (QSR) case review process to the Florida Child and Family Service Review (CFSR) using the federal online monitoring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

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

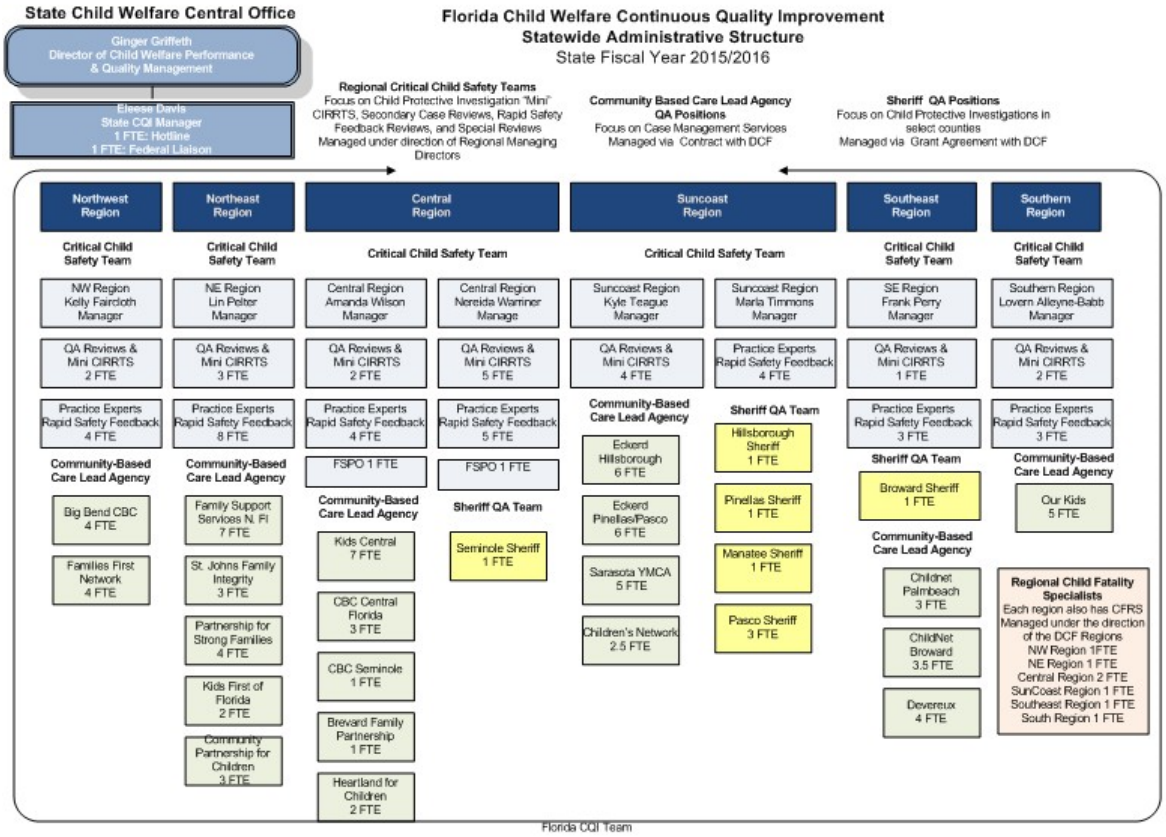
In response to systemic requirements, the Florida believes the following requirements are met. The state's QA system is a strength.

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

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

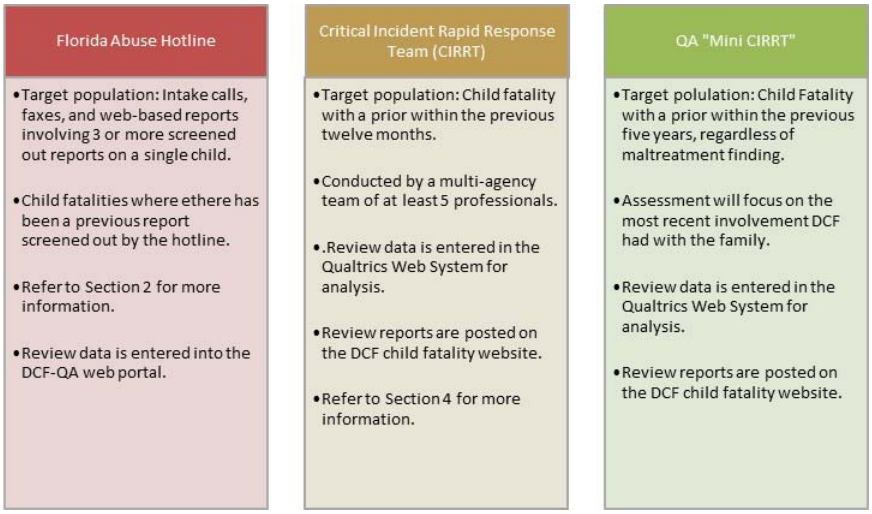


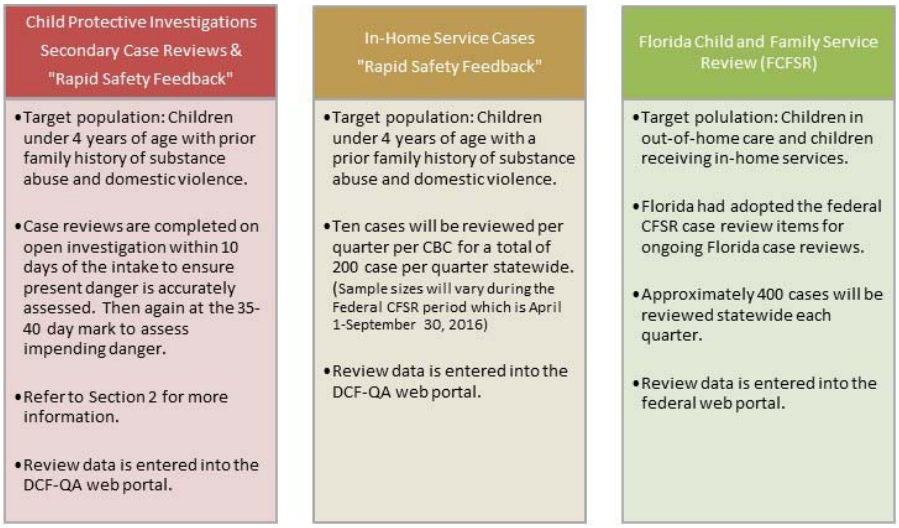
The table of organization below reflects the resources dedicated to case review activities within each region and the current organizational structure.



2. The state's quality assurance system utilizes standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety.

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





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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Department has established a child fatality website to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. This website includes information regarding all child fatalities called into the Florida Abuse Hotline alleged to be a result of abuse or neglect. The definitions for abuse, abandonment and neglect can be found in Ch. 39, Florida Statutes.

This website included data and child fatality CIRRT and "mini CIRRT reports. It is important to remember that each statistic represents a child who was taken much too soon. It is our hope that their stories will be a call to action for communities to join DCF to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths. Additionally, DCF and our community partners will use this data to improve child welfare practice to better protect children and assist at-risk families. Additionally, DCF and our community partners use this data to improve child welfare practice to better protect children and assist at-risk families.

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

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

The site also includes information about DCF's prevention campaigns relating to the leading causes of child fatality in Florida—unsafe sleep, drowning and inflicted trauma. These campaigns provide useful information for parents and caregivers and avenues for communities to get involved.

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

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

3. The state identifies strengths and needs of the service delivery system.

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

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

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

The state provides numerous quantitative and qualitative reports that include state specific measures, federal measures and CFSR measures. These reports are used by the DCF regional leadership and CBC leadership to drill down and determine root causes for poor performance. Reports include the CIRRT and "mini" CIRRTs which focus practice activities. Qualitative case review reports are sent directly to the CBCs and Regions. The Scorecard is posted under the Results Oriented Accountability tab, data link, at the Florida Center for Child Welfare at http://www.centerforchildwelfare.org/# An example of the qualitative case review reports sent to the regions and CBCs is below. All QA related reports are summarized by the CBCs each year and reviewed with the local community boards and councils. Reports for FY 2014/2015 and previous years can be viewed at the Center for Child Welfare at: http://www.centerforchildwelfare.org/QualityAssurance/CBC1415.shtml

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

Source: CMS Reviews Q2 2015-16 QA Web Portal

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

Source: CMS Reviews Q2 2015-16 QA Web Portal

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

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

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

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

D. Staff and Provider Training

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

Item 26: Initial Staff Training Instruction

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

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

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

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

State Response:

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

To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

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

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

- Core is a five week curriculum consisting of an orientation, 9 classroom based modules, 5 labs, 4 structured field days and ends with a readiness assessment. Core is the first step for hotline counselors, investigators, case managers, adoptions specialists, and foster care licensing specialists.
- The Child Protective Investigators specialty curriculum follows Core and includes two weeks of classroom, labs, courtroom testimony experiences and ends with a readiness assessment. This curriculum was implemented during February of 2015.
- Case management pre-service includes a three week specialty track that follows the five weeks of Core training. All Case Management, Adoptions and Licensing staff must complete this curriculum. This curriculum was piloted during the fall of 2015.
- The Adoptions specialty track is a one week curriculum to follow Core and Case Management training. This curriculum was is scheduled to implementation in the spring of 2016.
- Foster care licensing pre-service curriculum is a one week specialty track that follows Core and Case Management training. This curriculum was recently implemented during the summer of 2015.
- Within the first six months of hire, all new attorneys must complete the Children's Legal Services New Hire Orientation training program. The program includes formal classroom training, extensive shadowing opportunities, online training, individual and group assignments/readings and discussions. The program schedule is flexible in that much of the work/assignments are to be completed independently with supervisory guidance and support ensuring there is applicable time form discussions and questions with the Supervisor or Managing Attorney.

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

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

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

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

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

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

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

Data Source: Florida Certification Board

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

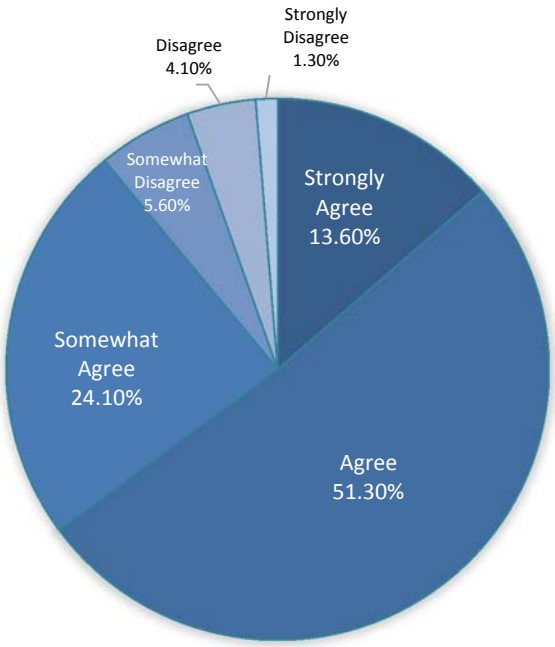
Exam	One Attempt	Multiple Attempts	Retake Pass Count	Retake Fail Count	Retake Pass Pct	Retake Fail Pct
Child Welfare Case Manager	1325	161	106	55	66%	34%
Child Welfare Protective	925	86	72	14	84%	16%

Data Source: Florida Certification Board

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

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

PRE-SERVICE TRAINING INCLUDES BASIC SKILLS AND KNOWLEDGE REQUIRED
NOVEMBER 2015 SURVEY



Item 27: Ongoing Staff Training Instruction

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

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

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

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

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

State Response:

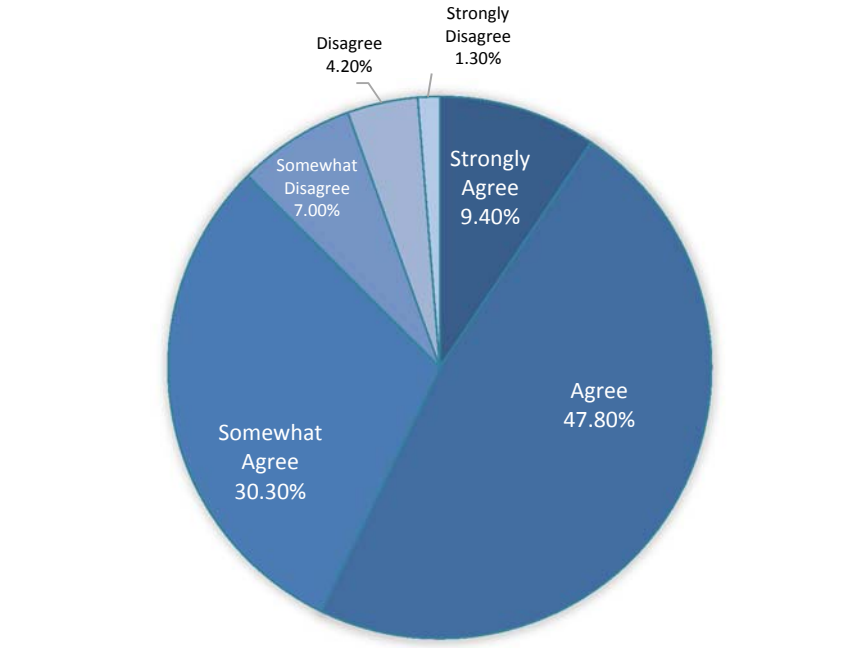
Ongoing training is provided by the CBC lead agencies. Florida has a statewide coordinated training website hosted through the Center for Child Welfare. This training site offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff, including supervisors.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

http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/TrainerCorner.shtml

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

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

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



Item 28: Foster and Adoptive Parent Training Instruction

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

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

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

State Response:

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

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

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

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

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

1. Orientation regarding agency purpose, objectives, resources, policies, and services;
2. Role of the foster parent and the emergency shelter parent as a treatment team member;
3. Transition of a child into and out of foster care and emergency shelter care, including issues of separation, loss, and attachment;
4. Management of difficult child behavior that can be intensified by placement, by prior abuse or neglect, and by prior placement disruptions;
5. Prevention of placement disruptions;
6. Care of children at various developmental levels, including appropriate discipline; and
7. Effects of foster parenting on the family of the foster parent and the emergency shelter parent.

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

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

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

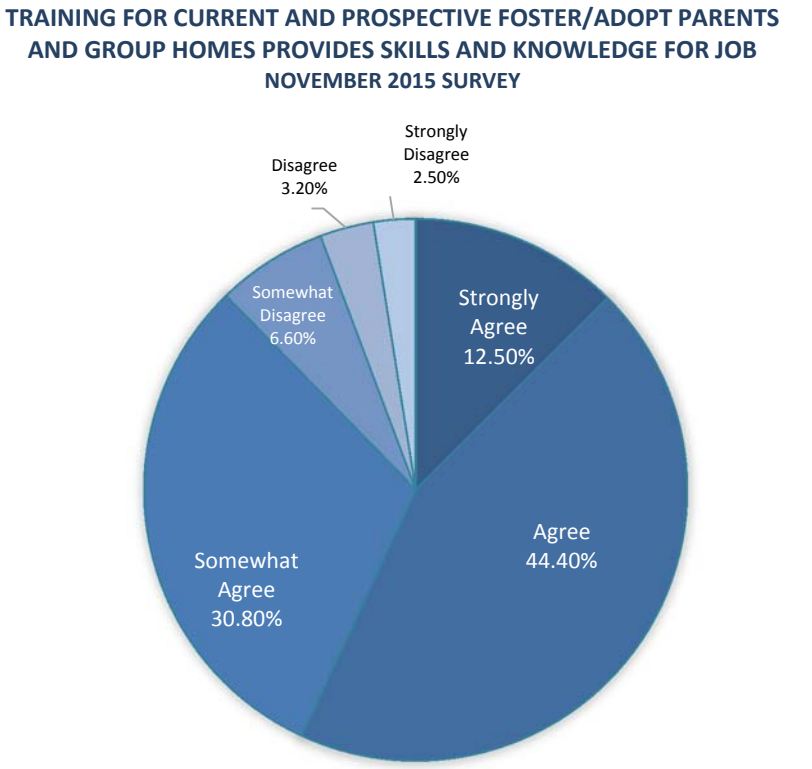
The Department, through its contracted providers (Community-Based Care or other licensed Child Caring Agency (CPA) employees), delivers training to current and prospective foster parents, adoptive parents, and staff of state licensed or approved facilities that care for children receiving foster care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

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

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

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

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



E. Service Array and Resource Development

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

available in the state and evaluate their services provided. Specifically, whether they are evidence-based and who their target population is. This information will be used to develop a standardized service array that is defined and aligned with practice. Of particular note is the expansion of the model courts evidence- based parenting initiative. This evidence-based program is in 13 of the 20 circuits including the 11th circuit (Miami-Dade) and the 20th circuit (Collier County).

Item 29: Array of Services Instruction

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

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

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

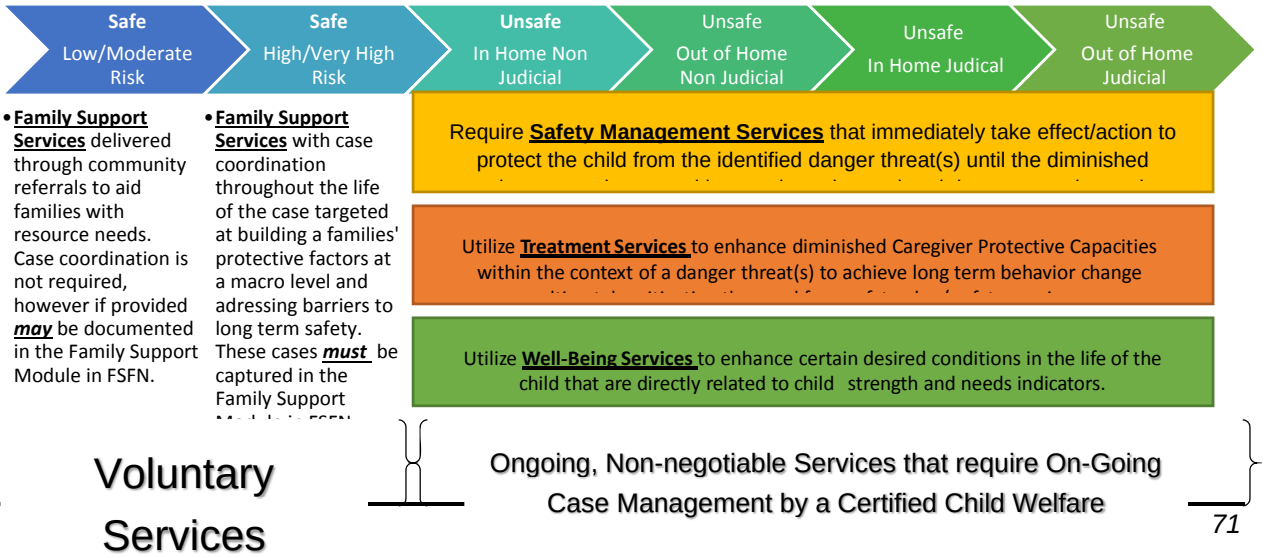
- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

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

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

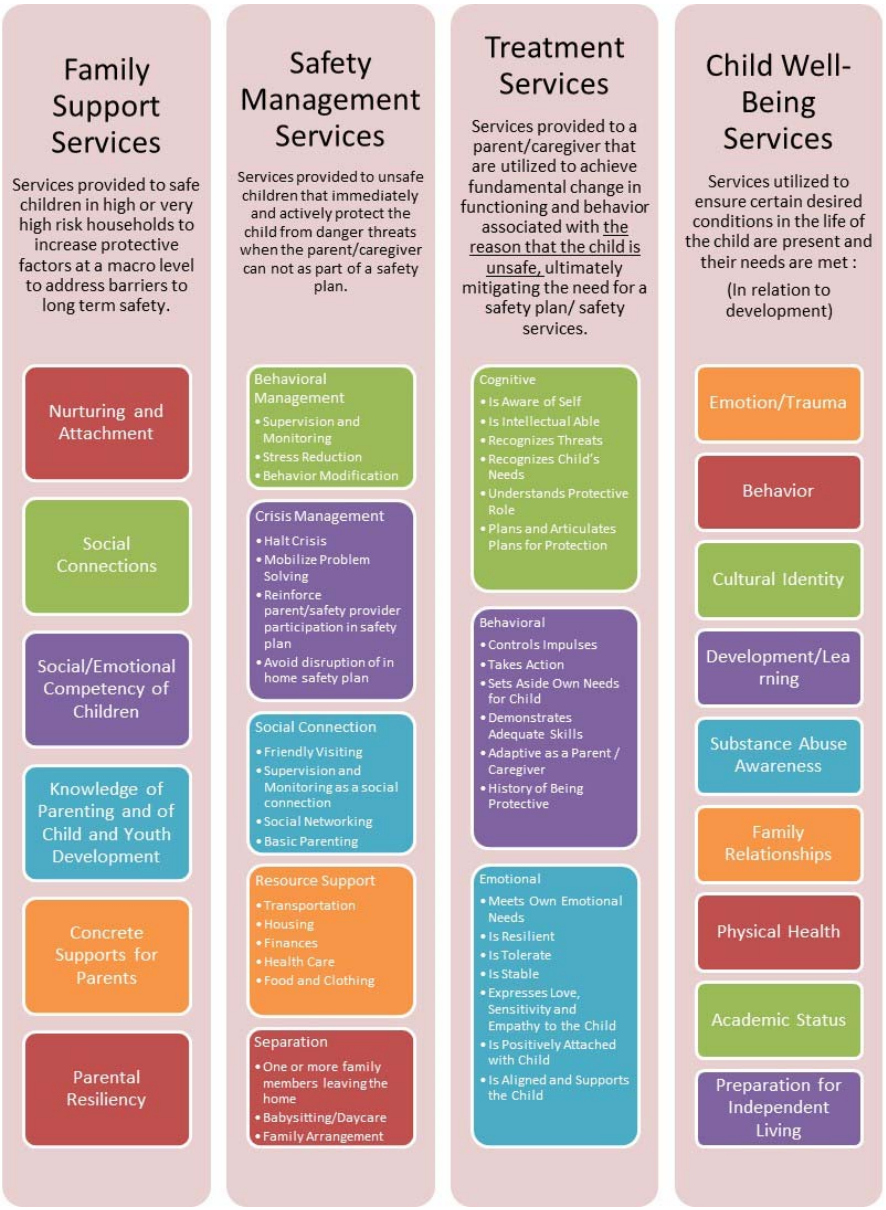
Florida's Service Array



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

- Lack of safety management service array for duration of safety management
    - While most areas had identified safety management service providers for the investigation portion of safety management, very few areas in the state had created safety management services for ongoing case management, which would be the largest amount of time that safety management would be needed.
- Services are provided as they always have without change in delivery or reporting of behavior change.
    - Some of the safety management providers have continued to provide the same service that had previously identified as a diversion, prevention or even treatment service without shifting their service provision to match the need for safety management.

We will continue to assess and address challenges with the service array and evaluate the availability, quality and target population for the available services across the state. Through this ongoing assessment we will identify the service available within each of the four categories (or "buckets") below:



Adequate capacity and accessibility does not exist across the entire state specifically related to safety management services for families whose children are unsafe, however can be served with an in-home safety plan if there were available safety service providers. Additionally, in pockets across the state there were insufficient treatment services available or extensive wait times to access treatment or child well-being service providers. It is expected that capacity building, system integration and leveraging the involvement of community resources and partners will yield improvements in this area. Expanded services, supports, and programs may include, but are not limited to:

- Enhancement of prevention services that target parental protective factors and preventing future maltreatment.
- Development and implementation of family-centered evidence-based programs and case management practices to assess child safety; support and facilitate parents and caregivers in taking responsibility for their children's safety and well-being; enhance parent and family protective capacitates; develop safety plans; and facilitate families' transition to formal and

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

- Evidence-based, interdisciplinary, and team-based safety management services to prevent out-of-home placement.
- Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate.
- Improved needs assessment practices that take into account the unique circumstances and characteristics of children and families.
- Long term supports for families to prevent placement recidivism.
- Strategies that increase children's access to consistent medical and dental care; improve adherence to immunization schedules and well-child check-ups; and holistically address the physical, social/emotional, and developmental needs of children.

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

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

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

Item 30: Individualizing Services Instruction

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

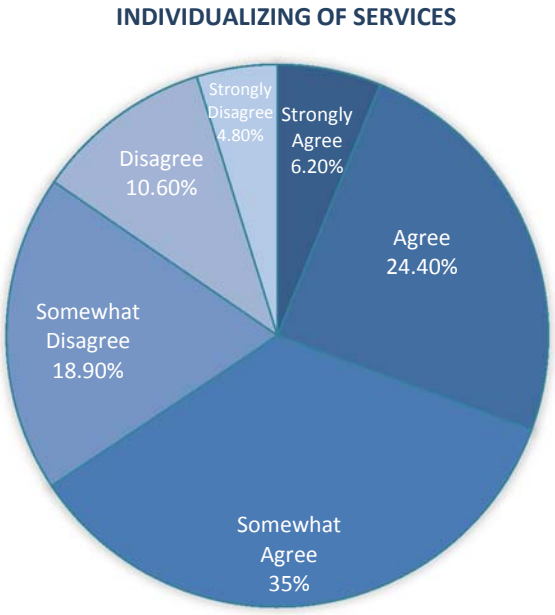
Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

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

State Response:

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

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



F. Agency Responsiveness to the Community

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

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

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

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

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

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

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

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

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

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

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

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

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

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

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

  1341 Cross Creek Circle

  Tallahassee, Florida 32301

  D' Anna Osceola - Executive Assistant

- The Seminole Tribe of Florida

  Center for Behavioral Health

  6401 Harney Rd.

  Tampa, Florida 33610

  Dr. Thomas Ryan Director

- The Miccosukee Tribe of Florida

  Mile Marker 70

  US Highway 41

  Miami, Florida 33194

  Melissa Garcia - Director - Social Services Department

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

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

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

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

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

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

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

Statewide Council on Human Trafficking and Services & Resources Committee

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

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

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

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

DCF has partnered with the Wayne Foundation, a nonprofit organization committed to increasing awareness of Commercial Sexual Exploitation of a Child (CSEC) and Domestic Minor Sex Trafficking (DMST) within the US, with a focus on Florida. The Wayne Foundation runs a drop-in center for CSEC victims in the Suncoast Region of Florida. The foundation's Board President is Jamie Walton, a Leader Survivor of DMST. The Board Vice President, Kevin Smith, is a Director/Actor and Philanthropist. The Wayne Foundation has created a Public Service Announcement program, "See It, Report It," to air in the Tampa/Sarasota market. Throughout October, 192 spots were broadcast on the Hallmark channel, AMC, MSNBC, and CNN. There is potential to expand to other markets, and those efforts have begun in the Northeast (Jacksonville) and Northwest (Pensacola) regions. The PSA includes contact numbers to the National Human Trafficking Resource Hotline, as well as the DCF Abuse Hotline. The PSA can be viewed at this link: https://www.youtube.com/watch?v=I2os7nN4QNQ.

Florida State Clinical Work Group for Human Trafficking Response

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

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

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

1. Identify an assessment tool to be used for services planning with CSEC victims.
2. Identify the accepted treatment interventions for CSEC victims.
3. Identify or create a mental health training curriculum for behavioral health providers statewide
4. Identify or create a training Curriculum for staff of residential providers
5. Establish Metrics and Outcomes for safe houses

Human Trafficking Screening Tool

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

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

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

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

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

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

State Response:

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

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

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

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

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

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

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

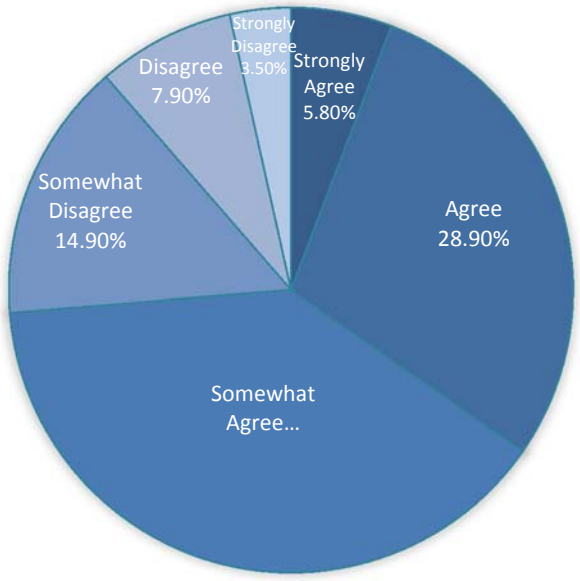
- The Ounce of Prevention Fund of Florida, heavily involved with the Department's various prevention activities and programs such as Healthy Families Florida.
- Florida Guardian ad Litem Program (GAL) has continued to have a close working relationship at the state and local level with the Office of Child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

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

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

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

COORDINATION OF SERVICES OR BENEFITS WITH OTHER FEDERAL OR FEDERALLY ASSISTED PROGRAMS



G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally Instruction

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

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

State Response:

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

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

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

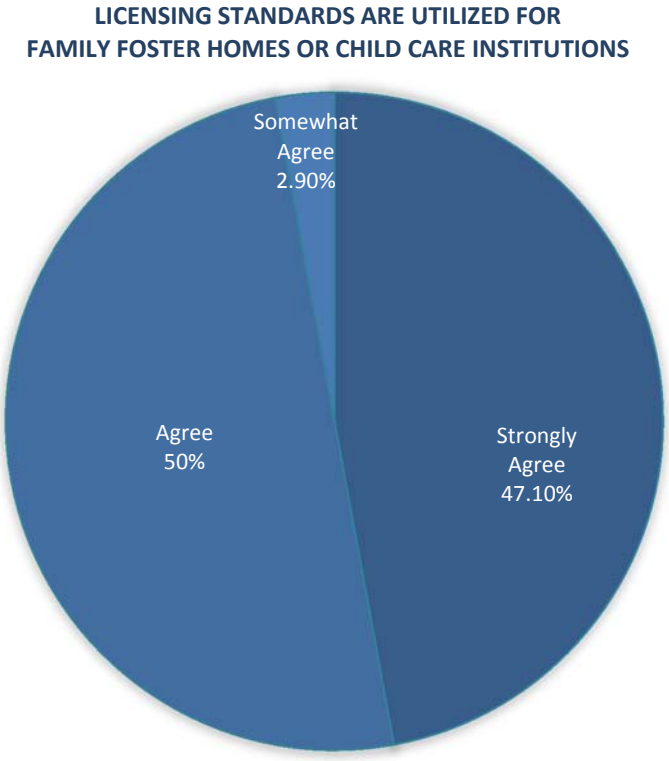
Florida uses an Attestation Model that allows individual CBCs who have demonstrated a licensing accuracy rate of 90% or more to enter into a memorandum of agreement with the Department's regional offices. The CBCs attest that all licensing and relicensing files comply with state law and code. Attachment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

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

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

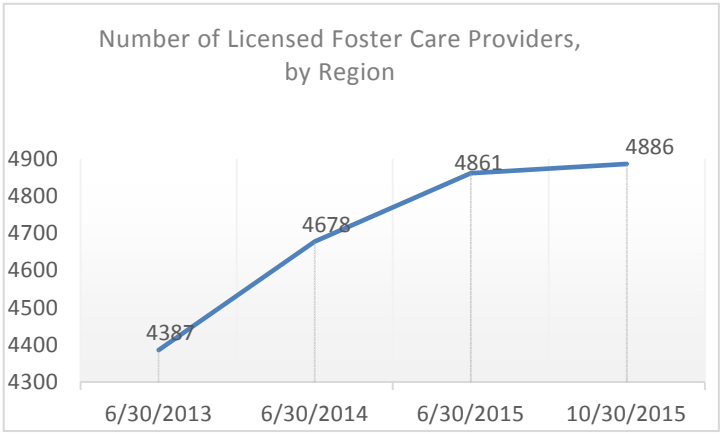
In October 2015, the Department polled the stakeholders from within the system of care and 73.8% somewhat agreed, agreed, or strongly agreed that the licensing process for family foster homes or child care institutions utilized licensing standards. Those responding included CBC leadership, and Department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

are specified in Florida Administrative Code 65C-13.



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

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



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

Item 34: Requirements for Criminal Background Checks Instruction

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

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

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

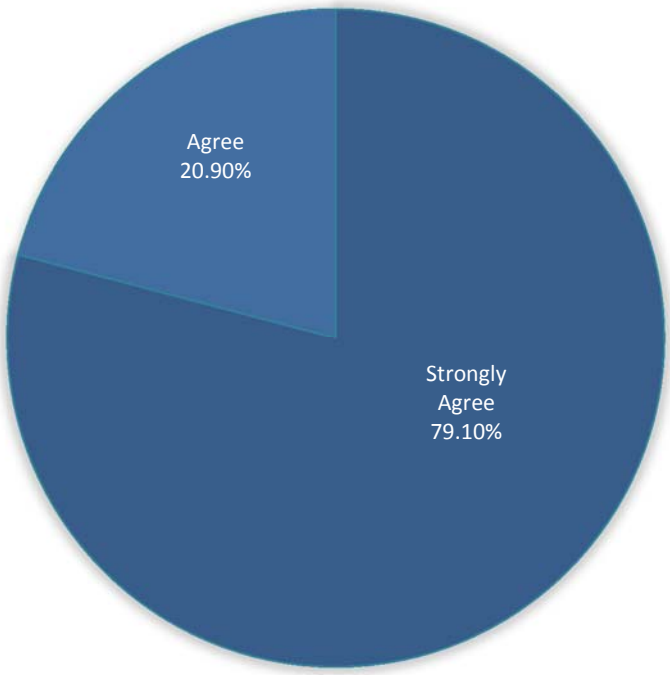
The statewide case management reviews completed in the first quarter of SFY 2014/15 show this as a strength. The information obtained from the background checks and home studies is being assessed and used appropriately to inform licensing and placement decisions.

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

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

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

BACKGROUND CHECKS AS PART OF LICENSING PROCESS



Source: Statewide Survey October 2015

Item 35: Diligent Recruitment of Foster and Adoptive Homes Instruction

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

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

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

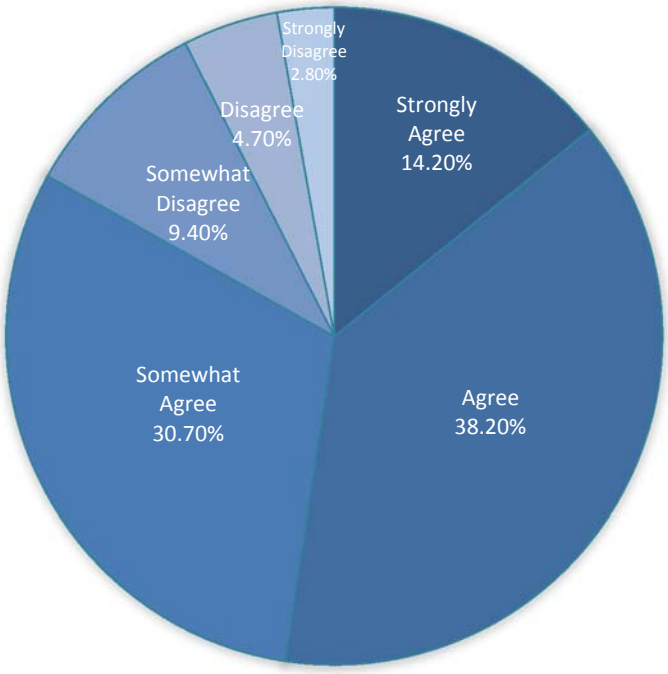
adoptive home recruitment goals. See Appendix B, 2015 APSR, Foster and Adoptive Parent Diligent Recruitment Plan.

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

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

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

DILIGENT RECRUITMENT REFLECTS ETHNIC AND RACIAL DIVERSITY OF CHILDREN FOR WHOM FOSTER AND ADOPTIVE HOMES ARE NEEDED



The Department has implemented a Priority of Effort to recruit quality foster homes with a goal to reducing the amount of children who are in group homes. The Priority of Effort is driven through Fostering Success. The activities of the Priority of Effort assess data that monitors the amount of children in group care verses out of home care and the number of foster homes that are being licensed

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

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

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

lee

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

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

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

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

State Response:

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

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

Explore Adoption is the State of Florida's adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is a part of a sibling group. Through public education, expanded partnerships and social media, Explore Adoption invites individuals to learn more about the children immediately available for adoption and the adoption recruiters throughout the State of Florida and their local community.

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

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

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

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

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

State of Florida
Department of Children and Families

MYFLFAMILIES.COM

Rick Scott
Governor

Mike Carroll
Secretary

June 27, 2016

Dr. Robin Perry, Chairperson
State Child Abuse Death Review Committee
Florida Agricultural and Mechanical University
1339 Wahnish Way, 300 Banneker Bldg. B
Tallahassee, FL 32307

Dear Dr. Perry:

Thank you for the opportunity to review and respond to the December 2015 State Child Abuse Death Review Committee Report. The Department of Children and Families appreciates the work of both the state and local Child Abuse Death Review Committees and the continued exploration of meaningful efforts to reduce the number of preventable child fatalities. Below is a summary of ongoing activities within the span of our control in response to the recommendations contained in the annual report:

Committee Recommendation: Targeting and implementing prevention strategies at the state and local levels specifically aimed at our most significant challenges to include drowning, safe sleep, and inflicted trauma.

DCF Response: The department continues to maintain the Child Fatality Prevention Website – a publicly accessible website containing information on all child fatalities reported to the Florida Abuse Hotline alleged to be a result of abuse or neglect. The website contains not only current year data, but also seven years of historical data that can be sorted and viewed by county, child's age, causal factor and prior department involvement to note any community or state-specific trends. The information on the site is updated on a weekly basis and serves as an important tool to raise the public's awareness of these preventable tragedies that the department is committed to ending, especially with regards to drowning and sleep-related deaths, the two leading causal factors in child fatalities reported to the hotline.

The website also includes information about DCF's ongoing prevention campaigns relating to the leading causes of child fatality in Florida—sleep related deaths, drowning and inflicted trauma. Further, the website includes informative and educational overviews of the data to help the public better understand the issues surrounding these preventable tragedies.

Florida continues to be one of only a handful of states to release real-time child fatality data through a public interactive website, and is the only state in the nation that provides as a high a level of detailed information to the general public.

Committee Recommendation: Motivating behavioral change across all categories by providing training on evidence-based Motivational Interviewing (MI) practices to direct-service staff working with high-risk populations; and including supervisors in the training to develop coaching skills necessary to reinforce staff's emerging MI skills.

DCF Response: The Office of Child Welfare specifically designed an In-Service workshop to instruct child protective investigative supervisors and case manager supervisors on the use of motivational interviewing to intervene with families in the child welfare system. This workshop included the "basics" of motivational interviewing (e.g., reliance on open-ended questions, review of the stages of change, etc.) and the importance of supervisors modeling the practice (i.e., use of MI) and assessing their staff competencies in applying motivational interviewing principles. The three-hour workshop was one of four main topics presented at the four regional training events offered across Florida during the spring/summer 2016 with approximately 400 supervisors in attendance.

Additionally, the Office of Child Welfare has recognized the need to incorporate motivational interviewing into the pre-service training that all direct-service staff complete as part of the child welfare professional certification process. This effort is expected to be completed by the summer of 2016.

Please extend my gratitude to the committee for their service and dedication in reviewing child fatalities reported to our agency. Our Legislature continues to take a leadership role in closely analyzing the many complexities of our child protection system as we work in collaboration with our partners to strengthen and enhance community involvement in ensuring the safety of Florida's children.

Please feel free to contact me or Erin Hough, Prevention Specialist, at (850) 717-4658 or by email at Erin.Hough@myflfamilies.com if you have any questions or need further information.

Sincerely,

FOR

Mike Carroll
Secretary

Attachment A.

The State of Florida
2014-2015 CAPTA ANNUAL DATA REPORT

1. **The number of children who were reported to the State during the year as abused or neglected.**

   539,015 calls concerning 344,053 children Note: The number of children is vastly higher due to the discovery of a systems limitation. As a result of this discovery, each month was queried individually to insure that there were no "partial results" brought back from BOE. Additionally, a new element calculation "Count of Unique Victim ID's" was created to show the distinct victim ID's associated from each intake.

2. **Of the number of children described in paragraph (1), the number with respect to whom such reports were—**

   Note: The figures below include duplicates (i.e., the same child could be counted more than once if more than one report is received. That is why the figure above appears to be inconsistent with the figures in this question.)

   substantiated; *32,191*

   unsubstantiated; or (Note: Florida's count for Unsubstantiated includes no indication findings and Not Substantiated) *129,534*

   determined to be false. 96 investigations received in 2014/15 were referred to the State Attorney as potential false reports. The State Attorney makes a determination as to whether to pursue action on these, and the Department takes no further action regarding a final determination.

   a) **the number that did not receive services during the year under the State program funded under this section or an equivalent State program;** *Information not available.*

   b) **the number that received services during the year under the State program funded under this section or an equivalent State program; and**

During the State Fiscal Year (SFY) 2014-2015 there were 44,376 unduplicated victims.

c) the number that were removed from their families during the year by disposition of the case.

During the State Fiscal Year (FFY) 2014-2015 there were 15,780 children who entered state custody.

3. The number of families that received preventive services from the State during the year.

23,408, the number of Families impacted by Promoting Safe and Stable Families.

4. The number of deaths in the State during the year resulting from child abuse or neglect.

Total number of children who died as a result of abuse or neglect in 2014 was 144. (Source: DCF's Child Fatality Prevention Website)

5. Of the number of children described in paragraph (5), the number of such children who were in foster care.

Of the reported deaths that were the result of abuse or neglect in 2014, two children were in foster care at the time of their death.

6. **The number of child protective services workers responsible for the intake and screening of reports filed in the previous year.**

218. This number is comprised of Hotline staff which includes 194 counselors and 24 supervisors.

7. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

10 hours from time the report is received to time the report is commenced.

8. Juvenile Justice Transfers:

The number of children active as a child welfare case who were in a juvenile justice placement as of December 31, 2015 was 753. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision.

9. The number of children under the care of the State child protection systems who are transferred into the custody of the State juvenile justice system.

The number of children active as a child welfare case who were in a juvenile justice facility or shelter as of December 31, 2015 was 95. This count includes any child who had an active placement in either a residential or detention facility during the month.

10. The response time with respect to the provision of services to families and children where an allegation of abuse or neglect has been made.

10 hours from the time the Child Protective Investigator upon commencement assesses the need for services for families and children were an allegation of abuse or neglect has been made.

11. The number of child protective services workers responsible for intake, assessment, and investigation of child abuse and neglect reports relative to the number of reports investigated in the previous year.

1,825. This number is comprised of Hotline staff which includes supervisors and field staff including child protective investigators, child protective supervisors within the Department and sheriffs' offices.

12. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse and neglect, including death of the child.

The number of children reunited with their families: 3,188

The number of children receiving family preservation services: 6,755

13. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

The number of children for whom individuals were appointed by the court to represent the best interests of such children:

The Program was appointed to 61,356 children. (Source: Florida Statewide Guardian ad Litem Office)

The average number of out of court contacts between such individuals and children.

The Guardian ad Litem Program Standards of Operation, Standard 2.A requires each child be visited at a minimum at least every 30 days. (Source: Florida Guardian ad Litem Office)

14. The annual report containing the summary of activities of the citizen review panels of the State required by subsection(c)(6).

Please refer to the Attachment section of this chapter. Attachment contains annual report and responses from three citizen review panels.

15. Juvenile Justice Transfers:

The number of children active as a child welfare care who were in a juvenile justice placement as of December 31, 2015 was 753. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision.

16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

The number of children determined to be eligible: 658,823

(Source: Florida Department of Health, Charts report: Births (Count) by Year of Birth by County of Residence (Mother) Births=Resident, 2013, 2014 and 2015 provisional)

The number of children referred in *State Fiscal Year (SFY) 2014-2015:*

47,610

(Source: Florida Interagency Coordinating Council for Infants and Toddlers)

Child Protective Service Workforce Data

Table 1.Educational degree and experience for CBC staff

Lead CBC and Case Management Organization	Supervisors w/BSW	Supervisors w/MSW	Supervisors Avg Years Child Welfare experience	Case Managers w/ BSW	Case Managers w/ MSW	Case Managers Avg Years Child Welfare experience	Avg # of cases per Case Manager
Big Bend CBC							
*Anchorage Children's Home, Inc., Children's Home Society, Inc. Emerald Coast Division, Children's Home Society North Central Division, DISC Village, Inc.	8	6	11.77	37	11	7.87	
Brevard Family Partnership							
Impower	0	2	5.55	4	0	3.5	
Brevard CARES	0	0	15.3	2	0	13.1	
CBC Central Florida							
One Hope United	3	3	8.5	10	2	2.5	
Children's Home Society							
Gulf Coast Jewish Family and Community Services	2	0	5.7	9	3	3.1	
Devereux	1	0	10.8	3	0	3.1	
ChildNet, Inc. Circuit 15	4	1	4.9	11	3	2.3	
ChildNet, Inc. Circuit 17	16	4	8.25	110	17	2.63	
Children's Network SW Florida							
Lutheran Services Florida	0	1	14.6	5	2	8	
Family Preservation Services	0	0	9	5	3	3.6	
Community Partnership for Children	3	5	10	7	3	4	

Lead CBC and Case Management Organization	Supervisors w/BSW	Supervisors w/MSW	Supervisors Avg Years Child Welfare experience	Case Managers w/ BSW	Case Managers w/ MSW	Case Managers Avg Years Child Welfare experience	Avg # of cases per Case Manager
Devereux CBC of Okeechobee and the Treasure Coast	0	0	7.5	3	0	6.4	
*Devereux CBC and **Children's Home Society of Florida**							
Eckerd – Pasco Pinellas							
Youth and Family Alternatives	2	1	6.7	12	0	2.5 yrs.	2
Lutheran Services FL	0	0	2.2	3	3	2	
Directions for Living	2	0	0	14	3	3.5	
Eckerd-Hillsborough							
Gulf Coast Jewish Family and Community Services	1	0	5.6	8	5	3.2	
Devereux	2	0	3.3	4	0	1.5	
Children's Home Society							
One Hope United	1	1	2.666	7	2	1	
Youth and Family Alternatives, Inc.	0	1	4.3	8	2	1.5 yrs.	0
Families First Network*	6	1	7.64	17	2	3.49	
Family Support Services of North Florida	0.5	0.5	8.7817	32.383	1.5	0.3333	4.0767
Neighbor to Family - Jacksonville FL	0	0	8	12	1	0	8.25
Nassau County Service Center	1	0	10.5	27	1	0	4.12
Jewish Family & Community Services	2	0	4.6	44.2	2	1	3.9
Mental Health Resource Center	0	2	6.89	32.3	3	0	2.29
Children's Home Society	0	0	10	49	0	0	2.6
Daniel Memorial	0	1	12.7	29.8	2	1	3.3
Heartland for Children							
Gulf Coast JFCS	1	0	7	8	0	4	
One Hope United - Florida Region, Inc.	1	1	9.25	18	4	2.25	
The Children's Home Society of Florida	1	0	4.8	3	2	2.8	
The Devereux Foundation, Inc.	1	0	7.4	1	0	3.1	

Lead CBC and Case Management Organization	Supervisors w/BSW	Supervisors w/MSW	Supervisors Avg Years Child Welfare experience	Case Managers w/ BSW	Case Managers w/ MSW	Case Managers Avg Years Child Welfare experience	Avg # of cases per Case Manager
Kids Central, Inc.							
Children's Home Society	2	0	14	6	1	8	
Youth & Family Alternatives	0	0	6 yrs	0	0	6 yrs	
The Centers	1	0	13 yrs	5	0	3.4 yrs	
Independent Living @ Kids Central, Inc.	0	0	7 yrs	0	0	6 yrs	
Kids First of Florida	0	1	6	4	0	1.6	
Our Kids							
Wesley House Family Services, Inc	0	1	15	1		4	0
GulfCoast JFCS	0	2	8.8	3	0	3.7	**CMO services ended 12/2015**
Center for Family and Child Enrichment, Inc.	1	1	13	10	8	6	1
Family Resource Center							
Children's Home Society	1	0	4	10	1	2.5	1
Partnership Strong Families							
Children's Home Society of Mid Florida							
Pathways f/k/a Family Preservation Services of Florida, Inc.	0	1	10	1	2	4	0
Devereux Foundation, Inc.	0	0	6.1	2	1	3	
CDS Family & Behavioral Health Services	0	0	23	0	0	6	
Camelot Community Care, Inc.	0	1	9	1	3	15	
Sarasota YMCA-Safe Children Coalition							

Lead CBC and Case Management Organization	Supervisors w/BSW	Supervisors w/MSW	Supervisors Avg Years Child Welfare experience	Case Managers w/ BSW	Case Managers w/ MSW	Case Managers Avg Years Child Welfare experience	Avg # of cases per Case Manager
Youth & Family Alternatives, Inc.	0	0	4 yrs.	8	3	1.3 yrs.	*Average number of cases for staff on a protected caseload - 4 for the first thirty days, up to 8 during the second month and CM's are folded into normal rotation the third month *Average number of kids per CM – 19 (Sept. 2015) *Supervisors - 6 CMs per Supervisor

Pathways (formerly Family Preservation Services)	0	0	11 yrs.	3	0	4 yrs.	*Average number of cases for staff on a protected caseload – 4 to 6 for the first thirty to forty-five days, up to 8 during the second month and CMs are folded into normal rotation depending on new hire's comfort level (some are stronger than others) during month three *Average number of kids per CM – 14 (Sept. 2015) *Supervisors – 5 to 6 CMs per Supervisor
Centerstone (formerly Manatee Glens Organization)	0	0	6 yrs.	4	0	2 yrs.	*Average number of cases for staff on a protected

Lead CBC and Case Management Organization	Supervisors w/BSW	Supervisors w/MSW	Supervisors Avg Years Child Welfare experience	Case Managers w/ BSW	Case Managers w/ MSW	Case Managers Avg Years Child Welfare experience	Avg # of cases per Case Manager
							caseload - 9 for the first thirty days, up to 13 during the second month and third month they are in normal rotation *Average number of kids per CM: Manatee - 19.2 (Sept. 2015) *Supervisors: 6 CMs per Supervisor
St. Johns Family Integrity Program	2	0	14	1	1	5.5	

Table 2.Educational degree and experience for CPI staff

Child Protective Investigations	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Investigators with BSW	Investigators with MSW	InvestigatorsAvg Years Child Welfare experience
Sheriff Pasco	2	1	11.7	4	2	1.8
Sheriff Hillsborough	1	0	14	3	1	5
Sheriff Manatee	2	0	15	2	0	3.6
Sheriff Broward	1	2	14	7	3	8.5
Sheriff Pinellas	6	2	16	1	1	6
Sheriff Seminole	1	0	14	2	1	3

Table 2.Demographic information of the child protective service personnel in CBCs

Lead CBC and Case Management Organization	Black	White	Other	Hispanic
Big Bend CBC				
*Anchorage Children's Home, Inc., Children's Home Society, Inc. Emerald Coast Division, Children's Home Society North Central Division, DISC Village, Inc.	39	54	2	2
Brevard Family Partnership				
Devereux	36	36	5	4
Brevard CARES	10	10	0	4
CBC Central Florida				
One Hope United	42	20	0	7
Children's Home Society				
Gulf Coast Jewish Family and Community Services	28 / 27%	46 / 47%	5 / 5%	19 / 19%
Devereux	1	0	10.8	3
ChildNet, Inc. Circuit 15	62	18	1	13
ChildNet, Inc. Circuit 17	105	21	14	5
Children's Network SW Florida				
Lutheran Services Florida	24	31	1	5
Family Preservation Services	7	35	1	13
Community Partnership for Children	95	78	1	9
Devereux CBC of Okeechobee and the Treasure	38	58	2	13
Eckerd – Pasco Pinellas				
Youth and Family Alternatives	12	24	7	5
Lutheran Services FL	39	65	3	4
Directions for Living	25	60	7	7
Eckerd-Hillsborough				
Gulf Coast Jewish Family and Community Services	44 / 46%	45 / 47%	1 / 1%	6 / 6%
Devereux	26	28	2	14
One Hope United	30	21	0	7
Youth and Family Alternatives, Inc.	11	23	7	5
Families First Network*	83	225	15	11

Lead CBC and Case Management Organization	Black	White	Other	Hispanic
Family Support Services of North Florida	Average across agencies: 9 (38%)	Average across agencies: 14 (56%)	Average across agencies: 1 (3%)	Average across agencies: 1 (3%)
Neighbor to Family - Jacksonville Fl	1	5	0	0
Nassau County Service Center	4	6	0	0
Jewish Family & Community Services	14	22	1	4
Mental Health Resource Center	20	31	3	
Children's Home Society	4	6	1	1
Daniel Memorial	13	12	0	0
Heartland for Children				
Gulf Coast JFCS	27 / 39%	35 / 50%	3 / 4%	5 / 7%
One Hope United - Florida Region, Inc.	14	30	2	4
The Children's Home Society of Florida	17	10	1	5
The Devereux Foundation, Inc.	32	6	1	5
Kids Central, Inc.				
Children's Home Society	19	23	1	6
Youth & Family Alternatives	4	8	2	2
The Centers	24	30	0	6
Independent Living @ Kids Central, Inc.	0	7	1	0
Kids First of Florida	18	30	1	2
Our Kids				
Wesley House Family Services, Inc	2	18		4
Gulf Coast JFCS	65 / 66%	21 / 21%	4 / 4%	8 / 9%
Center for Family and Child Enrichment, Inc.	54	3	1	2
Family Resource Center				
Children’s Home Society	30	7	2	31
Partnership Strong Families				
Children's Home Society of Mid Florida				
Pathways (f/k/a Family Preservation Services of Florida, Inc.)	26	9	1	2
Devereux Foundation, Inc.				
CDS Family & Behavioral Health Services	4	3		1

Lead CBC and Case Management Organization	Black	White	Other	Hispanic
Camelot Community Care, Inc.	11	19	1	2
Sarasota YMCA-Safe Children Coalition				
Youth & Family Alternatives, Inc.	9	18	6	4
Family Preservation Services	2	25	1	0
Manatee Glens Organization	11	25	0	2
St. Johns Family Integrity Program	5	19	0	1

** Data not available

Table 4.Demographic information of the child protective investigation personnel in Sheriff Offices

Child Protective Investigations	Black	White	Other	Hispanic
Sheriff Pasco	7	54	3	6
Sheriff Hillsborough	22	79	5	24
Sheriff Manatee	8	40	0	2
Sheriff Broward	86	29	5	12
Sheriff Pinellas	11	75	0	12
Sheriff Seminole	7	40	1	3

- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

  Average handling time per intake counselor: goal 34-37 minutes

  Average number of cases per child protective service worker: 15.61

  Average number of intake counselor per intake supervisor: 8:1

  Average number of child protective service workers per child protective service supervisor: 4.65:1

CAPTA Agency Identifying Information:

- **Lead agency contact information:**

  Florida Department of Children and Families

  Office of Child Welfare

  1317 Winewood Boulevard

Tallahassee, Florida 32399-0700

- **CAPTA Lead Agency Coordinator:** (State Liaison Officer)

  Cameo Bryant
  Child Welfare Program Office

  State and Federal Program Policy
  Office (850) 717-4674

  Email: cameo_bryant@myflfamilies.com

Appendix B. Revised Practice Model

FLORIDA'S CHILD WELFARE PRACTICE MODEL

Florida's Child Welfare Practice Model

Vision

Every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections.

Goals

Florida's child welfare professionals seek to achieve these goals:

- **Safety.** Florida's children live free from maltreatment.
- **Permanency.** Florida's children enjoy long-term, secure relationships within strong families and communities.
- **Child Well-Being.** Florida's children are physically and emotionally healthy, and socially competent.
- **Family Well-Being.** Florida's families nurture, protect, and meet the needs of their children, and are well integrated into their communities.

Practices

To achieve these goals, Florida's child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:

- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.
- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.
- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.
- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.
- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child's family that must exist for the child to be returned home safely with an in-home safety plan.
- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers' expertise in case planning and service delivery.
- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MyFlFamilies.com

THE SEVEN PROFESSIONAL PRACTICES: *What* child welfare professionals do.

THE SAFETY METHODOLOGY: *How* they do it.

THE GOALS AND VISION: *Why* they do it.

SEVEN PROFESSIONAL PRACTICES

Operationalized Using the Safety Methodology

Engage: The family is the primary point of communication, involvement and decision-making. The *Information Collection Protocol* for investigators and *Standards of Intervention* for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the *Family Functioning Assessment* and (for unsafe children) the safety planning, *Family Functioning Assessment - Ongoing* and case planning. Engagement is essential to the development of the *Case Plan*, which includes goals for what must change, related to enhancing *Caregiver Protective Capacities* and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner 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 progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the *Six Information Domains*, which frame what must be known about children and caregivers to inform effective decision-making. These *Six Information Domains* live within the *Family Functioning Assessment*. The *Six Information Domains* are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional "creates a picture" of the pervasive functioning occurring among adults and children within the family. The "picture" represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.

The Seven Professional Practices:
Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five *Danger Threshold Criteria:* (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the *Six Information Domains* clearly supports an active impending danger threat that meets the *Danger Threshold Criteria*, and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: *Present Danger Assessment; Family Functioning Assessment;* the SDM® *Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update;* SDM® *Family Risk Re-Assessment* and SDM® *Family Risk Reunification Assessment.*

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a *Present Danger Plan* is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the *Family Functioning Assessment* process. When an investigator concludes at the end of the *Family Functioning Assessment* a child is unsafe, an *Impending Danger Safety Plan* is developed. Developing a sufficient *Impending Danger Safety Plan* to control and manage impending danger that is the least intrusive is completed through an immediate intervention called *Safety Planning Analysis.* Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the *Impending Danger Safety Plan* is transferred at the same time and continues to occur through the life of the case. In addition, the *Safety Planning Analysis* is used for children with an out-of-home Impending *Danger Safety Plan* to create *Conditions for Return* for these children to return home with an in-home *Impending Danger Safety Plan.*

Plan for family change: Information gathered through the *Family Functioning Assessment - Ongoing* results in the development of case plan outcomes related to what must change to demonstrate enhanced *Caregiver Protective Capacities* addressing impending danger threats and *Child Needs.* The *Case Plan* includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the "roadmap" or method by which change will be addressed.

Monitor and adapt case plans: The *Ongoing Family Functioning Progress Update* is a formal and ongoing intervention that occurs on a regular basis following the development of the family's *Case Plan.* It is intended to provide a standardized approach to measuring progress for enhancement of diminished *Caregiver Protective Capacities* as they relate to the impending danger threats and *Child Needs,* safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated *Six Information Domains,* which inform the *Ongoing Family Functioning Progress Update.*

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Appendix C. Position Classification Schedule Details

From the Florida Department of Management Services website:

Abuse Registry Counselor and Child Protective Investigator:

http://www.dms.myflorida.com/workforce_operations/human_resource_management/for_state_hr_practitioners/broadband_classification_and_compensation_program/classification_pay_plan/classification_plan/career_service_class_specifications

Abuse Registry Supervisor and Child Protective Investigator Supervisor:

http://www.dms.myflorida.com/workforce_operations/human_resource_management/for_state_hr_practitioners/broadband_classification_and_compensation_program/classification_pay_plan/classification_plan/selected_exempt_service_class_specifications

DEPARTMENT OF MANAGEMENT SERVICES

For Reference Only

CLASS CODE:5961
PAY GRADE:019

CLASS TITLE:ABUSE REGISTRY COUNSELOR

ALLOCATION FACTOR(S)

This is professional telephone counseling and referral work in the Central Abuse Registry assessing reports of alleged abuse, neglect or exploitation of children, elderly or disabled persons and determining the necessity for immediate investigation.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Receives and assesses complaints alleging abuse, neglect or exploitation of children, elderly or disabled persons by conducting telephone interviews and researching Abuse Registry data systems.
- Refers cases to appropriate district intake unit for investigation within one hour from receipt of call noting those cases requiring immediate investigation.
- Issues Statewide-Alerts and Requests-to-Locate for victims who have been abused or neglected.
- Receives and refers, as appropriate, complaints against vendors, related licensed facilities and department employees which may include human rights violations, inappropriate treatment and inadequate services.
- Enters reports on the Abuse Registry data system.
- Provides supportive counseling and information and referral services to persons calling for assistance.
- Maintains liaison with district investigative staff, supervisors and other adult/child protective staff in both public and private sectors.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practices in counseling, social work or education.
- Knowledge of professional ethics.
- Knowledge of interviewing techniques.
- Ability to provide counseling and guidance to persons in crisis.
- Ability to conduct fact-finding interviews and assess risk factors.
- Ability to plan, organize and coordinate work assignments.
- Ability to actively listen to others.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.

MINIMUM QUALIFICATIONS

- A bachelor's degree from an accredited college or university.

EFFECTIVE:

11/16/1999

HISTORY:

06/30/1999

DEPARTMENT OF MANAGEMENT SERVICES

08/01/1987

For Reference Only

CLASS CODE:5962
PAY GRADE:421

CLASS TITLE:ABUSE REGISTRY SUPERVISOR - SES

ALLOCATION FACTOR(S)

This is work supervising Abuse Registry Counselors. The primary duty of the employee(s) in the position(s) allocated to this class is to spend the majority of time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward or discipline subordinate employees or to effectively recommend such actions.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Motivates employees to improve the quality and quantity of work performed.
- Plans work loads, work flows, deadlines, work objectives and time utilization with employees.
- Evaluates employees through establishing evaluation criteria and responsibilities and meeting regularly with employees to ensure the established criteria are met.
- Trains employees in methods for performing an effective and efficient job.
- Communicates on a regular basis with employees both individually and in staff meetings.
- Directs the work of employees to ensure best use of time and resources.
- Reviews investigative reports and service requests for completeness and compliance with policies and standards.
- Provides general supervision of staff within the unit by making special assignments, assisting with case problems and planning schedules of activities.
- Plans and holds regular and special conferences with employees to provide guidance and technical assistance in the performance of their duties.
- Assists with the preparation of statistical reports.
- Provides technical assistance to other agencies and organizations concerned with abuse and neglect cases.

- Monitors incoming and outgoing abuse reports for appropriateness, clarity and adequacy.
- Communicates on a regular basis with district personnel involved with child/adult protective investigations.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practices in counseling, social work or education.
- Knowledge of professional ethics.
- Knowledge of physical and behavioral indicators of abuse and neglect.
- Knowledge of interviewing techniques.
- Ability to supervise people.
- Ability to conduct fact-finding interviews.
- Ability to provide counseling and guidance to others
- Ability to provide information and referral to child/adult protective agencies, both public and private.
- Ability to plan, organize and coordinate work assignments.
- Ability to determine work priorities, assign work and ensure proper completion of work assignments.
- Ability to actively listen to others.
- Ability to understand and apply relevant laws, rules, regulations, policies and procedures.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.

MINIMUM QUALIFICATIONS

EFFECTIVE:

7/1/2001

HISTORY:

DEPARTMENT OF MANAGEMENT SERVICES

04/22/1988

For Reference Only

CLASS CODE:8371
PAY GRADE:019

CLASS TITLE:CHILD PROTECTIVE INVESTIGATOR

ALLOCATION FACTOR(S)

This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children, in the Department of Children and Families. The employee(s) allocated to position(s) in this class may have collateral duties such as contract management and maximization of Federal funds.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Makes contacts with families with allegations of abuse, neglect and/or maltreatment.
- Responds to allegations of abuse, neglect, abandonment and/or special conditions; determines findings; and enters information into Florida Abuse Hotline Information System, and other systems.
- Responds to Hotline reports and determines immediate risk to child.
- Conducts child safety assessments.
- Opens, maintains and closes files related to the families being served.
- Arranges for or provides transportation for to clients.
- Schedules and gathers information for and participates in case staffings.
- Explains child protection to children and families.
- Explains rights and responsibilities to children and family members.
- Performs on-call duties.
- Reports indication of abuse, neglect and/or abandonment to Florida Abuse Hotline.
- Arranges for emergency placement for children at risk.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practice in child protection.
- Knowledge of professional ethics relating to child protection and counseling.
- Knowledge of family-centered interviewing and counseling techniques.
- Knowledge of investigative techniques.
- Knowledge of interviewing and observation techniques.
- Skill in considering child development in guiding placement of children.
- Ability to recognize indicators of abuse and neglect.
- Ability to conduct risk and safety investigations.
- Ability to plan, organize and coordinate work assignments.
- Ability to understand and apply relevant laws, rules, regulations, policies and procedures.
- Ability to actively listen to others.
- Ability to communicate effectively.
- Ability to maintain well-executed case files.
- Ability to establish and maintain effective working relationships with others.
- Ability to utilize computer systems.
- Ability to write accurate investigative reports.

MINIMUM QUALIFICATIONS

- A bachelor's degree from an accredited college or university and attainment of a passing score on the basic skills Introduction to Child Protection Written Assessment.

EFFECTIVE:

5/10/2002

HISTORY:

DEPARTMENT OF MANAGEMENT SERVICES

For Reference Only

CLASS CODE:8372
PAY GRADE:421

CLASS TITLE:CHILD PROTECTIVE INVESTIGATOR SUPERVISOR-SES

ALLOCATION FACTOR(S)

This is advanced professional work supervising and directing the work of child protective investigators and support staff. The primary duty of the employee(s) in the position (s) allocated to this class is to spend the majority of the time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, or discipline subordinate employees to effectively recommend such actions.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Motivates employees to improve the quality and quantity of work performed.
- Plans work loads, work flows, deadlines, work objectives and time utilization with employees.
- Evaluates employees through establishing evaluation criteria and responsibilities and meeting regularly with employees to ensure the established criteria are met.
- Trains employees in methods for performing an effective and efficient job.
- Communicates on a regular basis with employees both individually and in staff meetings.
- Directs the work of employees to ensure best use of time and resources.
- Develops performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement.
- Communicates investigator's compliance with job duty expectations on a regular basis.
- Develops management tools to assure the quality and efficient timelines of services provided by investigators.
- Monitors and directs the work of investigators.

- Provides leadership of the unit in the assignment of cases, and reviews and assists with complex cases and the scheduling of work activities on a regular basis.
- Reviews assessments and case plans with investigators, and provides consultation and direction to them to assure appropriateness, clarity, quality and thoroughness.
- Identifies performance improvement plans.
- Provides guidance to investigators by coaching, motivating, training and providing other staff development activities.
- Identifies and promotes outstanding performance.
- Acts as a liaison to other organizations/divisions.
- Collects, analyzes, and reports data in area of expertise.
- Facilitates and participates in a variety of staffings.
- Reviews and ensures proper documentation of investigators' casework.
- Establishes and maintains a close working relationship with the District/Region program office and program specialists.
- Develops training and staff development plans with each investigator under his/her supervision.
- Conducts review and performance plans with unit staff.
- Provides community education through public presentations.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practice of child protection, counseling, social work, investigations and assessments.
- Knowledge of professional ethics relating to child protection and counseling.
- Knowledge physical and behavioral indicators of abuse and neglect.
- Knowledge of effective management skills.
- Knowledge of interviewing techniques.
- Knowledge of court procedures and legal requirements.
- Knowledge of methods of collecting, organizing and analyzing data.
- Knowledge of management and supervision techniques.
- Knowledge of family-centered interviewing and counseling techniques.
- Knowledge of investigative techniques.
- Knowledge of interviewing and observation techniques.
- Skill in direct observation of investigator's abilities in interacting appropriately with families, community resources, service providers and other department professionals.
- Skill in considering child development in guiding placement of children.
- Ability to recognize indicators of abuse and neglect.

- Ability to conduct risk and safety investigations.
- Ability to actively listen to others.
- Ability to maintain well-executed case files.
- Ability to write accurate investigative reports.
- Ability to develop and implement individual case plans.
- Ability to assess investigators' performance and develop performance improvement plans.
- Ability to analyze the effectiveness of service programs, and identify resources or make adjustments to meet needs.
- Ability to plan, organize and coordinate work assignments.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.
- Ability to effectively supervise staff members.
- Ability to understand and apply relevant laws, rules, regulations, policies, and procedures.
- Ability to use computer systems.
- Ability to demonstrate knowledge of group dynamics.
- Ability to staff cases.
- Ability to conduct thorough case staffings and other meetings.

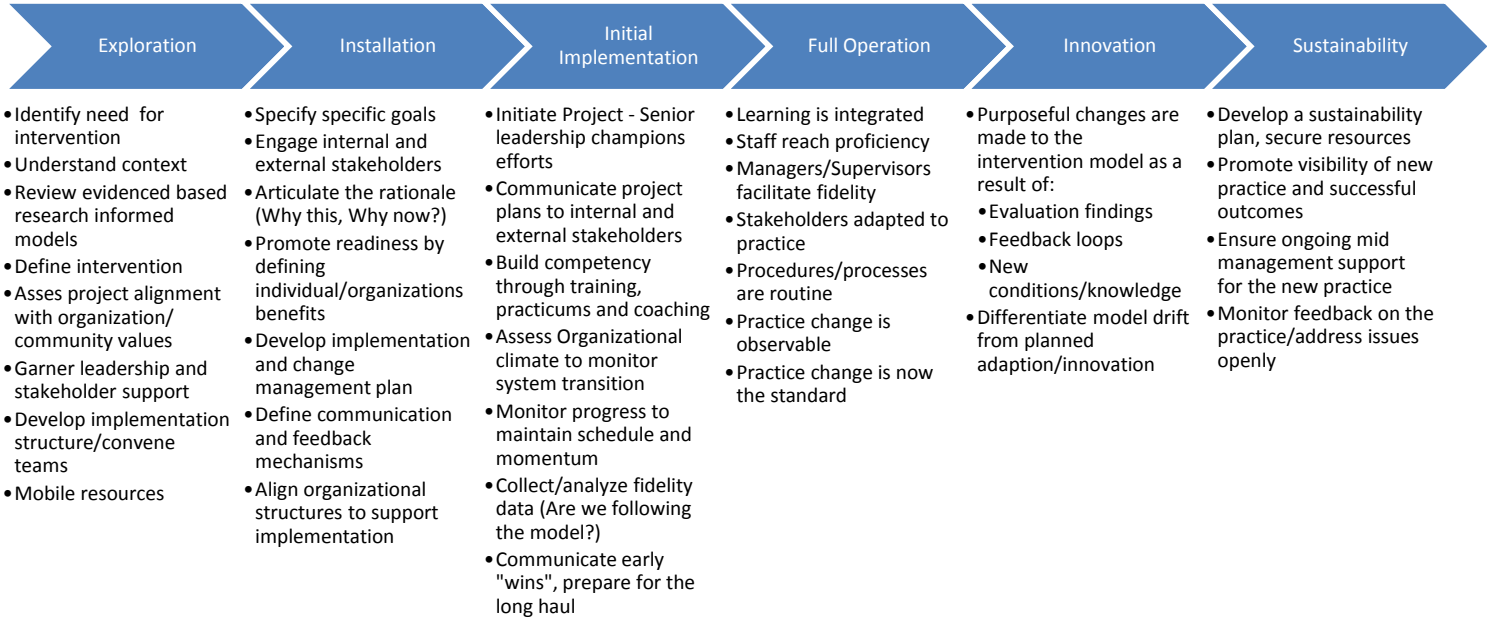
MINIMUM QUALIFICATIONS

EFFECTIVE:

5/10/2002

HISTORY:

Appendix D. Safety Methodology Implementation Phases




Initial Implementation
Full Operation
Innovation
Sustainabiity
2013 – Dec 2014
Jan 2015 - Dec 2016
Jan 2017- Dec 2017
Jan 2018….

Attachments

Citizen Review Panel annual reports and Department response:

- The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)
- The Independent Living Services Advisory Council (ILSAC)
- The Florida Child Abuse Death Review Committee
- Florida Faith-Based and Community-Based Advisory Council

Independent Living Services Advisory Council

2015

Report of Independent Living Services
for Florida's Foster Youth

Table of Contents

Program Overview

History and Background

The Chafee Foster Care Independence Act (1999)

In 1999, the federal government enacted the Chafee Foster Care Independence Act. This legislation gave states increased funding to provide foster teens and young adults who have "aged out" of the foster care system better access to programs that are designed to promote the development of adult self-sufficiency. Available Independent Living training opportunities, programmatic supports, and direct services covered by the Chafee Foster Care Independence Act include: educational training and supports; preparation for post-secondary education; daily life skills training; employment training; substance abuse services; pregnancy prevention and preventive health activities; and programs designed to connect foster teens and young adults who have aged out of foster care with positive and permanent adult mentors.

Road-to-Independence Act (2002)

In 2002, Florida passed the Road-to-Independence Act. This state based program established a system of independent living transition services to enable older children in foster care and young adults who exit foster care at age 18 to transition to self-sufficiency as adults. The Road-to-Independence (RTI) Program also is designed to provide direct stipend payments to young adults who have aged out of foster care while they pursue fulltime educational opportunities in the areas of continuing adult education (GED), vocational training/certification, or post-secondary associate/bachelor degrees.

This program has been grandfathered in by the Nancy C. Detert Act, described below. Any young adult who had been receiving RTI benefits as of January 1, 2014 has been able to remain in the program provide they retain program eligibility.

Nancy C. Detert Common Sense and Compassion Independent Living Act (2013)

In 2013, Florida passed the Nancy C. Detert Common Sense and Compassion Independent Living Act which allows for young adults in or formerly in foster care to voluntarily extend their time in foster care up to the age of 21. The young adults must be attending school on a full time basis, working a minimum of 80 hours per month, or have a recognized disability that prevents full-time participation in educational or employment opportunities. The act limits the use of Road-to-Independence payments to post-secondary educational opportunities and shifts life skills training responsibilities to foster parent and group home providers. The act also eliminated the categories of Subsidized Independent Living and Transitional Support Services. The act took effect on January 1, 2014.

Some of the most in depth changes within the law change the focus of how we "parent" as a foster care system. There is great emphasis in the new law to "empower all foster care caregivers" to provide quality parenting. That includes foster parents and group home/congregate care providers.

Some aspects of quality parenting focus on allowing foster care caregivers to make decisions about the children in their care including approving/disapproving "normalcy activities" based on the reasonable and prudent standard.

The law also stresses the importance of quality caregivers and the requirement that children can only be placed with caregivers who are willing and able to meet the quality parenting standard. As part of the continued focus on quality parenting, life skills or those skills that we all need to acquire to make the successful transition to adulthood are now the responsibility of the caregivers (again both foster parents and congregate/group care providers). Learning will be "in the home"; however, the Child welfare agencies will still be accountable for ensuring services are provided and supporting caregivers with resources.

The law also created the Road to Independence; Extended Foster Care and Postsecondary Educational Support Services or PESS. During fiscal year 2014-2015, a total of 3,173 young adults (unduplicated count) participated in these services.

Extended Foster Care (EFC)

Quick Facts:

- Florida is an "opt-out" State. Children aging out of care automatically remain in care, through EFC, unless they sign paperwork opting out of care before the court
- Provides young adults with additional and continued case management and support
- Allows for more time between ages 18 – 21 for young people to prepare for adulthood
- Provides assistance with school, work and safe housing
- Provides a plan for gradual transition to full responsibility
- 24-hour emergency support available
- The housing "placement match" must meet the developmental/maturity level of the young adult
- Extended Foster Care ends on the young adult's 21st birthday [Age 22 for youth with a documented disability]
- Payments for housing and services are made directly to foster parents/providers with smaller amounts provided to the young adult for allowance

Eligibility:

- EFC is a voluntary extension of services
- Young adults in EFC must have a court approved case plan/transition plan. Young adults will be required to participate in the development of the plans and maintain compliance with the court
- Young adults will have a case manager who will regularly meet with youth. The case manager will provide support and services and the youth and case manager will operate as a team
- The young adult must live in an approved living environment that is chosen to provide the necessary supervision that is consistent with their assessed needs.
- The young adult must engage in one of the listed activities, unless a documented condition impairs the ability to do so.

- Failure of the young adult to meet eligibility requirements results in discharge from the program, with access to a fair hearing for the young adult to contest the discharge. If discharged, the young adult will be offered alternative services if eligible.

Data Trends:

- In Fiscal Year 2014-2015, 1,013 young adults participated in Extended Foster Care.
- The majority (81%) of young adults participating in EFC are 18 or 19 years old.

Statewide Highlight For Extended Foster Care:

To best assist young adults who decide to leave a group home, foster home, or other supportive living arrangement at 18 years old, agencies across the state have sought private funding for a Housing Coordinator position to give these young adults additional support as they enter the housing market. For example: Palm Beach, Broward and other counties have found these positions to be invaluable for young adults and case managers. Older foster youth received a knowledgeable support person about the housing options in their area, and case management receives a central point of housing coordination for older foster youth. This creates a savings of time and effort to best help young people with housing beyond 18 years old.

The FLITE Center, the first One Stop Resource Center in Florida for youth transitioning out of the child welfare system, has worked to meet housing needs for 819 individual youth in the last four years. At the FLITE Center (Fort Lauderdale Independence Training and Education Center) the Housing Coordinator acts as a resource expert, advocate, and liaison in the coordination of locating safe, affordable housing for transitioning youth between the ages of 18-23 living in Broward County. Overall this position is responsible of working with program participants, provider staff, landlords and property owners to ensure that all young people have adequate shelter during the transition from out of home care to independence and help them sustain permanent, affordable, and quality housing.

In Palm Beach County, Vita Nova Independent Living Services have begun a pilot to pair older foster youth ages 21+ to serve as peer mentors to new EFC candidates. Peer mentors provide in-home life skills training related to cleanliness, lease agreements, and budgeting using life lessons garnered from their experience after leaving child welfare. Life skills sessions occur three times a week with the intention of helping EFC youth avoid evictions, thereby preserving their placements and stability.

Postsecondary Educational Support and Services

Quick Facts:

This program is available to the following:

- Young adults who turned 18 while residing in licensed care and who spent a total of 6 months in licensed out-of-home care;
- Young adults who were adopted or placed into guardianship after age 16 after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption.

- Young adults who have earned a standard high school diploma, or its equivalent
- Enrolled in a Florida Bright Futures eligible postsecondary institution (i.e.: vocational/college/university)

Pess is not a needs-based program, unlike its predecessor, Road to Independence; PESS participants receive $1256 per month financial stipend;

Case Management services are available, although there is no formal procedure.

Eligibility:

- Must maintain full time enrollment in post secondary setting (minimum of 9 credit hours)
- Must make forward progress as defined by the educational institution and by earning a minimum of 18 credits within the annual renewal period
- Must provide monthly proof verifying enrollment. This is usually done by signing a release and providing case manager access to school, via website or other means.

Data Trends:

- In fiscal year 2014-2015, 1,563 young adults participated in Post-Secondary Educational Support Services (PESS).
- Whether or not the Legislature intended this result, extended foster care tends to serve the 18 and 19-year-old population, while PESS participants tend to be older. Seventy-seven percent of the PESS participants in fiscal year 2014-2015 were 20 years of age or older.

Aftercare Services

Quick Facts:

- Aftercare is designed to function as a "bridge" between care and independence. For example, if a young adult has not completed high school or obtained their GED upon aging out and chooses to opt out of EFC, they may receive funding and other services on a short-term basis to help them settle into independence. Aftercare is also available for those returning to EFC but prior to their eligibility, or those exiting PESS.
- Aftercare provides short term/limited support. Aftercare Services may lead to more stable services
- Aftercare services can include housing, car repairs, employment assistance, education expenses, clothing, food (financial or community resource referrals)
- Emergency funding is available to help prevent homelessness
- Mental health or substance abuse services are included in the service array
- Case Management may be provided, depending on the service provider

Eligibility:

- A young adult must turn 18 while in a licensed placement
- A young adult must be under the age of 23

- Young adults cannot access Aftercare if they are in extended foster care or PESS

Data Trends:

- A total of 467 young adults received aftercare services that included a documented payment to the youth or for services in fiscal year 2014-2015. It is important to note that many aftercare services do not include a specific payment made by the community based care organization. These services may include linkage to resources and services that are available to the youth in the community and are funded through various systems and organizations (e.g., United Way services, mental health and substance abuse services, domestic violence services, etc.).

Statewide Highlight for After Care Services:

Innovations within aftercare services were sporadic from region to region. While most areas follow the intent of the statute it was apparent that these services were mostly about establishing a dollar amount to assist a young adult in a crisis.

It was clear that circuits employing an innovative approach took it upon themselves to find solutions beyond issuing a check to resolve a crisis a young person was experience. In many cases this meant that agencies would remain in contact with a young adult during an extended period of time to ensure additional services can be provided before, during and after a crisis situation.

For example, at Devereaux Community Based Care a thorough plan is created with the young person that utilizes resources in the community along with advocacy from the staff to help young adults become more stable. In some cases these services last 90-days to give staff and the young adult enough time to find a lasting resolution with school, work, health, or employment issues.

Another good example of combining aftercare services with community resources is from the Community Based Care of Central Florida (CBCCFL). Leadership and staff have a different outlook on aftercare services, as they do not consider these services to be a cash assistance program. Key elements include:

- Emergency Housing: CBCCFL has negotiated with providers who are willing to provide short term bed space for our youth who are facing homelessness. If a youth says they are without a bed, a referral should be made to one of these providers. After a young adult is housed, there will be a thorough assessment of the needs of the youth and consideration of re-entry into extended foster care, if appropriate.

- Mental Health Services: CBCCFL makes referrals to targeted case management who take over primary responsibility for accessing these services for youth including crisis counseling and medication management.

- The greatest needs of youth served by CBCCFL are housing, employment and education. There are identified specialists that work in each of these areas directly with the youth to assist them in becoming self sufficient.

Independent Living Data Review

Florida Education and Training Placement Information Program (FETPIP) Outcomes Report for Young Adults from Foster Care

The Florida Education and Training Placement Information Program (FETPIP) is a data collection and consumer reporting system established by Florida Statutes Section 1008.39 to provide follow-up data on former students and program participants who have graduated, exited or completed a public education or training program within the State of Florida. This information is part of the performance accountability processes for all parts of the K-20 system and serves as an indicator of student achievement and program needs. It helps educators and parents better prepare and counsel students for success in their future education or career choices. The most recent published FETPIP data follows[1]:

KIDS AGING OUT OF FOSTER CARE (ACTIVE) - FALL 2014 FINDINGS

TOTAL INDIVIDUALS 9,727 ***TOTAL WITH OUTCOME DATA 7,089 73%***

FLORIDA EMPLOYMENT DATA (4th QTR)

FOUND EMPLOYED	2,906	30%
AVERAGE EARNINGS - ALL	$2,872	
FOUND EMPLOYED FULL-TIME	727	25%
FULL-TIME AVERAGE EARNINGS	$6,466	

Percent working full-time is of those employed.
Full-Time Earnings = earnings of at least $4,123 per qtr (min. wage x 13 wks. x 40 hrs)

EARNINGS BY LEVEL*
Number of employed earning:

Less Than $7.93 per hr (Qtrly Wages less than $4,123)	2,179	75%
Wages Between $7.93 and $14.37 Inclusive (Qtrly Wages at least $4,123 but less than $7,475)	576	20%
Wages Between $14.38 and $20.81 Inclusive (Qtrly Wages at least $7,475 but less than $10,826)	120	4%
Wages at Least $20.82 per hr. (Qtrly Wages at least $10,826)	31	1%

**Levels determined by qtrly wage /520 hrs (40hrs. x 13 wks.)*

FEDERAL EMPLOYMENT DATA

CIVILIAN EMPLOYMENT (U.S. Post Office, U.S. Civil Service)	****	****

FLORIDA CONTINUING EDUCATION DATA

TOTAL CONT. THEIR EDUCATION (Unduplicated)	1,766	18%
...IN DISTRICT POSTSECONDARY	336	19%
...IN FLORIDA COLLEGE SYSTEM	1,352	77%
AA Program	673	50%
AS Program	133	10%
AAS Program	****	****
Adult Vocational Certificate	28	2%
Vocational Credit Certificate	16	1%
Other	501	37%
...IN STATE UNIVERSITY SYSTEM	174	10%
...IN PRIVATE COLLEGE OR UNIVERSITY	11	1%

Students may be in multiple settings, therefore, sum of detail may exceed total unduplicated count.

OF TOTAL CONT. ED. THOSE FOUND EMPLOYED	805	46%

RECEIVING PUBLIC ASSISTANCE
Temporary Assistance to Needy Families (TANF), Food Stamps

RECEIVING TANF	203	2%
... & EMPLOYED	72	35%
RECEIVING FOOD STAMPS	5,067	52%
... & EMPLOYED	1,736	34%
RECEIVING TANF &or FOOD STAMPS	5,077	52%
... & EMPLOYED	1,737	34%

FLORIDA DEPARTMENT OF CORRECTIONS DATA

INCARCERATED	438	5%
COMMUNITY SUPERVISION	567	6%

Source: Florida Education and Training Placement Information Program Page No. 0

[1] This data, and language, comes to DCF directly from Florida Department of Education. For more information about FETPIP, go to: http://www.fldoe.org/accountability/fl-edu-training-placement-info-program

The Federal National Youth in Transition Database [NYTD]

The Foster Care Independence Act (FCIA) of 1999 established the John H. Chafee Foster Care Independence Program, commonly referred to as the Chafee Program, to appropriate state funding for services, supports, and trainings in an effort to better prepare youth in foster care for the transition to adulthood. The FCIA required the Administration for Children and Families to create a National Youth in Transition Database (NYTD) to:

- Track the independent living services each state provides to youth in foster care
- Assess each state's performance in providing these independent living/transition services as measured by the outcomes of youth between the ages of 17-21 who received or are currently receiving these services while in foster care.

To meet the mandates for NYTD, the Administration for Children and Families requires states to comply with two distinct data collection activities in order to collect data on independent living service provision and youth outcomes.

Data Collection Activity 1: Independent Living Service Provision

The Administration for Children and Families established six-month reporting periods in which data is transmitted from the statewide Florida Safe Families Network (FSFN) system to the federal NYTD system. Florida is required to send data on the type and frequency of independent living services provided to each youth who meets the definition of Served Population. If a youth receives at least one independent living service during the six-month reporting period, the youth is in the Served Population.

For the Served Population youth, specific information on independent living services is collected across the following eleven categories:

□ Independent Living Needs Assessment
□ Academic Support
□ Post-Secondary Educational Support
□ Career Preparation
□ Employment or Vocational Training
□ Budget and Financial Management
□ Health Education and Risk Prevention
□ Mentoring
□ Family Support and Healthy Marriage Education
□ Supervised Independent Living
□ Housing Education and Home Management Training

In addition to capturing independent living services, states must also collect youth specific demographic information, along with the youth's foster care status, educational level, special education services status and information on whether the youth has or has not been adjudicated delinquent. States are also required to report financial assistance provided to the youth. Examples of financial assistance include room and board, education assistance through PESS and funding received through Aftercare.

Data Collection Activity 2: NYTD Survey-Youth Outcomes

Since 2010, youth outcome data has been collected through the NYTD self-report survey developed by the Administration for Children and Families. In Florida, NYTD survey outcome data is collected and reported for youth in relative, non-relative, and licensed placements. Youth in foster care are first surveyed at age 17 to establish the baseline population cohort.

Youth in the baseline population cohort are administered the follow-up NYTD self-report survey when they turn age 19 and again at age 21, regardless of whether they are receiving any kind of foster care or independent living services. The NYTD self-report survey data must be collected directly from the youth and not from any type of administrative records. The NYTD self-report survey is comprised of approximately 22 questions and states can decide on the survey method. Florida utilizes a combination of methods for survey administration including online, telephone, paper, email, and even social media.

Under federal rule, states are required to meet a follow-up NYTD self-report survey participation rate of 60% for youth who are no longer in foster care and a participation rate of 80% for youth who are still in foster care at ages 19 and 21, or be subject to a financial penalty. Every three years, states will establish a new age 17 baseline population cohort.

The NYTD self-report survey collects information that is used to assess each state's performance as measured by the six youth outcome indicators established by the Administration for Children and Families. The six youth outcome indicators are:

- □ Financial Self-Sufficiency
- □ Educational Attainment
- □ High-Risk Behavior
- □ Experience with Homelessness
- □ Positive Connections with Adults
- □ Access to Health Insurance

Expanding the NYTD Survey: NYTD Plus+

The Administration for Children and Families identified the required questions that must be asked of youth taking the NYTD self-report survey; however, states may add on their own questions or even use an expanded version of the self-report survey called NYTD Plus+.
The NYTD Plus+ self-report survey was developed as part of a collaborative initiative launched by the American Public Human Services Association (APHSA), Chapin Hall at the University of Chicago and the Center for State Foster Care and Adoption Data. One of the objectives of this APHSA/Chapin Hall NYTD Initiative was to design a survey instrument that states could use to go beyond the minimal federal data collection requirements of NYTD in order to fully collect and measure youth outcomes in greater depth and comprehension.

A National Advisory Committee, comprised of experts in the field of child welfare and representatives from state child welfare agencies, was established to oversee and provide guidance to the APHSA/Chapin Hall NYTD Initiative. Florida Department of Children and Families Deputy Secretary Don Winstead was appointed to chair the National Advisory Committee. According to Winstead, "The reason to do NYTD Plus+ and to take the most robust

approach possible—is not the federal mandate. If we do it only because of the mandate, we're missing the point. We have accepted responsibility for these youth, and everything that we do know says that we need to do better by them. And in order to do better, we need to understand better and develop better ways to meet their needs."

In 2010, Florida became the first state to implement the expanded NYTD Plus+ self-report survey.

Florida's Department of Children and Families: Listening to Every Youth...Every Year - Beyond the Federal Requirements

The Florida version of NYTD Plus+

Although the federal NYTD requirement is to survey a cohort of youth at ages 17, 19, and 21, Florida implemented the administration of the NYTD Plus+ self-report survey for all youth ages 18-21 who aged out of Florida's Foster care system. The Florida version of the NYTD Plus+ survey includes the questions in the NYTD Plus+ survey tool developed through the APHSA/Chapin Hall NYTD Initiative as well as questions DCF added from the 2007-2009 DCF IL Checklist survey tool. The Florida version of the NYTD Plus+ has been administered annually since 2011.

An overview of each year's survey responses is published in a report on the DCF website, and CBC specific survey data is available to each CBC lead agency through a DCF data portal link.

The Florida Version of My Services

In 2010, DCF contracted with Cby25 Initiative, Inc. to modify their existing My Services on-line self-report survey tool to include questions specific to Florida's child welfare system. The Florida version of My Services contains questions added by DCF to address the key issues of employment, normalcy and the Quality Parenting Initiative. Also included are questions from the 2007-2009 DCF IL Checklist survey tool.

These additions have increased the size of the Florida version of My Services to almost 200 questions. In order to ensure youth continue to have a quality and thoughtful experience when taking the survey, the Florida version of My Services is broken down into ten 15-minute topic modules.

Making certain youth ages 13 – 17 have a thoughtful experience during their feedback sessions is of great importance to the quality of data received; therefore, it is vital to ensure that CBC Lead agencies administer the Florida version of My Services correctly. The survey was not designed nor intended to be completed all at one time while sitting in a caseworker or IL staff office. The survey is web-based and should be completed within the home or community. The administration period is a two-month span in which youth can complete a module or two at their discretion, save their answers and return to complete the other modules.

During a recent series of webinar trainings on administering the Florida version of My Services, Cby25® Initiative guided participants to first ask youth the following question before putting a survey administration plan in place. According to Cby25® Initiative, *"the most important issue is not the size of the survey or the number of questions- the most important piece of information we can gather is whether or not our youth in care have access to the internet, because having access to the internet is no longer a luxury – it is a necessity. Teachers and school systems are using the internet to communicate homework assignments, educational events, and student grades. Many employers now have web-based application systems.*

If our youth are not educated in internet use and internet safety, it will be another area of learning and social capital where youth in foster care will not be equal to their same age peers. This is not about our youth knowing how to "text"; this is about access to the internet. The first question that should be asked and answered prior to the survey is: Over the next 60 days, if the youth had to access the internet on six occasions for 15 minutes each time, how would they do that? Where would they go? What equipment would they use? What internet access options are available within the home; within public spaces or private spaces that offer free internet access?"

http://www.policyforresults.org/child-welfare/support-youth-transitioning-from-foster-care/strategies/youth-engagement

Education

Source: My Services Survey - Responses by youth ages 13-17.

Caseworker reviews school grades and report cards	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	73%	69%	71%	67%	66%
	Number Yes	1,139	1,189	943	858	735
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,112**

Youth has an Education & Career Path [This may be your EPEP]	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	52%	35%	36%	29%	25%
	Number Yes	818	599	475	368	320
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Youth has an Individualized Education Plan [IEP]	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	43%	41%	41%	39%	34%
	Number Yes	669	709	543	501	445
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Youth has changed schools at least once during the school year	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	47%	47%	49%	49%	46%
	Number Yes	734	800	650	626	600
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Employment

Source: My Services Survey - Responses by youth ages 14-17 spring 2010 and ages 13-17 for all other years.

	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
Currently Employed	Percentage Yes	8%	6%	7%	8%	9%
	Number Yes	95	74	66	64	72
	Total	**1,198**	**1,199**	**930**	**842**	**847**

Earns extra money by babysitting, mowing lawns, cleaning yards and other activities	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	74%	65%	49%	50%	48%
	Number Yes	532	794	649	632	620
	Total	**1,361**	**1,712**	**1,319**	**1,272**	**1,300**
Responses by youth ages 14-17 spring 2010 and 13-17 all Others						

Completed a life skills training program on how to get a job- including job interviewing skills, completing a job application and resume	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	47%	46%	55%	48%	39%
	Number Yes	417	330	296	269	218
	Total	**883**	**711**	**453**	**556**	**563**
Only asked of youth ages 15-16						

Health and Dental Care

Source: My Services Survey - Responses by youth ages 14-17 spring 2010 and youth ages 13-17 for all other years.

	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
Youth receiving needed medical care	Percentage No, I am receiving the medical care I need	86%	86%	85%	86%	86%
	No, I am receiving the medical care I need	1,338	1,479	1,124	1,095	1,121
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
Youth receiving needed mental health care	Percentage Yes	87%	85%	88%	84%	53%
	Number Yes	934	897	734	721	688
	Total	**1,072**	**1,057**	**836**	**855**	**1,300**

	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
Youth receiving substance abuse treatment services	Percentage Yes	61%	61%	66%	56%	19%
	Number Yes	345	353	299	252	242
	Total	**568**	**579**	**451**	**448**	**1,300**

	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
Youth taking prescription medication	Percentage Yes	44%	44%	49%	50%	46%
	Number Yes	682	753	646	639	593
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Youth who have seen a dentist in the last year	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	85%	86%	89%	87%	89%
	Number Yes	1,330	1,472	1,171	1,115	1162
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Youth who have had an eye exam in the last year	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	81%	68%	66%	67%	75%
	Number Yes	1,271	1,164	873	858	976
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Normalcy

Source: My Services Survey - Only asked of youth age 16-17.

Youth can spend time with friends WITHOUT adult supervision	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	74%	65%	62%	63%	65%
	Yes	1,115	1,117	822	807	848
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Responses by youth age 14-17 spring 2010 and 13-17 all others

Youth can spend the night with friends from school or social group.	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	51%	45%	46%	48%	48%
	Yes	650	542	426	408	409
	Total	**1,269**	**1,119**	**930**	**842**	**847**

Only asked of youth age 15-17 except for fall 2011 age 16-17

Receives a personal allowance each week.	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	54%	53%	57%	56%	54%
	Yes	845	901	758	711	698
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Have a Florida Identification	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	38%	39%	41%	38%	35%
	Yes	593	675	540	480	454
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Responses by youth age 14-17 spring 2010 and 13-17 all others.

Have a Learners Permit	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes		10%	9%	12%	12%
	Yes		117	88	97	99
	Total		**1,119**	**930**	**842**	**847**

Only asked of youth age 15-17.

Successfully completed a driver's education course	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	5%	12%	17%	15%	23%
	Yes	40	139	110	129	132
	Total	**853**	**1,119**	**687**	**842**	**582**

Only asked of youth age 16-17.

Have a Driver's License	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes		3%	3%	2%	5%
	Yes		22	20	13	29
	Total		**862**	**687**	**591**	**582**

Juvenile Justice System Involvement

Source: My Services Survey - Responses by youth age 14-17 spring 2010 and 13-17.

Been arrested in the past 12 months	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	29%	28%	28%	24%	22%
	Yes	554	482	366	302	281
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Currently on probation or under DJJ supervision	Year	Spring 2011	Spring 2012	Spring 2013	Spring 2014	Spring 2015
	Percentage Yes	21%	22%	23%	18%	17%
	Yes	333	379	308	223	220
	Total	**1,560**	**1,712**	**1,319**	**1,272**	**1,300**

Juvenile Justice System Involvement by Age

Source: My Services Survey - Responses by youth age 13-17.

Been arrested in the past 12 months	Age	13	14	15	16	17	Total
	Percentage Yes	11%	17%	27%	26%	23%	22%
	Yes	21	45	72	77	66	281
	Total	**188**	**265**	**265**	**298**	**284**	**1,300**

Currently on probation or under DJJ supervision	Age	13	14	15	16	17	Total
	Percentage Yes	7%	14%	18%	20%	21%	17%
	Yes	14	38	49	60	59	220
	Total	**188**	**265**	**265**	**298**	**284**	**1,300**

Survey responses by young adults age 18 – 22

Education

FL NYTD-Responses by young adults age 18-22.

Completed Grade 12 or Graduation Equivalency Diploma	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	54%	57%	56%	64%	72%
	Yes	1,093	1,041	1,011	912	905
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Completed Post-Secondary Education	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	3%	7%	5%	12%	13%
	Yes	54	65	96	175	171
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Employment

Responses by young adults age 18-22.

Any job: part-time, full-time, temporary or seasonal	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	14%	19%	49%	20%	27%
	Yes	195	346	907	290	349
	Total	**1,398**	**1,821**	**1,852**	**1,424**	**1,288**

Full-time job	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	4%	4%	4%	4%	7%
	Yes	61	72	83	61	90
	Total	**1,398**	**1,821**	**1,852**	**1,424**	**1,288**

Minimum Wage	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	40%	35%	28%	24%	20%
	Yes	97	109	86	71	71
	Total	**244**	**310**	**312**	**290**	**348**

Supportive Services

Responses by young adults age 18-22.

Connected to an adult mentor **(Question changed to: Do you currently have a relationship that is trusting, supportive, and unconditional with at least one adult who will always be there for you?)**	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	76%	83%	82%	74%	79%
	Yes	1,596	1,392	1,419	1,048	949
	Total	**2,013**	**1,812**	**1,852**	**1,424**	**1,288**

Health and Dental Care

Responses by young adults age 18-22.

Youth has health insurance coverage	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	85%	86%	71%	75%	85%
	Yes	1,719	1,559	1,483	1,071	1,016
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Received dental services in the last year?	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	40%	39%	40%	42%	49%
	Yes	800	702	741	601	567
	Total	**2,004**	**1,821**	**1,852**	**1,424**	**1,288**

Housing & Transportation

Responses by young adults age 18-22.

Safe Housing	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	90%	92%	97%	91%	96%
	Yes	1,806	1,683	1,699	1,298	1,174
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Spent at least one night homeless in the past 12 months **(Question changed in 2011 to: Have you ever been homeless?)**	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	28%	28%	15%	30%	61%
	Yes	561	492	261	421	786
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Have reliable means of transportation to school and/or work **(Question changed in 2011 to: Reliable means of transportation to school and/or work?)**	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	73%	80%	79%	75%	82%
	Yes	1,473	1,379	1,371	1,063	994
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Criminal Justice

Responses by young adults age 18-22.

Been arrested in the past 12 months **(Question changed in 2011 to have you ever been arrested)**	Year	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015
	Percentage Yes	43%	40%	11%	33%	10%
	Yes	860	688	197	470	125
	Total	**2,015**	**1,821**	**1,852**	**1,424**	**1,288**

Independent Living Budget

Allocated funds and Expenditures

The Legislature has appropriated $30,170,469 annually in budget for the Independent Living Program since State Fiscal Year 2009-2010. Due to changes in federal grant funding levels year-to-year a small portion of these appropriations have been unfunded and therefore not allocated in Community-Based Care Lead Agency contracts. The actual allocation has ranged from $30,170,469 to $29,476,721. However, the Community-Based Care Lead Agencies have the flexibility to spend other state funds from their DCF foster care and related services contracts including state carry forward funds for independent living services. In State Fiscal Year 2012-2013, the allocated budget included $8,161,241 of federal funding.

Total Independent Living Expenditures and Funding						
State Fiscal Year	**From IL Budget**	**From Other CBC State Funds**	**From State Carry Forward Funds**	**Total**	**Funding**	
					Federal	State
2009-10	$30,170,469	$17,528,372	$4,181,259	$51,880,100	$9,042,586	$42,837,514
2010-11	$29,451,721	$17,164,587	$4,945,531	$52,280,587	$8,161,242	$44,119,345
2011-12	$29,476,721	$13,057,985	$6,504,452	$49,039,158	$8,181,242	$40,857,916
2012-13	$29,451,721	$12,859,280	$3,959,228	$46,270,229	$8,161,241	$38,108,988
2013-14	$29,451,721	$10,397,727	$3,005,992	$42,855,440	$8,161,242	$34,694,198
2014-15	$29,476,721	$8,273,676	S1,966,432	$39,636,735		

Distribution of Expenditures

For State Fiscal Year 2012-2013, approximately 58% of all Independent Living dollars were spent on Road-to-Independence stipends. Case coordination and life skills training costs accounted for 28% of total Independent Living expenditures with Transitional Support services accounting for approximately 12% of the total amount spent. Aftercare and Subsidized Independent Living accounted for 2% of total dollars spent.

Expenditures ($) by IL Program Area						
State Fiscal Year	**Road-to-Independence (RTI)**	**Case Coordination and Life Skill Training**	**Transitional**	**Aftercare**	**Subsidized IL (SIL)**	**Total**
2009-10	35,260,682	10,738,650	4,265,864	877,447	737,457	51,880,100
2010-11	35,204,424	11,626,648	4,591,816	448,780	408,919	52,280,587
2011-12	29,858,300	13,066,982	5,208,321	628,794	276,761	49,039,158
2012-13	26,854,501	12,929,556	5,474,269	847,282	164,621	46,270,229
2013-14	20,764,502	12,441,197	2,368,998	667,920	108,705	36,351,322
2014-2015	6,848,109	10,515,962	n/a	625,356	n/a	17,991,077

New Expenditures ($) by IL Program Area			
State Fiscal Year	**Extended Foster Care (EFC)**	**Postsecondary Education Services and Support (PESS)**	**Total (including other IL expenditures)**
2013-14	1,431,030	5,073,086	42,855,438
2014-15	6,381,856	15,263,802	39,636,735

Accountability

Introduction – Privatization of Child Welfare Changed the Role of DCF:

Almost 15 years ago, the Florida Legislature began the process to privatize child welfare and to create the community based system of care, with the majority of the Florida Department of Children and Families' functions relating to foster care be outsourced to private agencies.

Specifically, the legislature determined that DCF would contract with private organizations to, at the minimum, provide for family preservation, independent living, emergency shelter, residential group care, foster care, postplacement supervision, permanent foster care and family reunification.[2]

Privatizing a child welfare service does not relieve the public child welfare agency of its responsibilities to ensure that children and families are well served and that tax dollars are effectively spent. In addition to developing and implementing policy, the public agency continues to be accountable for high-quality and effective services that comply with state and Federal rules, and achieve specified outcomes and results.[3]

Therefore, due to the privatization of these child welfare services, the function of DCF in those specified areas was dramatically changed from being the provider of services into contracting for and monitoring the provision of those services.

What the Law Requires:

The duties of the Department of Children and Families are laid out in law[4], and in pertinent part require that DCF:

- Contract for the delivery, administration or management of care for children in the child protection and child welfare system (enter into contract with lead agencies for the performance of the duties),
- Adopt written policies and procedures for monitoring the contract for delivery of services by lead agencies,
- Receive federal and state funds for the operation of the child welfare system and transmit these funds to the lead agencies – and retain the responsibility for the appropriate spending of these funds as well as monitor lead agencies to assess compliance with financial guidelines.

Quality Assurance (QA) and Continuous Quality Improvement (CQI) are vital activities to guarantee that the services provided are fiscally sound, provide for the safety, well-being, and self-sufficiency of children and families and produce desired outcomes. Florida law[5] specifically requires that DCF establish a quality assurance program for contracted services to dependent children. DCF must evaluate each lead agency under contract at least annually. The DCF quality assurance evaluations are to cover the programmatic, operational and fiscal operations of the lead agency, and the QA evaluations must be consistent with the child welfare results-oriented accountability system. And the purpose of the results-oriented accountability program

[2] Former Florida Statute 409.1671 (1)(a)

[3] Child Welfare Privatization Initiatives—Assessing Their Implications for the Child Welfare Field and for Federal Child Welfare Programs U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation; Topical Paper #6, *"Ensuring Quality in Contracted Child Welfare Services,"* December 2008

[4] Florida Statute 409.996 (1)-(3)

[5] Florida Statute 409.996 (18)

is to monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes.[6]

Requirements for Effective Quality Assurance/Continuous Quality Improvement Program:

Legislative intent and the law are clear that DCF must monitor the use of state dollars; ensure that the quality and quantity of services are sufficient to meet the needs of the children and families, and guarantee that the services are producing the needed outcomes. The way to accomplish this is by having a robust Quality Assurance and Continuous Quality Improvement program within DCF – which necessarily requires that DCF have sufficient staff to perform these extremely important functions.

Continuous quality improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions.[7]

The Administration for Children and Families, Children's Bureau, considers the following five components as essential to a State having a functioning CQI system in child welfare:

1. an administrative structure to oversee effective CQI system functioning;
2. quality data collection;
3. a method for conducting ongoing case reviews;
4. a process for the analysis and dissemination of quality data on all performance measures; and,
5. a process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process.

Title IV-B regulations require State agencies to utilize QA to regularly assess the quality of services and assure there will be measures to address identified problems. In order to ensure that the CQI system is effective and consistent, it is imperative that Florida have strong administrative oversight. A functioning CQI system will ensure that:

- The CQI process is consistent across the state and a single state agency has oversight and authority over its implementation;
- There is a systemic approach to review, modify, and implement any validated CQI process.
- The State establishes written and consistent CQI standards and requirements,
- There is an approved training process for CQI staff,
- There are written policies, procedures, and practices for the CQI process,
- There is evidence of **capacity and resources** to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.[8] (Emphasis added).

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[6] Florida Statute 409.997(3)

[7] "*Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation* Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement - May 2005.

[8] Children's Bureau, US Department of Health and Human Services, Administration on Children, Youth and Families, Information Memorandum: *Establishing and Maintaining Continuous Quality Improvement (CQI) Systems in State Child Welfare Agencies*, August 27, 2012

Florida History of Reductions in DCF QA/CQI Funding:

Earlier, Florida was touted as having an exemplary approach to quality assurance, in part by "…developing new quality assurance implementation and oversight teams made up of lead agency and state staff that conduct quarterly reviews of the lead agencies. Using a new quality assurance instrument with a common set of quality assurance standards, Regional and lead agency staff conduct side by side reviews of a subset of cases to help interpret information in case files."[9] However, that changed when 72% of the QA/CQI positions were removed from the budget over the past 7 years, decimating the ability of DCF to fulfil its obligations of full oversight of the provisions of child welfare services.

QA Reductions since 2008: 72% (based on original QA allocation)

Impact of all Reductions	Totals
Original Regional QA FTE Allocations	**83**
Reduction in FTE	**60**
Remaining QA FTE in Regions	**27**
Total Reduction	**72%**

The remaining 27 QA FTE must now cover adoptions, licensing and other regional duties as well as all other aspects of child welfare. The cuts in funding forced DCF to eliminate the side-by-side reviews – the process that kept the Department and the Lead Agencies together on the common cause to review case files, look at indications of problems and work on the solutions. DCF is not able to conduct special reviews because of current staff capacity. Those "special reviews" had previously included review of Independent Living Services.

When, in 2014, the legislature invested substantial funding to improve the quality of the Child Protection system in Florida, many FTEs were created and among those were 42 QA positions. However, these FTEs are dedicated solely to oversight of Child Protection and do not add oversight of child welfare services or funding.

Effect of Loss of QA/CQI on Independent Living Services:

When Florida extended foster care to age 21, many changes were made in relationship to independent living services. Previously, the lead agency was required to provide children with services designed to make our youth ready to live independently. But we knew from the data that our children who left foster care at age 18 did not have the necessary skills to be independent. With the new legislation, the job of providing the independent living skills was placed on the caregiver, which now requires that the caregiver ensure that the child who is

[9] Child Welfare Privatization Initiatives—Assessing Their Implications for the Child Welfare Field and for Federal Child Welfare Programs, Topical Paper #6: *Ensuring Quality in Contracted Child Welfare Services,* by Nancy M. Pindus, Erica H. Zielewski, Charlotte McCullough, Elizabeth Lee, December, 2008.

between 13 and 17 years of age learns and masters independent living skills.[10] The new law further requires that the caregiver be compensated for taking on this additional role – with requirement that the community based lead agency pay a supplemental room and board payment to foster care parents for providing independent life skills and normalcy supports to children who are 13 through 17 years of age placed in their care. The supplemental payments are paid monthly to the foster care parents on a per-child basis in addition to the current monthly room and board rate.[11]

There is no doubt that our young adults who leave foster care must be provided guidance to develop the needed skills to help to become independent, productive citizens of Florida. This necessarily requires that they have the ability to learn those skills while they are in care. It therefore becomes even more important for DCF to have the manpower to conduct quality assurance and continuous quality improvement in the area of independent living skills – as well as housing, education and other services needed by our youth who are transitioning into independence.

Implementation of the Nancy C. Detert Common Sense and Compassion Independent Living Act

Administrative Code for Extended Foster Care Implementation, Postsecondary Education Supports and Services, and Licensing

Recommendations and lessons learned from the implementation of Extended Foster Care and the Independent Living Redesign have been reviewed over the past year, and have been codified into Administrative Code. Chapter 65C-41, F.A.C., governing extended foster care, has been adopted with an effective date of November 2, 2015. Chapter 65C-42, F.A.C., governing PESS, has been adopted with an effective date of October 4, 2015.

Supportive Housing

Currently, the Legislature expresses a preference for young adults in foster care to remain in their placements at age 18. This is a preference that is based on the premise that teens in foster care need a continuum of care and support as they work towards earning a high school diploma or GED. However, due to a shortage of placements for teens across the state, the majority of young adults who remain in foster care through Extended Foster Care (EFC) are moving into apartments and living on their own. To the extent that it is not possible for all young adults aging out of care to remain in their family foster homes, supportive housing can and should be an option for young adults remaining in Extended Foster Care.

[10] Florida Statute 409.145(2)(a)(8).
[11] Florida Statute 409.145(4)(d).

Supportive housing is a model that combines affordable housing with wraparound services to help vulnerable populations in the community. These populations include young adults from foster care, homeless, or those who experience mental health challenges. This model works to provide stability, guidance and support, and access to community resources.

In a supportive housing model, young adults will reside in a safe, stable environment with their peers as they work towards achieving educational and vocational successes. These settings tend to embrace a community environment to not only provide affordable housing, but also on-site professionals to assist with making sure young adults have access to wraparound services.

Wraparound services provided in a supportive housing can produce the following outcomes:

- Teach an array of life skills related to daily living, financial literacy, health/wellness, and interpersonal communication
- Foster a community environment through programming geared towards weekly groups and community dinners
- Provide on-site clinical services
- Provide transportation to and from important appointments, interviews, and/ or school functions
- Provide critical case management to assist with accessing employment, education, health care, and other community resources
- Facilitate goal planning and setting (especially related to secondary and post-secondary, vocational, or health/wellness goals)

Employment

The concept of "Sustainability" is an important part of the new emphasis within the Department of Children and Families system of care. It is an integral part of the concept of "Normalcy" that was written into the Foster Care legislation that was enacted in 2015.

The idea that having youth in foster care fully prepared to transition to successful adult lives is embodied in all the efforts that DCF, its partner agencies and its Community Lead Agencies have made in 2015 that are directed to getting jobs and job skills training embedded in its culture.

The following initiatives are mentioned here as examples of programs and activities which the Department should support by its policies, and promote to its lead agency partners:

1. CareerSource Florida
2. The Department of Education, Division of Vocational Rehabilitation
3. A successful local program, "Each One Help One", developed by Community Based Care of Central Florida with its partner organization; The City of Life Foundation.

Each of them provides an enhanced focus on the needs of foster youth in terms of helping them be prepared to have the financial means to sustain their lives as they elect to exit the system.

CareerSource Florida

The CareerSource Florida network is comprised of a state policy and investment board, state workforce administrative agency, 24 Local Workforce Development Areas (LWDAs) and nearly 100 one-stop career centers. The LWDAs provide access to services and on-going support for youth who are seeking employment, job training, education and other supportive services. One-Stop Career centers are strategically located in each of the LWDAs and are designed to provide a full range of assistance to job seekers and employers under one roof. Available services include training referrals, career counseling, job listings, and similar employment-related services.

Available services importantly include objective assessments of each youth's skill level and service needs, individualized service employment plans, and assistance to prepare for postsecondary educational opportunities or employment. The programs and services are designed to meet the needs of at-risk youth, including youth in and aging out of foster care, to obtain and maintain employment.

Currently, Florida's CareerSource Network is transitioning to fully implement the requirements of the Workforce Innovation and Opportunity Act (WIOA), signed into law on July 22, 2014. WIOA is the first legislative reform of the public workforce system in 15 years. The law supersedes the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973. Through the implementation of the WIOA, Florida will have a business-led, market-responsive, results-oriented and integrated workforce development system.

WIOA outlines a broader youth vision that supports an integrated service delivery system and gives a framework through which states and local areas can leverage other Federal, State, Local, and philanthropic resources to support in-school and out-of-school youth. WIOA provides an emphasis on expanding work experience opportunities and has incorporated new Youth Program elements. The new youth elements include financial literacy, entrepreneurial skills training, services that provide labor market and employment information in the local area, activities that help youth transition to postsecondary education and training and education offered concurrently with workforce preparation activities and training for a specific occupation. Florida is committed to utilizing the opportunities available through WIOA to improve career exploration, educational attainment and skills training for in-demand industries and occupations for Florida youth.

Vocational Rehabilitation

The Department of Education, Division Vocational Rehabilitation (VR) is a federal-state program that works with children and adults who have physical or mental disabilities so they can prepare for, gain, or retain employment in meaningful careers. In Florida, VR is the designated state agency for vocational rehabilitation services. The program's goal is to enable individuals to increase independence through long-term employment. VR Transition Youth services assist students with disabilities to smoothly transition from high school to postsecondary training,

education, and employment. The Division has six area offices and 89 field locations statewide to provide services to VR customers. In December 2014, transitioning youth cases comprised 38% of the total VR caseload, at 14,208 cases.

According to the Office of Disability Employment Policy report on the Youth Employment Rate, in August 2014, the employment rate for youth (ages 16-19) with a disability was 16.6%. This is considerably low when compared to the employment of youth without a disability (29.9%). According to the National Collaborative on Workforce and Disability, of the more than 500,000 children in foster care nationally, 30-40% are in special education. Still, this number does not capture all youth with disabilities in the foster care system.

Last year, the Workforce Innovation and Opportunity Act (WIOA) increased the accessibility and breadth of VR services for youth in high school. It also created a complementary relationship between VR and other employment service agencies, including the CareerSource Network. For instance, the law stipulates that VR agencies make available Pre-Employment Transition Services to all students with disabilities in high school, directing 15% of allocated funds to those services, while mandating CareerSource to direct 75% of its youth funds for those who are not in high school.

Pre-Employment Transition Services include Career Exploration and Assessment, Work Readiness Training, Work Based Learning Experience, Postsecondary Educational Counseling, Peer Mentoring, and Self-Advocacy Training. VR provides core Pre-employment Transition Services to all students with a documented disability between the ages of 15 and 21. For students requiring intensive services, VR provides additional services and supports such as assistive technology and devices, transportation, and uniforms.

VR collaborates with various state and nationally acclaimed evidence-based programs to support students with even the most significant disabilities to achieve a life of satisfying work and independence.

- **Discovery** is a strength-based alternative assessment for youth with most significant disabilities which yields a picture of what youth can do and translates those transferrable skills to employment possibilities.
- **High School High Tech** introduces students with all types of disabilities to Science, Technology, Engineering, and Math related careers. Students benefit from corporate site visits, job shadowing, internships, service learning, campus tours, and more.
- **Project SEARCH** is a nationally recognized program which provides real-life work experience combined with training in employability and independent living skills to help youth with the most significant disabilities. The model involves an extensive period of training and career exploration, innovative adaptations, long-term job coaching, and continuous feedback from teachers, job coaches, and employers.
- **Post-Secondary Education Programs** are Higher Education Programs that provide students with intellectual disabilities age-appropriate opportunities for learning, employment preparation, recreational activities, social interactions, and the development

of natural supports. Programs like the VERTICAL Training Program at the Florida State College Jacksonville even deliver career and technical training accompanied by a credential.

- **Third Party Cooperative Arrangements** are agreements between VR and School Districts to provide community-based work experiences to students with most significant disabilities.

Additional Employment Initiatives

In addition to the work currently being done by the various groups that operate statewide to equip and assist youth in foster care, PESS and EFC, there are significant activities being utilized in local communities that also help these youth be successful in becoming self-sustaining as they join their communities.

One such program is called “Each One Help One” and is operating in Central Florida (Orange, Osceola and Seminole Counties) under the aegis of Community Based Care of Central Florida and operated by the City of Life Foundation.

This program has placed over 100 foster youth into jobs, training programs and volunteer activities over the past 18 months. Their recipe for success has been based on establishing close relationships with the youth, their caregivers and local employers who are asked to get involved with one youth at a time.

The members of ILSAC believe that having a job is a key ingredient in helping youth not only be self-sustaining, but also successful in their transitions to a normal life in their communities. To that end ILSAC has set up a Work Group to explore opportunities to further improve employment outcomes for youth in care. This group will draw on available resources throughout the state to engender improved communication, resource alignment, collaboration with business leaders and information flow that can enhance system performance and outcomes. This group will report regularly to the main ILSAC group throughout the coming year as it generates results and recommendations.

ILSAC Recommendations for 2016

Based on the information ILSAC has reviewed during 2015, the Council respectfully submits the following recommendations for action by the Department of Children and Families and/or by the Florida Legislature.

Internet Access

Children in foster care should be education in internet safety and provided internet access. This issue is critical, as internet access is necessary in our daily lives, including employment purposes and on-going education. Further, the administration of the Florida My Services survey, which is web-based, requires our teens to have access over time to complete one or

two modules at a time. This is necessary to provide a thoughtful, rather than rushed, response to the survey questions.

Quality Assurance

The Legislature must ensure that DCF has adequate funds to fulfill its oversight responsibilities. DCF must restore a robust quality assurance/quality improvement process and employ enough contract management in the district and central office staff to do the job. The legislature should reinstate the QA/CQI positions at DCF to ensure that DCF can fulfill its obligations.

Employment

1. Develop a performance metrics for the IL population related to employment, to include pre-employment readiness services, employment, and employment retention services.
2. Provide or increase the professional development trainings, focused on employment, for providers who serve the IL population.
3. Increase IL population and/or service provider's engagement with the workforce development boards to heighten awareness of the unique employment needs related to the IL population.

Legislative Recommendations

The Council extensively discussed the trend data and what legislative modifications are necessary to achieve the goals of the Nancy C. Detert Act, as understood by the Council. The Council thanks the Senate Children, Families, and Elder Affairs Committee for including select ILSAC recommendations in SB 7018.

- S. 39.6035, F.S. Every required transition plan should be court-approved, rather than only those for children who opt out of EFC.

Rationale: many youth drop out/opt out of EFC fairly soon after turning 18, and refuse to or fail to return to court for approval of their transition plan before leaving the IL system of services. Requiring court approval for all such plans prior to the 18th birthday will provide better oversight by the court and help to ensure that the transition plans address the needs of each child. Further, any dialogue between the child and the court in the judicial reviews about the child's plans and the formal transition planning can strengthen the child's voice in seeking the services each child believes is necessary to assist in making the transition to adulthood.

- Add a new subsection to § 39.6035, F.S. to provide an explicit grant of rulemaking authority to enable the Department to create a standardized template for transition plans. There is currently no standardized "Transition Plan" for our children who are aging out.

Rationale: Some lead agencies are struggling to develop a comprehensive transition plan document that incorporates both state and federal requirements and remains a child-developed plan. With an explicit grant of rulemaking authority, the Department would develop a form, with public input, for use by all lead agencies, which form could also be included in the Department's FSFN program for ease of development by case management working with the child.

- S. 39.6251, F.S. should include a definition of "achieved permanency", which is one event which renders a young adult ineligible for EFC.

Rationale: Currently there is no definition in the statute, so the interpretation of this event lacks statewide uniformity. One issue that arises is whether a youth who has married should be entitled to remain in EFC. [If a married youth is entitled to remain in EFC, an anomaly is created, since a foster child who marries is automatically removed from the child welfare system by definition of "child" in § 39.01, F.S., but this same policy would not apply to an adult in foster care.]

- S. 39.6251 should include explicit direction concerning EFC admissions, or discontinuing in care, for the child who is on runaway status and who therefore cannot "opt out" upon turning 18, but who also is not present to verify engagement in one of the qualifying activities.

Rationale: Since Florida is an automatic opt-in to EFC, a youth on runaway status poses practical problems, namely, that the youth is considered to be in the program, yet the state is unable to provide any services or to protect this youth.

- In § 39.6251, F.S., the language "Unable to participate in program or activities listed in (a)-(d) **full time** due to a physical . . . condition that limits participation" is unclear and should be clarified in the statute and should be clarified to provide that a youth who is completely unable to participate in a qualifying activity due to one of these conditions still qualifies for EFC, but must also participate to the extent possible, as determined by the youth's medical or other service providers.

Rationale: The statutory language is problematic in that it can be interpreted in one of two ways, causing different treatment for children around the state. One interpretation is this language requires a young adult to participate in a qualifying activity at some degree less than full time, and that it disqualifies a young adult who cannot participate at all. Another interpretation is that this language is intended to allow a young adult to remain in care even if she or he is unable to participate in a qualifying activity at all, and that this applies whether the condition is temporary or permanent. There should be a single, state-wide interpretation and that interpretation should permit a young adult who cannot participate in a qualifying activity at all, whether that be temporary or permanent, to remain in, or return to, extended care should the young adult determine that EFC is in his or her best interest.

- S. 39.6251, F.S. should be amended to include some period of probationary status and/or a hiatus in benefits when a young adult is discharged from EFC for cause.

Rationale: EFC currently provides that there is no limit on the number of times a young adult may apply for and reenter EFC. The intent is clear, but this has created the opportunity for a number of our young adults to game the system. For example, a young adult stops attending

GED classes, or stops employment (or any of the other qualifying activities.) The CBC discharges the young adult from EFC; in response, the young adult immediately reapplies for the next month and reenrolls in the qualifying activity just long enough to secure readmission to the program. There needs to be some method to modify this to require accountability by the youth and to avoid numerous court actions of terminating jurisdiction and subsequently reinstating same.

- S. 409.1451, F.S. should be amended by removing the requirement that a student attend a Bright Futures-eligible institution, by deleting the reference to § 1009.533 in § 409.1451(2)(a)4 and otherwise defining an "eligible post-secondary educational institution" in this subsection.

Rationale: Requiring a former foster child to remain in Florida to attend a post-secondary educational institution penalizes those young adults who are high achievers. Although this pertains to a small percentage of young adults, we do have a few students who are accepted into, and wish to attend, out of state colleges and universities. We should be supportive of the student who is able to attend school out-of-state.

- S. 409.1451, F.S. should be amended to provide an exception to eligibility for PESS, for any youth who is incarcerated

Rationale: The funding for PESS is not unlimited. Although this situation does not arise often, it has presented as an actual problem in the past. The incarcerated youth has no expenses for day-to-day living. Any needs to assist with attending school, including costs for books and supplies, are payable from Aftercare funds. An incarcerated youth has no need for receiving $1256.00 monthly while incarcerated.

- S. 409.4251(2)(b), F.S. This payment schedule should be amended. This section requires that payments be made to the living arrangement for any youth who is also in EFC, which creates a financial incentive for the youth to leave EFC, in order to have the use of the full amount of the PESS stipend.

  Rationale: The purpose of EFC is to ensure that our new young adults continue to have the full support of case management supervision, as research shows that young adults aging out of foster care do not yet have the maturity to function independently. To encourage our young adults to remain in EFC, even if they are attending post-secondary full-time, the payment schedule should be amended to provide for the foster parent to be paid the statutory board rate from the $1256 PESS stipend, with the remainder being paid solely for the youth's benefit, similar to a Social Security representative payee. For a young adult in EFC who is living in an apartment, the payment provisions should be amended to direct the CBC to use the $1256 first to pay for housing rental, with the remainder being paid to the youth.

- S. 409.1451(2)(a), F.S., should be amended to provide for summer/intercession. The statute currently does not provide for young adults who are enrolled in school during the summer, but who are enrolled in what would be considered a "part-time" status under the statute. The statute also has no provision for those students who do not attend school during a summer – but disrupting these payments for the continuously enrolled student can have harmful effects.

Rationale: For the student who remains in school over the summer, requiring that the student take no fewer than nine credit hours is extremely arduous. Typically, Florida educational institutions consider summer enrollment to be full-time at fewer than nine credit hours, due to the intensity of summer classes. The statute should include a provision that a student who meets the educational institution's definition of full-time enrollment during any summer session or other intercession remains eligible for PESS.

Similarly, the statute should provide for continued eligibility for PESS should a student engage in some other qualifying activity during the summer or other school intercession. Many students use these shorter periods of time to pursue internships or work activities that further their chosen career goals. As "normalcy" is the Legislative intent for children in foster care, such changes would extend normalcy to those young adults who continue on with post-secondary education.

Additionally, we should not present a situation that is so disruptive to a young adult's financial planning that the statutory scheme inadvertently causes a young adult to drop out of post-secondary education. The student has fixed financial costs, including rent and utilities that must be paid even if the student is engaging in an internship or other similar activity. The CBCs generally have been solving this issue by discharging the young adult from PESS, then providing the student with Aftercare funding during the summer or other intercession, then reenrolling the young adult in PESS upon the start of the next full school session. This creates needless and time consuming paperwork.

Independent Living Services Advisory Council

The Independent Living Services Advisory Council was created in 2002 by the Florida Legislature. The Advisory Council is codified in §409.1451(7), Florida Statute. The Department of Children and Families provides administrative support to the Advisory Council.

The charge of the Independent Living Services Advisory Council is to review and make recommendations concerning the implementation and operation of the independent living transition services. Each year the Advisory Council prepares and submits a report to the Florida Legislature and the Department of Children and Families on the status of the services being provided, including successes and barriers to these services.

As set forth in statute, the membership consists of representatives from the Department of Children and Families headquarters and region offices, Community-Based Care lead agencies, Department of Education, Agency for Health Care Administration, State Youth Advisory Board, Workforce Florida, Inc., Statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children. Other appointed members include representatives from faith-based and community-based organizations, mentoring programs, higher education and the judicial system.

Below is a table of the Independent Living Services Advisory Council membership as of December 2015.

Independent Living Services Advisory Council Membership

- Deborah Schroth, Advisory Council, Children's Legal Services
- Jean Becker-Powell, Florida Department of Juvenile Justice
- Allan Chernoff, City of Life Foundation
- Jeff DeMario, Virta Nova, Inc.
- Penelope Deutsch, Children's Service Council of Southwest Florida
- Carmen Dupoint, Vocational Rehabilitation
- Adam Gigliotti, Independent Living Young Adult
- Curtis Jenkins, Florida Department of Education
- Evelyn Lynam, System of Care Circuit 7
- Melody Kohr, Families First Network
- Jovasha Lang, Office of the State Courts Administrator
- Sarah Markman, Family Support Services of North Florida
- Laura MacLafferty, Agency for Health Care Administration
- Dehryl McCall, CareerSource Florida, Inc.
- Georgina Rodriguez, Independent Living Young Adult
- Shila Salem, Florida Department of Economic Opportunity
- Teri Saunders, Heartland for Children, Inc.,
- Julia Schaffer, Independent Living Young Adult
- Diane Schofield, Hands of Mercy Everywhere, Inc.
- Dan Scott, Independent Living Young Adult
- Christina Spudeas, Florida's Children First
- Sonia Valladares, Guardian Ad Litem
- Glorida West-Lawson, Fostering Hope Florida
- Harriet Wynn, Florida State Foster and Adoptive Parent Association

During 2015, the Advisory Council held ten meetings. Video teleconferencing and webcasts were also used by members to reduce travel expenses and travel time. In order to ensure the public has complete access and up-to-date information, Department staff maintained a Web page at: *http://www.myflfamilies.com/service-programs/independent-living/advisory-council*. The Web page contains information about the Advisory Council, its members, activities, subcommittees, as well as meeting dates and locations.

Child Abuse Death Review Committee

Working to eliminate preventable child abuse and neglect deaths in Florida

Annual Report

December 2015

MISSION:

To eliminate preventable child abuse and neglect deaths

Submitted to:

The Honorable Rick Scott, Governor, State of Florida
The Honorable Andy Gardiner, President, Florida State Senate
The Honorable Steve Crisafulli, Speaker, Florida State House of Representatives

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EXECUTIVE SUMMARY

Florida's Child Abuse Death Review Process

Section 383.402, Florida Statutes, authorizes the State and Local Child Abuse Death Review Committees (CADR) and mandates guidelines for membership and duties. The Florida Child Abuse Death Review System was established in Florida law in 1999. The program is administered by the Florida Department of Health (DOH) and utilizes Local Child Abuse Death Review Committees to conduct detailed reviews of the facts and circumstances surrounding child deaths reported to the child abuse hotline and accepted for investigation. The State Child Abuse Death Review Committee collects and analyzes data from the local reviews and prepares an annual statistical report to the Governor, President of the Senate and Speaker of the House of Representatives.

The purpose of the child abuse death review process is to:

- Develop a community-based approach to address child abuse deaths and contributing factors.
- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect.
- Identify gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths.
- Develop data-driven recommendations for reducing child abuse and neglect deaths.
- Implement such recommendations, to the extent possible.

Following recent statutory changes, the state committee amended the criteria for reviews at both the state and local levels. This has been a year of transition as committees adjust to new processes that support a widened scope of case reviews which includes all child fatalities reported to Florida's Abuse Hotline. Throughout 2015, the death review system conducted case reviews on over 403 child fatalities that occurred in 2014. Cases reviewed included those fatalities investigated and **verified** as child maltreatment and those deaths that were **not verified** as maltreatment. This expanded scope has allowed the state committee to review additional data sets that can be used to inform statewide and local prevention strategies aimed at reducing child abuse and neglect deaths in Florida.

2014 Data: Case Review Analyses

Analyses of 2014 case review data reveal that Florida's youngest citizens are most vulnerable to child abuse and neglect. Regardless of verification status, children under five had the highest risk for all forms of death. Additional findings identify our three primary preventable causes of child deaths:

- **Drowning,** as in previous years, 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 our most vulnerable citizens.
- **Asphyxia,** primarily as a result of unsafe sleep practices, claims the lives of our youngest. The overwhelming majority of children dying from asphyxia were less than one year old (88% of verified maltreatment deaths, 95% of non-verified deaths.)
- **Trauma/wounds caused by a weapon,** primarily the use of firearms or bodily force (e.g., fists and feet) to inflict harm, also ranks in the top three causes of child deaths.

Prevention Recommendations

The State Child Abuse Death Review Committee, with input and participation from local committee members, has reviewed and analyzed data findings to determine next steps for Florida's child maltreatment prevention initiatives. Prevention recommendations are built around our data findings, specifically the top three primary causes of child fatalities, as defined by all data sources. This framework provides a solid foundation for targeting and implementing prevention strategies at state and local levels specifically aimed at our most significant challenges.

DROWNING

- Public education awareness campaigns encouraging water safety practices continue to be a primary strategy to prevent drowning. State agencies must work together to provide uniform and consistent messaging for water safety practices.
- Educational activities should target those responsible for supervising children during water play or other activities that bring children in close proximity to any large or small bodies of water (i.e., parents, guardians, day care workers, other responsible adults). Recommended content for messaging water safety is included in the report.
- At the local, direct service level, a more individualized approach can be taken to provide solid messaging. Examples follow:
    - Information provided by obstetricians, pediatricians, family physicians and physician extenders
    - Review and discussion of such information by Healthy Start Care Coordinators and Healthy Families Florida's Family Support Workers
    - Brochures and pamphlets distributed at day care facilities and schools
    - Information provided at state parks, recreational areas, and other public-based bodies of water
- At the state or community level, officials should consider child safety when creating laws, rules, policies and procedures that could involve the potentially high-risk situations that place children in close proximity with bodies of water. The establishment of Water Safety Councils, especially in those areas most prone to water-based fatalities, could assist in the shaping of such law and policy.

ASPHYXIA

- Target safe sleep practice messaging to parents and caregivers who interact with children on a daily basis and are most likely responsible for their sleep environment. Focus on those populations that are high-risk.
- Staff providing services to high-risk populations should be well-trained in safe sleep practices.
- Messaging for safe sleep practices should consider and respect cultural beliefs and norms while still conveying best practice information. State agencies must work together to provide uniform and consistent messaging for water safety practices.
- Programs serving new or at-risk parents, such as Healthy Families Florida, Healthy Start and Women, Infant, and Children (WIC), play a key role in this effort. These programs should be supported and leveraged to the greatest extent possible.
- Obstetricians, pediatricians, family physicians and physician extenders should provide information on safe sleep practices to families served.

- At the population level, monitor the child products industry to maintain awareness of new products or devices that are marketed to target populations. Research safety on these products and inform the public accordingly.

TRAUMA/WOUNDS CAUSED BY A WEAPON

- At the state and community levels, focus on prevention programming and activities that build parental capacity by bolstering research-based protective factors, which have been linked to reduced rates of child abuse and neglect. State agencies must work together to infuse and reinforce research-based protective factors within their programs and systems.
- The majority of this prevention messaging should be targeted toward changing behaviors related to corporal punishment practices and other potential precursors to physical abuse.
- Educate parents on child development, specifically brain development and how physical and/or emotional trauma can derail cognitive and emotional development, leading to lifelong adverse consequences for children across their lifespan.
- Provide parents with instruction on evidence-based positive discipline parenting practices that reinforce appropriate behavior through a process of teaching as opposed to punishing.

MOTIVATING BEHAVIORAL CHANGE ACROSS ALL CATEGORIES

- Provide training on evidence-based Motivational Interviewing (MI) practices to direct-service staff working with high-risk target populations.
- Include front-line supervisors in training to develop coaching skills necessary to reinforce staff's emerging MI skills.

IMPROVEMENTS IN DATA AND PROCESSES

- Discuss and identify expansion of potential data sources for data elements that would allow the committee to "drill down" and more fully research identified risk factors. Develop and implement a plan to increase analytic capacity.
- Develop a dictionary of data terms for all committee members to refer to during data entry to provide clarity, consistency in reporting, and more accurate data collection.

Additional content within this 2015 Annual Report provides background information about Florida's child death review system and also includes specific information regarding the method and processes used for data collection. Detailed statistical analyses on various categories of data elements collected from case reviews are fully explored. Analyses delve deeply into factors associated with maltreatment, including child characteristics, perpetrator characteristics, family risk factors, and other established data sets. The state committee also outlines future plans for data analyses, as we continue to strive toward our ultimate goal:

To eliminate preventable child fatalities in Florida by better understanding the complexities of child maltreatment and leveraging this evidence-based knowledge to drive current and future prevention strategies.

SECTION ONE: BACKGROUND

PROGRAM DESCRIPTION

The Florida Child Abuse Death Review System was established in Florida law in 1999. The program is administered by DOH and utilizes Local Child Abuse Death Review Committees to conduct detailed reviews of the facts and circumstances surrounding child deaths reported to the child abuse hotline and accepted for investigation. The State Child Abuse Death Review Committee collects and analyzes data from the local reviews, and prepares an annual statistical report to the Governor, President of the Senate and Speaker of the House of Representatives.

STATUTORY AUTHORITY

Section 383.402, Florida Statutes, authorizes the State and Local Child Abuse Death Review Committees and mandates guidelines for membership and duties. The state committee was initially authorized to review only verified child abuse deaths with at least one prior report to the Central Abuse Hotline. After several years, it was determined that the requirement for a prior report limited the committee's ability to review infant deaths, and in 2004 reviews were expanded to include all verified child abuse or neglect deaths. The legislature expanded the reviews even further in 2014, and currently the local and state committees review all child deaths reported to the Central Abuse Hotline. This is the first year that the state committee is reporting on the reviews of child deaths not verified as due to abuse or neglect in addition to child deaths that were verified as abuse or neglect. This will be a baseline year of data for the non-verified cases. Section 383.402, Florida Statutes, is referenced in Appendix A.

PROGRAM PURPOSE

The purpose of the child abuse death review process is to:

- Develop a community-based approach to address child abuse deaths and contributing factors
- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect
- Identify gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths
- Develop data-driven recommendations for reducing child abuse and neglect deaths
- Implement such recommendations, to the extent possible

STATE COMMITTEE

Membership of the State Committee

The State Child Abuse Death Review Committee consists of seven agency representatives and twelve appointments from various disciplines related to the health and welfare of children and families. Members of the State Child Abuse Death Review Committee are appointed by the State Surgeon General for staggered two (2) year terms. All members are eligible for reappointment not to exceed three consecutive terms. The representative of DOH serves as the state committee coordinator.

In addition to DOH, the State Child Abuse Death Review Committee is composed of representatives from the following departments, agencies or organizations:

- Department of Legal Affairs
- Department of Children and Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association
- Florida Medical Examiners Commission, whose representative must be a forensic pathologist

In addition, the State Surgeon General is responsible for appointing the following members based on recommendations from the agencies listed above; and for ensuring that the committee represents to the greatest possible extent, the regional, gender, and racial/ethnic diversity of the state.

- DOH Statewide Child Protection Team Medical Director
- A public health nurse
- A mental health professional who treats children or adolescents
- An employee of the Department of Children and Families who supervises family services counselors and who has at least five years of experience in child protective investigations
- A medical director of a child protection team
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A law enforcement officer who has at least five years of experience in children's issues
- A representative of the Florida Coalition Against Domestic Violence
- A representative from a private provider of programs on preventing child abuse and neglect
- A substance abuse treatment professional

For a listing of state committee members, see Appendix B.

State Committee's Activities

Following recent statutory changes, the state committee amended the criteria for reviews at both the state and local levels. During this transition year, the committee:

- Revised the State and Local Committee Guidelines: See Appendix C and D for the current Guidelines for the State and Local Committees
- Completed training initiatives and developed partnerships to offer web-based training
- Created the Local Committee Liaison and Annual Report Ad Hoc Committees
- Annotated and provided training on the National Center for the Review & Prevention of Child Deaths Case Report Form: See Appendix E
- Held a statewide meeting for state committee members and local committee chairpersons: See meeting summary in Appendix F

LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES

Local committees have the primary responsibility for reviewing all child abuse and neglect deaths reported to the child abuse hotline and for presenting information relevant to these deaths to the State Child Abuse Death Review Committee through the completion of the Case Report Form.

Local committees comprise individuals from agencies within the community who share an interest in promoting, protecting, and improving the health and welfare of children.

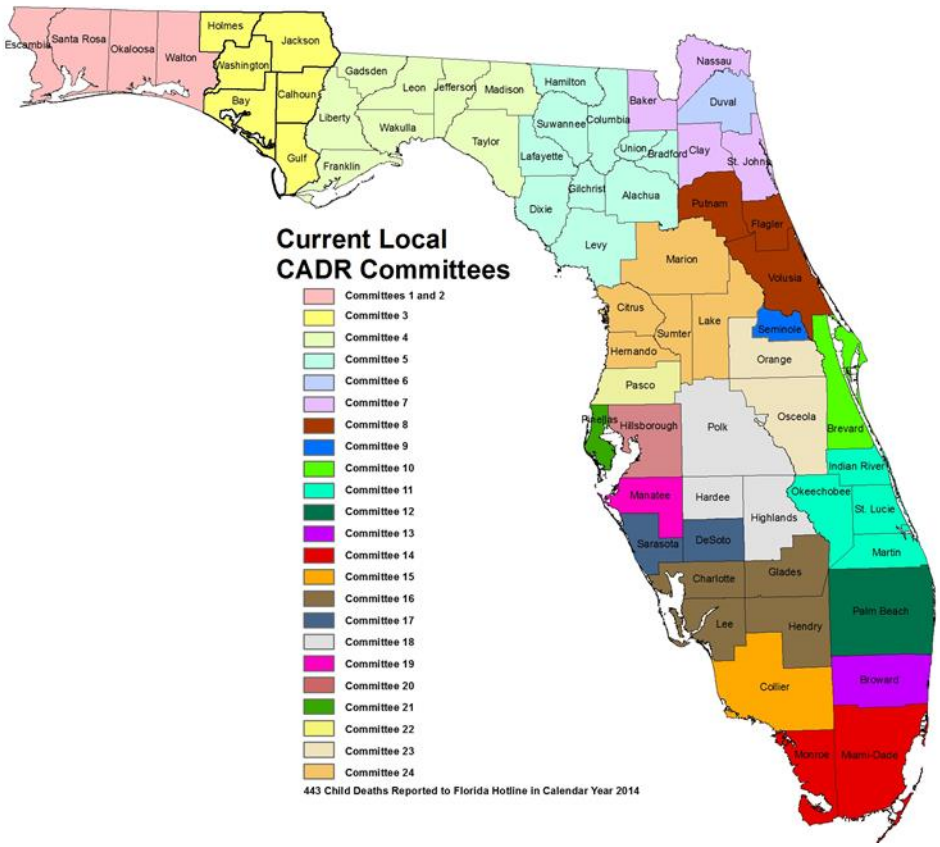
Membership of Local Committees

A county or multicounty child abuse death review committee shall be convened and supported by the county health departments. At a minimum, representatives from the following organizations are appointed by the county health officers.

- The state attorney's office
- The medical examiner's office
- The local Department of Children and Families child protective investigations unit
- DOH child protection team
- The community-based care lead agency
- State, county, or local law enforcement agencies
- The school district
- A mental health treatment provider
- A certified domestic violence center
- A substance abuse treatment provider

Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee

Map of Local Committees



Case Review Statistics

Case data analyzed for this report includes all information on cases reviewed and data entered into the National Center for the Review & Prevention of Child Deaths database by October 26, 2015. Table 1 details the distribution of 2014 child fatality cases reviewed (stratified by maltreatment verification status), those awaiting review, and those not yet available for review for each local CADR committee.

Table 1: Child Fatality Cases Reviewed and Case Review Status Across Local CADR Committees

Committee Number	Review Completed	Closed Investigation (case available for review)	Open/Closed Investigation (case not avail.)	Verified Maltreatment Cases Reviewed	Non-Verified Maltreatment Cases Reviewed
1 & 2	12	12	4	3	9
3	6	6	2	1	5
4	10	10	0	1	9
5	13	13	0	7	6
6	29	29	0	4	25
7	16	16	0	2	14
8	19	19	0	3	16
9	12	12	0	3	9
10	14	14	1	2	12
11	8	8	1	4	4
12	33	33	1	15	18
13	39	40	2	22	18
14	25	31	6	6	25
15	4	4	0	1	3
16	3	6	5	2	4
17	6	6	0	2	4
18	24	24	1	5	19
19	7	7	0	0	7
20	35	35	0	10	25
21	20	20	1	2	18
22	7	7	0	0	7
23	30	30	2	1	29
24	31	33	2	7	26
Totals	403	415	28	103	312

Summary Points:

- 443 child fatalities for 2014 were called into the child abuse hotline (Data as of 10/26/15)
  - 415 of these cases were closed by the Florida Department of Children and Families (DCF)
  - 28 cases were still open or recently closed for which case information was in the process of being assembled and processed for review by local CADR committee
- Of the 415 closed cases for which the information was available for review, 403 had local CADR Committee reviews completed, with the remainder of cases (n=12) scheduled for review after October 26, 2015. Please note that this report applies to the 403 cases that local CADR committees completed. Findings are qualified by this fact.

SECTION TWO: METHOD

CASE FILE TRANSFER AND REVIEW PROCESS

During this transition year, some local committees received cases directly from the DCF Regional Child Fatality Prevention Specialists, while other local committees requested cases from DOH central office staff. A uniform method of case transfers was developed and implemented to provide cases to the local committees.

LOCAL COMMITTEE REVIEWS AND REPORTING PROCESS

For information detailing local CADR committee operating procedures, please see the *Guidelines for Local Committees* denoted in Appendix D. These local guidelines recommend best practices for conducting effective child fatality reviews and highlight the duties and responsibilities of the local CADR committee and its members. The State CADR Committee has identified core data to be collected for each case, and has requested that all case narratives include the following:

- Interpretive summary
- What does the committee think happened? (brief case summary)
- Lessons learned
- Did the family have prevention services in the past?
- Was communication between intra-agencies sufficient?
- Any training issues identified?

Ideally, committee members reach consensus on the findings from the review and the wording of the final narrative. If consensus is not reached, it should be noted in the narrative summary. Once the review is completed, information and findings from the review are entered into the Child Death Review Case Reporting System.

SECTION THREE: DATA

It is important for the reader to understand how abuse investigation findings are classified. At the time of the local committee reviews of year 2014 cases, DCF's operating procedures (Child Maltreatment Index) classified the findings from investigations as follows:

(1) VERIFIED. This finding is used when a preponderance of the credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment or neglect.

(2) NOT SUBSTANTIATED. This finding is used when there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment, or neglect.

(3) NO INDICATORS. This finding is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.

Core data elements of case reviews are summarized in this report by child maltreatment verification status. Since all cases were referred to the child abuse hotline for investigation, all tabled data refers to cases as a "verified child maltreatment" death or a "non-verified child maltreatment" death. A non-verified child maltreatment death can mean there were no findings

of abuse and/or neglect or that there was not enough information to determine that the child's death was a result of abuse or neglect.

The statewide committee also recommended that statewide summary data include:

- Itemization of child fatalities across geographic regions
- Analyses related to the child age, using one-year intervals through the age of five, followed by four- or five-year groupings

CHILD DEATH TRENDS

In 2014, the all-cause death rate for children aged 0-17 was 51.8 deaths per 100,000 child population (Florida CHARTS, 2015). The 2014 verified child maltreatment death rate was 2.6 per 100,000 child population, which represented 4.8% of Florida resident child deaths in 2014. Table 2 shows the number and rates of all-cause and verified child maltreatment deaths among children in Florida from 2011-2014.

Table 2: Child Deaths: All Causes and Maltreatments Florida, 2011-2014

	Child Deaths All Causes	Child Death Rate per 100,000 Child Population	Verified Child Maltreatment Deaths	Child Maltreatment Death Rate per 10,000 Child Population
2011	2,191	55	136	3.4
2012	2,046	51	127	3.2
2013	2,105	51,8	107	2.6
2014	2,131	52	103	2.5

CHILD DEATH INCIDENT INFORMATION

The following findings highlight information related to incident data associated with child fatalities, including an itemization of the location (by county) where the incident took place. Each child fatality review itemizes the official manner and primary cause of death, and if the death is ruled a homicide, whether the death is a result of child abuse or neglect. Some deaths classified by the Medical Examiner as accidental on death certificates will, upon investigation, be determined to be the result of neglect.

Table 3 denotes the official manner of death obtained from death certificates for all child fatalities reviewed for this report. Of the 103 child fatalities verified to be the result of abuse and/or neglect, a total of 56 (54.4%) and 35 (33.9%) were classified as accidents and homicides (respectively). Among non-verified child maltreatment fatalities the largest number of deaths (n=151 or 50.3%) were classified as accidents followed by natural causes (n=63 or 21%).

Table 3: Official Manner of Death (from death certificate) by Maltreatment Verification Status		
	Child Maltreatment Death	
Official Manner of Death	Verified n=103	Non-Verified n=300
Natural	3	63
Accident	56	151
Suicide	0	8
Homicide	35	17
Undetermined	9	60
Pending	0	0
Unknown	0	1

Table 4 identifies three specific primary causes of death for maltreatment cases that account for 73.8% of known verified child maltreatment fatalities: deaths by trauma/wounds caused by a weapon (29.3%), asphyxia (25.3%), and drowning (19.2%). These are the primary cause of death categories throughout this report.

Table 4: Itemization of Specific Cause of Death for External Injuries by Child Maltreatment Verification Status		
	Child Maltreatment Death	
Specific External Injury Cause of Death	Verified n=95	Non-Verified n=187
Weapons	29	15
Asphyxia	25	66
Sleep-related	18	52
Not sleep-related	7	14
Drowning	19	47
Motor Vehicle	6	15
Poisoning, Overdose, Intoxication	4	3
Animal Bite/Attack	3	1
Fire, Burn, Electrocution	2	6
Exposure	2	0
Undetermined	2	13
Other	2	15
Fall/Crush	1	5
Asthma	0	1
Unknown	0	0

Table 5: Itemization of Specific Medical Cause of Death by Child Maltreatment Verification Status		
	Child Maltreatment Death	
Specific Medical Cause of Death	Verified n=4	Non-Verified n=58
Cancer	0	0
Cardiovascular	0	7
Congenital Anomaly	1	4
HIV/AIDS	0	0
Influenza	0	1
Low Birth Weight	0	0
Malnutrition/ Dehydration	0	0
Neurological/Seizure Disorder	0	1
Pneumonia	0	13
Prematurity	1	3
SIDS	0	2
Other Infection	0	10
Other Perinatal	0	0
Other Medical	2	13
Undetermined	0	0
Unknown	0	2

Table 5 displays counts of deaths resulting from medical causes. There were four verified maltreatment deaths due to medical neglect.

Location of Child Deaths

Please note that in this report, the word "county" refers to the county where the incident took place, not necessarily the county where the death occurred or the county of a child's residence. From a prevention standpoint, the use of the incident county provides more meaningful data regarding the death event. For the top three primary causes of death regardless of verification:

- 68.2% of all drownings occurred in seven counties: Broward, Orange, Palm Beach, Polk, Hillsborough, Lake and Volusia
- 52.7% of all asphyxia deaths occurred in six counties: Broward, Hillsborough, Miami-Dade, Palm Beach, Hernando and Polk
- 34% of weapons deaths occurred in three counties: Gilchrist, Hillsborough and Palm Beach

See Appendix G for additional information on location of child deaths.

Drowning Death Incident Information

For drowning deaths, local committees collect information on the details associated with the deaths. Tables 6 and 7 identify details of the location of drowning deaths and barriers in place.

Table 6: Drowning Location by Child Maltreatment Verification Status

	Child Maltreatment Death	
	Drowning n=66	
Drowning Location	Verified (n=19)	Non-Verified (n=47)
Open Water	1	12
Pool/Hot Tub/Spa	16	30
Bathtub	0	3
Bucket	0	0
Well/Cistern/Septic	0	1
Toilet	2	1
Other	0	0

Table 7: Barriers in Place Where Drowning Took Place by Child Maltreatment Verification Status (Duplicate Counts if Multiple Barriers)

	Child Maltreatment Death	
	Drowning n=66	
Barriers in Place	Verified (n=26)	Non-Verified (n=52)
None	4	9
Fence	7	12
Gate	4	5
Door	9	16
Alarm	0	0
Cover	0	0
Unknown	2	10

Among the 19 verified maltreatment drowning deaths:

- All 19 did not know how to swim
- 16 occurred in pools, hot tubs, or spas
- 4 drowning cases had no barriers (alarms, gates, etc.) to bodies of water

Among non-verified maltreatment drowning deaths:

- 30 occurred in pools, hot tubs, or spas
- 12 cases occurred in open water
- 9 cases had no barriers (alarms, gates, etc.) to bodies of water

For additional findings on these data elements, see Appendix G.

Asphyxia Death Incident Information

Asphyxia is the deprivation of oxygen that can be due to suffocation or strangulation. Among year 2014 CADR cases, there were 91 deaths due to asphyxia. It is important to note that the

cause of a sleep-related death may not be able to be determined after investigation and, therefore, may be classified as Sudden Infant Death Syndrome (SIDS) or death from an unknown/undetermined cause.

When available, local CADR committees collect information on risk and protective factors that pertain to sleep-related deaths. For asphyxia deaths that were sleep-related, Tables 8 and 9 provide overviews of some important factors of safe sleep placement and environments among reviewed cases.

Table 8 provides information related to sleep placement position **among cases that were classified as sleep-related asphyxia deaths**: a child's usual sleep placement position, the sleep position a child was placed in **before** being found to be non-responsive or deceased, and the sleep position a child was in when found non-responsive or deceased. The positions of sleep/sleep placement are: On Back, On Stomach, On Side and Unknown.

Table 8: Sleep Positions Among Sleep-Related Asphyxia Deaths

Position	Verified n=19			Non-Verified n=64		
	Usual n=19	Put to Sleep n=19	Found n=19	Usual n=62	Put to Sleep n=62	Found n=61
On Back	5	4	2	19	25	13
On Stomach	3	7	7	13	22	27
On Side	3	3	2	1	5	8
Unknown	8	5	8	29	10	13

- On Back was the usual placement position for approximately 26% verified and 31% non-verified cases
- On Stomach or On Side was the reported sleep position before the child was found non-responsive or deceased in 53% verified (n=10) and 44% non-verified (n=27) cases
- On Stomach or On Side was the reported position for 47% of verified (9 of 19) and 57% of non-verified (35 of 61) cases when found non-responsive or deceased

CADR case review data indicates that a crib, bassinet or port-a-crib was present in the child's home at time of death for 56% of sleep-related asphyxia cases. However, as shown in Table 9, sleep-related asphyxia deaths occurred in an adult bed for 53% of all reviewed sleep-related asphyxia deaths.

Table 9: Incident Sleep Place for Sleep-Related Asphyxia Deaths

Incident Sleep Place	Verified n=19	Non-Verified n=64	Total n=83
Adult Bed	12 (63%)	32 (50%)	44 (53%)
Couch	3 (16%)	9 (14%)	12 (14%)
Crib	3 (16%)	8 (13%)	11 (13%)
Other	1 (5%)	6 (9%)	7 (8%)
Bassinette	0 (0%)	5 (8%)	5 (6%)
Futon	0 (0%)	0 (0%)	0 (0%)
Playpen	0 (0%)	4 (6%)	4 (5%)
Floor	0 (0%)	0 (0%)	0 (0%)
Total	19 (100%)	64 (100%)	83 (100%)

Case reviews collected information on bed-sharing and objects in the sleep environment. Nine persons (seven adults and two children) were found to have unintentionally obstructed airways of children who died from sleep-related asphyxia. Bedding (i.e., pillows, mattresses, comforters/quilts, sheets/thin blankets) was identified to have blocked a child's airway in 20 sleep-related asphyxia cases. See Appendix G for additional data on this topic.

Weapon Related Death Incident Information

The death review process collects a variety of information related to weapon-related deaths, including information related to the type of weapon, firearms used (if applicable), and the person handling the weapon related to the child fatality. Note that fatalities associated with weapons include a wide range of weapons from firearms to "body parts," indicating **physical abuse**. This intentional bodily infliction of harm is captured in this category and remains a primary concern.

Among the 28 **verified** maltreatment weapon deaths:

- 16 (57.1%) weapons used were firearms. Among these firearm deaths:
    - 13 (81.3%) of the firearms were handguns with the remaining three deaths associated with hunting rifles.
    - The vast majority of the owners (75%) of firearms used were owned by males.
- 9 (32.1%) were "body parts" (indicating physical abuse)
- 2 (7.1%) were sharp instruments

Among the **non-verified** maltreatment weapon deaths:

- 7 weapons used were firearms (46.7%)
- 6 weapons were a person's body part (40.0%)
- 1 weapon was a sharp instrument (6.7%)

For detailed information for this category, see Appendix G.

CHILD CHARACTERISTICS

The following section highlights analyses associated with select child characteristics.

Age of Child

Regardless of verification status, children under age five had the highest risk for all forms of death. As shown in Table 10, the overwhelming majority of children dying from asphyxia regardless of verification status were less than one year old with 88% and 95% of verified and non-verified maltreatment asphyxia deaths, respectively. Although the majority of children who died from a weapon were four years of age or younger (55% for verified and 53% for non-verified maltreatment deaths), 24% of verified and 27% of non-verified weapon deaths occurred with children aged 11-15 years.

Table 10: Age of Children by Maltreatment Verification Status and Primary Cause of Death								
Age	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=66	Weapon n=15	Other n=172
< 1	5%	88%	3%	40%	2%	95%	13%	65%
1	11%	0%	21%	7%	19%	2%	20%	10%
2	26%	0%	14%	20%	38%	0%	7%	5%
3	21%	0%	10%	3%	6%	0%	13%	5%
4	5%	8%	7%	17%	15%	0%	0%	2%
5	16%	0%	3%	3%	2%	0%	0%	1%
6-10	16%	4%	10%	7%	11%	2%	7%	6%
11-15	0%	0%	24%	0%	2%	2%	27%	3%
16+	0%	0%	7%	3%	4%	0%	13%	2%

Race of Child and Hispanic or Latino Origin

Child death case reviews result in the collection of data on race and ethnicity as they relate to child maltreatment fatalities. As seen in Table 11, the majority of children within the review sample were identified as white or black.[1]

Ethnicity of the child could also be identified separate from race. Of all **verified** maltreatment fatalities, the following proportions represent those children identified to be of **Hispanic or Latino** origin:

- 26% of drowning deaths
- 20% of asphyxia deaths
- 24% of weapon deaths
- 17% of other deaths

Table 11: Race and Ethnicity (Hispanic/Latino Origin) of Children by Primary Cause of Death and Maltreatment Verification Status								
Race	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=66	Weapon n=15	Other n=172
Black	42%	44%	28%	53%	26%	41%	33%	44%
White	53%	56%	69%	47%	74%	59%	67%	56%
Other	5%	0%	3%	0%	0%	0%	0%	<1%
Hispanic or Latino Origin								
Hispanic or Latino	26%	20%	24%	17%	32%	23%	0%	13%

[1] A test of significance between two independent proportions (Z-Score) was done to determine if the observed proportion of drowning deaths that were white and black children for verified and non-verified maltreatment deaths differed significantly (at $p<.05$). The proportion of drowning deaths that were black (Z-Score=1.32, p=.18) and white (Z=-1.72, p=.09) did not differ significantly between verified and non-verified child maltreatment deaths.

Sex of Child

Males are disproportionately represented among child fatalities across all primary causes of death whether verified or not verified, as shown in Table 12.

Table 12: Sex of Children by Maltreatment Verification Status and Primary Cause of Death

Child Sex	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=66	Weapon n=15	Other n=172
Female	26%	36%	48%	30%	43%	39%	40%	41%
Male	74%	64%	52%	70%	57%	61%	60%	59%

Type of Residence and New Residence

The overwhelming majority (85.6%) of all children who are the subject of this report (n=403) resided in their parental home. In eight verified and 23 non-verified cases, children lived with relatives. In total, four children resided in licensed foster homes (2 verified, 2 non-verified) and one (non-verified) in a licensed group home. Statewide information on whether the child's residence was a new residence (occupied within the 30 days prior to the incident) was reported on 380 cases for which only 42 (11%) of the residences were considered new residences. Among these 42 cases, 24 were associated with verified maltreatment fatalities.

Is Child From Multiple Birth?

Data on multiple births applies only to those deaths for which the child was under the age of one year. Statewide, only 11 cases, which were non-verified cases, were identified to be from multiple births. It should be noted that this data element was left blank for 190 cases.

Child Problems in School?

Given the age of children, this question was deemed not applicable for 328 children. Among applicable children, 16 were identified as having a school problem which were identified as either academic (n=3), truancy (n=1), suspensions (n=3), and behavioral (n=5).

Disability or Chronic Illness of Child

Statewide, 51 of 403 children were identified as having a disability or chronic illness; 287 children did not, and information on this characteristic was not known or missing for 65 children. Among the 51 children identified to have a disability or chronic illness where the type of disability or illness was classified (n=45), a total of 37, seven, and one had physical, mental, and sensory disabilities or illnesses respectively.

Child's Mental Health

Information was collected regarding whether a deceased child had been receiving "current" mental health services; if a child had received mental health services in the past; if a child was on medications for mental health issues/illnesses, and if there were issues that prevented a child from receiving mental health services. For the majority of cases reviewed, these inquiries were not applicable due to the age of the child. For the valid responses, the following was identified:

- 15 children had received prior mental health services; 5 were verified and 10 were non-verified cases
- Eight children were identified as currently on medications for mental health issues; one of the eight was a verified maltreatment death
- Three children were identified to have been prevented from receiving needed mental health services; one of the three was a verified maltreatment death

Child's History of Substance Abuse

For the majority of child fatalities reviewed (81.1%), questions related to the child's history of substance use and abuse were deemed not applicable. Responses to child substance abuse questions were left blank for 14 cases and identified as unknown for five cases. Among the remaining cases, five cases identified one of the following substances: alcohol, cocaine, marijuana, methamphetamines, opiates, prescription drugs, and over-the-counter drugs.

Child's History as Victim of Child Maltreatment

Information related to the child's history of child maltreatment was known for 321 cases, and unknown or not reported for 82 cases. Among the 321 cases for which information regarding past history as a victim was reported by local committees, 95 children had a known history of child maltreatment. Of these 95 children with a known history of maltreatment, the majority (63 or 66.3%) were classified as non-verified. A total of 32 (33.7% of 95) children known to be a past victim of maltreatment had their deaths classified as a maltreatment death.

Prior to a review of 2014 child fatalities, the statewide and local CADRs have reviewed only those deaths deemed to have been the result of verified child maltreatment. Those cases "not substantiated" and with "no indicators" of abuse have been considered non-verified deaths, and analyses in this report have treated these data as such.

The distribution (using actual counts) of past maltreatment incidents (if known and applicable) across maltreatment verification status and primary cause of death are shown in Appendix G.

Case Status with DCF at Time of Death and Past Placement History for Child and Siblings

Among the cases reviewed, there were a total of 47 cases known and reported by the local committees to have been open child protective services cases at the time of the child death. Of these 47 cases, 16 (34%) of these child deaths were classified as verified maltreatment deaths and 31 (66%) were identified as non-verified deaths.

Among cases reviewed, there were a total of 26 cases known and reported by the local committees to have been placed outside the home prior to the death. Of these 26 cases, 11 (42.3%) of these child deaths were classified as verified maltreatment deaths and 15 (57.7%) were identified as non-verified deaths.

Among cases reviewed, there were a total of 46 cases known and reported by the local committees where siblings were placed outside of the home prior to the child's death. Of these 46 cases, 17 (36.9%) of these child deaths were classified as verified maltreatment deaths and 29 (63%) were identified as non-verified deaths.

CAREGIVER, SUPERVISOR, AND PERSON(S) RESPONSIBLE CHARACTERISTICS

During case reviews, information is collected on the child's caregivers, the supervisor of the child at the time of the incident leading to the child's death, and for verified child maltreatment

deaths, the person(s) responsible for the child's death. Caregivers are identified as the child's "primary caregivers" regardless of their involvement in the child's death. Opportunities are provided for the local committees to collect information on up to two primary caregivers. The supervisor of the child is the primary person responsible for supervising the child at the time of the death incident. This person may or may not be one of the primary caregivers. Finally, for verified child maltreatment deaths, there is a classification of the person(s) responsible for action(s) that caused and/or contributed to the child's death. It is important to note that person(s) may be represented more than once and in various combinations across these three classifications.

Number of Caregivers Present

At least one primary caregiver was identified for all child fatality cases. See Appendix G which summarizes the percentage of child fatality cases where one or two caregivers were identified.

Average Age of Caregivers, Supervisors, and Person(s) Responsible for Death

The average age of all caregivers, supervisors, and person(s) responsible across all primary causes of death ranges from a low of 28.3 years (supervisors and all caregivers of non-verified maltreatment asphyxia deaths) to a high of 37.9 years (persons responsible for weapon deaths). See Appendix G for average ages of caregivers, supervisors, and person(s) responsible for child deaths.

Gender of Caregivers, Supervisors, and Person(s) Responsible for Death

The majority of caregivers and supervisors of children for drowning and asphyxia cases were females. Males were the majority of the supervisors in non-verified weapon cases, and were the majority of person(s) responsible in verified weapon cases.

Note that the Case Report Form does not collect data on relationship or marital status, so head of household status is unknown. The state committee recommends adding this data element to the Case Report Form for Florida cases. By collecting this data, we will be better able to understand how marital status and household living situations may impact child maltreatment.

Substance Abuse History of Caregivers, Supervisors, and Person(s) Responsible for Child's Death

Local committees were asked to identify using information available whether any caregivers, supervisors, and/or person(s) responsible had an identified substance abuse history. Note that "history" of substance abuse does not necessarily indicate that the individual was using substances during the death incident.

For verified child maltreatment cases:

- 42% of caregivers are known to have a substance abuse history
- 40% of supervisors were known to have a substance abuse history
- 46% of person(s) responsible were known to have a substance abuse history

See Appendix G for detailed information related to substance abuse history of all caregivers, supervisors and person(s) responsible.

Disability or Chronic Illness Occurrence of Caregivers, Supervisors, and Person(s) Responsible for Death

The Case Report Form collects information on the occurrence of disability or chronic illness among the categories identified above, however, note that the presence of such a disability or illness does not mean that the condition was related to the death incident. The majority of caregivers, supervisors and person(s) responsible were noted not to have a disability at the time of a child's death. For more information on disability or chronic illness data element, see Appendix G.

Additional Characteristics of Caregivers, Supervisors, and Person(s) Responsible

Located in Appendix G is detailed information on the following:

- Employment of caregivers
- Education level of caregivers
- English spoken by caregivers, supervisors, and person(s) responsible
- Active military duty of caregivers, supervisors, and person(s) responsible
- Caregiver receipt of social services

Past History as Victim of Child Maltreatment among Caregivers, Supervisors, and Person(s) Responsible for Death

Local committees were asked to identify from available sources of information whether caregivers, supervisors, and person(s) responsible for the death of a child were past victims of child maltreatment. For approximately one-third of verified cases reviewed, past history as a victim of child maltreatment was unknown. Therefore, this data may not correctly estimate the true proportion of caregivers, supervisors and person(s) responsible with a history of maltreatment as children.

Past History as Perpetrator of Child Maltreatment among Caregivers, Supervisors, and Person(s) Responsible for Death

Local committees were asked to identify whether caregivers, supervisors, and person(s) responsible for a child's death have a past history as a perpetrator of child maltreatment. For verified cases, the following had a history as a perpetrator: caregivers (38%), supervisors (37%) and person(s) responsible (45%).

Past History of Intimate Partner Violence (as Victim and Perpetrator) among Caregivers, Supervisors, and Person(s) Responsible

When available, local committees collected information about caregivers' history with intimate partner violence as a victim and/or perpetrator.

It is unclear whether the caregivers were victims or perpetrators near the time of the child's death or if they were labeled as victims or perpetrators because of historical information gathered by local teams, see Table 13. National research suggests that exposure to intimate partner violence as a child, particularly for male children, is a risk factor for perpetrating violence on one's family members as an adult. However, many children who grow up in abusive homes will never abuse their family members and are often outspoken in their efforts to prevent such violence. It is recommended that supplemental analyses are conducted in future reports regarding the contextual factors in these cases in order to gain additional insight that will help to prevent such deaths in the future.

Table 13: Past History of Intimate Partner Violence for Person(s) Responsible for Maltreatment Death (by Maltreatment Verification Status and Primary Cause of Death)				
History of Intimate Partner Violence: Person(s) Responsible	Verified Child Maltreatment Death (n=103)			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30
Yes, as Perpetrator	2%	2%	25%	3%
Yes, as Victim	5%	3%	9%	3%
No	20%	12%	5%	3%
Unknown	6%	5%	27%	3%

The State Child Abuse Death Review Committee intends to collect additional information from local teams for future reports regarding contextual factors when intimate partner violence is present in child death cases.

Past Criminal History of Caregivers, Supervisors, and Person(s) Responsible for Death

Among caregivers associated with verified maltreatment deaths, 44.1% (78 of 177) had committed a criminal offense in the past. Among those with a criminal history, those with drug offenses were represented from a low of 25% for caregivers associated with verified asphyxia deaths to a high of 50% of those caregivers associated with drowning deaths. When primary cause of maltreatment deaths is observed, the highest proportion of supervisors (for verified maltreatment cases) with a criminal past were those affiliated with deaths caused by weapons (67%), asphyxia deaths (58%), followed by other causes of deaths (41%) and drowning deaths (16%).

SECTION FOUR: FUTURE ANALYTIC PLANS

One overarching objective of epidemiological analyses is to connect findings of the CADR data to inform prevention and interventions for larger general populations which naturally, for our purposes, are children who are neglected and abused. However, analyses and assessments can also greatly inform prevention and interventions for all children who are exposed to child safety risks. There are a variety of ways to conduct epidemiological studies; the following will outline a few of the methods that will be used in forthcoming analytical works.

Currently, data collected for the case reviews is similar to cross sectional surveys where information is gathered that is related to causes of death events and characteristics associated with persons, time, and environments connected with the deceased children. Some temporal (time sequence) and exposure-outcome relationships can explored with Florida CADR data, but the data collected may not provide any or may provide inconsistent information on other events, environments and circumstances that may have also influenced maltreatment outcomes and/or the risks of child death. As has been done within this report, findings of descriptive analyses can be used to contrast and compare with findings of other reputable research about child maltreatment and deaths that result from child maltreatment.

The primary comparisons within this report have been between those child fatalities verified versus not verified to be a result of child maltreatment. Future comparisons can gauge and test factors that have a predictive influence on whether the child fatality is a result of maltreatment or

not. However, the conclusions from such tests relate only to the population of cases referred to the child abuse hotline.

Other research/study designs may in the future better inform prevention initiatives. For example, using cohort study designs, children can be "followed" forward or back in time to obtain information on exposures and outcomes that occurred during a time period. With this type of study design a variety of exposures can be assessed and temporal sequence of risk/protective exposures and outcomes is easier to determine. An example of a desired cohort study design is a birth cohort analysis, where maternal, paternal and infant factors before, during and shortly after delivery of a child can be obtained; and outcomes can be compared between infants (children < 1 year old) who are not exposed to maltreatment or who are exposed to maltreatment. To obtain pertinent information on children after the first year of life, it will be important to link to data that can provide a true picture of events occurring in a child's life beyond the first year (i.e., education; medical and mental health assessments and interventions; family socioeconomic status; neighborhood conditions).

The use of case control studies is also warranted for future CADR observational analyses. For the assessment of rare outcomes, case-control studies are deemed to be highly appropriate as these types of studies do not require the time, expense, and/or large number of events that are needed for most cohort analyses.

To inform a public health approach to child maltreatment deaths, connections between maltreatment outcomes and prevention/intervention initiatives, policies, and practices need to be assessed to determine evidence-based pathways that could lead to eliminating child maltreatment deaths. For future analyses of intervention and prevention impacts, studies could assess and compare outcomes of children participating in pilot programs, or when community-wide or statewide population interventions are implemented. Once again, data would be needed to provide the necessary information to make valid assessments on the impact of implemented preventions and interventions on child maltreatment outcomes.

SECTION FIVE: PREVENTION RECOMMENDATIONS

USING DATA TO DRIVE PREVENTION PRACTICES

The collection and subsequent analysis of child fatality data provides a solid foundation for targeting and implementing prevention strategies at state and local levels. Both qualitative and quantitative data assist in the identification of those categories of child deaths which are most paramount:

- Drowning
- Asphyxiation
- Trauma/Wounds Caused by a Weapon (including physical abuse)

The analysis of both verified and non-verified data sets allows Florida to utilize resources to target these issues in the most effective way possible, leading to a greater impact on the prevention of child maltreatment fatalities as a whole. Data sources for this year's report included case review data, narrative case summaries, and input from state and local committee members. The top three primary causes of child fatalities, as defined by all data sources, provide a meaningful framework for prevention recommendations.

DROWNING PREVENTION

As consistent with data from previous years, drowning continues to be a primary cause of preventable death among children in Florida. This issue has been highlighted in numerous previous reports and various recommendations have been made, many of which have been implemented at state and local levels. Widespread awareness campaigns, such as ***Waterproof FL***, continue to advocate for such measures as alarms for doors and pools as well as the designation of "water watchers." State agency collaboration on awareness campaigns is needed to provide a uniform and consistent message, as well as to disseminate information and resources to consumers and stakeholders. Still, access to bodies of water continues to be a potential threat to our most vulnerable citizens.

Consideration of quantitative data collected through the national database, coupled with qualitative data gathered from narrative summaries and committee members, provides insight into targeting the message, to whom the message should be sent, how the message should be shaped, and the best venues for delivery of drowning prevention messaging.

Targeting the Message: Audience

Public education awareness campaigns continue to be a primary strategy to prevent water-based tragedies. Educational activities should target those responsible for providing supervision to children during water play or other activities that bring children in close proximity to bodies of water (i.e., ponds, lakes, pools, tubs, toilets and even buckets of water.) Therefore, targeted messaging would be directed at audience populations such as parents, guardians, day care workers, and other caregivers responsible for supervising children near water.

Additional targeted audiences for drowning prevention messaging may include health care providers, first responders, school personnel and recreational providers. While the majority of drowning deaths occur in younger children, age-appropriate water safety should be taught directly to children of all ages, as even highly skilled swimmers can drown in dangerous water conditions.

Ideally, the need for vigilance would extend to all adults exposed to the combination of children and water, from those who occasionally visit the beach, to others living near holding ponds and rivers. While the message will provide the greatest impact when targeted to parents and caregivers, educating the general public as a whole would expand protective capacity to a population-based level and help ensure the ongoing safety of all children in Florida.

Crafting the Message: Content

An equally important consideration is content of the message. Several prevention strategies can easily be implemented at the individual parent/caregiver level, including the following:

- Establish as many barriers as possible between toddlers and young children and a backyard pool or spa. This may include patios, doors, fences, and gates.
- Use door and pool alarms, testing frequently to ensure proper functioning. Resist the temptation to disable alarms to avoid unintentional activation. Rather, take note of how often these "barriers" are breached and by whom.
- Maintain supervisory vigilance, even during seemingly low risk activities such as bathing or water play near shallow pools.

- Designate a “water-watcher” whose singular role is to provide constant observation of children in the water throughout each swimming event. This role should be transferred when necessary and should be assigned to a sober, responsible adult who agrees to avoid all other activity, such as using their phone, reading, or other distracting activities.
- Provide swimming lessons to children when developmentally appropriate; but keep in mind that swimming lessons and/or swimming ability is not a suitable replacement for supervision. An additional population-based strategy would be the offering of free or subsidized swimming lessons to children.
- Select child supervisors with utmost care; choose someone with water safety knowledge who understands child development and recognizes that a child’s curiosity, impulsivity, and limit-testing may be evident from birth throughout the teenage years.

Delivering the Message: Venue

While public awareness campaigns rely primarily on marketing intended to reach large groups of people (advertisements, bulletin boards, etc.), a more strategic approach can be taken by finding the points at which the path of our target populations intersect with entities or organizations that can provide solid messaging. Examples follow:

- Information provided by obstetricians and pediatricians
- Review and discussion of such information by Healthy Start Care Coordinators and Healthy Families Florida’s Family Support Workers
- Brochures and pamphlets distributed at day care facilities and schools
- Information provided at state parks, recreational areas, and other public-based bodies of water

Changes at the Population Level

When possible, state, county, and city officials should consider child safety when developing laws and policies involving the public’s exposure to bodies of water. The establishment of Water Safety Councils could assist in the shaping of such laws and policies. The Florida Child Abuse Prevention and Permanency Plan’s Circuit Taskforce members would be valuable partners in prevention efforts. An additional population-based strategy would be the offering of free or subsidized swimming lessons to children.

ASPHYXIA

Asphyxia, as coded on the Case Review Form, includes strangulation, suffocation, and other categories. One of the primary risks of asphyxia is unsafe sleep practices. The use of overly soft bedding, using too many blankets or other items in the crib, putting the baby to sleep on their stomach, and bed-sharing have contributed to a significant number of child deaths that may have been prevented by following safe sleep practices.

Confronting this issue does not come without its challenges. Asphyxia can be difficult to determine as the official cause of death, as data regarding surrounding circumstances of the death incident is more difficult to detect and gather. The nuances of cultural influences and potentially conflicting messages provided to parents by medical personnel increase the complexity of the issue. These contributing factors prompt additional questions about the beliefs and knowledge level of the caregiver responsible for the child during the fatal incident.

Targeting the Message: Audience

By targeting safe sleep messaging to parents and caregivers, we provide crucial information to those who interact directly with children on a regular basis and are most likely responsible for choosing and maintaining sleep environments. Another target audience for safe sleep messaging is daycare providers who have responsibility for children during naps and rest.

Conveying this information to certain populations of medical providers, particularly information about the risks of bed-sharing, has proven to be challenging in some cases. While data related to bed-sharing deaths has consistently identified significant risk, some medical and health care providers continue to advocate bed-sharing in an effort to encourage breastfeeding and bonding. Even well-intentioned relatives (i.e., grandmothers, aunts) may unduly encourage young parents to engage in unsafe sleep practices with infants and small children, while emphasizing they followed such practices with no negative outcomes.

Crafting the Safe Sleep Message

Data can be used to send a powerful message that highlights the risks inherent in unsafe sleep practices. Safe sleep practices should be presented as methods that have been highly researched, well-established, and unquestionably proven to reduce the risk of sleep-related fatalities. Note that Florida's state agencies should work together and with other influential stakeholders to provide uniform and consistent messaging.

The research and resulting data are clear on those factors that may contribute to sleep-related fatalities, as well as practices that promote positive outcomes, and the following can be confidently recommended when educating parents and caregivers:

- Use tight-fitting sheets and keep the sleeping area clear of objects. Avoid loose-fitting sheets, the overuse of blankets/bedding, decorative "bumpers," overly warm and/or large pajamas, and stuffed toys in the crib. These objects may pose a hazard to the baby during sleep.
- Put the baby to sleep on his or her back. Many parents observe babies sleep better when laying on their stomachs; however, the risk of compromised oxygen intake increases when sleeping in this position. Many new parents express concern that placing the baby on his or her back will cause the baby to aspirate if they vomit; these parents should be advised that the physiology of an infant's throat and tongue is such that any aspiration as a result of vomiting is highly unlikely.
- Ensure the baby's sleep area has a firm foundation. Do not put the baby to sleep on pillows, sofas, large cushions, or any foundation that is overly soft or may result in a fall. Soft surfaces can interfere with breathing as the baby rolls and re-positions during sleep.
- Do not share sleeping space with a baby. While breastfeeding/feeding and bonding are certainly good parenting practices, these should be conducted while the parent or caregiver is awake and aware. After rocking or breastfeeding, put the baby in his own bed *before* you fall asleep. The baby may fall asleep against a sleeping parent and become wedged in such a way that interferes with breathing.

- Reframe message to empower parents: Put the baby to sleep on his back, in temperature-appropriate attire, alone in a crib or other safe sleep space, use a well-fitted sheet and place no other objects in the baby's sleep space.

Delivering the Message: Venue

Messaging in any prevention campaign must be culturally sensitive, consistent, and realistic. To increase the receptivity of a well-delivered message, timing and circumstance must also be considered. Timing for safe sleep initiatives involves providing the information to expecting parents who will soon have an opportunity to put their newfound knowledge to good use.

Birthing hospitals and nurseries, OB/GYN offices, breastfeeding groups, and birthing classes are all ideal venues. Educating all families, particularly those considered high-risk (lacking in protective factors), bolsters the parent's knowledge of child safety and appropriate parenting practices. Home visiting programs such as Healthy Families Florida and Healthy Start are especially adept at providing this information to high-risk parents to increase their protective capacity. These programs also connect families to local and community-based organizations that may be able to provide concrete resources such as cribs or pack-n-plays to reinforce safe sleep practices. An additional strategy may involve partnering with faith-based organizations who engage target populations, as well as Circuit Taskforce members who are a part of the Florida Child Abuse Prevention and Permanency Plan.

Changes at the Population Level

As safe sleep research continues to solidify, gradual shifts are slowly taking place within industries that market products to parents. However, challenges still exist. Many infant products, including decorative bedding for cribs, continue to be marketed as highly luxurious and decorative, while posing significant risks to infants. Positioning and "protective" devices are often marketed without sufficient safety studies. State and federal regulations can provide minimal requirements, but these can be difficult to enforce. Thus, a combination of widespread awareness and targeted education continue to be our most effective means of informing the general public on this issue.

WEAPONS

Note that fatalities resulting from trauma/wounds caused by weapons include a wide range of weapons from firearms to "body parts;" therefore, preventing incidents within this category can be addressed in many ways depending on the nature of the incident. Physical abuse, the intentional infliction of bodily harm, continues to be a primary concern in this category.

Over the past ten years, extensive research on early brain development has provided a great deal of information regarding how adverse childhood experiences, including physical abuse, impacts brain functioning. Chronic exposure to this form of toxic stress has been shown to derail healthy development and can have lifelong effects on learning, behavior, and physical health.

Preventing physical abuse poses many challenges. This form of maltreatment may be associated with a number of contributing factors such as parental mental health status, substance abuse, and/or domestic violence in the home. Overzealous attempts to control one's child may result from a lack of knowledge about child development coupled with unrealistic expectations related to the child's behavior. Physical abuse can be cyclical from one generation

to the next, as parents or caregivers rely on tactics that their parents used to punish children for problem behavior.

Given the widespread scope of contributing factors, prevention must be geared toward resolving risk factors related to the abusive behaviors while "building in" or restoring any missing protective factors. The following sets of research-based protective factors are linked to a lower incidence of child abuse and neglect:

- Nurturing and attachment
- Knowledge of parenting and of child and youth development
- Parental resilience
- Social connections
- Concrete supports for parents
- Social and emotional competence of children

    - *Administration for Children & Families, U.S. Department of Health & Human Services*

Note that protective factors can be "built in" to at-risk families before abuse occurs. Child maltreatment prevention programs (such as Healthy Families Florida) work with families to enhance these protective factors and reduce risk. Additionally, state agencies can work together to infuse and reinforce protective factors within their programs and systems.

In summary, prevention strategies at both the state and local levels should be aimed at increasing protective capacities while addressing those factors that put families at risk. Parents and caregivers should be educated about the importance of nurturing and attachment as it relates to brain development. Increasing a parent's knowledge of child development will result in a parent who has more realistic expectations about their child's behavior. Encouraging the establishment of social connections and directing parents to appropriate resources also bolster protective capacity, thereby reducing the risk of child maltreatment.

The majority of all weapons deaths were by firearms. Given such, it is recommended that additional analyses on cases involving gun-related deaths is needed in the future to examine the correlates of these deaths with substance abuse, mental health, and intimate partner violence issues prior to developing targeted prevention strategies.

MOTIVATING BEHAVIORAL CHANGE ACROSS ALL CATEGORIES

Crafting and sending the right message, to the right audiences, at the right time and place is only a portion of the effort required to prevent child maltreatment fatalities. The most significant and difficult challenge faced in prevention initiatives involves the eliciting of motivation to change problematic behaviors in high-risk situations. We can provide excellent guidance and expert advice, but if the individual receiving this messaging is not motivated or does not want to change their approach, the message itself has little impact. Simple awareness is not enough.

Individuals learning new information on safe sleep practices or positive discipline techniques may have difficulty incorporating these types of changes into existing parenting practices. These changes require consistent effort and can prove to be difficult, as long-held beliefs and attitudes towards certain topics may result in resistance to new information. Our challenge is to assist in the behavioral change process.

Motivational Interviewing (MI) is an evidence-based, thoroughly researched skillset that involves the eliciting and reinforcement of a person's motivation toward behavioral change. It is a style of communication that can help gradually reshape unhealthy belief systems and inflexible attitudes that may prevent parents from making the necessary changes in approach to keep their kids safe. The use of MI techniques does not require a degree or certification. With appropriately structured training and some follow-up coaching, helping professionals, from paraprofessionals to medical doctors, can learn and integrate these skills into their day-to-day work with families.

Given the significant challenges faced by those working with families at the direct service level, and the evidence-based nature of this particular skillset, training in MI could be considered for those staff who work directly with our targeted high-risk populations. To ensure effective results, this training may also be explored for front-line supervisors, to equip them with the coaching skills needed to follow-up with staff as MI skills are integrated into day-to-day practice.

INCREASING CAPACITY FOR DATA-DRIVEN DECISION MAKING

Recommendations would not be complete without acknowledging the need to fill gaps in data that left us with unanswered questions. The compilation of case reviews, both verified and non-verified, have provided substantial insight into our most significant challenges, while suggesting a number of potential data points that could help us better understand our three biggest threats, drowning, asphyxia (unsafe sleep), and trauma/wounds caused by weapons (physical abuse). In addition to current data elements, the state committee will discuss and consider adjusting data collection requirements to allow for future analysis on the following:

- **Safe sleep** – How can we expand our data collection for this important issue? What data elements can we develop and implement to provide sufficient insight? How can we better assess belief systems, knowledge, and attitudes surrounding safe sleep practices?
- **Contextual factors surrounding substance abuse, mental health, and Intimate Partner Violence** (IPV) – What specifically can we learn about any existing correlations to death incidents? In what ways can we cross-reference data on these topics to further inform prevention? How can we tailor our efforts to provide best practice solutions to those who struggle with these issues?
- **Information regarding relationship/marital status and head of household status** – Due to overrepresentation of female headed households with children among these deaths, as well as the disproportionate number of IPV victims that are female, a bias may exist in the data towards victims as caregivers associated with the child deaths represented in this report. *(United States Department of Justice, http://www.bjs.gov/content/pub/pdf/fvv.pdf)*
- **Complications of substance use –** How can we better assess poly-substance use? What can we learn about the impact of co-occurring disorders on child maltreatment?
- **Services provided to families** – Were services appropriate? Were families assessed well enough to be referred to the appropriate service providers? For example, the need for substance abuse versus mental health services, the referral of IPV survivors to Domestic Violence shelters, etc.

Drilling down into these topics will help us find answers to these questions and will bolster our ability to develop more effective prevention strategies.

Finally, the state committee also recommends the development of definitions for data terms used within the case review process. An established set of data-related definitions will:

- Provide clarity to local teams regarding each data element
- Ensure consistency in reporting
- Result in more accurate, meaningful data

SECTION SIX: CONCLUSIONS AND NEXT STEPS

In summary, prevention strategies at state and local levels should be aimed at issues clearly identified as our chief concerns: Drowning, Asphyxia (Unsafe Sleep), and Trauma/Wounds Caused by Weapons (primarily physical abuse).

To ensure successful outcomes we must strive to utilize evidence-based prevention programs and practices. Strategies should be aimed at increasing protective capacities (building in protective factors) while addressing those factors that put families at risk for poor outcomes.

Building in protective factors can be accomplished by:

- Infusing protective factors within state agency programs and systems
- Educating parents about the importance of nurturing and attachment as it relates to brain development
- Increasing parents' knowledge of child development to encourage realistic expectations about their child's behavior
- Encouraging the establishment of social connections for families
- Increasing each child's visibility within the community
- Directing parents to appropriate resources when concrete supports are needed
- Intervening early when there is any indication of problematic development

We must continue to improve and expand upon appropriate and available data sets to further research child maltreatment in Florida, as we strive to reach our ultimate goal:

To eliminate preventable child fatalities in Florida by better understanding the complexities of child maltreatment and leveraging this evidence-based knowledge to drive current and future prevention strategies.

APPENDICES

ANNUAL REPORT

DECEMBER 2015

Child Abuse Death Review Committee

Working to eliminate preventable child abuse and neglect deaths in Florida

APPENDIX A:

Section 383.402, Florida Statutes

Section 383.402, Florida Statutes

383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.—

(1) INTENT.—It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system that consists of state and local review committees. The committees shall review the facts and circumstances of all deaths of children from birth to age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state and local review committees shall work cooperatively. The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees to identify issues and trends and to recommend statewide action. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The purpose of the state and local review system is to:

(a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.
(b) Whenever possible, develop a communitywide approach to address such causes and contributing factors.
(c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.
(d) Recommend changes in law, rules, and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.
(e) Implement such recommendations, to the extent possible.

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

(a) Membership.—

1. The State Child Abuse Death Review Committee is established within the Department of Health and shall consist of a representative of the Department of Health, appointed by the State Surgeon General, who shall serve as the state committee coordinator. The head of each of the following agencies or organizations shall also appoint a representative to the state committee:

a. The Department of Legal Affairs.
b. The Department of Children and Families.
c. The Department of Law Enforcement.
d. The Department of Education.
e. The Florida Prosecuting Attorneys Association, Inc.
f. The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.

2. In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies

listed in subparagraph 1., and ensuring that the committee represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:

a. The Department of Health Statewide Child Protection Team Medical Director.
b. A public health nurse.
c. A mental health professional who treats children or adolescents.
d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
e. The medical director of a child protection team.
f. A member of a child advocacy organization.
g. A social worker who has experience in working with victims and perpetrators of child abuse.
h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
i. A law enforcement officer who has at least 5 years of experience in children's issues.
j. A representative of the Florida Coalition Against Domestic Violence.
k. A representative from a private provider of programs on preventing child abuse and neglect.
l. A substance abuse treatment professional.

3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) Duties.—The State Child Abuse Death Review Committee shall:

1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.

2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.

3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.

4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.

5. Develop statewide uniform guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.

6. Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

7. Provide consultation on individual cases to local committees upon request.

8. Educate the public regarding the provisions of chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.

9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.

10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

(3) LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES.—At the direction of the State Surgeon General, a county or multicounty child abuse death review committee shall be convened and supported by the county health department directors in accordance with the protocols established by the State Child Abuse Death Review Committee.

(a) Membership.—The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

1. The state attorney's office.
2. The medical examiner's office.
3. The local Department of Children and Families child protective investigations unit.
4. The Department of Health child protection team.
5. The community-based care lead agency.
6. State, county, or local law enforcement agencies.
7. The school district.
8. A mental health treatment provider.
9. A certified domestic violence center.
10. A substance abuse treatment provider.
11. Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. Members shall

serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) Duties.—Each local child abuse death review committee shall:

1. Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.

2. Submit written reports as required by the state committee. The reports must include:

a. Nonidentifying information from individual cases.

b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.

c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

3. Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.

4. Abide by the standards and protocols developed by the state committee.

5. On a case-by-case basis, request that the state committee review the data of a particular case.

(4) ANNUAL STATISTICAL REPORT.—The state committee shall prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:

(a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.

(b) A detailed statistical analysis of the incidence and causes of deaths.

(c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.

(d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

(5) ACCESS TO AND USE OF RECORDS.—

(a) Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:

1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under chapter 393, chapter 394, or chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and $1 per fiche for microfiche records.

2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

(b) The State Child Abuse Death Review Committee or a local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.

(c) The state committee and any local committee may share with each other any relevant information that pertains to the review of the death of a child.

(d) A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

(e) The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure to obey the subpoena is punishable as provided by law.

(f) This section does not authorize the members of the state committee or any local committee to have access to any grand jury proceedings.

(g) A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this [1]paragraph does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee

member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This [1]paragraph does not apply to any person who admits to committing a crime.

(6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—

(a) The Department of Health shall administer the funds appropriated to operate the review committees and may apply for grants and accept donations.

(b) To the extent that funds are available, the Department of Health may hire staff or consultants to assist a review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.

(c) For the purpose of carrying out the responsibilities assigned to the State Child Abuse Death Review Committee and the local review committees, the State Surgeon General may substitute an existing entity whose function and organization includes the function and organization of the committees established by this section.

(7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.—Each regional managing director of the Department of Children and Families must appoint a child abuse death review coordinator for the region. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:

(a) Coordinating with the local child abuse death review committee.

(b) Ensuring the appropriate implementation of the child abuse death review process and all regional activities related to the review of child abuse deaths.

(c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.

(d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.

(e) Conducting or arranging for a Florida Safe Families Network record check on all child abuse deaths covered by this procedure to determine whether there were any prior reports concerning the child or concerning any siblings, other children, or adults in the home.

(f) Coordinating child abuse death review activities, as needed, with individuals in the community and the Department of Health.

(g) Notifying the regional managing director, the Secretary of Children and Families, the Department of Health Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all deaths meeting criteria for review as specified in this section within 1 working day after case closure.

(h) Ensuring that all critical issues identified by the local child abuse death review committee are brought to the attention of the regional managing director and the Secretary of Children and Families.

(i) Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.

History.—s. 13, ch. 99-168; s. 11, ch. 2000-160; s. 8, ch. 2000-217; s. 13, ch. 2001-53; s. 14, ch. 2004-350; s. 41, ch. 2008-6; s. 69, ch. 2014-19; s. 21, ch. 2014-224; s. 4, ch. 2015-79.

[1]Note.—The word "paragraph" was substituted for the word "subsection" by the editors to conform to the redesignation of subsection (14) as paragraph (5)(g) by s. 4, ch. 2015-79.

APPENDIX B:

State and Local Committee Membership

Florida Child Abuse Death Review State Committee Membership

Social Worker
Robin Perry, Ph.D., Chairperson

Department of Health
Patricia Ryder, MD, MPH

Department of Legal Affairs
Stephanie Bergen

Department of Children and Families
Jane E. Johnson

Department of Law Enforcement
Seth Montgomery

Department of Education
Trevis Killen
Iris Williams

Florida Prosecuting Attorneys Association
Thomas Bakkedahl

Florida Medical Examiners Commission
Anthony Jose Clark, M.D.

Child Protection Team Statewide Medical Director
Bruce McIntosh, M.D.

Public Health Nurse
Deborah Hogan, RN, MPH

Mental Health Professional
April Lott, LCSW

Department of Children and Families Supervisor
Lisa Mayrose

Medical Director, Child Protection Team
Mark Kesler, M.D.

Child Advocacy Organization
Jennifer Ohlsen, M.Ed.

Paraprofessional in patient resources, child abuse prevention program
Yomika S. McCalpine

Law Enforcement Officer
Captain David M. DeCarlo

Florida Coalition Against Domestic Violence
Ghia C. Kelly, MSW

Child Abuse Prevention Program
Zackary Gibson

Substance Abuse Professional
Linda Mann, LCSW, CAP

Florida Child Abuse Death Review
Local Committee Chairpersons

Committee 1 & 2
Kirsten Bucey

Committee 3
Monique Gorman

Committee 4
Evelyn Goslin, Ph.D.

Committee 5
Stephanie Cox

Committee 6, 7, 8
Vicki Whitfield

Committee 9
Denis Conus

Committee 10
Jeanie Raciti

Committee 11
Michelle Akins

Committee 12
Sharon Greene, MBA, CHES

Committee 13
Barbara Lesh

Committee 14
Lauren Lazarus Sabatino, Esq.

Committee 15
Jackie Stephens, MA

Committee 16
Francie Donnorummo

Committee 17
Laura McIntyre, M.A.

Committee 18
Dr. Stephen Nelson

Committee 19
Major Connie Shingledecker

Committee 20
Vacant - Chairperson

Committee 21
Karen Yatchum

Committee 22
Jon Wisenbaker

Committee 23
Laly Serraty

Committee 24
Edie Neal

APPENDIX C:

Guidelines for the State Committee

Guidelines for the State Committee

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

The Florida Child Abuse Death Review Committee was established by statute in s. 383.402, F.S., in 1999. The committee is established within the Department of Health, and utilizes state and local multi-disciplinary committees to review the facts and circumstances of all child deaths reported as suspected abuse or neglect and accepted by the Florida Abuse Hotline Information System within the Department of Children and Families (DCF). The major purpose of the committees is to make and implement data-driven recommendations for changes to law, rules and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable deaths.

1.2 Mission Statement

Through systemic review and analysis of child deaths, identify and implement prevention strategies to eliminate child abuse and neglect deaths.

1.3 Operating Principle

A public health approach to child maltreatment is needed to address the range of conditions that place children at risk of harm. The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven systemic review to identify successful prevention and intervention strategies.

The state and local review committees shall work cooperatively.

- The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees
- To identify issues and trends and to recommend statewide action

1.4 Goal

The goal of Child Abuse Death Review Committee is to improve our understanding of the causes and contributing factors of deaths resulting from child abuse and neglect, to influence policies and programs to improve child health, safety and protection; and to eliminate preventable child deaths.

1.5 Objectives

- Develop a system and protocol for uniform collection of child abuse and neglect death data statewide, utilizing existing data-collection systems to the greatest extent possible

- Identify needed changes in legislation, policy and practices, and expand efforts in child health and safety to prevent child abuse and neglect deaths

- Improve communication and linkages among agencies and enhance coordination of efforts

CHAPTER 2

STATE REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 Introduction

This chapter describes the general standards for the State Child Abuse Death Review Committee membership, and outlines general duties and responsibilities of committee members.

2.2 Statutory Membership

The State Child Abuse Death Review Committee is composed of representatives of the following departments, agencies or organizations:

- Department of Health - The Department of Health representative serves as the state committee coordinator.
- Department of Legal Affairs
- Department of Children and Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association
- Florida Medical Examiners Commission, whose representative must be a Forensic Pathologist

In addition, the State Surgeon General is responsible for appointing the following members based on recommendations from the Department of Health and affiliated agencies, and ensuring that the Committee represents to the greatest possible extent, the regional, gender, and ethnic diversity of the state:

- The Department of Health Statewide Medical Director for Child Protection Team
- A public health nurse
- A mental health professional who treats children or adolescents
- An employee of the Department of Children and Families who supervises family services counselors and who has at least five years of experience in child protective investigations
- A medical director of a Child Protection Team
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A law enforcement officer who has at least five years of experience in children's issues
- A representative of the Florida Coalition Against Domestic Violence
- A representative from a private provider of programs on preventing child abuse and neglect
- A Substance Abuse Treatment Professional

2.3 Term of Membership

The members of the state committee shall be appointed to staggered terms not to exceed 2 years each as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

Agency representatives who leave their agency during their term must notify the agency head, and the DOH Child Abuse Death Review Committee Coordinator. The agency appointment expires upon the effective date of the member's departure from the agency and the State Surgeon General will request that the agency appoint a new member.

State Surgeon General appointees who resign from their current position must notify the DOH Child Abuse Death Review Committee Coordinator. At the discretion of the Surgeon General, they may remain on the state Committee provided they are still active in their appointed discipline and continue to be employed in the specific job category where indicated. All appointees who leave their employment and otherwise cease to be active in their designated discipline must notify the Chair of the State Committee and the DOH Death Review Committee Coordinator.

All replacements to the state Committee will serve the remainder of the term for the appointee they replace.

2.4 Consultants

The Department of Health may hire staff or consultants to assist the review committee in performing its duties. Consultants must be able to provide important information, experience, and expertise to the Committee. They may not use their participation on the Committee to discover, identify, acquire or use information for any purpose other than the stated purpose of conducting approved child abuse death review activities.

2.5 Election of State Chairperson

The chairperson of the State Child Abuse Death Review Committee is elected for a two (2) year term by a majority vote of the members of the State Child Abuse Death Review Committee. Members of the committee with investigatory responsibilities are not eligible to serve as chairperson. The State Child Abuse Death Review Committee Chairperson may appoint ad hoc committees as necessary to carry out the duties of the Committee.

2.6 Reimbursement

Members of the state Committee serve without compensation but are entitled to reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061, F.S., and to the extent that funds are available. Consultants can be reimbursed reasonable expenses to the extent that funds are available. Requests for funding must be reviewed and approved by the Child Death Review Committee Coordinator.

2.7 Terminating State Committee Membership

A member or a consultant of the State Child Abuse Death Review Committee may resign at any time**.** A written resignation shall be submitted to the Child Death Review Committee Coordinator. Should action be required, a letter shall be addressed to the State Surgeon General who will either make a new appointment or contact the agency head requesting the designation of a new representative.

2.8 State Review Committee Duties

Chairperson

- Chair Committee meetings
- Ensure that the Committee operates according to guidelines and protocols

- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement

Department of Health Committee Coordinator/Department of Health, Death Review Coordinator for the State CADR or designee

- Send meeting notices to committee members
- Submit child abuse death review data to the State Committee for review and analysis
- Maintain current roster and bibliography of members, attendance records and minutes

All Committee Members

- Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths, deaths that are reported to the central abuse hotline
- Provide training to cooperating agencies, individuals and local child abuse death review committees on the use of the child abuse death data system
- ANNUAL STATISTICAL REPORT— prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:
  - (a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.
  - (b) A detailed statistical analysis of the incidence and causes of deaths.
  - (c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.
  - (d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

- Encourage and assist in developing the local child abuse death review committees and provide consultation on individual cases to local committees upon request

- Develop guidelines, standards and protocols, including a protocol for data collection for local child abuse death review committees and provide training technical assistance to local committees upon request

- Provide training on the dynamics and impact of domestic violence, substance abuse or mental health disorders when there is a co-occurrence of child abuse. Training shall be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise

- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities and social service agencies

- Study the adequacy of laws, rules, training and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes

- Educate the public regarding the incidence and causes of child abuse death, and the ways to prevent such deaths
- Provide continuing education for professionals who investigate, treat and prevent child abuse or neglect
- Recommend, when appropriate, the review of the death certificate of a child who is suspected to have died of abuse or neglect

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

The work of the Committee requires regular attendance and participation by all Committee members. Regularly scheduled meetings allow Committee members to make long-term plans and allow for better attendance. Members should become acquainted with protocol for data collection and analysis and come prepared to present their agencies' information and perspectives.

Each member agrees to keep meeting discussions and information regarding specific child abuse and neglect deaths confidential. Confidentiality is essential for each agency to fully participate in the meetings. Committee members are reminded of the following by the Chairperson.

- The review Committee is not an investigative body
- All participants agree to keep Committee discussions relating to specific child abuse deaths confidential
- Meeting minutes will not indicate any case specific information
- The purpose of the Committee is to improve services and agency practices by identifying issues and trends related to child abuse deaths and provide recommendations to address these issues and prevent other child deaths

Each professional brings to the review Committee a unique perspective, professional knowledge and expertise. Each member must acknowledge and respect the professional role of each participating agency.

This reference provides guidelines for the development, implementation, and management of the State Child Abuse Death Review Committee and will be reviewed bi-annually or more often if necessary. Revisions will be distributed to all committee members and posted to the Child Abuse Death Review website.

3.2 Focus on Prevention

The key to good prevention is implementation at the local level. Review Committee members can provide leadership by serving as catalysts for community action. Prevention efforts can range from simply changing one agency practice or policy or setting up more complex interventions for high-risk parents.

The State Committee should work with local committees and community programs involved in child death, safety and protection. Some communities have child safety coalitions, prevention coalitions or active citizen advocacy groups. Connect state and local Committee findings to ensure results. Assist these groups in accessing state and national resources in the prevention areas targeted by their communities.

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 Obtaining Data from Local Committee Reviews

The Chairperson should work closely with the local committees and the state CADR Committee designee to ensure receipt of data from local committees.

Additionally, any meeting notes that directly relate to a specific child must also be secured and separate from general meeting notes.

4.2 Record Keeping and Retention

All records (e.g., completed data forms with attachments, copies of agency department files) must be maintained in a secure area.

All correspondence, public records requests, letters, and communications with the State Chairperson or other Committee members must be copied to Florida Department of Health Child Abuse Death Review Coordinator.

- Pursuant to State of Florida Department of State Record Retention Schedule #34 the State Child Abuse Death Review Committee shall retain a permanent copy of each annual report, either electronically or written.

- State of Florida Department of State Record Retention Schedule #35 addresses copies of documents received from third parties (e.g. individuals, entities, and government agencies) by the State and Local Child Abuse Death Review Committees pursuant to the review of child abuse deaths and for the preparation of the annual incidence and causes of death report required by Section 383.402, F.S. Record copies must be maintained for a period of one year from the date of publication of the annual report. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator prior to the destruction of any record

- Documents produced by the State or Local Child Abuse Death Review Committee (e.g., the data form, death summary report, or listing of records reviewed, etc.) must be maintained pursuant to State of Florida Department of State Record Retention Schedule GS1-S, item #338 for a period of five years. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator prior to the destruction of any record.

- Committee members must adhere to s. 286.011, F.S. (Florida's Government in the Sunshine Law), and can only communicate with one another about any committee business during a properly noticed meeting

4.3 Child Abuse Death Review Case Reporting System

The State Child Abuse Death Review Committee utilizes the national Child Death Review Case Reporting System to record and track data from child death reviews. The System Guide provides instructions for completing the data form. The Child Death Review Case Reporting System Case Report must be completed on all child abuse deaths reviewed. The committee coordinator should review the data form to ensure that all information is accurate and that the case review is complete.

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

As provided in section 383.412, Florida Statutes., all information and records that are confidential or exempt under Florida's public records laws shall retain that status throughout the child abuse death review process, including, but not limited to the following:

- Information that reveals the identity of the siblings, surviving family members, or others living in home of a deceased child
- Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child.
- Portions of meetings of the state or local child death review committees at which confidential, exempt information is discussed
- Recordings of closed meetings

Pursuant to Section 383.412, Florida Statutes, , a person who violates the confidentiality provisions of this statute is guilty of a first degree misdemeanor. Violation of confidentiality provisions by committee members should be referred to the representative agency/organization for appropriate action,

Specific questions regarding confidentiality of child abuse death review information should be directed to the Department of Health, Child Abuse Death Review Committee Coordinator. The Coordinator will seek advice on the issue, as needed, from the Department of Health Office of General Counsel

The State Child Abuse Death Review Committee and local committees may share information made confidential and exempt by this section:
(a) With each other;
(b) With a governmental agency in furtherance of its duties; or
(c) With any person or entity authorized by the Department of Health to use such relevant information for bona fide research or statistical purposes. A person or entity who is authorized to obtain such relevant information for research or statistical purposes must enter into a privacy and security agreement with the Department of Health and comply with all laws and rules governing the use of such records and information for research or statistical purposes. Anything identifying the subjects of such relevant information must be treated as confidential by the person or entity and may not be released in any form

5.2 Confidentiality Statements

Any person who may have access to any information or records regarding review of a child abuse death is required to sign a statement of confidentiality. Persons who may have access to this information shall include state and local Committee chairpersons, state and local Committee members, administrative and support staff for the state and local Committees who open or handle mail, birth or death certificates, records, or any other components required in the preparation of a child abuse death review case.

Each child abuse and neglect death review Committee shall maintain a file with signed copies of the member's confidentiality statement. Other confidentiality statements must be obtained for non-Committee member participants, as needed, on a case-by-case basis. These should be maintained in the local Committee's file.

5.3 Protecting Family Privacy

A member or consultant of the State Child Abuse Death Review Committee shall not contact, interview, or obtain information by request or subpoena from a member of the deceased child's family. This does not apply to a member or consultant who makes such contact as part of his or her other official duties. Such member or consultant shall make no reference to his/her role or duties with the Child Abuse Death Review Committee.

5.4 Document Storage and Security

All information, records and documents for child abuse death review cases shall be stored in locked files. Persons who have access to the locked files or information contained therein shall be required to sign a confidentiality statement.

Copies of documents provided for Committee meetings shall not be taken from Committee meetings. At the conclusion of the Committee meeting, the copies shall be collected and destroyed.

Data about the circumstances surrounding the death of a child is entered into the Child Abuse Death Review Data System from the Child Abuse Death Review Data Form. This secure database is used to generate summary or management reports and statistical summaries or analyses.

5.5 Media Relations and Public Records Request

Public record requests or other media inquiries should be referred to the Florida Department of Health Child Abuse Death Review Committee Coordinator.

CHAPTER 6

CHILD ABUSE DEATH REVIEW ANNUAL REPORT

6.1 Guidelines for Report

The State Child Abuse Death Review Committee is required to provide an annual report to the Governor, President of the Senate and Speaker of the House of Representatives by December 1st. The report will summarize information gathered by the local committees resulting from their review of specific cases meeting statutory review criteria. The report will contain the following sections.

A) Background

- Program Description
- Statutory Authority
- Program Purpose
- Membership of the State Committee
- Local Child Abuse Death Review Committees

B) Method

- Overview of Child Death Data
- Department of Health Data on all Children Ages 0 through 17 years

C) Findings-Trend Analysis Based on Three Years of Data

- Causes of Death (Abuse & Neglect)
- Age at Death
- Gender and Race
- Age and Relationship of Caregiver(s) Responsible
- Child and Family Risk Factors

D) Conclusions

E) Prevention Recommendations

F) Summary

APPENDIX D:

Guidelines for Local Committees

Guidelines for Local Committees

July 2015

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

The Florida Child Abuse Death Review Committee (CADR) was established in 1999, in Section 383.402, *Florida Statutes* (appendix A). The committee is established within the Department of Health (DOH), and utilizes state and local multi-disciplinary committees to review the facts and circumstances of all child deaths reported as suspected abuse or neglect and accepted by the Florida Abuse Hotline Information System (FAHIS) within the Department of Children and Families (DCF). The major purpose of the committees is to recommend changes in law, rules and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable deaths.

1.2 Mission Statement

Through systematic review and analysis of child deaths, identify and implement prevention strategies to eliminate child abuse and neglect deaths.

1.3 Operating Principle

A public health approach to child maltreatment is needed to address the range of conditions that place children at risk of harm. The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven systematic review to identify successful prevention and intervention strategies.

The state and local review committees shall work cooperatively. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level.

1.4 Goal

The goal of Child Abuse Death Review Committee is to improve our understanding of the causes and contributing factors of deaths resulting from child abuse and neglect, to influence policies and programs to improve child health, safety and protection, and to eliminate preventable child deaths.

1.5 Objectives

- Develop a system and protocol for uniform collection of child abuse and neglect death data statewide, utilizing existing data-collection systems to the greatest extent possible
- Identify needed changes in legislation, policy and practices, and expand efforts in child health and safety to prevent child abuse and neglect deaths
- Improve communication and linkages among agencies and enhance coordination of efforts

CHAPTER 2

LOCAL REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 Committee Membership

Local committees enable various disciplines to come together on a regular basis and combine their expertise to gain a better understanding of the causes and contributing factors of child abuse deaths in their jurisdictions.

The directors of county health departments or designee will convene and support a. county or multi-county review committees. The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

- State Attorney's Office
- County Health Department
- District Medical Examiner's Office
- Local Child Protective Investigations
- Local Child Protection Team
- The Community-based Care lead agency
- State, County, or Local Law Enforcement
- Local School District
- A mental health treatment provider
- A certified domestic violence center
- A substance abuse treatment provider

Other Committee members may include representatives of specific agencies from the community that provide services to children and families. Local child abuse death review core members should identify appropriate representatives from these agencies to participate on the committee. Suggested members include the following:

- A board-certified pediatrician or family practice physician
- A public health nurse
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A representative from a private provider of programs on preventing child abuse and neglect

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child shall attend any meetings where the child's case is reviewed. This participation can be of value in assisting the local committees in their critical appraisal of information that can aid in the evaluation of circumstances surrounding a death (not re-investigation of a case), identification of local trends and specific issues contributing to child abuse and neglect fatalities within their region, and the development of prevention recommendations in keeping with the mission of the Statewide Child Abuse Death Review Committee.

2.2 Term of Membership

Members of the Local Child Abuse Death Review Committee are appointed for two year terms and may be reappointed. Agency representatives who leave their agency during their term must notify the Chairperson of the local committee, who will notify the County Health Department representative. All replacements to the local committee are appointed for a new two year term.

2.3 Consultants

To the extent that funds are available, the Department of Health may hire staff or consultants to assist the review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the local committee. Consultants must be able to provide important information, experience, and expertise to the Committee. They may not use their participation on the Committee to discover, identify, acquire or use information for any purpose other than the stated purpose of conducting approved child abuse death review activities.

2.4 Ad Hoc Members

Committees may designate ad hoc members. They attend meetings only when they have been directly involved in a case scheduled for review or to provide information on committee related activities. They may be DCF child protective investigators or family services counselors involved in a specific case, law enforcement officers from a police agency that handled the case or a service provider or child advocate who worked with a family.

2.5 Local Review Committee Duties

The duties of the Local Child Abuse Death Review Committee are:

- Assist the state committee in collecting data on deaths that are reported to the child abuse hotline within the Department of Children and Families
- Collect data on applicable child deaths for the State Child Abuse Death Review Committee utilizing the National Child Death Review Case Reporting System
- Maintain a record of attendance, minutes and audio recording of the committee meetings
- Submit written reports to the state committee as directed and in keeping with the intent of the law as denoted in Appendix A. The reports must include:
- a. Nonidentifying information from individual cases.
- b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.
- c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

2.6 Local Committee Member Responsibilities

The role of local committee members can be flexible to meet the needs of particular communities. Each member should:

- Contribute information from his or her records, in accordance with Section 383.402, *Florida Statutes* (see Appendix A)
- Serve as a liaison to respective professional counterparts
- Provide definitions or professional terminology
- Interpret agency procedures and policies

- Explain the legal responsibilities or limitations of his or her profession

All committee members must have a clear understanding of their own and other professional and agency roles and responsibilities in their community's response to child abuse and neglect fatalities.

2.7 Orientation and Training of Local Committee Members

Orientation and ongoing training of review committees is required to maintain consistency in application of review methods, data review and collection activities. One of the primary goals of this training is to develop consistent, accurate, and thorough application of program standards, and to help ensure that meaningful information can be obtained for identification of prevention strategies for reduction of child abuse and neglect deaths.

Local committees will work in collaboration with the Department of Children and Families Child Fatality Prevention Specialist and the State Child Abuse Death Review Committee for planning and conducting these training activities, especially during the first several meetings of the local committee.

Orientation should include, at a minimum, review of the Child Abuse Death Review Guidelines with an emphasis on confidentiality of records and information, Section 286.011, *Florida Statutes (*Florida Sunshine Law; see Appendix B) and any other training required by Section 383.402, *Florida Statutes,* including:

- Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
- Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse.
- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.
- Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

2.8 Support and Technical Assistance for Local Committees

The State Child Abuse Death Review Committee recognizes the importance of consistency and accuracy in the information provided by local child abuse death review Committees. Without this consistency, information collected about the reasons for child abuse and neglect deaths may not be reliable or accurate. To this end, the State Child Abuse Death Review Committee will provide training and technical assistance for local Committee members.

Local Committees may request technical assistance directly from the State Child Abuse Death Review Committee; requests should be directed to the State Committee Chairperson or the DOH State Child Abuse Death Review Coordinator.

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

The work of the Committee requires regular attendance and participation by all committee members. Regularly scheduled meetings allow committee members to make long-term plans and allow for better attendance. Members should become acquainted with protocol for data collection and analysis and come prepared to present their agencies' information and perspectives.

Each member agrees to keep meeting discussions and information regarding specific child abuse and neglect deaths confidential. Confidentiality is essential for each agency to fully participate in the meetings. Committee members are reminded of the following by the Chairperson:

- The review Committee is not an investigative body
- All participants agree to keep Committee discussions relating to specific child abuse deaths confidential
- Meeting minutes will not indicate any case specific information
- The purpose of the Committee is to improve services and agency practices by identifying issues and trends related to child abuse deaths and provide recommendations to address these issues and prevent other child deaths

Each professional brings to the review Committee a unique perspective, professional knowledge and expertise. Each member must acknowledge and respect the professional role of each participating agency.

Committee members must adhere to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law; see Appendix B), and can only communicate with one another about any committee business during a properly noticed meeting.

3.2 Beginning the Meeting

Members and ad hoc members sign the Child Abuse Death Review Signature Sheet outlining confidentiality policies prior to the start of their participation in review meetings. A confidentiality agreement (see Appendix D) signed by committee members and required for other meeting attendees should be kept at each meeting by the Committee Coordinator.

3.3 Sharing Information

Reviews are conducted by discussing each child abuse death individually. It can be helpful to establish the order in which information will be presented. This will help the meetings and reviews to run more smoothly and make completing the data form easier. Each participant provides information from their agency's records. If any information is distributed, it must be collected before the end of the meeting.

Often committee members may be unable to share information due to confidentiality restrictions or lack of information. If there is insufficient information available at the time of the review, the Committee may postpone the review of that case until additional information is available.

3.4 Community Education and Prevention

The state and local Child Abuse Death Review Committees review and analyze information on the nature of child abuse deaths in Florida. The key to good prevention is leadership at the local level. Local committees identify trends in child abuse death statistics for their own communities, and develop and implement community education and prevention plans that are data-driven. Prevention efforts can range from simply changing one agency practice or policy or setting up more complex interventions for high-risk parents.

Review committees should work with local community programs involved in child death, safety and protection. Some communities have child safety coalitions, prevention coalitions or active citizen advocacy groups. Connect review findings to these groups to ensure results. Also, assist these groups in accessing state and national resources in the prevention areas targeted by the community.

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 Information Sharing

Background and current information from Committee members' records and other sources is necessary for case reviews. Committees can request information and records as needed to carry out their duties in accordance with state statutes. Such requests should be addressed to the "custodians of the records" or agency director and should include the review Committee authorizing statute, information regarding the Committee's operation and purpose, and a copy of the Committee's interagency agreement.

4.2 Committee Chairperson

A Committee chairperson should be selected biennially at the organizational meeting. The chairperson, who can be one of the committee members, serves at the discretion of the committee.

Chairperson duties:

- Call and chair committee meetings. Meetings should be held at least quarterly, or as often as needed to review cases and to discuss community prevention initiatives (quarterly meetings will be conducted even when there are no case files for review).
- Send meeting notices to committee members.
- Chairperson is to ensure that meetings are conducted according to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law).
- Work with DOH staff to obtain names and compile the summary sheet of child abuse deaths to be reviewed for distribution to committee members two weeks prior to each meeting.
- Obtain all records needed for the local reviews in accordance Section 383.402, *Florida Statutes.*
- Submit completed child abuse death review data forms with attached materials to the Department of Health, Death Review Coordinator for the State CADR or designee.
- Ensure that the Committee operates according to protocols as adapted by the Committee.
- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement.
- Maintain attendance records, current roster, and resumes or CVs detailing qualifications and experience of members.
- Ensure secure transfer of all records to new Chairperson upon transfer of duties.

4.3 Meeting Attendance

Committee members must recognize the importance of regular attendance as a means of sharing the expertise and knowledge for which they were recruited. Attendance at meetings must be in person to ensure maximum participation in the death review process. For confidentiality reasons, phone conferencing is not acceptable. Local committees should develop a policy to address non-attendance of committee members.

4.4 Obtaining Names for Committee Reviews

The Chairperson should work closely with the DCF Child Fatality Prevention Specialist to ensure notification of deaths that meet criteria for review.

4.5 Record Keeping and Retention

All records (e.g., completed data forms with attachments, copies of agency department files) must be maintained in a secure area within locked files and may not be destroyed without permission from the Department of Health Death Review Coordinator or designee.

All correspondence, public records requests, letters, and communications with the State Chairperson or other Committee members must be copied to Florida Department of Health Child Abuse Death Review Coordinator or designee.

- Pursuant to State of Florida Department of State Record Retention Schedule #34 the State Child Abuse Death Review Committee shall retain a permanent copy of each annual report, either electronically or written.
- State of Florida Department of State Record Retention Schedule #35 addresses copies of documents received from third parties (e.g. individuals, entities, and government agencies) by the State and Local Child Abuse Death Review Committees pursuant to the review of child abuse deaths and for the preparation of the annual incidence and causes of death report required by Section 383.402, *Florida Statutes*. Record copies must be maintained for a period of one year from the date of publication of the annual report. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator or designee prior to the destruction of any record.
- Documents produced by the State or Local Child Abuse Death Review Committee (e.g., the data form, death summary report, or listing of records reviewed, etc.) must be maintained pursuant to State of Florida Department of State Record Retention Schedule GS1-S, item #338 for a period of five years. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator or designee prior to the destruction of any record.
- Committee members must adhere to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law), and can only communicate with one another about any committee business during a properly noticed meeting.

4.6 Child Abuse Death Review Case Reporting System

The Child Abuse Death Review Committees utilize the national Child Death Review Case Reporting System to record and track data from child death reviews. The System Guide provides instructions for completing the data form. The Child Death Review Case Reporting System Case Report must be completed on all child abuse deaths reviewed. The committee chair should review the data form to ensure that all information is accurate and that the case review is complete.

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

As provided in Section 383.412, *Florida Statutes* (Appendix C) all information and records that are confidential or exempt under Florida's public records laws shall retain that status throughout the child abuse death review process, including, but not limited to the following:

- Any Information that reveals the identity of the surviving siblings of a deceased child whose death occurred as the result of a verified report of abuse or neglect
- Any information that reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child
- Portions of meetings of the state or local child death review committees at which confidential, exempt information is discussed
- Recordings of closed meetings

Pursuant to Section 383.412, *Florida Statutes*, a person who violates the confidentiality provisions of this statute is guilty of a first degree misdemeanor. Violation of confidentiality provisions by committee members should be referred to the representative agency/organization for appropriate action.

Specific questions regarding confidentiality of child abuse death review information should be directed to the Department of Health, Child Abuse Death Review Committee Coordinator or designee. The Coordinator will seek advice on the issue, as needed, from the Department of Health, Office of the General Counsel.

5.2 Confidentiality Statements

Any person who may have access to any information or records regarding review of a child abuse death is required to sign a statement of confidentiality (Appendix D). Persons who may have access to this information shall include state and local committee chairpersons, state and local committee members, administrative and support staff for the state and local committees who open or handle mail, birth or death certificates, records, or any other components required in the preparation of a child abuse death review case.

Each child abuse and neglect death review Committee shall maintain a file with signed copies of the member's confidentiality statement. Other confidentiality statements must be obtained for non-committee member participants, as needed, on a case-by-case basis. These should be maintained in the local Committee's file.

5.3 Protecting Family Privacy

A member or consultant of the local review committee shall not contact, interview, or obtain information by request or subpoena from a member of the deceased child's family. This does not apply to a member or consultant who makes such contact as part of his or her other official duties. Such member or consultant shall make no reference to his/her role or duties with the Child Abuse Death Review Committee.

5.4 Document Storage and Security

All information, records and documents for child abuse death review cases must be maintained in a secure area within locked files. Persons who have access to the locked files or information contained therein shall be required to sign a confidentiality statement.

Copies of documents provided for Committee meetings shall not be taken from Committee meetings. At the conclusion of the Committee meeting, the copies provided to members for the review purposes shall be collected and destroyed.

Data about the circumstances surrounding the death of a child is entered into the Child Abuse Death Review Data System from the Child Abuse Death Review Data Form. This secure database is used to generate summary or management reports and statistical summaries or analyses.

5.5 Media Relations and Public Records Request

Public record requests or other media inquiries should be referred to the Florida Department of Health Child Abuse Death Review Committee Coordinator or designee.

383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.—

(1) INTENT.—It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system that consists of state and local review committees. The committees shall review the facts and circumstances of all deaths of children from birth to age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state and local review committees shall work cooperatively. The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees to identify issues and trends and to recommend statewide action. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The purpose of the state and local review system is to:

(a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.

(b) Whenever possible, develop a communitywide approach to address such causes and contributing factors.

(c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.

(d) Recommend changes in law, rules, and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.

(e) Implement such recommendations, to the extent possible.

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

(a) Membership.—

1. The State Child Abuse Death Review Committee is established within the Department of Health and shall consist of a representative of the Department of Health, appointed by the State Surgeon General, who shall serve as the state committee coordinator. The head of each of the following agencies or organizations shall also appoint a representative to the state committee:

a. The Department of Legal Affairs.
b. The Department of Children and Families.
c. The Department of Law Enforcement.
d. The Department of Education.
e. The Florida Prosecuting Attorneys Association, Inc.
f. The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.

2. In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies listed in subparagraph 1., and ensuring that the committee represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:

a. The Department of Health Statewide Child Protection Team Medical Director.
b. A public health nurse.
c. A mental health professional who treats children or adolescents.
d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
e. The medical director of a child protection team.
f. A member of a child advocacy organization.
g. A social worker who has experience in working with victims and perpetrators of child abuse.
h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
i. A law enforcement officer who has at least 5 years of experience in children's issues.
j. A representative of the Florida Coalition Against Domestic Violence.
k. A representative from a private provider of programs on preventing child abuse and neglect.
l. A substance abuse treatment professional.

3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a

2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.
4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.
(b) Duties.—The State Child Abuse Death Review Committee shall:
1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.
2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.
4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.
5. Develop statewide uniform guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.
6. Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.
7. Provide consultation on individual cases to local committees upon request.
8. Educate the public regarding the provisions of Chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.
9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.
10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.
(3) LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES.—At the direction of the State Surgeon General, a county or multicounty child abuse death review committee shall be convened and supported by the county health department directors in accordance with the protocols established by the State Child Abuse Death Review Committee.
(a) Membership.—The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:
1. The state attorney's office.
2. The medical examiner's office.
3. The local Department of Children and Families child protective investigations unit.
4. The Department of Health child protection team.
5. The community-based care lead agency.
6. State, county, or local law enforcement agencies.
7. The school district.
8. A mental health treatment provider.
9. A certified domestic violence center.
10. A substance abuse treatment provider.
11. Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. Members shall serve without compensation but may

receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) Duties.—Each local child abuse death review committee shall:
1. Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.
2. Submit written reports as required by the state committee. The reports must include:
a. Nonidentifying information from individual cases.
b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.
c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.
3. Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.
4. Abide by the standards and protocols developed by the state committee.
5. On a case-by-case basis, request that the state committee review the data of a particular case.
(4) ANNUAL STATISTICAL REPORT.—The state committee shall prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:
(a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.
(b) A detailed statistical analysis of the incidence and causes of deaths.
(c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.
(d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.
(5) ACCESS TO AND USE OF RECORDS.—
(a) Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:
1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under Chapter 393, Chapter 394, or Chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and $1 per fiche for microfiche records.
2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.
(b) The State Child Abuse Death Review Committee or a local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.
(c) The state committee and any local committee may share with each other any relevant information that pertains to the review of the death of a child.
(d) A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the

deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.
(e) The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure to obey the subpoena is punishable as provided by law.
(f) This section does not authorize the members of the state committee or any local committee to have access to any grand jury proceedings.
(g) A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this [1]paragraph does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This [1]paragraph does not apply to any person who admits to committing a crime.
(6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—
(a) The Department of Health shall administer the funds appropriated to operate the review committees and may apply for grants and accept donations.
(b) To the extent that funds are available, the Department of Health may hire staff or consultants to assist a review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.
(c) For the purpose of carrying out the responsibilities assigned to the State Child Abuse Death Review Committee and the local review committees, the State Surgeon General may substitute an existing entity whose function and organization includes the function and organization of the committees established by this section.
(7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.—Each regional managing director of the Department of Children and Families must appoint a child abuse death review coordinator for the region. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:
(a) Coordinating with the local child abuse death review committee.
(b) Ensuring the appropriate implementation of the child abuse death review process and all regional activities related to the review of child abuse deaths.
(c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.
(d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.
(e) Conducting or arranging for a Florida Safe Families Network record check on all child abuse deaths covered by this procedure to determine whether there were any prior reports concerning the child or concerning any siblings, other children, or adults in the home.
(f) Coordinating child abuse death review activities, as needed, with individuals in the community and the Department of Health.
(g) Notifying the regional managing director, the Secretary of Children and Families, the Department of Health Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all deaths meeting criteria for review as specified in this section within 1 working day after case closure.
(h) Ensuring that all critical issues identified by the local child abuse death review committee are brought to the attention of the regional managing director and the Secretary of Children and Families.
(i) Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.
History.—s. 13, ch. 99-168; s. 11, ch. 2000-160; s. 8, ch. 2000-217; s. 13, ch. 2001-53; s. 14, ch. 2004-350; s. 41, ch. 2008-6; s. 69, ch. 2014-19; s. 21, ch. 2014-224; s. 4, ch. 2015-79.
[1]Note.—The word "paragraph" was substituted for the word "subsection" by the editors to conform to the redesignation of subsection (14) as paragraph (5)(g) by s. 4, ch. 2015-79.

Appendix B

286.011 Public meetings and records; public inspection; criminal and civil penalties —

(1) All meetings of any board or commission of any state agency or authority or of any agency or authority of any county, municipal corporation, or political subdivision, except as otherwise provided in the Constitution, including meetings with or attended by any person elected to such board or commission, but who has not yet taken office, at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting. The board or commission must provide reasonable notice of all such meetings.

(2) The minutes of a meeting of any such board or commission of any such state agency or authority shall be promptly recorded, and such records shall be open to public inspection. The circuit courts of this state shall have jurisdiction to issue injunctions to enforce the purposes of this section upon application by any citizen of this state.

(3)(a) Any public officer who violates any provision of this section is guilty of a noncriminal infraction, punishable by fine not exceeding $500.

(b) Any person who is a member of a board or commission or of any state agency or authority of any county, municipal corporation, or political subdivision who knowingly violates the provisions of this section by attending a meeting not held in accordance with the provisions hereof is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(c) Conduct which occurs outside the state which would constitute a knowing violation of this section is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(4) Whenever an action has been filed against any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision to enforce the provisions of this section or to invalidate the actions of any such board, commission, agency, or authority, which action was taken in violation of this section, and the court determines that the defendant or defendants to such action acted in violation of this section, the court shall assess a reasonable attorney's fee against such agency, and may assess a reasonable attorney's fee against the individual filing such an action if the court finds it was filed in bad faith or was frivolous. Any fees so assessed may be assessed against the individual member or members of such board or commission; provided, that in any case where the board or commission seeks the advice of its attorney and such advice is followed, no such fees shall be assessed against the individual member or members of the board or commission. However, this subsection shall not apply to a state attorney or his or her duly authorized assistants or any officer charged with enforcing the provisions of this section.

(5) Whenever any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision appeals any court order which has found said board, commission, agency, or authority to have violated this section, and such order is affirmed, the court shall assess a reasonable attorney's fee for the appeal against such board, commission, agency, or authority. Any fees so assessed may be assessed against the individual member or members of such board or commission; provided, that in any case where the board or commission seeks the advice of its attorney and such advice is followed, no such fees shall be assessed against the individual member or members of the board or commission.

(6) All persons subject to subsection (1) are prohibited from holding meetings at any facility or location which discriminates on the basis of sex, age, race, creed, color, origin, or economic status or which operates in such a manner as to unreasonably restrict public access to such a facility.

(7) Whenever any member of any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision is charged with a violation of this section and is subsequently acquitted, the board or commission is authorized to reimburse said member for any portion of his or her reasonable attorney's fees.

(8) Notwithstanding the provisions of subsection (1), any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision, and the chief administrative or executive officer of the governmental entity, may meet in private with the entity's attorney to discuss pending litigation to which the entity is presently a party before a court or administrative agency, provided that the following conditions are met:

(a) The entity's attorney shall advise the entity at a public meeting that he or she desires advice concerning the litigation.

(b) The subject matter of the meeting shall be confined to settlement negotiations or strategy sessions related to litigation expenditures.

(c) The entire session shall be recorded by a certified court reporter. The reporter shall record the times of commencement and termination of the session, all discussion and proceedings, the names of all persons present at any time, and the names of all persons speaking. No portion of the session shall be off the record. The court reporter's notes shall be fully transcribed and filed with the entity's clerk within a reasonable time after the meeting.

(d) The entity shall give reasonable public notice of the time and date of the attorney-client session and the names of persons who will be attending the session. The session shall commence at an open meeting at which the persons chairing the meeting shall announce the commencement and estimated length of the attorney-client session and the names of the persons attending. At the conclusion of the attorney-client session, the meeting shall be reopened, and the person chairing the meeting shall announce the termination of the session.

(e) The transcript shall be made part of the public record upon conclusion of the litigation.

History.—s. 1, ch. 67-356; s. 159, ch. 71-136; s. 1, ch. 78-365; s. 6, ch. 85-301; s. 33, ch. 91-224; s. 1, ch. 93-232; s. 210, ch. 95-148; s. 1, ch. 95-353; s. 2, ch. 2012-25.

383.412 Public records and public meetings exemptions.—

(1) For purposes of this section, the term “local committee” means a local child abuse death review committee or a panel or committee assembled by the State Child Abuse Death Review Committee or a local child abuse death review committee pursuant to s. 383.402.
(2)(a) Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of the surviving siblings of a deceased child whose death occurred as the result of a verified report of abuse or neglect is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
(b) Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child, is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
(c) Information made confidential or exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution which is obtained by the State Child Abuse Death Review Committee or a local committee shall retain its confidential or exempt status.
(3)(a) Portions of meetings of the State Child Abuse Death Review Committee or a local committee at which information made confidential and exempt pursuant to subsection (2) is discussed are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution. The closed portion of a meeting must be recorded, and no portion of the closed meeting may be off the record. The recording shall be maintained by the State Child Abuse Death Review Committee or a local committee.
(b) The recording of a closed portion of a meeting is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
(4) The State Child Abuse Death Review Committee and local committees may share information made confidential and exempt by this section:
(a) With each other;
(b) With a governmental agency in furtherance of its duties; or
(c) With any person or entity authorized by the Department of Health to use such relevant information for bona fide research or statistical purposes. A person or entity who is authorized to obtain such relevant information for research or statistical purposes must enter into a privacy and security agreement with the Department of Health and comply with all laws and rules governing the use of such records and information for research or statistical purposes. Anything identifying the subjects of such relevant information must be treated as confidential by the person or entity and may not be released in any form.
(5) Any person who knowingly or willfully makes public or discloses to any unauthorized person any information made confidential and exempt under this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
(6) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15, and shall stand repealed on October 2, 2020, unless reviewed and saved from repeal through reenactment by the Legislature.
History.—s. 1, ch. 2005-190; s. 95, ch. 2008-4; s. 1, ch. 2010-40; s. 1, ch. 2015-77.

Appendix D

Statement of Confidentiality

Name:

Date:

I understand the following:

The purpose of the Child Abuse Death Review Team is to conduct a full examination of the death incident.

No material will be taken from the meeting with case identifying information.

The confidentiality of the information and records is governed by applicable Florida law.

_____

(Signature)

_____

(Agency)

APPENDIX E:

Case Report Form

The National Center for the REVIEW & PREVENTION OF CHILD DEATHS

Understanding How and Why Children Die & Taking Action to Prevent Child Deaths

Child Death Review Case Reporting System

Case Report - Version 4.0

Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National CDR Case Reporting System. This system is available to states from the National Center for the Review & Prevention of Child Deaths and requires a data use agreement for state and local data entry. System functions include data entry, case report, editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. The form documents demographics, the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step-by-step manner as part of the team discussion. The form can be partially filled out before a meeting.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin to understand the importance of data collection and bring the necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response as represented by a circle; (2) Those in which users can select multiple responses as represented by a square; and (3) Those in which users enter text. This last type is indicated by the words 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). A question should be marked 'unknown' if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question should be left blank (unanswered) if no attempt was made to find the answer. 'N/A' stands for 'Not Applicable' and should be used if the question is not applicable.

This edition is Version 4.0, effective January 2015. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for the Review & Prevention of Child Deaths. This latest version incorporates the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

Data entry website: https://cdrdata.org

Phone: 1-800-656-2434 Email: info@childdeathreview.org Website: www.childdeathreview.org

! Core information for data gathering. Every effort should be made to provide the information for these fields (when applicable to manner of death).

 If Available

 Need to define

New Section added in form Version 4

CASE NUMBER

_____ /_____/_____/_____

State / County or Team Number / Year of Review / Sequence of Review

Case Type: ○ Death ○ Near death/serious injury ○ Not born alive

Death Certificate Number:

Birth Certificate Number:

ME/Coroner Number:

Date CDRT Notified of Death:

A. CHILD INFORMATION

1. Child's name: First: Middle: Last: ☐ U/K

2. Date of birth: ☐ U/K
mm dd yyyy

3. Date of death: ☐ U/K
mm dd yyyy

4. Age: _____
○ Years ○ Months ○ Days ○ Hours ○ Minutes ○ U/K

5. Race, check all that apply: ☐ U/K
☐ White ☐ Black ☐ Asian, specify: ☐ American Indian, Tribe: ☐ Alaskan Native, Tribe:
☐ Native Hawaiian ☐ Pacific Islander, specify:

6. Hispanic or Latino origin?
○ Yes ○ No ○ U/K

7. Sex:
○ Male ○ Female ○ U/K

8. Residence address: ☐ U/K
Street: Apt.
City:
State: Zip: County:

9. Type of residence:
○ Parental home ○ Licensed group home ○ Licensed foster home ○ Relative foster home
○ Relative home ○ Living on own ○ Shelter ○ Homeless
○ Jail/detention ○ Other, specify: ○ U/K

10. New residence in past 30 days?
○ Yes ○ No ○ U/K

11. Residence overcrowded?
○ Yes ○ No ○ U/K

12. Child ever homeless?
○ Yes ○ No ○ U/K

13. Number of other children living with child: _____ ☐ U/K

14. Child's weight: ☐ U/K
○ Pounds/ounces _____/_____
○ Grams/kilograms _____

15. Child's height: ☐ U/K
○ Feet/inches _____/_____
○ Cm _____

16. Highest education level:
○ N/A ○ None ○ Preschool ○ Grade K-8 ○ Grade 9-12 ○ Home schooled, K-8 ○ Home schooled, 9-12
○ Drop out ○ HS graduate ○ College ○ Other, specify: ○ U/K

17. Child's work status:
○ N/A ○ Employed ○ Full time ○ Part time ○ U/K ○ Not working ○ U/K

18. Did child have problems in school?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Academic ☐ Truancy ☐ Suspensions ☐ Other, specify:
☐ Behavioral ☐ Expulsion ☐ U/K

19. Child's health insurance, check all that apply:
☐ None ☐ Private ☐ Medicaid ☐ State plan ☐ Other, specify: ☐ U/K

20. Child had disability or chronic illness?
○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Physical/orthopedic, specify:
☐ Mental health/substance abuse, specify:
☐ Cognitive/intellectual, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs services?
○ Yes ○ No ○ U/K

21. Child's mental health (MH):
Child had received prior MH services?
○ N/A ○ Yes ○ No ○ U/K
Child was receiving MH services?
○ N/A ○ Yes ○ No ○ U/K
Child on medications for MH illness?
○ N/A ○ Yes ○ No ○ U/K
Issues prevented child from receiving MH services?
○ N/A ○ Yes ○ No ○ U/K
If yes, specify:

22. Child had history of substance abuse?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Methamphetamine ☐ Opiates ☐ Prescription drugs ☐ Over-the-counter drugs
☐ Other, specify: ☐ U/K

23. Child had history of child maltreatment? If yes, check all that apply:

As Victim	As Perpetrator	As Victim	As Perpetrator
	○ N/A	☐	☐ Physical
○	○ Yes	☐	☐ Neglect
○	○ No	☐	☐ Sexual
○	○ U/K	☐	☐ Emotional/psychological
		☐	☐ U/K
If yes, how was history identified:			
○	○ Through CPS	_____	_____ # CPS referrals
○	○ Other sources	_____	_____ # Substantiations

24. Was there an open CPS case with child at time of death?
○ Yes ○ No ○ U/K

25. Was child ever placed outside of the home prior to the death?
○ Yes ○ No ○ U/K

26. Were any siblings placed outside of the home prior to this child's death?
○ N/A ○ Yes, # _____ ○ No ○ U/K

27. Child had history of intimate partner violence? Check all that apply:
☐ N/A ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K

28. Child had delinquent or criminal history?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Assaults ☐ Robbery ☐ Drugs
☐ Other, specify: ☐ U/K

29. Child spent time in juvenile detention?
○ N/A ○ Yes ○ No ○ U/K

30. Child acutely ill during the two weeks before death?
○ Yes ○ No ○ U/K

31. Was any parent a first generation immigrant?
○ Yes ○ No ○ U/K
If yes, country of origin:

32. If child over age 12, what was child's gender identity?
○ Male ○ Female ○ U/K

33. If child over age 12, what was child's sexual orientation?
○ Heterosexual ○ Lesbian ○ Questioning ○ Gay ○ Bisexual ○ U/K

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: ☐ U/K
_____ # weeks

35. Birth weight: ☐ U/K
○ Grams/kilograms _____
○ Pounds/ounces _____/_____

36. Multiple birth?
○ Yes, # _____
○ No ○ U/K

37. Including the deceased infant, how many pregnancies did the birth mother have? # ___ ☐ U/K

38. Including the deceased infant, how many live births did the birth mother have? # ___ ☐ U/K

39. Not including the deceased infant, number of children birth mother still has living? #_____ ☐ U/K

40. Prenatal care provided during pregnancy of deceased infant? ○ Yes ○ No ○ U/K
If yes, number of prenatal visits: #_____ ☐ U/K
If yes, month of first prenatal visit: Specify 1-9 ___ ☐ U/K

41. During pregnancy, did mother (check all that apply):

Yes	No	U/K	
○	○	○	Have medical complications/infections?
○	○	○	Experience intimate partner violence?
○	○	○	Use illicit drugs?
		☐	Infant born drug exposed?
○	○	○	Misuse OTC or prescription drugs?
○	○	○	Have heavy alcohol use?
		☐	Infant born with fetal alcohol effects or syndrome?

If yes, medical complications/infections, check all that apply:

- ☐ Acute/chronic lung disease
- ☐ Anemia
- ☐ Cardiac disease
- ☐ Chorioamnionitis
- ☐ Chronic hypertension
- ☐ Diabetes
- ☐ Eclampsia
- ☐ Genital herpes
- ☐ Hemoglobinopathy
- ☐ High MSAFP
- ☐ Hydramnios/oligohydramnios
- ☐ Incompetent cervix
- ☐ Low MSAFP
- ☐ Other infectious disease
- ☐ Pregnancy-related hypertension
- ☐ Preterm labor
- ☐ Previous infant 4000+ grams
- ☐ Previous infant preterm/ small for gestation
- ☐ PROM
- ☐ Renal disease
- ☐ Rh sensitization
- ☐ Uterine bleeding
- ☐ Other, specify:

42. Were there access or compliance issues related to prenatal care? ○ Yes ○ No ○ U/K If yes, check all that apply:

- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family/social support
- ☐ Services not available
- ☐ Distrust of health care system
- ☐ Unwilling to obtain care
- ☐ Intimate partner would not allow care
- ☐ Other, specify:
- ☐ U/K

43. Did mother smoke in the 3 months before pregnancy?
○ Yes
○ No
○ U/K
If yes, ___ Avg # cigarettes/day (20 cigarettes in pack)
☐ U/K quantity

44. Did mother smoke at any time during pregnancy?
○ Yes ○ No ○ U/K
If yes,

Trimester 1	Trimester 2	Trimester 3	
_____	_____	_____	Avg # cigarettes/day (20 cigarettes in pack)
☐	☐	☐	U/K quantity

45. Infant ever breastfed? ○ Yes ○ No ○ U/K

46. Was mother injured during pregnancy? ○ Yes ○ No ○ U/K
If yes, describe:

47. Did infant have abnormal metabolic newborn screening results? ○ Yes ○ No ○ U/K
If yes, was abnormality a fatty acid oxidation error, such as MCAD? ○ Yes ○ No ○ U/K
If yes, describe:
If other abnormalities, describe:

48. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):

- ☐ Infection
- ☐ Allergies
- ☐ Abnormal growth, weight gain/loss
- ☐ Apnea
- ☐ Cyanosis
- ☐ Seizures or convulsions
- ☐ Cardiac abnormalities
- ☐ Metabolic disorders
- ☐ Other, specify:

49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:

- ☐ Fever
- ☐ Excessive sweating
- ☐ Lethargy/sleeping more than usual
- ☐ Fussiness/excessive crying
- ☐ Decrease in appetite
- ☐ Vomiting
- ☐ Choking
- ☐ Diarrhea
- ☐ Stool changes
- ☐ Difficulty breathing
- ☐ Apnea
- ☐ Cyanosis
- ☐ Seizures or convulsions
- ☐ Other, specify:

50. In the 72 hours prior to death, was the infant injured? ○ Yes ○ No ○ U/K
If yes, describe cause and injuries:

51. In the 72 hours prior to death, was the infant given any vaccines? ○ Yes ○ No ○ U/K
If yes, list name(s) of vaccines:

52. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies. ○ Yes ○ No ○ U/K
If yes, list name and last dose given:

53. What did the infant have for his/her last meal? Check all that apply:

- ☐ Breast milk
- ☐ Formula, type:
- ☐ Baby food, type:
- ☐ Cereal, type:
- ☐ Other, specify:
- ☐ U/K

B. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s): Select only one each in columns one and two.

One	Two		One	Two
○		Self, go to Section C	○	○ Grandparent
○	○	Biological parent	○	○ Sibling
○	○	Adoptive parent	○	○ Other relative
○	○	Stepparent	○	○ Friend
○	○	Foster parent	○	○ Institutional staff
○	○	Mother's partner	○	○ Other, specify:
○	○	Father's partner	○	○ U/K

2. Caregiver(s) age in years:

One	Two	
_____	_____	# Years
☐	☐	U/K

3. Caregiver(s) sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

4. Caregiver(s) employment status:

One	Two	
○	○	Employed
○	○	Unemployed
○	○	On disability
○	○	Stay-at-home
○	○	Retired
○	○	U/K

5. Caregiver(s) income:

One	Two	
○	○	High
○	○	Medium
○	○	Low
○	○	U/K

6. Caregiver(s) education:

One	Two	
○	○	< High school
○	○	High school
○	○	College
○	○	Post graduate
○	○	U/K

7. Do caregiver(s) speak English?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If no, language spoken:

8. Caregiver(s) on active military duty?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, specify branch:

9. Caregiver(s) receive social services in the past twelve months?

One	Two		One	Two	
○	○	Yes		☐	☐ WIC
○	○	No	If yes, check	☐	☐ TANF
○	○	U/K	all that apply	☐	☐ Medicaid
				☐	☐ Food stamps
				☐	☐ Other, specify:
				☐	☐ U/K

10. Caregiver(s) have substance abuse history?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Opiates
☐	☐	Prescription drugs
☐	☐	Over-the-counter
☐	☐	Other, specify:
☐	☐	U/K

11. Caregiver(s) ever victim of child maltreatment?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	Ever in foster care or adopted

12. Caregiver(s) ever perpetrator of maltreatment?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐	☐	CPS prevention services
☐	☐	Family preservation services
☐	☐	Children ever removed

13. Caregiver(s) have disability or chronic illness?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical, specify:
☐	☐	Mental, specify:
☐	☐	Sensory, specify:
☐	☐	U/K

If mental illness, was caregiver receiving MH services?

○	○	Yes
○	○	No
○	○	U/K

14. Caregiver(s) have prior child deaths?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, cause(s): Check all that apply:

One	Two	
☐	☐	Child abuse # _____
☐	☐	Child neglect # _____
☐	☐	Accident # _____
☐	☐	Suicide # _____
☐	☐	SIDS # _____
☐	☐	Other # _____
		Other, specify:
☐	☐	U/K

15. Caregiver(s) have history of intimate partner violence?

One	Two	
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	No
☐	☐	U/K

16. Caregiver(s) have delinquent/criminal history?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Assaults
☐	☐	Robbery
☐	☐	Drugs
☐	☐	Other, specify:
☐	☐	U/K

C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death?
○ Yes, answer 2-15
○ No, not needed given developmental age or circumstances, go to Sect. D
○ No, but needed, answer 3-15
○ Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:
○ Child in sight of supervisor
○ Minutes _____ ○ Days _____
○ Hours _____ ○ U/K

3. Is person a primary caregiver as listed in previous section?
○ Yes, caregiver one, go to 15
○ Yes, caregiver two, go to 15
○ No

4. Primary person responsible for supervision? Select only one:

○ Biological parent	○ Foster parent	○ Grandparent	○ Friend	○ Institutional staff, go to 15	○ Other, specify:
○ Adoptive parent	○ Mother's partner	○ Sibling	○ Acquaintance	○ Babysitter	
○ Stepparent	○ Father's partner	○ Other relative	○ Hospital staff, go to 15	○ Licensed child care worker	○ U/K

5. Supervisor's age in years: _____ ☐ U/K

6. Supervisor's sex: ○ Male ○ Female ○ U/K

7. Does supervisor speak English? ○ Yes ○ No ○ U/K
If no, language spoken:

8. Supervisor on active military duty? ○ Yes ○ No ○ U/K
If yes, specify branch:

9. Supervisor has substance abuse history? ○ Yes ○ No ○ U/K

If yes, check all that apply:

☐	Alcohol
☐	Cocaine
☐	Marijuana
☐	Methamphetamine
☐	Opiates
☐	Prescription drugs
☐	Over-the-counter
☐	Other, specify:
☐	U/K

10. Supervisor has history of child maltreatment?

As Victim	As Perpetrator	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply:

☐	☐	Physical
☐	☐	Neglect
☐	☐	Sexual
☐	☐	Emotional/psychological
☐	☐	U/K
_____	_____	# CPS referrals
_____	_____	# Substantiations
☐		Ever in foster care/adopted
	☐	CPS prevention services
	☐	Family preservation services
	☐	Children ever removed

11. Supervisor has disability or chronic illness? ○ Yes ○ No ○ U/K

If yes, check all that apply:

☐	Physical, specify:
☐	Mental, specify:
☐	Sensory, specify:
☐	U/K

If mental illness, was supervisor receiving MH services?
○ Yes
○ No
○ U/K

12. Supervisor has prior child deaths? ○ Yes ○ No ○ U/K

If yes, check all that apply:

☐	Child abuse # _____
☐	Child neglect # _____
☐	Accident #_____
☐	Suicide # _____
☐	SIDS # _____
☐	Other # _____
	Other, specify:
☐	U/K

13. Supervisor has history of intimate partner violence?
☐ Yes, as victim
☐ Yes, as perpetrator
☐ No
☐ U/K

14. Supervisor has delinquent or criminal history?
◯ Yes ◯ No ◯ U/K
If yes, check all that apply:
☐ Assaults ☐ Drugs ☐ U/K
☐ Robbery ☐ Other, specify:

15. At time of incident was supervisor impaired? ◯ Yes ◯ No ◯ U/K
If yes, check all that apply:
☐ Drug impaired, specify:
☐ Alcohol impaired
☐ Asleep
☐ Distracted
☐ Absent
☐ Impaired by illness, specify:
☐ Impaired by disability, specify:
☐ Other, specify:

D. INCIDENT INFORMATION

1. Date of incident event:
◯ Same as date of death
◯ If different than date of death: ____/____/____ (mm/dd/yyyy)
◯ U/K

2. Approximate time of day that incident occurred?
Hour, specify 1-12 _____
◯ AM ◯ PM ◯ U/K

3. Interval between incident and death: ☐ U/K
☐ Minutes ____ ☐ Hours ____ ☐ Days ____
☐ Weeks ____ ☐ Months ____ ☐ Years ____

4. Place of incident, check all that apply:
☐ Child's home ☐ Relative's home ☐ Friend's home ☐ Licensed foster care home ☐ Relative foster care home
☐ Licensed group home ☐ Licensed child care center ☐ Licensed child care home ☐ Unlicensed child care home ☐ Farm
☐ School ☐ Place of work ☐ Indian reservation ☐ Military installation ☐ Jail/detention facility
☐ Sidewalk ☐ Roadway ☐ Driveway ☐ Other parking area ☐ State or county park
☐ Sports area ☐ Other recreation area ☐ Hospital ☐ Other, specify: ☐ U/K

5. Type of area:
◯ Urban ◯ Suburban ◯ Rural ◯ Frontier ◯ U/K

6. Incident state:
7. Incident county:
8. Death state:
9. Death county:

10. Was the incident witnessed? ◯ Yes ◯ No ◯ UK
If yes, by whom?
☐ Parent/relative
☐ Other caretaker/babysitter
☐ Teacher/coach/athletic trainer
☐ Other acquaintance
☐ Health care professional, if death occurred in a hospital setting
☐ Stranger
☐ Other, specify:

11. Was 911 or local emergency called?
◯ N/A ◯ Yes ◯ No ◯ U/K

12. Was resuscitation attempted? ◯ N/A ◯ Yes ◯ No ◯ U/K
If yes, by whom?
☐ EMS
☐ Parent/relative
☐ Other caretaker/babysitter
☐ Teacher/coach/athletic trainer
☐ Other acquaintance
☐ Health care professional, if death occurred in a hospital setting
☐ Stranger
☐ Other, specify:

If yes, type of resuscitation:
☐ CPR
Automated External Defibrillator (AED)
If no AED, was AED available/accessible? ◯ Yes ◯ No ◯ U/K
If AED, was shock administered? ◯ Yes ◯ No ◯ U/K
If yes, how many shocks were administered? _____
☐ Rescue medications, specify type:
☐ Other, specify:

If yes, was a rhythm recorded?
◯ Yes ◯ No ◯ U/K
If yes, what was the rhythm? _____

13. At time of incident leading to death, had child used drugs or alcohol?
◯ N/A ◯ Yes ◯ No ◯ U/K

14. Child's activity at time of incident, check all that apply:
☐ Sleeping ☐ Working ☐ Driving/vehicle occupant ☐ U/K
☐ Playing ☐ Eating ☐ Other, specify:

15. Total number of deaths at incident event:
____ Children, ages 0-18 ◯ U/K
____ Adults

E. INVESTIGATION INFORMATION

1. Death referred to:
◯ Medical examiner
◯ Coroner
◯ Not referred
◯ U/K

2. Person declaring official cause and manner of death:
◯ Medical examiner ◯ Mortician
◯ Coroner ◯ Other, specify:
◯ Hospital physician
◯ Other physician ◯ U/K

3. Autopsy performed? ◯ Yes ◯ No ◯ U/K
If yes, conducted by:
◯ Forensic pathologist ◯ Other physician
◯ Pediatric pathologist ◯ Other, specify:
◯ General pathologist
◯ Unknown pathologist ◯ U/K

If no, why not (e.g. parent or caregiver objected)?

If autopsy performed, was a specialist consulted during autopsy (cardiac, neurology, etc.)? ◯ Yes ◯ No ◯ U/K If yes, specify specialist:

4. Were the following assessed either through the autopsy or through information collected prior to the autopsy:

Y	N	U/K	Abnormal?	
Imaging:				
◯	◯	◯	☐	X-ray - single
◯	◯	◯	☐	X-ray - multiple views
◯	◯	◯	☐	X-ray - complete skeletal series
◯	◯	◯	☐	CT scan
◯	◯	◯	☐	MRI
◯	◯	◯	☐	Photography of the brain
External Exam:				
◯	◯	◯	☐	Exam of general appearance
◯	◯	◯	☐	Head circumference
Gross Examination of:				
◯	◯	◯	☐	Body cavities
◯	◯	◯	☐	Brain
◯	◯	◯	☐	Endocrine organs
◯	◯	◯	☐	Gastrointestinal tract
◯	◯	◯	☐	Heart
◯	◯	◯	☐	Kidneys
◯	◯	◯	☐	Liver

Y	N	U/K	Abnormal?	
Gross Examination continued:				
◯	◯	◯	☐	Lungs
◯	◯	◯	☐	Neck structures
◯	◯	◯	☐	Pancreas
◯	◯	◯	☐	Spleen
◯	◯	◯	☐	Thymus
In situ exam with removal & dissection of:				
◯	◯	◯	☐	Brain
◯	◯	◯	☐	Endocrine organs
◯	◯	◯	☐	Gastrointestinal tract
◯	◯	◯	☐	Heart
◯	◯	◯	☐	Kidneys
◯	◯	◯	☐	Liver
◯	◯	◯	☐	Lungs
◯	◯	◯	☐	Neck structures
◯	◯	◯	☐	Pancreas
◯	◯	◯	☐	Spleen
◯	◯	◯	☐	Thymus

Y	N	U/K	Abnormal?	
Weights of the:				
◯	◯	◯	☐	Brain
◯	◯	◯	☐	Heart
◯	◯	◯	☐	Kidneys
◯	◯	◯	☐	Liver
◯	◯	◯	☐	Lungs
◯	◯	◯	☐	Neck structures
◯	◯	◯	☐	Pancreas
◯	◯	◯	☐	Spleen
◯	◯	◯	☐	Thymus

4. Continued: Were the following assessed either through the autopsy or through information collected prior to the autopsy:

Sampled tissue of:	Y	N	U/K	Abnormal?
Airway	○	○	○	☐
Bone or costochondral tissue	○	○	○	☐
Brain or meninges	○	○	○	☐
Endocrine organs	○	○	○	☐
Gastrointestinal tract	○	○	○	☐
Heart	○	○	○	☐
Kidneys	○	○	○	☐
Liver	○	○	○	☐
Lungs	○	○	○	☐
Neck structures	○	○	○	☐
Pancreas	○	○	○	☐
Spleen	○	○	○	☐
Thymus	○	○	○	☐

Microscopic/Histological exam of:	Y	N	U/K	Abnormal?
Airway	○	○	○	☐
Bone or costochondral tissue	○	○	○	☐
Brain or meninges	○	○	○	☐
Endocrine organs	○	○	○	☐
Gastrointestinal tract	○	○	○	☐
Heart	○	○	○	☐
Kidneys	○	○	○	☐
Liver	○	○	○	☐
Lungs	○	○	○	☐
Neck structures	○	○	○	☐
Pancreas	○	○	○	☐
Spleen	○	○	○	☐
Thymus	○	○	○	☐

Additional Testing:	Y	N	U/K	Abnormal?
Cultures for infectious disease	○	○	○	☐
Microbiology	○	○	○	☐
Postmortem metabolic screen	○	○	○	☐
Vitreous testing as an adjunct to other investigation results	○	○	○	☐
Genetic testing	○	○	○	☐

Toxicology:

○ ○ ○ ☐ Toxicology If yes, check all that apply:

☐ Negative ☐ Opiates
☐ Alcohol ☐ Too high Rx drug, specify:
☐ Cocaine ☐ Too high OTC drug, specify:
☐ Marijuana ☐ Other, specify:
☐ Methamphetamine ☐ U/K

5. Was the child's medical history reviewed as part of the autopsy? ○ Yes ○ No ○ U/K

If yes, did this include:

Review of the newborn metabolic screen results? ○ Yes ○ No ○ U/K ○ Not Performed

Review of neonatal CCHD screen results? ○ Yes ○ No ○ U/K ○ Not Performed

6. Describe any abnormalities checked in E4 or E5 or other significant findings noted in the autopsy:

7. Was there agreement between the cause of death listed on the pathology report and on the death certificate? ○ Yes ○ No ○ U/K

If no, describe the differences:

8. Was a death scene investigation performed? ○ Yes ○ No ○ U/K

If yes, which of the following death scene investigation components were completed?

	Yes	No	U/K		Yes	No
CDC's SUIDI Reporting Form or jurisdictional equivalent	○	○	○	If yes, shared with CDR team?	○	○
Narrative description of circumstances	○	○	○	If yes, shared with CDR team?	○	○
Scene photos	○	○	○	If yes, shared with CDR team?	○	○
Scene recreation with doll	○	○	○	If yes, shared with CDR team?	○	○
Scene recreation without doll	○	○	○	If yes, shared with CDR team?	○	○
Witness interviews	○	○	○	If yes, shared with CDR team?	○	○

9. Agencies that conducted a scene investigation, check all that apply:

☐ Medical examiner ☐ Fire investigator
☐ Coroner ☐ EMS
☐ ME investigator ☐ Child Protective Services
☐ Coroner investigator ☐ Other, specify:
☐ Law enforcement
☐ U/K

10. Was a CPS record check conducted as a result of death? ○ Yes ○ No ○ U/K

11. Did any investigation find evidence of prior abuse?

○ N/A ○ Yes ○ No ○ U/K

If yes, from what source?

Check all that apply:

☐ From x-rays ☐ U/K
☐ From autopsy
☐ From CPS review
☐ From law enforcement

12. CPS action taken because of death? ○ N/A ○ Yes ○ No ○ U/K

If yes, highest level of action taken because of death:

○ Report screened out and not investigated
○ Unsubstantiated
○ Inconclusive
○ Substantiated

If yes, services or actions resulting, check all that apply:

☐ Voluntary services offered
☐ Voluntary services provided
☐ Court-ordered services provided
☐ Voluntary out of home placement
☐ Court-ordered out of home placement
☐ Children removed
☐ Parental rights terminated
☐ U/K

13. If death occurred in licensed setting (see D4), indicate action taken:

○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ Other, specify:
○ U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____ ☐ U/K

2. Enter the following information exactly as written on the death certificate: ☐ U/K

Immediate cause (final disease or condition resulting in death):

a.

Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:

b.

c.

d.

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate: ☐ U/K

4. If injury, describe how injury occurred exactly as written on the death certificate: ☐ U/K

5. Official manner of death from the death certificate:

- ○ Natural
- ○ Accident
- ○ Suicide
- ○ Homicide
- ○ Undetermined
- ○ Pending
- ○ U/K

If Homicide: Yes
Child abuse? ☐
Child neglect? ☐
Complete Section I, Acts of Omission or Commission

If Suicide: Complete Section I, Acts of Omission or Commission

6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

○ From an injury (external cause). Select one and answer F4:
- ○ Motor vehicle and other transport, go to G1
- ○ Fire, burn, or electrocution, go to G2
- ○ Drowning, go to G3
- ○ Asphyxia, go to G4
- ○ Weapon, including body part, go to G5
- ○ Animal bite or attack, go to G6
- ○ Fall or crush, go to G7
- ○ Poisoning, overdose or acute intoxication, go to G8
- ○ Exposure, go to G9
- ○ Undetermined, go to H1
- ○ Other cause, go to G11
- ○ U/K, go to H1

○ From a medical cause. Select one:
- ○ Asthma, go to G10
- ○ Cancer, specify and go to G10
- ○ Cardiovascular, specify and go to G10
- ○ Congenital anomaly, specify and go to G10
- ○ Diabetes, go to G10
- ○ HIV/AIDS, go to G10
- ○ Influenza, go to G10
- ○ Low birth weight, go to G10
- ○ Malnutrition/dehydration, go to G10
- ○ Neurological/seizure disorder, go to G10
- ○ Pneumonia, specify and go to G10
- ○ Prematurity, go to G10
- ○ SIDS, go to G10
- ○ Other infection, specify and go to G10
- ○ Other perinatal condition, specify and go to G10
- ○ Other medical condition, specify and go to G10
- ○ Undetermined, go to G10
- ○ U/K, go to G10

○ Undetermined if injury or medical cause, go to H1

○ U/K go to H1

G. DETAILED INFORMATION BY *CAUSE* OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:
Total number of vehicles: _____

Child's	Other primary vehicle	
○	○	None
○	○	Car
○	○	Van
○	○	Sport utility vehicle
○	○	Truck
○	○	Semi/tractor trailer
○	○	RV
○	○	School bus
○	○	Other bus
○	○	Motorcycle
○	○	Tractor
○	○	Other farm vehicle
○	○	All terrain vehicle
○	○	Snowmobile
○	○	Bicycle
○	○	Train
○	○	Subway
○	○	Trolley
○	○	Other, specify:
○	○	U/K

b. Position of child:
- ○ Driver
- ○ Passenger
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

If passenger, relationship of driver to child:
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Other relative
- ○ Friend
- ○ Other, specify:
- ○ U/K

c. Causes of incident, check all that apply:
- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Ran stop sign or red light
- ☐ Driver distraction
- ☐ Driver inexperience
- ☐ Mechanical failure
- ☐ Poor tires
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Drugs or alcohol use
- ☐ Fatigue/sleeping
- ☐ Medical event, specify:
- ☐ Back/front over
- ☐ Flipover
- ☐ Poor sight line
- ☐ Car changing lanes
- ☐ Road hazard
- ☐ Animal in road
- ☐ Cell phone use while driving
- ☐ Racing, not authorized
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Collision type:
- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by other vehicle
- ○ Child in/on a vehicle that struck other vehicle
- ○ Child in/on a vehicle that struck person/object
- ○ Other event, specify:
- ○ U/K

e. Driving conditions, check all that apply:
- ☐ Normal
- ☐ Loose gravel
- ☐ Muddy
- ☐ Ice/snow
- ☐ Fog
- ☐ Wet
- ☐ Construction zone
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Location of incident, check all that apply:
- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Shoulder
- ☐ Sidewalk
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ RR xing/tracks
- ☐ Other, specify:
- ☐ U/K

g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver	Driver of other primary vehicle		Child as driver	Child's driver	Driver of other primary vehicle	
	Age of Driver	Age of Driver					
	○	○	<16 years	☐	☐	☐	Has a graduated license
	○	○	16 to 18 years old	☐	☐	☐	Has a full license
	○	○	19 to 21 years old	☐	☐	☐	Has a full license that has been restricted
	○	○	22 to 29 years old	☐	☐	☐	Has a suspended license
	○	○	30 to 65 years old	☐	☐	☐	If recreational vehicle, has driver safety certificate
	○	○	>65 years old	☐	☐	☐	Other, specify:
	○	○	U/K age	☐	☐	☐	Was violating graduated licensing rules:
☐	☐	☐	Responsible for causing incident	☐	☐	☐	Nighttime driving curfew
☐	☐	☐	Was alcohol/drug impaired	☐	☐	☐	Passenger restrictions
☐	☐	☐	Has no license	☐	☐	☐	Driving without required supervision
☐	☐	☐	Has a learner's permit	☐	☐	☐	Other violations, specify:
				☐	☐	☐	U/K

h. Total number of occupants in vehicles:

In child's vehicle, including child:

☐ N/A, child was not in a vehicle

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

i. Protective measures for child, Select one option per row:

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present, not used	U/K
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*If child seat, type:
○ Rear facing
○ Front facing
○ U/K

2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:

○ Matches
○ Cigarette lighter
○ Utility lighter
○ Cigarette or cigar
○ Candles
○ Cooking stove
○ Heating stove
○ Space heater
○ Furnace
○ Power line
○ Electrical outlet
○ Electrical wiring
○ Lightning
○ Oxygen tank
○ Hot cooking water
○ Hot bath water
○ Other hot liquid, specify:
○ Fireworks
○ Other explosives
○ Appliance in water
○ Other, specify:
○ U/K

b. Type of incident:
○ Fire, go to c
○ Scald, go to r
○ Other burn, go to t
○ Electrocution, go to s
○ Other, specify and go to t
○ U/K, go to t

c. For fire, child died from:
○ Burns
○ Smoke inhalation
○ Other, specify:
○ U/K

d. Material first ignited:
○ Upholstery
○ Mattress
○ Christmas tree
○ Clothing
○ Curtain
○ Other, specify:
○ U/K

e. Type of building on fire:
○ N/A
○ Single home
○ Duplex
○ Apartment
○ Trailer/mobile home
○ Other, specify:
○ U/K

f. Building's primary construction material:
○ Wood
○ Steel
○ Brick/stone
○ Aluminum
○ Other, specify:
○ U/K

g. Fire started by a person?
○ Yes ○ No ○ U/K

If yes, person's age _____

Does person have a history of setting fires?
○ Yes ○ No ○ U/K

h. Did anyone attempt to put out fire?
○ Yes ○ No ○ U/K

i. Did escape or rescue efforts worsen fire?
○ Yes ○ No ○ U/K

j. Did any factors delay fire department arrival?
○ Yes ○ No ○ U/K

If yes, specify:

k. Were barriers preventing safe exit?
○ Yes ○ No ○ U/K

If yes, check all that apply:
☐ Locked door
☐ Window grate
☐ Locked window
☐ Blocked stairway
☐ Other, specify:
☐ U/K

l. Was building a rental property?
○ Yes ○ No ○ U/K

m. Were building/rental codes violated?
○ Yes ○ No ○ U/K

If yes, describe in narrative.

n. Were proper working fire extinguishers present?
○ Yes ○ No ○ U/K

o. Was sprinkler system present?
○ Yes ○ No ○ U/K

If yes, was it working?
○ Yes ○ No ○ U/K

p. Were smoke detectors present?
○ Yes ○ No ○ U/K

If yes, what type?	If yes, functioning properly?	If not functioning properly, reason: Missing batteries	Other	U/K
☐ Removable batteries	○ Yes ○ No ○ U/K	☐	☐	☐
☐ Non-removable batteries	○ Yes ○ No ○ U/K		☐	☐
☐ Hardwired	○ Yes ○ No ○ U/K	☐	☐	☐
☐ U/K	○ Yes ○ No ○ U/K	☐	☐	☐

Other, specify:

If yes, was there an adequate number present? ○ Yes ○ No ○ U/K

q. Suspected arson?
○ Yes ○ No ○ U/K

r. For scald, was hot water heater set too high?
○ N/A
○ Yes, temp. setting: _____
○ No
○ U/K

s. For electrocution, what cause:
○ Electrical storm
○ Faulty wiring
○ Wire/product in water
○ Child playing with outlet
○ Other, specify:
○ U/K

t. Other, describe in detail:

3. DROWNING

a. Where was child last seen before drowning? Check all that apply:
☐ In water ☐ In yard
☐ On shore ☐ In bathroom
☐ On dock ☐ In house
☐ Poolside ☐ Other, specify:
☐ U/K

b. What was child last seen doing before drowning?
○ Playing ○ Tubing
○ Boating ○ Waterskiing
○ Swimming ○ Sleeping
○ Bathing ○ Other, specify:
○ Fishing
○ Surfing ○ U/K

c. Was child forcibly submerged?
○ Yes ○ No ○ U/K

d. Drowning location:
○ Open water, go to e ○ U/K, go to n
○ Pool, hot tub, spa, go to i
○ Bathtub, go to w
○ Bucket, go to x
○ Well/cistern/septic, go to n
○ Toilet, go to z
○ Other, specify and go to n

e. For open water, place:
○ Lake ○ Quarry
○ River ○ Gravel pit
○ Pond ○ Canal
○ Creek ○ U/K
○ Ocean

f. For open water, contributing environmental factors:
○ Weather ○ Drop off
○ Temperature ○ Rough waves
○ Current ○ Other, specify:
○ Riptide/ undertow ○ U/K

g. If boating, type of boat:
○ Sailboat ○ Commercial
○ Jet ski ○ Other, specify:
○ Motorboat
○ Canoe
○ Kayak ○ U/K
○ Raft

h. For boating, was the child piloting boat?
○ Yes ○ No ○ U/K

i. For pool, type of pool:
○ Above ground
○ In-ground ○ Hot tub, spa
○ Wading ○ U/K

j. For pool, child found:
○ In the pool/hot tub/spa
○ On or under the cover
○ U/K

k. For pool, ownership is:
○ Private
○ Public
○ U/K

l. Length of time owners had pool/hot tub/spa:
○ N/A ○ >1yr
○ <6 months ○ U/K
○ 6m-1 yr

m. Flotation device used?
○ N/A
○ Yes
○ No
○ U/K

If yes, check all that apply:
☐ Coast Guard approved
☐ Jacket ☐ Cushion ☐ Lifesaving ring
If jacket:
Correct size? ○ Yes ○ No ○ U/K
Worn correctly? ○ Yes ○ No ○ U/K
☐ Not Coast Guard approved ☐ U/K
☐ Swim rings
☐ Inner tube
☐ Air mattress
☐ Other, specify:

n. What barriers/layers of protection existed to prevent access to water?
Check all that apply:
☐ None ☐ Alarm, go to r
☐ Fence, go to o ☐ Cover, go to s
☐ Gate, go to p ☐ U/K
☐ Door, go to q

o. Fence:
Describe type:
Fence height in ft _____
Fence surrounds water on:
○ Four sides ○ Two or less sides
○ Three sides
○ U/K

p. Gate, check all that apply:
☐ Has self-closing latch
☐ Has lock
☐ Is a double gate
☐ Opens to water
☐ U/K

q. Door, check all that apply:
☐ Patio door ☐ Opens to water
☐ Screen door ☐ Barrier between door and water
☐ Steel door
☐ Self-closing ☐ U/K
☐ Has lock

r. Alarm, check all that apply:
☐ Door
☐ Window
☐ Pool
☐ Laser
☐ U/K

s. Type of cover:
○ Hard
○ Soft
○ U/K

t. Local ordinance(s) regulating access to water?
○ Yes ○ No ○ U/K

If yes, rules violated?
○ Yes ○ No ○ U/K

u. How were layers of protection breached? Check all that apply:
☐ No layers breached
☐ Gate left open
☐ Gate unlocked
☐ Gate latch failed
☐ Gap in gate
☐ Climbed fence
☐ Gap in fence
☐ Damaged fence
☐ Fence too short
☐ Door left open
☐ Door unlocked
☐ Door broken
☐ Door screen torn
☐ Door self-closer failed
☐ Window left open
☐ Window screen torn
☐ Alarm not working
☐ Alarm not answered
☐ Cover left off
☐ Cover not locked
☐ Other, specify:
☐ U/K

v. Child able to swim?
○ N/A ○ No
○ Yes ○ U/K

w. For bathtub, child in a bathing aid?
○ Yes ○ No ○ U/K
If yes, specify type:

x. Warning sign or label posted?
○ N/A ○ No
○ Yes ○ U/K

y. Lifeguard present?
○ N/A ○ No
○ Yes ○ U/K

z. Rescue attempt made?
○ N/A
○ Yes
○ No
○ U/K

If yes, who? Check all that apply:
☐ Parent ☐ Bystander
☐ Other child ☐ Other, specify:
☐ Lifeguard ☐ U/K

aa. Did rescuer(s) also drown?
○ N/A ○ No
○ Yes ○ U/K
If yes, number of rescuers that drowned: _____

bb. Appropriate rescue equipment present?
○ N/A ○ No
○ Yes ○ U/K

4. ASPHYXIA

a. Type of event:
- ◯ Suffocation, go to b
- ◯ Strangulation, go to c
- ◯ Choking, go to d
- ◯ Other, specify and go to e
- ◯ U/K, go to e

b. If suffocation/asphyxia, action causing event:
- ◯ Sleep-related (e.g. bedding, overlay, wedged)
- ◯ Covered in or fell into object, but not sleep-related
  - ◯ Plastic bag
  - ◯ Dirt/sand
  - ◯ Other, specify:
  - ◯ U/K
- ◯ Confined in tight space
  - ◯ Refrigerator/freezer
  - ◯ Toy chest
  - ◯ Automobile
    - ◯ Trunk
    - ◯ Other, specify:
    - ◯ U/K
  - ◯ Other, specify:
  - ◯ U/K
- ◯ Swaddled in tight blanket, but not sleep-related
- ◯ Wedged into tight space, but not sleep-related
- ◯ Asphyxia by gas, go to G8h
- ◯ Other, specify:
- ◯ U/K

c. If strangulation, object causing event:
- ◯ Clothing
- ◯ Blind cord
- ◯ Car seat
- ◯ Stroller
- ◯ High chair
- ◯ Belt
- ◯ Rope/string
- ◯ Leash
- ◯ Electrical cord
- ◯ Person, go to G5q
- ◯ Automobile power window or sunroof
- ◯ Other, specify:
- ◯ U/K

d. If choking, object causing choking:
- ◯ Food, specify:
- ◯ Toy, specify:
- ◯ Balloon
- ◯ Other, specify:
- ◯ U/K

e. Was asphyxia an autoerotic event? ◯ Yes ◯ No ◯ U/K

f. Was child participating in 'choking game' or 'pass out game'? ◯ Yes ◯ No ◯ U/K

g. History of seizures? ◯ Yes ◯ No ◯ U/K If yes, #_____
If yes, witnessed? ◯ Yes ◯ No ◯ U/K

h. History of apnea? ◯ Yes ◯ No ◯ U/K If yes, #_____
If yes, witnessed? ◯ Yes ◯ No ◯ U/K

i. Was Heimlich Maneuver attempted? ◯ Yes ◯ No ◯ U/K

5. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon:
- ◯ Firearm, go to b
- ◯ Sharp instrument, go to j
- ◯ Blunt instrument, go to k
- ◯ Person's body part, go to l
- ◯ Explosive, go to m
- ◯ Rope, go to m
- ◯ Pipe, go to m
- ◯ Biological, go to m
- ◯ Other, specify and go to m
- ◯ U/K, go to m

b. For firearms, type:
- ◯ Handgun
- ◯ Shotgun
- ◯ BB gun
- ◯ Hunting rifle
- ◯ Assault rifle
- ◯ Air rifle
- ◯ Sawed off shotgun
- ◯ Other, specify:
- ◯ U/K

c. Firearm licensed? ◯ Yes ◯ No ◯ U/K

d. Firearm safety features, check all that apply:
- ☐ Trigger lock
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?
- ◯ Not stored
- ◯ Locked cabinet
- ◯ Unlocked cabinet
- ◯ Glove compartment
- ◯ Under mattress/pillow
- ◯ Other, specify:
- ◯ U/K

f. Firearm stored with ammunition? ◯ Yes ◯ No ◯ U/K

g. Firearm stored loaded? ◯ Yes ◯ No ◯ U/K

h. Owner of fatal firearm:
- ◯ U/K, weapon stolen
- ◯ U/K, weapon found
- ◯ Self
- ◯ Biological parent
- ◯ Adoptive parent
- ◯ Stepparent
- ◯ Foster parent
- ◯ Mother's partner
- ◯ Father's partner
- ◯ Grandparent
- ◯ Sibling
- ◯ Spouse
- ◯ Other relative
- ◯ Friend
- ◯ Acquaintance
- ◯ Child's boyfriend or girlfriend
- ◯ Classmate
- ◯ Co-worker
- ◯ Institutional staff
- ◯ Neighbor
- ◯ Rival gang member
- ◯ Stranger
- ◯ Law enforcement
- ◯ Other, specify:
- ◯ U/K

i. Sex of fatal firearm owner:
- ◯ Male
- ◯ Female
- ◯ U/K

j. Type of sharp object:
- ◯ Kitchen knife
- ◯ Switchblade
- ◯ Pocketknife
- ◯ Razor
- ◯ Hunting knife
- ◯ Scissors
- ◯ Other, specify:
- ◯ U/K

k. Type of blunt object:
- ◯ Bat
- ◯ Club
- ◯ Stick
- ◯ Hammer
- ◯ Rock
- ◯ Household item
- ◯ Other, specify:
- ◯ U/K

l. What did person's body part do? Check all that apply:
- ☐ Beat, kick or punch
- ☐ Drop
- ☐ Push
- ☐ Bite
- ☐ Shake
- ☐ Strangle
- ☐ Throw
- ☐ Drown
- ☐ Burn
- ☐ Other, specify:
- ☐ U/K

m. Did person using weapon have history of weapon-related offenses?
- ◯ Yes
- ◯ No
- ◯ U/K

n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
- ◯ Yes, describe circumstances:
- ◯ No
- ◯ U/K

o. Persons handling weapons at time of incident, check all that apply:

Fatal	Other weapon		Fatal	Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- ◯ Male
- ◯ Female
- ◯ U/K

Other weapon:
- ◯ Male
- ◯ Female
- ◯ U/K

q. Use of weapon at time, check all that apply:

- ☐ Self injury
- ☐ Commission of crime
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Weapon mistaken for toy
- ☐ Showing gun to others
- ☐ Russian roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Other, specify:
- ☐ U/K

6. ANIMAL BITE OR ATTACK

a. Type of animal:

- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ Insect
- ○ Other, specify:
- ○ U/K

b. Animal access to child, check all that apply:

- ☐ Animal on leash
- ☐ Animal caged or inside fence
  - ○ Child reached in
  - ○ Child entered animal area
  - ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ U/K

c. Did child provoke animal?

○ Yes ○ No ○ U/K

If yes, how?

d. Animal has history of biting or attacking?

○ Yes ○ No ○ U/K

7. FALL OR CRUSH

a. Type:

- ○ Fall, go to b
- ○ Crush, go to h

b. Height of fall:

___ feet ___ inches

☐ U/K

c. Child fell from:

- ○ Open window
  - Screen?
    - ○ Screen
    - ○ No screen
    - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:

- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place:

Check all that apply:

- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Child in a baby walker?

- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

g. Was child pushed, dropped or thrown?

○ Yes ○ No ○ U/K

If yes, go to G5q

h. For crush, did child:

- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

i. For crush, object causing crush:

- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, go to G5q
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

8. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply:

Prescription drug

- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over-the-counter drug

- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances

- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances

- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to f
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

☐ U/K

b. Where was the substance stored?

- ○ Open area
- ○ Open cabinet
- ○ Closed cabinet, unlocked
- ○ Closed cabinet, locked
- ○ Other, specify:
- ○ U/K

c. Was the product in its original container?

○ N/A ○ No ○ Yes ○ U/K

d. Did container have a child safety cap?

○ N/A ○ No ○ Yes ○ U/K

e. If prescription, was it child's?

○ Yes ○ No ○ U/K

f. Was the incident the result of?

- ○ Accidental overdose
- ○ Medical treatment mishap
- ○ Adverse effect, but not overdose
- ○ Deliberate poisoning
- ○ Acute intoxication
- ○ Other, specify:
- ○ U/K

g. Was Poison Control called?

○ Yes ○ No ○ U/K

If yes, who called:

- ○ Child
- ○ Parent
- ○ Other caregiver
- ○ First responder
- ○ Medical person
- ○ Other, specify:
- ○ U/K

h. For CO poisoning, was a CO detector present?

○ Yes ○ No ○ U/K

If yes, how many? ____

Functioning properly?

○ Yes ○ No ○ U/K

9. EXPOSURE

a. Circumstances, check all that apply:
- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Illegal border crossing
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:
- ○ Hyperthermia
- ○ Hypothermia
- ○ U/K

_____ Ambient temp, degrees F

c. Number of hours exposed:

_____

☐ U/K

d. Was child wearing appropriate clothing?
- ○ Yes
- ○ No
- ○ U/K

10. MEDICAL CONDITION

a. How long did the child have the medical condition?
- ○ In utero
- ○ Since birth
- ○ Hours
- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ U/K

b. Was death expected as a result of the medical condition?
- ○ N/A not previously diagnosed
- ○ Yes ☐ But at a later date
- ○ No
- ○ U/K

c. Was child receiving health care for the medical condition?
- ○ Yes ○ No ○ U/K

If yes, within 48 hours of the death?
- ○ Yes ○ No ○ U/K

d. Were the prescribed care plans appropriate for the medical condition?
- ○ N/A
- ○ Yes
- ○ No, specify:
- ○ U/K

e. Was child/family compliant with the prescribed care plans?
- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

If no, what wasn't compliant? Check all that apply.
- ☐ Appointments
- ☐ Medications, specify:
- ☐ Medical equipment use, specify:
- ☐ Therapies, specify:
- ☐ Other, specify:
- ☐ U/K

f. Was child up to date with American Academy of Pediatrics immunization schedule?
- ○ N/A
- ○ Yes
- ○ No, specify:
- ○ U/K

g. Was the medical condition associated with an outbreak?
- ○ Yes, specify:
- ○ No
- ○ U/K

h. Was environmental tobacco exposure a contributing factor in death?
- ○ Yes
- ○ No
- ○ U/K

i. Were there access or compliance issues related to the death? ○ Yes ○ No ○ U/K If yes, check all that apply:
- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family or social support
- ☐ Services not available
- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Caregiver unwilling to provide care
- ☐ Caregiver's partner would not allow care
- ☐ Other, specify:
- ☐ U/K

11. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG

a. Was this death a homicide, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death which was expected within 6 months due to terminal illness? ○ Yes ○ No ○ U/K If yes, go to Section H2

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death? ☐ U/K for all

Symptom	Present w/in 72 hours of death		
	Yes	No	U/K
Cardiac			
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Psychiatric symptoms	○	○	○
Paralysis (acute)	○	○	○
Respiratory			
Asthma	○	○	○
Pneumonia	○	○	○
Difficulty breathing	○	○	○

Symptom	Present w/in 72 hours of death		
	Yes	No	U/K
Other Acute Symptoms			
Fever	○	○	○
Heat exhaustion/heat stroke	○	○	○
Muscle aches/cramping	○	○	○
Slurred speech	○	○	○
Vomiting	○	○	○
Other, specify:	○		

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms? ☐ U/K for all

Symptom	Present more than 72 hours of death		
	Yes	No	U/K
Cardiac			
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Respiratory			
Difficulty breathing	○	○	○
Other			
Slurred speech	○	○	○
Other, specify:	○		

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

○ Yes ○ No ○ U/K If yes, describe:

e. Had the child ever been diagnosed by a medical professional for the following? ☐ U/K for all

Condition	Diagnosed		
	Yes	No	U/K
Blood disease			
Sickle cell disease	○	○	○
Sickle cell trait	○	○	○
Thrombophilia (clotting disorder)	○	○	○
Cardiac			
Abnormal electrocardiogram (EKG or ECG)	○	○	○
Aneurysm or aortic dilatation	○	○	○
Arrhythmia/arrhythmia syndrome	○	○	○
Cardiomyopathy	○	○	○
Commotio cordis	○	○	○
Congenital heart disease	○	○	○
Coronary artery abnormality	○	○	○
Coronary artery disease (atherosclerosis)	○	○	○
Endocarditis	○	○	○
Heart failure	○	○	○
Heart murmur	○	○	○
High cholesterol	○	○	○
Hypertension	○	○	○
Myocarditis (heart infection)	○	○	○
Pulmonary hypertension	○	○	○
Sudden cardiac arrest	○	○	○
Neurologic			
Anoxic brain Injury	○	○	○
Traumatic brain injury/ head injury/concussion	○	○	○
Brain tumor	○	○	○
Brain aneurysm	○	○	○
Brain hemorrhage	○	○	○
Developmental brain disorder	○	○	○

Condition	Diagnosed		
	Yes	No	U/K
Neurologic (cont)			
Epilepsy/seizure disorder	○	○	○
Febrile seizure	○	○	○
Mesial temporal sclerosis	○	○	○
Neurodegenerative disease	○	○	○
Stroke/mini stroke/ TIA-Transient Ischemic Attack	○	○	○
Central nervous system infection (meningitis or encephalitis)	○	○	○
Respiratory			
Apnea	○	○	○
Asthma	○	○	○
Pulmonary embolism	○	○	○
Pulmonary hemorrhage	○	○	○
Respiratory arrest	○	○	○
Other			
Connective tissue disease	○	○	○
Diabetes	○	○	○
Endocrine disorder, other: thyroid, adrenal, pituitary	○	○	○
Hearing problems or deafness	○	○	○
Kidney disease	○	○	○
Mental illness/psychiatric disease	○	○	○
Metabolic disease	○	○	○
Muscle disorder or muscular dystrophy	○	○	○
Oncologic disease treated by chemotherapy or radiation	○	○	○
Prematurity	○	○	○
Congenital disorder/ genetic syndrome	○	○	○
Other, specify:	○		

If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: ☐ None

☐ Cardiac ablation
☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
☐ Heart surgery
☐ Interventional cardiac catheterization
☐ Heart transplant
☐ Other, specify:
☐ U/K

f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms? ☐ U/K for all

Y	N	U/K	
			Deaths
○	○	○	Sudden unexpected death before age 50
			Heart Disease
○	○	○	Heart condition/heart attack or stroke before age 50
○	○	○	Aortic aneurysm or aortic rupture
○	○	○	Arrhythmia (fast or irregular heart rhythm)
○	○	○	Cardiomyopathy
○	○	○	Congenital heart disease
			Neurologic Disease
○	○	○	Epilepsy or convulsions/seizure
○	○	○	Other neurologic disease

Y	N	U/K	
			Symptoms
○	○	○	Febrile seizures
○	○	○	Unexplained fainting
			Other Diagnoses
○	○	○	Congenital deafness
○	○	○	Connective tissue disease
○	○	○	Mitochondrial disease
○	○	○	Muscle disorder or muscular dystrophy
○	○	○	Thrombophilia (clotting disorder)
○	○	○	Other diseases that are genetic or run in families, specify:

If sudden unexpected death before age 50, describe (for example, SIDS, drowning, relative who died in single and/or unexplained motor vehicle accident (driver of car):

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?

○ Yes ○ No ○ U/K

If yes, describe what test and/or for what disease and results:

Was a gene mutation found?

○ Yes ○ No ○ U/K

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?
○ Yes ○ No ○ U/K
If yes, describe:

i. Within 2 weeks prior to death had the child:

	N/A	Yes	No	U/K
Taken extra doses of prescribed medications	○	○	○	○
Missed doses of prescribed medications	○	○	○	○
Changed prescribed medications, describe:	○	○	○	○

j. Was the child compliant with their prescribed medications?
○ N/A ○ Yes ○ No ○ U/K
If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death?
Check all that apply: ☐ U/K for all

- ☐ Over the counter medicine
- ☐ Recent/short term prescriptions
- ☐ Energy drinks
- ☐ Caffeine
- ☐ Performance enhancers
- ☐ Diet assisting medications
- ☐ Supplements
- ☐ Tobacco
- ☐ Alcohol
- ☐ Illegal drugs
- ☐ Legalized marijuana
- ☐ Other, specify:

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident? ☐ U/K for all at time of incident ☐ U/K for all within 24 hours of incident

Stimuli	At incident Yes	At incident No	At incident U/K	Within 24 hrs of incident Yes	Within 24 hrs of incident No	Within 24 hrs of incident U/K
Physical activity	○	○	○	○	○	○
Sleep deprivation	○	○	○	○	○	○
Driving	○	○	○	○	○	○
Visual stimuli	○	○	○	○	○	○
Video game stimuli	○	○	○	○	○	○
Emotional stimuli	○	○	○	○	○	○
Auditory stimuli/startle	○	○	○	○	○	○
Physical trauma	○	○	○	○	○	○
Other, specify:	○			○		

If yes to physical activity, describe type of activity:
At incident Within 24 hours of incident

Other specify:
At incident Within 24 hours of incident

m. Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity? Check all that apply:

- ☐ Chest pain
- ☐ Confusion
- ☐ Convulsions/seizure
- ☐ Dizziness/lightheadedness
- ☐ Fainting
- ☐ Headache
- ☐ Palpitations
- ☐ Shortness of breath/difficulty breathing
- ☐ Other, specify:
- ☐ U/K

If yes to any item, describe type of physical activity and extent of symptoms:

n. For child age 12 or older, did the child receive a pre-participation exam for a sport?
○ N/A ○ Yes ○ No ○ U/K
If yes:
Was it done within a year prior to death? ○ Yes ○ No ○ U/K
Did the exam lead to restrictions for sports or otherwise? ○ Yes ○ No ○ U/K
If yes, specify restrictions:

Questions o through u: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

o. How old was the child when diagnosed with epilepsy/seizure disorder?
Age 0 (infant) through 20 years: _____
☐ U/K

p. What were the underlying cause(s) of the child's seizures? Check all that apply:

- ☐ Brain injury/trauma, specify:
- ☐ Brain tumor
- ☐ Cerebrovascular
- ☐ Central nervous system infection
- ☐ Degenerative process
- ☐ Developmental brain disorder
- ☐ Inborn error of metabolism
- ☐ Genetic/chromosomal
- ☐ Mesial temporal sclerosis
- ☐ Idiopathic or cryptogenic
- ☐ Other acute illness or injury other than epilepsy
- ☐ Other, specify:
- ☐ U/K

q. What type(s) of seizures did the child have? Check all that apply:

- ☐ Non-convulsive
- ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)
- ☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)
- ☐ U/K

r. Describe the child's epilepsy/seizures. Check all that apply:

- ☐ Last less than 30 minutes
- ☐ Last more than 30 minutes (status epilepticus)
- ☐ Occur in the presence of fever (febrile seizure)
- ☐ Occur in the absence of fever
- ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)

s. How many seizures did the child have in the year preceding death?
○ 0/never ○ 1 ○ 2 ○ 3 ○ more than 3 ○ U/K

t. Did treatment for seizures include anti-epileptic drugs?
○ Yes ○ No ○ U/K
If yes, how many different types of anti-epilepsy drugs (AED) did the child take?
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ more than 6 ○ U/K

u. Was night surveillance used?
○ Yes ○ No ○ U/K

2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT? ○ Yes, go to H2a ○ No, go to H2s ○ U/K, go to H2s

a. Incident sleep place: !

- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable, e.g. pack-n-play
    - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?
○ Twin ○ Full ○ Queen ○ King ○ Other, specify: ○ U/K

If futon,
○ Bed position ○ Couch position ○ U/K

b. Child put to sleep:
- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

c. Child found:
- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

e. Usual sleep position:
- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

f. Was there a crib, bassinette or port-a-crib in home for child? !
- ○ Yes ○ No ○ U/K

d. Usual sleep place:
- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable, e.g. pack-n-play
    - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?
- ○ Twin
- ○ Full
- ○ Queen
- ○ King
- ○ Other, specify:
- ○ U/K

If futon, ○ Bed position ○ U/K ○ Couch position

g. Child in a new or different environment than usual?
- ○ Yes ○ No ○ U/K If yes, specify:

h. Child last placed to sleep with a pacifier?
- ○ Yes ○ No ○ U/K

i. Child wrapped or swaddled in blanket?
- ○ Yes ○ No ○ U/K

If yes, describe:

j. Child overheated? ○ Yes ○ No ○ U/K

If yes, outside temp ____ degrees F

Check all that apply:
- ☐ Room too hot, temp ____ degrees F
- ☐ Too much bedding
- ☐ Too much clothing

k. Child exposed to second hand smoke?
- ○ Yes ○ No ○ U/K

If yes, how often: ○ Frequently ○ U/K ○ Occasionally

l. Child face when found:
- ○ Down
- ○ Up
- ○ To left or right side
- ○ U/K

m. Child neck when found:
- ○ Hyperextended (head back)
- ○ Hypoextended (chin to chest)
- ○ Neutral
- ○ U/K

n. Child's airway was:
- ○ Unobstructed by person or object
- ○ Fully obstructed by person or object
- ○ Partially obstructed by person or object
- ○ U/K

If fully or partially obstructed, what was obstructed?
- ☐ Nose
- ☐ Mouth
- ☐ Chest compressed
- ☐ U/K

o. Objects in child's sleep environment in relation to airway obstruction:

Objects:	Present? Yes	No	U/K	If **present**, describe position of object: On top of child	Under child	Next to child	Tangled around child	U/K	If **present**, did object obstruct airway? Yes	No	UK
Adult(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Other child(ren)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Animal(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Mattress	○	○	○	☐	☐	☐	☐	☐	○	○	○
Comforter, quilt, or other	○	○	○	☐	☐	☐	☐	☐	○	○	○
Thin blanket/flat sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○
Pillow(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Cushion	○	○	○	☐	☐	☐	☐	☐	○	○	○
Boppy or U shaped pillow	○	○	○	☐	☐	☐	☐	☐	○	○	○
Sleep positioner (wedge)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Bumper pads	○	○	○	☐	☐	☐	☐	☐	○	○	○
Clothing	○	○	○	☐	☐	☐	☐	☐	○	○	○
Crib railing/side	○	○	○	☐	☐	☐	☐	☐	○	○	○
Wall	○	○	○	☐	☐	☐	☐	☐	○	○	○
Toy(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Other(s), specify:											
_____	○			☐	☐	☐	☐	☐	○	○	○
_____	○			☐	☐	☐	☐	☐	○	○	○

p. Caregiver/supervisor fell asleep while feeding child?
- ○ Yes ○ No ○ U/K

If yes, type of feeding:
- ○ Bottle ○ U/K
- ○ Breast

q. Child sleeping in the same room as caregiver/supervisor at time of death?
- ○ Yes ○ No ○ U/K

r. Child sleeping on same surface with person(s) or animal(s)?
- ○ Yes ○ No ○ U/K

If yes, check all that apply:
- ☐ With adult(s):
  - #_____ #U/K
  - Adult obese: ○ Yes ○ U/K ○ No
- ☐ With other children:
  - #_____ #U/K
  - Children's ages: _____
- ☐ With animal(s):
  - #_____ #U/K
  - Type(s) of animal: _____
- ☐ U/K

s. Is there a scene re-creation photo available for upload? ○ Yes ○ No If yes, upload here. Only one photo allowed. !

Select photo that most describes child placement and relevant objects. Size must be less than 6 mb and in .jpg or .gif format.

3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? ○ Yes ○ No, go to H4 ○ U/K, go to H4

a. Describe product and circumstances: !

b. Was product used properly?
- ○ Yes ○ No ○ U/K

c. Is a recall in place? !
- ○ Yes ○ No ○ U/K

d. Did product have safety label? !
- ○ Yes ○ No ○ U/K

e. Was Consumer Product Safety Commission (CPSC) notified? !
- ○ Yes ○ U/K
- ○ No, go to www.saferproducts.gov to report

4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ◯ Yes ◯ No ◯ U/K

a. Type of crime, check all that apply:

! ☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE

TYPE OF ACT

1. Did any act(s) of omission or commission cause and/or contribute to the death?
◯ Yes
◯ No, go to Section J
◯ Probable
◯ U/K, go to Section J

If yes/probable, were the act(s) either or both? Check all that apply:
☐ The direct cause of death
☐ The contributing cause of death

2. What act(s) caused or contributed to the death? Check only one per column and describe in narrative.

Caused	Contributed	
◯	◯	Poor/absent supervision, go to 10
◯	◯	Child abuse, go to 3
◯	◯	Child neglect, go to 8
◯	◯	Other negligence, go to 9
◯	◯	Assault, not child abuse, go to 10
◯	◯	Religious/cultural practices, go to 10
◯	◯	Suicide, go to 27
◯	◯	Medical misadventure, specify and go to 11
◯	◯	Other, specify and go to 10
◯	◯	U/K, go to 10

3. Child abuse, type. Check all that apply and describe in narrative.
☐ Physical, go to 4
☐ Emotional, specify and go to 10
☐ Sexual, specify and go to 10
☐ U/K, go to 10

4. Type of physical abuse, check all that apply:
☐ Abusive head trauma, go to 5
☐ Chronic Battered Child Syndrome, go to 7
☐ Beating/kicking, go to 7
☐ Scalding or burning, go to 7
☐ Munchausen Syndrome by Proxy, go to 7
☐ Other, specify and go to 7
☐ U/K, go to 7

5. For abusive head trauma, were there retinal hemorrhages?
◯ Yes ◯ No ◯ U/K

6. For abusive head trauma, was the child shaken?
◯ Yes ◯ No ◯ U/K
If yes, was there impact?
◯ Yes ◯ No ◯ U/K

7. Events(s) triggering physical abuse, check all that apply:
☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

8. Child neglect, check all that apply:
☐ Failure to protect from hazards, specify:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to seek/follow treatment, specify:
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ U/K

9. Other negligence:
◯ Vehicular
◯ Other, specify:
◯ U/K

10. Was act(s) of omission/commission:

Caused	Contributed	
◯	◯	Chronic with child
◯	◯	Pattern in family or with perpetrator
◯	◯	Isolated incident
◯	◯	U/K

PERSON(S) RESPONSIBLE

11. Is person the caregiver or supervisor in previous section? !

Caused	Contributed	
◯	◯	Yes, caregiver one, go to 24
◯	◯	Yes, caregiver two, go to 24
◯	◯	Yes, supervisor, go to 25
◯	◯	No

12. Primary person responsible for action(s) that caused and/or contributed to death: ! Select no more than one person for caused and one person for contributed.

Caused	Contributed		Caused	Contributed		Caused	Contributed	
◯	◯	Self, go to 24	◯	◯	Grandparent	◯	◯	Medical provider
◯	◯	Biological parent	◯	◯	Sibling	◯	◯	Institutional staff
◯	◯	Adoptive parent	◯	◯	Other relative	◯	◯	Babysitter
◯	◯	Stepparent	◯	◯	Friend	◯	◯	Licensed child care worker
◯	◯	Foster parent	◯	◯	Acquaintance			
◯	◯	Mother's partner	◯	◯	Child's boyfriend or girlfriend	◯	◯	Other, specify:
◯	◯	Father's partner	◯	◯	Stranger	◯	◯	U/K

13. Person's age in years: !

Caused	Contributed	
____	____	# Years
☐	☐	U/K

14. Person's sex: !

Caused	Contributed	
◯	◯	Male
◯	◯	Female
◯	◯	U/K

15. Does person speak English? !

Caused	Contributed	
◯	◯	Yes
◯	◯	No
◯	◯	U/K

If no, language spoken:

16. Person on active military duty? !

Caused	Contributed	
◯	◯	Yes
◯	◯	No
◯	◯	U/K

If yes, specify branch:

17. Person have history of substance abuse?

Caused / Contributed: Yes / No / U/K

If yes, check all that apply:

- Alcohol
- Cocaine
- Marijuana
- Methamphetamine
- Opiates
- Prescription drugs
- Over-the-counter
- Other, specify:
- U/K

18. Person have history of child maltreatment as victim?

Caused / Contributed: Yes / No / U/K

If yes, check all that apply:

- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- Ever in foster care or adopted

19. Person have history of child maltreatment as a perpetrator?

Caused / Contributed: Yes / No / U/K

If yes, check all that apply:

- Physical
- Neglect
- Sexual
- Emotional/psychological
- U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- CPS prevention services
- Family preservation services
- Children ever removed

20. Person have disability or chronic illness?

Caused / Contributed: Yes / No / U/K

If yes, check all that apply:

- Physical, specify:
- Mental, specify:
- Sensory, specify:
- U/K

If mental illness, was person receiving MH services?

Yes / No / U/K

21. Person have prior child deaths?

Caused / Contributed: Yes / No / U/K

If yes, check all that apply:

- Child abuse # _____
- Child neglect # _____
- Accident # _____
- Suicide # _____
- SIDS # _____
- Other # _____

Other, specify:

- U/K

22. Person have history of intimate partner violence?

Caused / Contributed:

- Yes, as victim
- Yes, as perpetrator
- No
- U/K

23. Person have delinquent/criminal history?

Caused / Contributed: Yes / No / U/K

If yes, check all that apply:

- Assaults
- Robbery
- Drugs
- Other, specify:
- U/K

24. At time of incident was person impaired?

Caused: Yes / No / U/K

Contributed: Yes / No / U/K

If yes, check all that apply:

- Drug impaired
- Alcohol impaired
- Asleep
- Distracted
- Absent
- Impaired by illness, specify:
- Impaired by disability, specify:
- Other, specify:

25. Does person have, check all that apply:

- Prior history of similar acts
- Prior arrests
- Prior convictions

26. Legal outcomes in this death, check all that apply:

- No charges filed
- Charges pending
- Charges filed, specify:
- Charges dismissed
- Confession
- Plead, specify:
- Not guilty verdict
- Guilty verdict, specify:
- Tort charges, specify:
- U/K

FOR SUICIDE

27. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

Yes	No	U/K		Yes	No	U/K	
○	○	○	A note was left	○	○	○	Child had a history of self mutilation
○	○	○	Child talked about suicide	○	○	○	There is a family history of suicide
○	○	○	Prior suicide threats were made	○	○	○	Suicide was part of a murder-suicide
○	○	○	Prior attempts were made	○	○	○	Suicide was part of a suicide pact
○	○	○	Suicide was completely unexpected	○	○	○	Suicide was part of a suicide cluster
○	○	○	Child had a history of running away				

28. For suicide, was there a history of acute or cumulative personal crises that may have contributed to the child's despondency? Check all that apply:

- None known
- Family discord
- Parents' divorce/separation
- Argument with parents/caregivers
- Argument with boyfriend/girlfriend
- Breakup with boyfriend/girlfriend
- Argument with other friends
- Rumor mongering
- Suicide by friend or relative
- Other death of friend or relative
- Bullying as victim
- Bullying as perpetrator
- School failure
- Move/new school
- Other serious school problems
- Pregnancy
- Physical abuse/assault
- Rape/sexual abuse
- Problems with the law
- Drugs/alcohol
- Sexual orientation
- Religious/cultural issues
- Job problems
- Money problems
- Gambling problems
- Involvement in cult activities
- Involvement in computer or video games
- Involvement with the Internet, specify:
- Other, specify:
- U/K

J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

1. Services: Select one option per row:	Provided after death	Offered but refused	Offered but U/K if used	Should be offered	Needed but not available	U/K	CDR review led to referral
Bereavement counseling	○	○	○	○	○	○	☐
Debriefing for professionals	○	○	○	○	○	○	☐
Economic support	○	○	○	○	○	○	☐
Funeral arrangements	○	○	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	○	☐
Mental health services	○	○	○	○	○	○	☐
Foster care	○	○	○	○	○	○	☐
Health services	○	○	○	○	○	○	☐
Legal services	○	○	○	○	○	○	☐
Genetic counseling	○	○	○	○	○	○	☐
Other, specify:	○	○	○	○	○	○	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

○ Mark this case to edit/add prevention actions at a later date

1. Could the death have been prevented? ! ○ Yes, probably ○ No, probably not ○ Team could not determine

2. What specific recommendations and/or initiatives resulted from the review? Check all that apply: ○ No recommendations made, go to Section L

		Current Action Stage			Type of Action		Level of Action		
		Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
Education	Media campaign	○	○	○	☐	☐	☐	☐	☐
	School program	○	○	○	☐	☐	☐	☐	☐
	Community safety project	○	○	○	☐	☐	☐	☐	☐
	Provider education	○	○	○	☐	☐	☐	☐	☐
	Parent education	○	○	○	☐	☐	☐	☐	☐
	Public forum	○	○	○	☐	☐	☐	☐	☐
	Other education	○	○	○	☐	☐	☐	☐	☐
Agency	New policy(ies)	○	○	○	☐	☐	☐	☐	☐
	Revised policy(ies)	○	○	○	☐	☐	☐	☐	☐
	New program	○	○	○	☐	☐	☐	☐	☐
	New services	○	○	○	☐	☐	☐	☐	☐
	Expanded services	○	○	○	☐	☐	☐	☐	☐
Law	New law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Amended law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Enforcement of law/ordinance	○	○	○	☐	☐	☐	☐	☐
Environment	Modify a consumer product	○	○	○	☐	☐	☐	☐	☐
	Recall a consumer product	○	○	○	☐	☐	☐	☐	☐
	Modify a public space	○	○	○	☐	☐	☐	☐	☐
	Modify a private space(s)	○	○	○	☐	☐	☐	☐	☐
	Other, specify:	○	○	○	☐	☐	☐	☐	☐

Briefly describe the initiatives:

3. Who took responsibility for championing the prevention initiatives? Check all that apply: !

☐ N/A, no strategies	☐ Mental health	☐ Law enforcement	☐ Advocacy organization	☐ Other, specify:
☐ No one	☐ Schools	☐ Medical examiner	☐ Local community group	
☐ Health department	☐ Hospital	☐ Coroner	☐ New coalition/task force	
☐ Social services	☐ Other health care providers	☐ Elected official	☐ Youth group	☐ U/K

L. THE REVIEW MEETING PROCESS

1. Date of first CDR meeting: !

2. Number of CDR meetings for this case: ! _____

3. Is CDR complete? ! ○ N/A ○ Yes ○ No

4. Agencies at CDR meeting, check all that apply: !

☐ Medical examiner/coroner	☐ CPS	☐ Other health care	☐ Mental health	☐ Military
☐ Law enforcement	☐ Other social services	☐ Fire	☐ Substance abuse	☐ Others, list:
☐ Prosecutor/district attorney	☐ Physician	☐ EMS	☐ Court	
☐ Public health	☐ Hospital	☐ Education	☐ Child advocate	

5. Were the following data sources available at the CDR meeting?

Check all that apply:

- ☐ CDC's SUIDI Reporting Form
- ☐ Jurisdictional equivalent of the CDC SUIDI Reporting Form
- ☐ Birth certificate - full form
- ☐ Death certificate
- ☐ Child's medical records or clinical history, including vaccinations
- ☐ Biological mother's obstetric and prenatal information
- ☐ Newborn screening results
- ☐ Law enforcement records
- ☐ Social service records
- ☐ Child protection agency records
- ☐ EMS run sheet
- ☐ Hospital records
- ☐ Autopsy/pathology reports
- ☐ Mental health records
- ☐ School records
- ☐ Substance abuse treatment records

6. Factors that prevented an effective CDR meeting, check all that apply:

- ☐ Confidentiality issues among members prevented full exchange of information
- ☐ HIPAA regulations prevented access to or exchange of information
- ☐ Inadequate investigation precluded having enough information for review
- ☐ Team members did not bring adequate information to the meeting
- ☐ Necessary team members were absent
- ☐ Meeting was held too soon after death
- ☐ Meeting was held too long after death
- ☐ Records or information were needed from another locality in-state
- ☐ Records or information were needed from another state
- ☐ Team disagreement on circumstances
- ☐ Other factors, specify:

7. CDR meeting outcomes, check all that apply:

- ☐ Review led to additional investigation
- ☐ Team disagreed with official manner of death. What did team believe manner should be?
- ☐ Team disagreed with official cause of death. What did team believe cause should be?
- ☐ Because of the review, the official cause or manner of death was changed
- ☐ Review led to the delivery of services
- ☐ Review led to changes in agency policies or practices
- ☐ Review led to prevention initiatives being implemented
  - ☐ Local ☐ State ☐ National

8. Describe the factor(s) that directly contributed to this death:

9. Which of the factors that directly contributed to this death are modifiable?

10. List any recommendations to prevent deaths from similar causes or circumstances in the future:

11. What additional information would the team like to know about the death scene investigation?

12. What additional information would the team like to know about the autopsy?

M. SUID AND SDY CASE REGISTRY

1. Is this an SDY or SUID case? ○ Yes ○ No If no, go to Section N

2. Did this case go to Advance Review for the SDY Case Registry?
○ N/A ○ Yes ○ No
If yes, date of first Advance Review meeting:

3. Notes from Advance Review meeting:

4. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? ○ Yes ○ No ○ U/K

5. Was a specimen sent to the SDY Case Registry bio-repository?
○ Yes ○ No ○ N/A ○ U/K

6. Did the family consent to the SDY Case Registry?
○ Yes ○ No ○ N/A ○ U/K

7. Categorization for SDY Case Registry (choose only one):

- ○ Excluded from SDY Case Registry
- ○ No autopsy or death scene investigation
- ○ Incomplete case information
- ○ Explained cardiac
- ○ Explained neurological
- ○ Explained infant suffocation (under age 1)
- ○ Explained other
- ○ Unexplained, possible cardiac
- ○ Unexplained, possible cardiac and SUDEP
- ○ Unexplained, SUDEP
- ○ Unexplained infant death (under age 1)
- ○ Unexplained child death (age 1 and over)

8. Categorization for SUID Case Registry (choose only one):

- ○ Excluded (other explained causes, not suffocation)
- ○ Unexplained: No autopsy or death scene investigation
- ○ Unexplained: Incomplete case information
- ○ Unexplained: No unsafe sleep factors
- ○ Unexplained: Unsafe sleep factors
- ○ Unexplained: Possible suffocation with unsafe sleep factors
- ○ Explained: Suffocation with unsafe sleep factors

If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply:

- ☐ Soft bedding
- ☐ Wedging
- ☐ Overlay
- ☐ Other, specify:

N. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.
DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, addresses, and specific service providers. Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death?

!

Standard template for narratives should be used as follows:

Interpretive Summary

What does the committee think happened? - brief case summary (tell us the story)

Lessons learned

Did the family have prevention services in the past?

Was communication between intra-agencies sufficient?

Any training issues identified?

O. FORM COMPLETED BY:

PERSON:

TITLE:

AGENCY:

PHONE:

!

EMAIL:

DATE COMPLETED:

DATA ENTRY COMPLETED FOR THIS CASE? ☐

For State Program Use Only:
DATA QUALITY ASSURANCE COMPLETED BY STATE ☐

The National Center for the REVIEW & PREVENTION OF CHILD DEATHS

The development of this report tool was supported, in part, by Grant No. U49MC00225
from the Maternal and Child Health Bureau (Title V, Social Security Act),
Health Resources and Services Administration, Department of Health and Human Services
and with funding from the US Centers for Disease Control and Prevention, Division of Reproductive Health

Data Entry: https://cdrdata.org
www.childdeathreview.org
For help, email: info@childdeathreview.org
1-800-656-2434

APPENDIX F:

Statewide Meeting Summary

State and Local Child Abuse Death Review (CADR) Meeting
September 8, 2015
Meeting Summary and Participant Feedback

Introductions and Opening Remarks

Cassandra G. Pasley, BSN, JD, Director of Children's Medical Services, opened the meeting and welcomed participants.

Robin Perry, Ph.D., Chairman of the State CADR Committee, presented on the following:

- Components of a public health approach to preventing child fatalities
- Statutory directives and recent legislative changes

Child Fatality Reviews: Developing a Model for Florida

As a platform for discussion, a panel of four experienced chairs/members of local child abuse death review committees shared their thoughts and experiences associated with conducting child fatality reviews. Panelists Lauren Villalba, Connie Shingledecker, Laly Serraty and Evelyn Goslin provided valuable information to participants and discussion unfolded in response to three questions:

1. What are the key elements for conducting an effective meeting?
2. How should conflict or differences of opinion between members be addressed?
3. What changes in process and resources are needed to enhance the quality and effectiveness of local reviews?

An aggregate summary of select points made by panelists in response to each question follows:

1. **What are the key elements for conducting an effective meeting?**
    - Time
        - Importance of being notified of the child death case within a reasonable time frame
        - Reviewing the child death case in an appropriate time frame based on the length and severity of the case
        - Coordinate with everyone with sufficient time to attend
    - Leadership and Engagement
        - CADR committees are multidisciplinary, and require strong leadership and engagement
        - Consistent member attendance is crucial, and participation from various agencies/experts is required
        - Record collection and agency cooperation is necessary to obtain all appropriate information needed for reviews

- Invite the child protective investigator and law enforcement professionals directly involved in investigating the fatality to come to the meeting to answer questions and participate in the discussion
- Effectively facilitate so that everyone participates and the meeting progresses in a positive way
- Have a clear goal of what you want to accomplish and what is expected. This is clearly conveyed when members join, but always reiterate this in subtle ways. For example, if no recommendations are suggested remind them of the prevention focus

- Culture
  - Have protocols that encourage the sharing of information. For example, explain chronology, ask the State Attorney's Office to share their involvement and decisions regarding prosecution, the Police Department to recap, and the Child Protective Investigator from either the Department of Children and Families or Sheriff's Office to fill the committee in on the children involved in the case and family. Ask for contributions directly if needed, as this emphasizes their value to the review and committee
  - Emphasize confidentiality so that people are open to sharing, and not afraid of repercussions of sharing confidential information
  - Practice constant cultural sensitivity to the family's perspective. If you don't understand the family's perspective, you are not going to effectively help with appropriate identification of system gaps and meaningful recommendations. Understanding disparities across groups in the community is important
  - After each meeting, send personalized thank you e-mails
- Focus
  - Engage in meaningful dialogue
  - Analyze community so you can properly address issues
  - Collect and analyze data
  - Focus on the issues and how to improve without placing blame
  - Open communication and dialogue is necessary, as well as having case specific information available for the case review
- Outcome
  - People want to see that you are making a contribution in these reviews. Three good ways of doing this:
    1) Reports that can be dispersed throughout the community
    2) Findings on the various measures
    3) Realistic recommendations that can be implemented and measured
- Logistics and Administrative Tasks
  - Use Attachment V from data form to keep track of documents received and reviewed
  - Use Attachment VI "Information Sheet" to log from the documents details that will be asked on the data form

2. How should conflict or differences of opinion between members be addressed?

- Chair/Committee leader needs to mediate

- Difference of opinion is okay
- Agree to disagree if consensus is not possible
  - Make a finding stating that there was a disagreement between team members. (As a result, the committee was unable to discuss issues relating to _____but unanimously agree that the death could have been prevented by _____.)
  - The committee was unable to come to a collective determination of _____, yet agree to _____.)
- Conflict or differences of opinion should be addressed via open dialogue, in a respectful manner, between the members. If necessary, the program office should be contacted to address any conflicts or differences which were not able to be resolved

- The questioning technique
  - Ask questions until the committee understands what the difficulties, issues, and other viewpoints are among members
  - Stay neutral
- Committee members' roles need to be clear. What is their role within their agency and what information and insights do they have with respect to a particular case?
  - Example: Committee members may become upset with others if they do not understand each other's functions
    - Example: Department of Children and Families vs. State Attorney's Office vs. Law Enforcement
    - Terminology/definitions: Department of Children and Families vs. State Attorney's Office definition of neglect
    - Usually differences in opinion are caused by one party having information the other does not have or has not reviewed. The best approach is to focus on obtaining and sharing additional information and continue respectful discussion

3. What changes in process and resources are needed to enhance the quality and effectiveness of local reviews?

- Child death cases need to be closed out in a timelier manner
- Reduce the amount of data required for entry on the national form or streamline process; provide added supports for data entry
- Continue assistance with data entry or funding to provide for a local data entry support person to assist with the printing of all case documents and data entry
- Have a contact person to relay local recommendations that have statewide implications and would need statewide implementation
- Funding for the implementation of local and statewide recommendations
- Law enforcement "comprehensive report" need to accompany the Department of Children and Families investigative report at the same time the case is delivered to the respective CADR committee

- Medical Examiner's "final autopsy report" should be mandated to be sent to each CADR committee at the time they are finalized. Extensive section on case form requires specific autopsy information

Following the panel presentation, participants worked in break-out groups to expand upon these ideas and brainstorm their own responses to the same three questions:

1. What are the key elements for conducting an effective meeting?
2. How should conflict or differences of opinion between members be addressed?
3. What changes in process and resources are needed to enhance the quality and effectiveness of local reviews?

Break-out groups then reported findings to the large group. A lot of detailed information was collected and many responses were similar across the groups. To summarize responses, group feedback for each question was organized into similar themes. Themed responses for each question are outlined below:

1. What are the key elements for conducting an effective meeting?

Theme: Organization

- Set regularly scheduled meeting times for the year
  - Send meeting reminder via email
- Advanced planning and preparation prior to meeting
  - Complete agenda one week before meeting and have a clear purpose/mission statement
  - Have case summaries available before the meeting
- Orientation (resource packet) for new members and outline expectations
- Meeting framework consistency
- Maintain focus on purpose of committee

Theme: Time

- Ability to adjust timeframe depending on case
- Anticipate time needed for each case and schedule accordingly
- Start and end on time; stay on task
- Improve timeliness of case review

Theme: Have key members present and engaged/Build Committee rapport

- Open communication among members and between chairperson and members
- Respect for professional expertise
- Value each other's time
- Outline committee responsibilities and roles
- Confidentiality

Theme: Need for complete and detailed case information

- Allow members to provide additional information pertinent to the case
- Effective checklist of documents

Other:

- Location with accessible parking
- Video and teleconference capability
- Support for local CADR from state

2. How should conflict or differences of opinion between members be addressed?

Theme: Focus on purpose of committee and have clear definitions

- Chair to maintain focus of the group
- Have a copy of child maltreatment index available to review definition of neglect
- Clear iteration of statutes across all circuits
- Have ground rules for meetings

Theme: Vote if no consensus

- Important to have a group consensus
- Core group membership votes

Theme: Show mutual respect and understanding of differing views

- Be open minded
- Be mindful of different roles of various members
- Agree to disagree

Theme: Review the facts and facilitate discussion

- Open discussion
- Document differences in opinion, reasons, and concerns
- Give equal time for all opinions
- Allow the option to seek additional information and postpone review if necessary

3. What changes in process and resources are needed to enhance the quality and effectiveness of local reviews?

Theme: Data Quality and Access

- Electronic receipt vs. Fed Ex of case documents
- All data files sent from a common source
- Timely receipt and review of cases
- Receive complete file of information (all documents on check list) prior to review
- How to process files and policies documented for data encryption
- Fix online reporting system so priority data elements can be identified

Theme: Additional support and resources

- Clerical and administrative support to committees, especially with case load increase
- Funding
- Annual meeting of state and local committees
- Continued assistance from Department of Health program office with data entry
- Medical Examiner training on child deaths

Theme: Partnership

- Engage community providers
- Work on developing/maintaining good working relationships between agency partners (Medical Examiner, law enforcement)
- Liaison between agencies
- Look at other reviews (Fetal Infant Mortality Review, Domestic Violence) for areas of possible collaboration to decrease duplication
- Engage circuit task force

Theme: Information and Results Dissemination

- Identify responsible person to share recommendations with other committees
- Regional roll-ups of individual committee recommendations
- Send consistent messages from all providers of big issues
- Develop methods to effectively share information
- PowerPoint presentation on statewide CADR recommendations to be shared at local level

Theme: Clear and Consistent Process

- More guidance from state-level and defined expectations of local committees
- Seamless handoff to new chairs and provide orientation
- One page guidance for format of case presentation, discussion, review and recommendations
- Listserv for questions and answers on policies and procedures

Policy, Processes, and Protocols

Dr. Perry reported on available resources and provided information on upcoming changes, including the following topics:

- Guidelines for Local Committees
- Alignment with Judicial Circuits
- Protocols for File Case Management and Data Input

Local Prevention Initiatives

Break-out groups were again utilized to brainstorm responses to questions regarding potential contributing factors, prevention initiatives, and accomplishments.

The following is an itemization of select factor/data elements that the 10 working groups of meeting participants itemized for consideration as possible contributing factors associated with preventable child abuse and neglect. Those data elements/factors that are **bolded** were mentioned by multiple working groups.

Location of Child Death at Time of Death

Child Characteristics:

- **Age of child at death (especially if under five)**
- Is child from multiple birth

- Presence of developmental delays and special needs (including preexisting medical conditions)
- **Child has limited visibility in the community**

Caregiver and/or Perpetrator Risk Factors/Data:

- **Age of responsible caregiver/perpetrator (especially if teen or young parent/caregiver)**
- **Developmental delays, cognitive impairment (education deficit/level) of caregiver**
- Impulse control
- **Marital/relationship status (including if single parent)**
- **Relationship of perpetrator/caregiver to child (including legal/illegal guardian, boyfriend, biological versus non-biological, unqualified caregiver, etc.)**
- Education level of parent/caregivers
- **Prior involvement with child welfare (including as a victim; previous abuse history as victim and/or perpetrator)**
- **Substance abuse history (including itemization of substances: alcohol, type of drugs, prescription misuse, etc.)**
- **Domestic/family violence history**
- **Mental health history**
- Criminal history
- **Co-sleeping practices and beliefs**

Family Risk Factors (apart from caregiver and perpetrator factors):

- **Presence of young children (under five) and siblings in the household**
- **Prior involvement with child welfare/prior abuse and/or neglect history**
- Prior animal cruelty concerns/instances
- **Substance abuse history (entire family)**
- Lack of access to substance abuse services
- Lack of access to health care services
- **Poor parenting skills/parental limitations in ability to adequately parent (limited discipline options, poor/inadequate supervision practices, etc.)**
- Limited water safety knowledge of parents (limited water safety education opportunities in community
- Limited co-sleeping knowledge of parents (limited education opportunities in community)
- **Access of family to affordable and adequate childcare**
- **Economic/environmental hardship (poverty, unstable housing, unsafe housing, financial stressors, limited financial stability over time, etc.)**
- Hazardous conditions in the home (unsafe physical environment; presence and/or misuse of unsafe products)
- **Utilization and adequacy of prior services/interventions to child and family (by the Department of Children and Families, Healthy Start, mental health services, etc.)**
- **Child(ren) in the home have limited community visibility**
- Criminal history (violence and drug-related offences) on any household member

- **Cultural beliefs/practices/norms (especially with respect to sleeping with infants, discipline, etc.)**
- **Lack of family supports and resources (support systems and community response to families in need)**
- Presence of guns in the home

Additional brainstorming was conducted to answer questions regarding prevention of child maltreatment. The following is an outline of responses to questions related to child abuse prevention initiatives.

1. What should prevention initiatives target?

Education

- Educate Specific Groups
    - Parents/caregivers
    - Healthcare providers
    - First responders (e.g., recognizing signs of abuse/neglect)
    - High schools
    - At-risk populations
    - Children
- Education Topics
    - Sex education
    - Reproductive life planning
    - Parenting practices
    - Developmental changes/stages in children
    - Healthy families and relationships
    - Safety and prevention
- Messaging & Outreach
    - Public service announcements
    - Social media
    - Through influential partners
- Recipients
    - Group-specific (i.e., populations-at-risk, abuse/violence victims, persons w/ child welfare contact)
- Message Content
    - Culturally appropriate and sensitive
    - Consistent (especially across agencies)
    - Realistic
- Safety and Prevention Efforts/Topics
    - Safe sleep
    - Drowning
    - Gun safety
    - Dangers of leaving children in hot cars
- Mental/Behavioral Health Topics (some are non-specific)
    - Substance abuse
    - Prescription abuse
    - Impact of mental health on parenting

        - Mental health providers
        - Mental health of child victims
        - Behavior change
        - Breaking the cycle of abuse
    - Resources
        - Community outreach
        - Community support
        - Increase community responsibility and reporting
        - Safe housing
        - Babysitting programs
        - Education and work programs
        - Support for family and caretakers
        - Universal/comprehensive care (available for everyone and started early)
        - Increase opportunities for safe child care
        - Faith communities be more inclusive of diversity
        - Neighborhood resources
    - Macro Level
        - Industry changes
            - Automobile industry to include alarms in cars so kids aren't left in hot cars
            - Baby supply industry
            - Business impact
        - Legislation changes
        - Economic stability
        - Department of Children and Families
            - Case enforcement
            - Full investigation of children placed outside the home

2. How should prevention initiatives be monitored and their effectiveness gauged?

- Components of Prevention Initiative Monitoring
    - Data & measures
        - Data characteristics
            - Accurate
            - Available
        - Development of standard definitions of outcomes and measures
        - Data levels
            - Zip Code
            - County
            - Community
            - State
        - Methods & analysis
            - Data collection
                - Surveys
                - Focus groups
                - Community feedback
        - Analysis

        - Monitoring data trends (i.e., continuous over time)
        - Point-in-time comparisons
        - Root cause analysis
        - Heat maps

    - Data usage
        - Inform tasks forces
        - Development of action plans
        - State score cards
        - Resource justification
        - Monitor compliance
        - Program evaluations
        - Implementation of evidence-based programs
- Gauge of Effectiveness
    - Desired Outcomes of prevention Initiatives
        - Decreased calls to the Central Abuse Hotline
        - Decreased mortality due to neglect and abuse
        - Improvements in Social Determinants of Health
            - Decreased need for social service programs
            - Increase in employment rates
            - Improvement in graduation rates
        - Expansion of Prevention Programs
            - Increased access to programs
            - Increased support of programs

3. What past and current prevention initiatives and accomplishments exist in your locality?

1. Safe Sleep
    - Campaigns (Back2Sleep, Cribs for Kids)
    - Education materials – development and provision
    - Provision of sleepwear and furniture (i.e., pack ‘n plays, onesies)
    - Education/training of parents, caregivers, hospitals
    - Center for Disease Control Sudden Unexpected Infant Death Investigation training
    - Safe sleep coordinators
2. Water and Pool Safety
    - Provision of door and pool alarms
    - Water safety council
    - Education
    - Choose child supervision
    - Designating “pool watchers”
    - Swimming lessons
    - Drowning prevention coordinators
3. Training/Materials to Child Caregivers/Supervisors

- Who's Watching Your Child?
- Hot car
- Shaken Baby Syndrome Prevention
- How to soothe a crying infant/child
- Car seat installation training
- Bike helmet use education
- Fetal Alcohol Syndrome

4. Community Level
   - Family Resource Centers
   - Family Justice Centers
   - Mental Health Center
   - Healthy Start
   - Child Advocacy Center
5. Institution Level
   - Health education in schools
   - Baby friendly hospitals
   - Policy, law, or ordinance development/changes
6. Others
   - Research
   - Build partnerships
   - Develop resource guides
   - Media

Meeting Summary and Next Steps

Dr. Perry acknowledged participants and staff for their dedication and hard work. Primary points were summarized and next steps were identified, including:

- Finalize data input to allow for analysis of data
- Begin crafting annual report

APPENDIX G:

Child Abuse Death Review Data

CHILD DEATH INCIDENT INFORMATION

Location of Child Deaths

Tables G-1 and G-2 provide information related to the number of child fatalities that occurred in each county in Florida. Please note that the county refers to the county where the incident took place, not necessarily the county where the death occurred (although they may be the same county). By way of explanation, there are occasions where the incident causing a child's death may happen in one county; however, the child's death (for example, because he/she was transported to a medical facility in another county) may be documented in another county. From a prevention standpoint, for this report, any county reference refers to the county where the incident contributing to the death (i.e., "death county") took place. Table G-1 highlights every child death across individual counties stratified by maltreatment verification status and primary cause of death (i.e., drowning, asphyxia, weapon, and other). Table G-2 aggregates information denoted in Table G-1 for all primary causes of death for each county. No information in a table cell in either Table G-1 or Table G-2 indicates a zero count for that county category.

When information from Table G-1 is examined, there are three counties that account for almost half the verified child maltreatment deaths (across all categories) in Florida. These include Broward (n=22 or 21.4%), Palm Beach (n=15 or 14.6%), and Hillsborough (n=10 or 9.7%). Verified child maltreatment deaths happened in 29 additional counties throughout Florida for a total of 32 or 47.7% of Florida's 67 counties. When primary cause of death among verified maltreatment cases are examined, 57.9% (11 of 19) of all drowning deaths took place in only two counties. These include Broward (n=6) and Palm Beach (n=5). The remaining verified maltreatment drowning deaths were located in five additional counties, including Hillsborough (n=2), Okeechobee (n=2), Polk (n=2), St. Johns (n=1), and Walton (n=1). Among verified maltreatment deaths involving asphyxia, Broward (n=7) and Palm Beach (n=5) account for 48% of all deaths. The remaining thirteen asphyxia deaths are found across eleven additional counties. The 29 verified maltreatment deaths by weapons are found across 15 different counties in Florida with the greatest number occurring in Gilchrist (n=6), Palm Beach (n=4) and Hillsborough (n=3) counties.

Table G-1 : Distribution of Verified and Non-verified Child Maltreament Deaths Across Florida Counties by Primary Cause of Death

County	Verified for Maltreatment					County	Non- Verified for Maltreatment				
	Drowning	Asphyxia	Weapon	Other	Total		Drowning	Asphyxia	Weapon	Other	Total
Alachua				1	1	Alachua				2	2
Baker						Baker					
Bay				1	1	Bay	1	2		1	4
Bradford						Bradford					
Brevard		1		1	2	Brevard	1	3		8	12
Broward	6	7	1	8	22	Broward	3	3		10	16
Calhoun						Calhoun		1			1
Charlotte		1			1	Charlotte					
Citrus			1	1	2	Citrus		3			3
Clay				1	1	Clay			2	3	5
Collier				1	1	Collier	2			1	3
Columbia						Columbia					
DeSoto						DeSoto					
Dixie						Dixie				1	1
Duval		1	2	1	4	Duval	2	2	2	21	27
Escambia			1	1	2	Escambia		1	1	2	4
Flagler						Flagler				1	1
Franklin						Franklin				1	1
Gadsden						Gadsden					
Gilchrist			6		6	Gilchrist					
Glades						Glades					
Gulf						Gulf					
Hamilton						Hamilton					
Hardee						Hardee					
Hendry						Hendry					
Hernando		1			1	Hernando		4		1	5
Highlands						Highlands		1		3	4
Hillsborough	2	3	3	2	10	Hillsborough	3	7	2	13	25
Holmes						Holmes					
Indian River						Indian River				1	1
Jackson						Jackson					
Jefferson				1	1	Jefferson					
Lafayette						Lafayette					
Lake				1	1	Lake	4	2		3	9
Lee		1			1	Lee				1	1
Leon						Leon		2	2	3	7
Levy						Levy				1	1
Liberty						Liberty					
Madison						Madison				1	1
Manatee						Manatee	1	3		3	7
Marion		1	2		3	Marion	1	2		3	6
Martin						Martin		1	1		2
Miami- Dade		1	2	2	5	Miami- Dade	1	8		10	19
Monroe				1	1	Monroe				1	1
Nassua						Nassua	1				1
Okaloosa						Okaloosa	1			2	3
Okeechobee	2				2	Okeechobee					
Orange			1		1	Orange	9	1	2	10	22
Osceola						Osceola	3		1	5	9
Palm Beach	5	5	4	1	15	Palm Beach	3	4		11	18
Pasco						Pasco	1	4		2	7
Pinellas		1	1		2	Pinellas		2	1	14	17
Polk	2	1		2	5	Polk	4	4		7	15
Putnam				1	1	Putnam				2	2
St Johns	1				1	St Johns	1			6	7
St Lucie		1	1		2	St Lucie				1	1
Santa Rosa						Santa Rosa		1		1	2
Sarasota				2	2	Sarasota				4	4
Seminole			1	1	2	Seminole		1	1	5	7
Sumter						Sumter		1			1
Suwanee			1		1	Suwanee	1			1	2
Taylor						Taylor					
Union						Union					
Volusia			2		2	Volusia	4	3		6	13
Wakulla						Wakulla					
Walton	1				1	Walton					
Washington						Washington					
Total	19	25	29	30	103	Total	47	66	15	172	300

Table G-2: Distribution of All Child Maltreament Deaths Across Florida Counties by Primary Cause of Death

County	Total				
	Drowning	Asphyxia	Weapon	Other	Total
Alachua				3	3
Baker					
Bay	1	2		2	5
Bradford					
Brevard	1	4		9	14
Broward	9	10	1	18	38
Calhoun		1			1
Charlotte		1			1
Citrus		3	1	1	5
Clay			2	4	6
Collier	2			2	4
Columbia					
DeSoto					
Dixie				1	1
Duval	2	3	4	22	31
Escambia		1	2	3	6
Flagler				1	1
Franklin				1	1
Gadsden					
Gilchrist			6		6
Glades					
Gulf					
Hamilton					
Hardee					
Hendry					
Hernando		5		1	6
Highlands		1		3	4
Hillsborough	5	10	5	15	35
Holmes					
Indian River				1	1
Jackson					
Jefferson				1	1
Lafayette					
Lake	4	2		4	10
Lee		1		1	2
Leon		2	2	3	7
Levy				1	1
Liberty					
Madison				1	1
Manatee	1	3		3	7
Marion	1	3	2	3	9
Martin		1	1		2
Miami-Dade	1	9	2	12	24
Monroe				2	2
Nassua	1				1
Okaloosa	1			2	3
Okeechobee	2				2
Orange	9	1	3	10	23
Osceola	3		1	5	9
Palm Beach	8	9	4	12	33
Pasco	1	4		2	7
Pinellas		3	2	14	19
Polk	6	5		9	20
Putnam				3	3
St Johns	2			6	8
St Lucie		1	1	1	3
Santa Rosa		1		1	2
Sarasota				6	6
Seminole		1	2	6	9
Sumter		1			1
Suwanee	1		1	1	3
Taylor					
Union					
Volusia	4	3	2	6	15
Wakulla					
Walton	1				1
Washington					
Total	66	91	44	202	403

Primary Cause of Death

Table G-3 denotes the distribution of child fatality cases reviewed using the general classification of primary cause of death for those cases verified/non-verified to be the result of child maltreatment. Among the 103 child fatalities verified as a result of maltreatment, 95 (92.2%) resulted from an external injury, 4 (3.9%) due to a medical cause, and 4 (3.9%) were undetermined. Among those child fatalities non-verified to be the result of abuse and neglect (n=300), a total of 187 (62.3%) were the result of an external injury, 58 (19.3%) were determined to have a medical cause, and 55 (18.3%) had undetermined or unknown cause of deaths.

Table G-3: Primary Cause of Death by Maltreatment Verification Status		
Primary Cause of Death	Verified n=103	Non-Verified n=300
External Injury	95	187
Medical Cause	4	58
Undetermined If Injury or Medical	4	33
Unknown	0	22

Drowning Death Incident Information

Where information was available, Tables G-4, G-5 and G-6 present findings on the location of the child before drowning, activity of child before drowning and drowning location. A total of 13 (of 19, 68.4%) of the children were playing, two were sleeping and one child was swimming before drowning (see Table G-5). Prior to drowning, a total of 8 (42.1%) were located in the home and 6 (31.6%) were in the water. All (100%) of the children whose death was verified as maltreatment and 92% of children whose death was not verified as maltreatment did not know how to swim.

Table G-4: Location of Child Before Drowning by Child Maltreatment Verification Status		
Location of Child Before Drowning	Child Maltreatment Deaths Drowning n=66	
	Verified (n=19)	Non-Verified (n=50)
In Water	6	13
On Shore	0	2
On Dock	0	0
Pool Side	1	4
In Yard	1	1
In Bathroom	0	2
In House	8	21
Other	3	4
Unknown	0	3

Table G-5: Activity of Child Before Drowning by Child Maltreatment Verification Status		
	Child Maltreatment Death Drowning n=66	
Activity Before Drowning	Verified (n=19)	Non-Verified (n=47)
Playing	13	25
Boating	0	0
Swimming	1	2
Bathing	0	3
Fishing	0	0
Surfing	0	0
Tubing	0	0
Water Skiing	0	0
Sleeping	2	1
Other	2	10
Unknown	1	6

Table G-6 : Drowning Location by Child Maltreatment Verification Status		
	Child Maltreatment Death Drowning n=66	
Drowning Location	Verified (n=19)	Non-Verified (n=47)
Open Water	1	12
Pool/Hot Tub/Spa	16	30
Bathtub	0	3
Bucket	0	0
Well/Cistern/Septic	0	1
Toilet	2	1
Other	0	0

Sleep-Related Asphyxia Death Incident Information

Table G-7 provides a listing and associated counts of specific objects (including persons) that were reported in a child's sleep environment and for objects identified to have blocked/obstructed a child's airway among the reviewed sleep-related asphyxia cases. The other persons (34 adults, 19 other children) were reported to be in the child's sleep environment among sleep-related asphyxia cases. Five persons (3 adults and 2 children) were reported to have unintentionally obstructed airways of children who died from sleep-related asphyxia. Bedding (i.e., pillows, mattresses, comforters/quilts, sheets/thin blankets) was identified to have blocked a child's airway in 16 sleep-related asphyxia cases.

Table G-7: Objects in Sleep Environment Among Sleep-Related Asphyxia Deaths

	Objects Present in Sleep Environment	Objects Obstructing Child's Airway
Adult(s)	34	3
Other Children	19	2
Animal(s)	0	0
Mattress	33	5
Comforter	20	2
Thin blanket/flat sheet	33	1
Pillow(s)	33	8
Cushion	9	2
Boppy or U-Shaped Pillow	6	2
Sleep Positioner	0	0
Bumper Pads	3	1
Clothing	4	0
Crib Railing/Side	2	1
Wall	2	1
Toy(s)	4	0
Other	7	5

Weapon-Related Death Incident Information

Tables G-8 through G-11 summarize information related to the type of weapon, type of firearm, and the sex of the firearm owner, and sex of person handling the weapon related to the child fatality. For **verified** maltreatment weapon deaths, 16 (57.1%) of weapons used were firearms, 9 (32.1%) were body parts, and 2 (7.1%) were sharp instruments. Among the 16 firearm deaths, 13 (81.3%) of the firearms were handguns with the remaining three deaths associated with hunting rifles. The vast majority of the owners 12 of 16 (75%) of firearms used in the fatality were owned by males. When all weapons used in verified maltreatment deaths are considered, 18 of 29 (62.1%) were males who handled the weapon that was used in the child's fatality.

Among **non-verified** weapon deaths, 7 (46.7%) of weapons used were firearms, 6 (40%) were a person's body part, and 1 (6.7%) was a sharp instrument. Among the 7 firearm deaths, 4 (57.1%) of the firearms were handguns, two of the firearm were shotgun and one was an unknown firearm type. All of the owners (100%) of firearms used in the fatality were owned by males. For 11 of 15 (73.3%) of verified weapon cases, males handled the weapon used in the child's fatality.

Table G-8: Type of Weapon by Maltreatment Verification Status

Type of Weapon	Child Maltreatment Death Weapons n=44	
	Verified (n=28)	Non-Verified (n=15)
Firearm	16	7
Sharp Instrument	2	1
Blunt Instrument	0	0
Persons Body Part	9	6
Explosive	0	0
Rope	0	0
Pipe	0	0
Biological	0	0
Other	1	0
Unknown	0	1

Table G-9: Type of Firearm by Maltreatment Verification Status

Firearms	Child Maltreatment Death Weapon Type n=23	
	Verified (n=16)	Non-Verified (n=7)
Handgun	13	4
Shotgun	0	2
BB Gun	0	0
Hunting Rifle	3	0
Assault Rifle	0	0
Air Rifle	0	0
Sawed-Off Shotgun	0	0
Other	0	0
Unknown	0	1

Table G-10: Sex of Fatal Firearm Owner by Maltreatment Verification Status		
Sex of Fatal Firearm Owner	Child Maltreatment Death Weapon Type n=23	
	Verified (n=16)	Non-Verified (n=7)
Male	12	7
Female	4	0
Unknown	0	0

Table G-11: Sex of Person Handling Weapon by Maltreatment Verification Status		
Sex of Person Handling Weapon	Child Maltreatment Death Weapon Type n=44	
	Verified (n=29)	Non-Verified (n=15)
Male	18	11
Female	9	4
Unknown	0	0
Left Blank	2	0

CHILD CHARACTERISTICS

Age of Child

Table G-12 provides a count of children by age group for which their death was verified as maltreatment by primary cause of death.

Table G-12: Age of Children with Verified Maltreatment by Primary Cause of Death and if Death Classified as Abuse or Neglect

Age	Verified Child Maltreatment Death							
	Drowning n=19		Asphyxia n=25		Weapon n=29		Other n=30	
	Abuse	Neglect	Abuse	Neglect	Abuse	Neglect	Abuse	Neglect
< 1	0	1	1	21	1	0	3	9
1	0	2	0	0	6	0	1	1
2	0	5	0	0	3	1	3	3
3	0	4	0	0	2	1	0	1
4	0	1	1	1	2	0	0	5
5	0	3	0	0	1	0	0	1
6-10	0	3	1	0	3	0	0	2
11-15	0	0	0	0	6	1	0	0
16+	0	0	0	0	2	0	0	1

Child's History of Victim of Maltreatment

If known and applicable, the distribution (using counts) of past maltreatment incidents across maltreatment verification status and primary cause of death are denoted in G-13. Please note that for each child identified as a past victim of maltreatment, there may be multiple past maltreatment incidents and/or multiple forms of maltreatment inflicted on the child at one time. There were 110 past maltreatment incidents reported for the 95 children who died, of which 69 (62.7%) were associated with non-verified child maltreatment deaths.

Table G-13: Child's History as a Victim of Maltreatment for Child Fatality Cases

Type of Past Maltreatment	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning	**Asphyxia**	**Weapon**	**Other**	**Drowning**	**Asphyxia**	**Weapon**	**Other**
Physical	0	1	10	2	3	0	2	9
Neglect	2	3	11	9	3	5	3	34
Sexual	0	0	0	0	1	0	0	2
Emotional	0	0	2	1	0	0	1	6

CAREGIVER, SUPERVISOR, AND PERSON(S) RESPONSIBLE CHARACTERISTICS

Table G-14 summarizes the percentage of child fatality cases where one or two caregivers were identified. At least one primary caregiver was identified for all child fatality cases with the exception of one non-verified child maltreatment death classified as "other". Among verified maltreatment deaths, between 68% (asphyxia deaths) and 79.3% (weapon deaths) of the children had a second caregiver present in the home. Among non-verified deaths, 100% of weapon cases had a second caregiver present in the home.

Table G-14: Percentage of Cases with One and Two Caregivers Identified as Present by Child Maltreatment Verification Status and Primary Cause of Death

Caregiver Present	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=66	Weapon n=15	Other n=172
One	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%
Two	73.7%	68.0%	79.3%	73.3%	80.9%	78.8%	100.0%	77.3%

Relationship to Child of Caregivers, Supervisors, and Person(s) Responsible for Death

Tables G-15 through G-17 suggest the majority of all caregivers present across all causes of death were the biological parents of the child. However, the proportion of caregivers who are biological parents for weapons related deaths appears to be substantially less than the proportions observed for the other three causes of death categories for both verified and non-verified cases.

Among verified child maltreatment deaths, the proportion of aggregate caregivers who are biological parents was 88% for drowning deaths, 90% for other deaths, and 93% for asphyxia deaths. These proportions are paralleled for non-verified deaths where the proportion of aggregate caregivers who are biological parents was 91% for drowning deaths, 85% for other deaths, and 89% for asphyxia deaths. However, when weapon deaths are examined, 67% of caregivers for verified maltreatment deaths were identified as biological parents. There was a greater likelihood among verified maltreatment deaths for weapon deaths to have a "mother's partner" (13%) or a grandparent (15%) as a primary caregiver.

These findings are reinforced when examining the distributions of caregiver relationship to child is observed for the second, not first identified caregiver. Among verified child maltreatment weapon deaths, the biological parent was identified as the second caregiver 39% of the time. Further, the mother's partner was identified as the second caregiver (where applicable) 30% of the time, along with the child's grandparent (30%). Grandparents were also identified as the second primary caregiver for 14% of the verified child maltreatment drownings and 11% of the verified child maltreatment asphyxia deaths.

Table G-15 Relationship to Child of All Identified Caregivers (aggregate) by Maltreatment Verification Status and Primary Cause of Death								
Caregiver Relationship To Child (All Caregivers)	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=33	Asphyxia n=43	Weapon n=52	Other n=52	Drowning n=85	Asphyxia n=118	Weapon n=30	Other n=171
Self	0%	0%	0%	0%	0%	0%	0%	0%
Biological Parent	88%	93%	67%	90%	91%	89%	73%	85%
Adoptive Parent	0%	0%	0%	0%	1%	0%	0%	0%
Step-Parent	3%	0%	0%	0%	1%	1%	7%	1%
Foster Parent	0%	0%	2%	2%	0%	0%	0%	2%
Mother's Partner	0%	0%	13%	4%	2%	1%	7%	2%
Father's Partner	0%	0%	2%	0%	0%	1%	3%	0%
Grandparent	9%	5%	15%	2%	4%	5%	7%	5%
Sibling	0%	0%	0%	0%	0%	0%	0%	1%
Other Relative	0%	0%	0%	2%	0%	2%	0%	1%
Friend	0%	0%	0%	0%	1%	1%	3%	1%
Institutional Staff	0%	0%	0%	0%	0%	0%	0%	1%
Other	0%	0%	0%	0%	0%	1%	0%	2%
Unknown	0%	2%	0%	0%	0%	0%	0%	0%

Table G-16: Relationship to Child of Primary (First) Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death								
Caregiver Relationship To Child (Caregiver 1 only)	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=66	Weapon n=15	Other n=172
Self	0%	0%	0%	0%	0%	0%	0%	1%
Biological Parent	95%	100%	90%	93%	98%	98%	93%	91%
Adoptive Parent	0%	0%	0%	0%	2%	0%	0%	0%
Step-Parent	0%	0%	0%	0%	0%	0%	0%	0%
Foster Parent	0%	0%	3%	3%	0%	0%	0%	2%
Mother's Partner	0%	0%	0%	3%	0%	0%	0%	0%
Father's Partner	0%	0%	3%	0%	0%	0%	0%	0%
Grandparent	5%	0%	3%	0%	0%	0%	7%	4%
Sibling	0%	0%	0%	0%	0%	0%	0%	0%
Other Relative	0%	0%	0%	0%	0%	2%	0%	1%
Friend	0%	0%	0%	0%	0%	0%	0%	1%
Institutional Staff	0%	0%	0%	0%	0%	0%	0%	1%
Other	0%	0%	0%	0%	0%	0%	0%	1%
Unknown	0%	0%	0%	0%	0%	0%	0%	0%

Table G-17: Relationship to Child of Second Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death								
Caregiver Relationship To Child (Caregiver 2 only)	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=14	Asphyxia n=18	Weapon n=23	Other n=22	Drowning n=38	Asphyxia n=52	Weapon n=15	Other n=133
Self	0%	0%	0%	0%	0%	0%	0%	0%
Biological Parent	79%	83%	39%	86%	82%	77%	53%	77%
Adoptive Parent	0%	0%	0%	0%	0%	0%	0%	0%
Step-Parent	7%	0%	0%	0%	3%	2%	13%	3%
Foster Parent	0%	0%	0%	0%	0%	0%	0%	2%
Mother's Partner	0%	0%	30%	5%	5%	2%	13%	5%
Father's Partner	0%	0%	0%	0%	0%	2%	7%	0%
Grandparent	14%	11%	30%	5%	8%	12%	7%	5%
Sibling	0%	0%	0%	0%	0%	0%	0%	2%
Other Relative	0%	0%	0%	5%	0%	2%	0%	2%
Friend	0%	0%	0%	0%	3%	2%	7%	1%
Institutional Staff	0%	0%	0%	0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%	2%	0%	3%
Unknown	0%	6%	0%	0%	0%	0%	0%	1%

Table G-18 focuses on the relationship of the supervisor of the child at the time of the incident leading to the child's death. Here, some parallels exist with data associated with caregivers (see Table G-15) with some noted exceptions. Among verified maltreatment deaths, the percentage of supervisors (across primary causes of death) who were biological parents ranges from 67% (for weapon deaths) to 79% (for other deaths); a large majority for each cause of death. Among verified maltreatment weapon deaths, 22% of the supervisors were the mother's partner, with an additional 4% being the father's partner, and 4% being a grandparent. Among verified maltreatment drownings, 11% were the child's grandparent, 5% a babysitter, and another 5% an "other" relative. Although a large proportion of supervisors associated with asphyxia deaths were biological parents (72%), 8% were identified as babysitters, 8% as friends, 4% as grandparents, 4% as "other" relatives, and 4% as licensed child care workers.

Table G-18: Relationship to Child of Supervisor by Maltreatment Verification Status and Primary Cause of Death								
Supervisor Relationship To Child	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=27	Other n=29	Drowning n=41	Asphyxia n=60	Weapon n=9	Other n=156
Biological Parent	74%	72%	67%	79%	78%	85%	44%	76%
Adoptive Parent	0%	0%	0%	0%	0%	0%	0%	0%
Step-Parent	0%	0%	0%	0%	0%	2%	11%	1%
Foster Parent	0%	0%	4%	0%	0%	0%	0%	2%
Mother's Partner	0%	0%	22%	7%	0%	0%	22%	3%
Father's Partner	0%	0%	4%	0%	0%	0%	0%	0%
Grandparent	11%	4%	4%	3%	10%	7%	11%	8%
Sibling	0%	0%	0%	3%	2%	2%	0%	1%
Other Relative	5%	4%	0%	3%	5%	2%	0%	2%
Friend	0%	8%	0%	0%	5%	2%	11%	1%
Acquaintance	0%	0%	0%	0%	0%	0%	0%	1%
Hospital Staff	0%	0%	0%	0%	0%	0%	0%	1%
Institutional Staff	0%	0%	0%	0%	0%	0%	0%	1%
Babysitter	5%	8%	0%	3%	0%	0%	0%	3%
Licensed Child Care Worker	0%	4%	0%	0%	0%	0%	0%	0%
Other	5%	0%	0%	0%	0%	2%	0%	3%
Unknown	0%	0%	0%	0%	0%	0%	0%	0%

For verified child maltreatment deaths, Tables G-19 through G-21 present information on the relationship to the child of the person (or persons) deemed responsible for the child's death. Collectively, biological parents represented those who were person(s) responsible for 68% of drowning, 83% of asphyxia, 54% of weapon, and 91% of other causes deaths. For weapon deaths, 18% of all person(s) responsible and 24% of persons directly causing a child's death were the mother's partner. For weapon death cases, 21% listed a child's grandparent as a person responsible with 10% of cases those who directly caused were the child's grandparents. However, it is important to note that one case involved a grandparent who was deemed the person responsible in the weapon deaths of six children, which accounted for a large proportion in this category.

Table G-19: Relationship to Child of All Person(s)s Responsible for Maltreatment Death (aggregate) by Primary Cause of Death				
All Person(s)s Responsible Relationship To Child	Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=23	Weapon n=28	Other n=23
Self	0%	0%	0%	0%
Biological Parent	68%	83%	54%	91%
Adoptive Parent	0%	0%	0%	0%
Step-Parent	0%	0%	0%	0%
Foster Parent	0%	0%	4%	0%
Mother's Partner	0%	0%	18%	4%
Father's Partner	0%	0%	4%	0%
Grandparent	11%	0%	21%	0%
Sibling	0%	0%	0%	0%
Other Relative	5%	0%	0%	4%
Friend	5%	4%	0%	0%
Acquaintance	0%	0%	0%	0%
Child's Boyfriend/ Girlfriend	0%	0%	0%	0%
Stranger	0%	0%	0%	0%
Medical Staff	0%	0%	0%	0%
Institutional Staff	0%	0%	0%	0%
Babysitter	5%	4%	0%	0%
Licensed Child Care Worker	0%	4%	0%	0%
Other	5%	4%	0%	0%
Unknown	0%	0%	0%	0%

Table G-20: Relationship to Child of Person who Caused Verified Maltreatment Death by Primary Cause of Death				
Person Responsible - Caused Relationship To Child	Verified Child Maltreatment Death			
	Drowning n=1	Asphyxia n=7	Weapon n=21	Other n=8
Self	0%	0%	0%	0%
Biological Parent	100%	86%	62%	75%
Adoptive Parent	0%	0%	0%	0%
Step-Parent	0%	0%	0%	0%
Foster Parent	0%	0%	5%	0%
Mother's Partner	0%	0%	24%	13%
Father's Partner	0%	0%	0%	0%
Grandparent	0%	0%	10%	0%
Sibling	0%	0%	0%	0%
Other Relative	0%	0%	0%	13%
Friend	0%	0%	0%	0%
Acquaintance	0%	0%	0%	0%
Child's Boyfriend/ Girlfriend	0%	0%	0%	0%
Stranger	0%	0%	0%	0%
Medical Staff	0%	0%	0%	0%
Institutional Staff	0%	0%	0%	0%
Babysitter	0%	0%	0%	0%
Licensed Child Care Worker	0%	0%	0%	0%
Other	0%	14%	0%	0%
Unknown	0%	0%	0%	0%

Table G-21: Relationship to Child of Person who Contributed to Verified Maltreatment Death by Primary Cause of Death				
Person Responsible - Contributed Relationship To Child	Verified Child Maltreatment Death			
	Drowning n=18	Asphyxia n=16	Weapon n=7	Other n=15
Self	0%	0%	0%	0%
Biological Parent	67%	81%	29%	100%
Adoptive Parent	0%	0%	0%	0%
Step-Parent	0%	0%	0%	0%
Foster Parent	0%	0%	0%	0%
Mother's Partner	0%	0%	0%	0%
Father's Partner	0%	0%	14%	0%
Grandparent	11%	0%	57%	0%
Sibling	0%	0%	0%	0%
Other Relative	6%	0%	0%	0%
Friend	6%	6%	0%	0%
Acquaintance	0%	0%	0%	0%
Child's Boyfriend/ Girlfriend	0%	0%	0%	0%
Stranger	0%	0%	0%	0%
Medical Staff	0%	0%	0%	0%
Institutional Staff	0%	0%	0%	0%
Babysitter	6%	6%	0%	0%
Licensed Child Care Worker	0%	6%	0%	0%
Other	6%	0%	0%	0%
Unknown	0%	0%	0%	0%

Average Age of Caregivers, Supervisors and Person(s) Responsible

Table G-22 provides the average ages of caregivers, supervisors, and person(s) responsible for child deaths.

Table G-22: Average Ages of Caregivers, Supervisors, and Person(s) Responsible for Child Fatality by Child Maltreatment Verification Status

Average Age (years)	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning	Asphyxia	Weapon	Other	Drowning	Asphyxia	Weapon	Other
Caregiver1	29.4	26.5	33.7	31.2	32.3	26.3	32.3	30.0
Caregiver2	36.0	31.8	40.4	32.7	35.0	30.7	30.9	31.8
All Caregivers	32.2	28.7	36.7	31.8	33.5	28.2	31.6	30.8
Supervisors	31.7	30.8	33.6	30.9	34.1	28.2	28.3	31
Person Responsible - Caused	28.0	27.9	37.0	30.9	NA	NA	NA	NA
Person Responsible - Contributed	32.2	30.1	40.1	32.5	NA	NA	NA	NA
All Person(s) Responsible	32.0	29.5	37.9	32.0	NA	NA	NA	NA

Gender of Caregivers, Supervisors and Person(s) Responsible for Death

Observation of information summarized in Table G-23 reveals that the majority of caregivers for children (across all primary cause of death categories) were female. Among verified maltreatment deaths, between 58% (for weapon deaths) and 64% (for drowning deaths) of caregivers were female. Among supervisors of verified child maltreatment deaths, 56% of weapon cases, 64% of asphyxia cases, and 89% drowning cases were females (Table G-24). The exception to this gender trend was found with non-verified deaths involving weapons. Here, 6 of 9 (67%) of the supervisors were males. Among person(s) responsible (either caused or contributed to) the child's death among verified maltreatment deaths, a large majority of drowning deaths (93%) and majority of asphyxia deaths (62%) were women (Table G-25). However, the person(s) responsible for a majority of weapon deaths (63%) and other causes of death (57%) were male.

Table G-23: Gender of All Identified Caregivers (aggregate) by Maltreatment Verification Status and Primary Cause of Death								
Caregiver Gender	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=33	Asphyxia n=43	Weapon n=52	Other n=52	Drowning n=85	Asphyxia n=117	Weapon n=30	Other n=302
Male	36%	37%	42%	40%	44%	38%	47%	42%
Female	64%	63%	58%	60%	56%	62%	53%	57%
Unknown	0%	0%	0%	0%	0%	0%	0%	1%

Table G-24: Gender of Supervisors by Maltreatment Verification Status and Primary Cause of Death								
Supervisor Gender	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=27	Other n=29	Drowning n=41	Asphyxia n=60	Weapon n=9	Other n=153
Male	11%	36%	44%	38%	41%	27%	67%	34%
Female	89%	64%	56%	62%	59%	73%	33%	65%
Unknown	0%	0%	0%	0%	0%	0%	0%	1%

Table G-25: Gender of All Identified Person(s) Responsible for Verified Maltreatment Death by Primary Cause of Death				
All Person(s) Responsible	Verified Child Maltreatment Death			
	Drowning n=15	Asphyxia n=26	Weapon n=48	Other n=30
Male	7%	38%	63%	57%
Female	93%	62%	38%	43%
Unknown	0%	0%	0%	0%

Substance Abuse History of Caregivers, Supervisors and Person(s) Responsible for Child's Death

Tables G-26 through G-28 summarize information related to substance abuse history of all caregivers, supervisors and person(s) responsible.

Findings from Table G-26 reveal that among the caregivers of children whose deaths were verified as child maltreatment, 74 of 178 (41.6%) are known to have a substance abuse history. This proportion is statistically significantly higher than the 152 of 503 (30.2%) of caregivers of children whose death was not verified to result from child maltreatment.[1]

Table G-26: Substance Abuse History of All Identified Caregivers of Children by Maltreatment Verification Status and Primary Cause of Death

	Verified Child Maltreatment Death (n=178)				Non-Verified (n=503) Child Maltreatment Death			
Substance Abuse History	Drowning n=31	Asphyxia n=43	Weapon n=52	Other n=52	Drowning n=81	Asphyxia n=102	Weapon n=29	Other n=291
Yes	19%	51%	58%	31%	10%	40%	31%	32%
No	65%	26%	13%	44%	68%	47%	38%	47%
Unknown	10%	12%	13%	13%	22%	13%	31%	21%
	If Yes, Verified Child Maltreatment Deaths (n=74)				**If Yes, Non-Verified Child Maltreatment Death (n=152)**			
Type of Substance	Drowning n=6	Asphyxia n=22	Weapon n=30	Other n=16	Drowning n=8	Asphyxia n=41	Weapon n=9	Other n=94
Alcohol	0%	23%	17%	25%	63%	24%	44%	30%
Cocaine	0%	14%	17%	56%	13%	7%	33%	22%
Marijuana	83%	91%	73%	69%	13%	71%	56%	66%
Methamphetamine	17%	0%	3%	13%	0%	2%	22%	3%
Opiates	0%	14%	0%	6%	13%	7%	0%	9%
Prescription	0%	18%	3%	38%	0%	15%	33%	19%
Over-the-Counter Drugs	0%	0%	0%	13%	0%	0%	0%	0%
Other	0%	14%	40%	13%	13%	10%	11%	6%
Unknown	0%	0%	7%	0%	13%	7%	11%	9%

When types of substances are examined, the majority of all caregivers of children whose deaths were verified as maltreatment had a history of marijuana use (from a low of 69% for "other" causes to high of 91% for asphyxia deaths). For asphyxia (71%), weapons (56%), and "other" primary causes of death (66%), the majority of all caregivers of children whose deaths were not verified as resulting from maltreatment also had a history of marijuana use. In addition to the use of marijuana, among known cases with substance abuse information, the majority (56%) of caregivers of children who died from "other"

[1] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of caregivers with a substance abuse history for verified and non-verified cases differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths was statistically significant (Z-Score-2.77, $p<.01$).

causes used cocaine. Further, in approximately one quarter of the asphyxia deaths (23%) and "other" causes of deaths, there was a primary caregiver with a history of alcohol abuse.

When the substance abuse history of supervisors of children at the time of the child's death is examined (see Table G-27), 40% (n=39 of 98) and 33% (n=82 of 250) of supervisors in verified and non-verified deaths (respectively) were known to have a substance abuse history.[2] Again, given that there are notable numbers of supervisors for which substance abuse history was not known (from a low of 11% of drowning deaths to a high of 37% of weapon deaths among verified cases) the above percentages should be considered conservative estimates of the prevalence of substance abuse histories among supervisors involved in child fatalities.

Table G-27: Substance Abuse History of Supervisors of Children at Time of Death by Maltreatment Verification Status and Primary Cause of Death

Drug Abuse Supervisor	Verified Child Maltreatment Death (n=98)				Non-Verified Child Maltreatment Death (n=250)			
	Drowning n=18	Asphyxia n=24	Weapon n=27	Other n=29	Drowning n=39	Asphyxia n=53	Weapon n=8	Other n=150
Yes	11%	63%	48%	31%	13%	43%	50%	33%
No	78%	17%	15%	41%	67%	45%	25%	46%
Unknown	11%	21%	37%	28%	21%	11%	25%	21%
	If Yes, Verified Child Maltreatment Deaths (n=39)				**If Yes, Non-Verified Child Maltreatment Death (n=82)**			
Type of Substance	Drowning n=2	Asphyxia n=15	Weapon n=13	Other n=9	Drowning n=5	Asphyxia n=23	Weapon n=4	Other n=50
Alcohol	0%	40%	8%	33%	60%	26%	25%	30%
Cocaine	0%	33%	23%	56%	20%	9%	25%	22%
Marijuana	50%	87%	85%	78%	20%	65%	75%	72%
Methamphetamine	50%	0%	8%	11%	0%	4%	25%	4%
Opiates	0%	13%	0%	11%	20%	9%	0%	8%
Prescription	0%	13%	0%	44%	20%	9%	0%	20%
Over-the-Counter Drugs	0%	0%	0%	11%	0%	0%	0%	0%
Other	0%	13%	46%	11%	0%	9%	0%	4%
Unknown	0%	0%	0%	0%	0%	13%	25%	4%

When types of substances are examined, the vast majority of all supervisors of children whose death was verified as maltreatment used marijuana (from a low of 50% for drowning deaths to high of 87% for asphyxia deaths). The majority of all supervisors of children whose death was not verified as resulting from maltreatment also used marijuana when such applied (as it did for caregivers) to deaths by asphyxia (65%), weapons (75%), and "other" primary causes of death (72%). In addition to the use of marijuana, among known cases with substance abuse information, the majority (56%) of supervisors of children (for

[2] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of supervisors with a substance abuse history for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths was NOT statistically significant (Z-Score=1.23, p=.22).

verified maltreatment deaths) who died from “other” causes used cocaine and 33% had a history of alcohol abuse. Further, in asphyxia deaths, 33% and 40% of the supervisors had a history of cocaine and alcohol abuse (respectively).

Table G-28 summarizes information related to substance abuse history of all person(s) deemed responsible (caused and contributed) for the child’s death. Findings from Table G-28 reveal that among the person(s) responsible for the child’s death whose death was verified as child maltreatment, 46.4% (45 of 97) are known to have a substance abuse history. Substance abuse was identified to be present among 70% of those person(s) responsible for asphyxia deaths, 52% of weapon deaths, 46% of “other” causes of death, and 11% of drowning deaths verified as maltreatment. When types of substances are examined, the vast majority of those responsible for the child’s death verified as maltreatment used marijuana from a low of 50% (one of two) for drowning deaths to high of 94% (15 of 16) of asphyxia deaths. The majority (58%) of all person(s) responsible for a child’s death whose death was classified as an “other” primary cause had an identified history of cocaine use. Further, the majority 10 of 15 (67%) of all person(s) responsible for a child’s death whose death was classified as a weapon death had an identified history of opiate abuse. In at least one quarter of the asphyxia deaths, the person(s) responsible for the death also abused alcohol (25%) and opiates (38%).

Table G-28: Substance Abuse History of All Person(s) Responsible for Child's Death by Maltreatment Verification Status and Primary Cause of Death

All Person(s)s Responsible	Verified Child Maltreatment Death (n=97)			
	Drowning n=19	Asphyxia n=23	Weapon n=29	Other n=26
Yes	11%	70%	52%	46%
No	79%	17%	7%	31%
Unknown	11%	13%	41%	23%
	If Yes, Verified Child Maltreatment Deaths (n=45)			
Type of Substance	Drowning n=2	Asphyxia n=16	Weapon n=15	Other n=12
Alcohol	0%	25%	13%	33%
Cocaine	0%	19%	20%	58%
Marijuana	50%	94%	73%	75%
Methamphetamine	50%	0%	0%	8%
Opiates	0%	38%	67%	25%
Prescription	0%	13%	0%	42%
Over-the-Counter Drugs	0%	0%	0%	8%
Other	0%	19%	40%	25%
Unknown	0%	0%	13%	0%

Disability or Chronic Illness Occurrence among Caregivers, Supervisors and Person(s) Responsible for Death

Tables G-29 through G-31 highlight the distribution of caregivers, supervisors and person(s) responsible known to have an identified disability or chronic illness.

Among all caregivers in deaths verified to have resulted from maltreatment, 14% (25 of 179) were known to have an identified disability or chronic illness of which 16 (or 64%) were associated with weapon deaths (Table G-29). Of these 16 caregivers in weapon deaths, 13 were identified as having a physical disability/chronic illness and 3 having a mental disability or illness. The 14% of caregivers with a known disability or chronic illness was significantly higher than the 8% (38 of 497) of caregivers in deaths not verified to have resulted from maltreatment.[3] Among the other causes death, 27 of the 38 caregivers (71%) with known disability.

Table G-29: Presence of Disability or Chronic Illness for All Caregivers by Maltreatment Verification Status and Primary Cause of Death

Disability All Caregivers	Verified Child Maltreatment Death (n=179)				Non-Verified Child Maltreatment Death (n=497)			
	Drowning n=33	Asphyxia n=42	Weapon n=52	Other n=52	Drowning n=75	Asphyxia n=102	Weapon n=30	Other n=290
Yes	0%	10%	31%	10%	7%	5%	3%	9%
No	70%	62%	38%	69%	65%	80%	77%	72%
Unknown	30%	29%	31%	21%	28%	15%	20%	19%
	If Yes, Verified Child Maltreatment Deaths (n=25)				**If Yes, Non-Verified Child Maltreatment Death (n=38)**			
Type of Disability	Drowning n=0	Asphyxia n=4	Weapon n=16	Other n=5	Drowning n=5	Asphyxia n=5	Weapon n=1	Other n=27
Physical	0%	0%	81%	60%	80%	60%	0%	19%
Mental	0%	100%	56%	20%	20%	80%	100%	70%
Sensory	0%	0%	0%	0%	0%	0%	0%	0%
Unknown	0%	0%	0%	20%	0%	0%	0%	7%

When findings from Table G-30 are examined, 15 of 101 (14.8%) supervisors of children whose death was verified to result from maltreatment were identified as having a disability or chronic illness and was statistically higher than the 22 of 277 (7.9%) of supervisors of children whose deaths were not classified as maltreatment.[4] Whereas the majority of verified maltreatment deaths where a supervisor had an illness or disability were due to weapons, 8 of 15 (53.3%). The majority of non-verified deaths where a supervisor had an illness or disability were due to "other" causes of deaths (17 of 22 or 77.3%).

[3] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of caregivers with an identified disability or chronic illness for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths WAS statistically significant (Z-Score=2.49, p=.013).

[4] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of supervisors with an identified disability or chronic illness for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths WAS statistically significant (Z-Score=2.00, p=.046).

Table G-30: Presence of Disability or Chronic Illness for Supervisors by Maltreatment Verification Status and Primary Cause of Death								
Disability or Chronic Illness?	Verified Child Maltreatment Death (n=101)				Non-Verified Child Maltreatment Death (n=277)			
	Drowning n=19	Asphyxia n=24	Weapon n=29	Other n=29	Drowning n=40	Asphyxia n=59	Weapon n=15	Other n=163
Yes	0%	13%	31%	20%	2%	7%	7%	10%
No	68%	57%	41%	57%	73%	81%	73%	68%
Unknown	32%	30%	28%	23%	24%	12%	20%	22%
	If Yes, Verified Child Maltreatment Deaths (n= 15)				If Yes, Non-Verified Child Maltreatment Death (n=22)			
Type of Disability	Drowning n=0	Asphyxia n=3	Weapon n=8	Other n=4	Drowning n=1	Asphyxia n=4	Weapon n=0	Other n=17
Physical	0%	0%	88%	75%	100%	50%	0%	24%
Mental	0%	100%	13%	50%	0%	100%	0%	65%
Sensory	0%	0%	0%	0%	0%	0%	0%	6%
Unknown	0%	0%	0%	25%	100%	0%	0%	6%

Table G-31 summarizes information related to the presence of a disability or chronic illness history of all person(s) deemed responsible (caused and contributed) for the child's death. Among person(s) responsible for a child's death, 15 of 97 (15.5%) were identified to have a disability or chronic illness. Nine of these 15 individuals were responsible for weapons deaths for which all of them were identified as having a mental illness or disability and six were identified as having a physical disability or chronic illness.

Table G-31: Presence of Disability or Chronic Illness for Person(s) Responsible for Verified Maltreatment Death by Maltreatment Verification Status and Primary Cause of Death				
Disability or Chronic Illness?	Verified Child Maltreatment Death (n=97)			
	Drowning n=19	Asphyxia n=23	Weapon n=29	Other n=26
Yes	0%	9%	31%	15%
No	70%	64%	41%	65%
Unknown	30%	27%	28%	19%
	If Yes, Person(s) Responsible Verified Child Maltreatment Deaths (n=15)			
Type of Disability	Drowning n=0	Asphyxia n=2	Weapon n=9	Other n=4
Physical	0%	0%	67%	50%
Mental	0%	100%	100%	0%
Sensory	0%	0%	0%	0%
Unknown	0%	0%	0%	50%

Employment Status of Caregivers

Employment status was examined for all identified caregivers. Tables G-32 through G-34 provide information on the distribution of the caregiver employment status. Table G-32 aggregates all caregivers (whether identified as the first or second primary caregiver), whereas Tables G-33 and G-34 breakdown the distribution of caregiver employment status as the first or second listed primary caregiver.

Table G-32: Employment Status of All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

Employment - All Caregivers	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=33	Asphyxia n=42	Weapon n=52	Other n=50	Drowning n=81	Asphyxia n=108	Weapon n=30	Other n=298
Employed	61%	38%	23%	48%	58%	45%	53%	45%
Unemployed	18%	38%	42%	24%	14%	27%	20%	26%
On Disability	0%	2%	0%	4%	0%	1%	0%	3%
Stay-at-Home Caregiver	3%	2%	0%	6%	6%	8%	0%	7%
Retired	3%	0%	4%	0%	0%	1%	0%	0%
Unknown	15%	19%	31%	18%	22%	18%	27%	20%

Table G-33: Employment Status of Primary (First) Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death

Employment - Caregiver1	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=62	Weapon n=15	Other n=168
Employed	53%	25%	24%	40%	64%	44%	60%	42%
Unemployed	26%	42%	45%	30%	18%	29%	20%	27%
On Disability	0%	4%	0%	3%	0%	2%	0%	3%
Stay-at-Home Caregiver	5%	4%	0%	10%	2%	11%	0%	11%
Retired	0%	0%	7%	0%	0%	0%	0%	0%
Unknown	16%	25%	24%	17%	16%	15%	20%	17%

Table G-34: Employment Status of Second Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death								
Employment - Caregiver2	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=14	Asphyxia n=18	Weapon n=23	Other n=20	Drowning n=37	Asphyxia n=46	Weapon n=15	Other n=130
Employed	53%	25%	24%	40%	64%	44%	60%	42%
Unemployed	26%	42%	45%	30%	18%	29%	20%	27%
On Disability	0%	4%	0%	3%	0%	2%	0%	3%
Stay-at-Home Caregiver	5%	4%	0%	10%	2%	11%	0%	11%
Retired	0%	0%	7%	0%	0%	0%	0%	0%
Unknown	16%	25%	24%	17%	16%	15%	20%	17%

Education Level of Caregivers

Information on the education level of the caregivers was either unknown or not available for the majority of caregivers across maltreatment verification and primary cause of death categories (Table G-35). Where caregiver education level was documented, high school or less than high school education was the most frequently reported. Given these findings, it is suggested that efforts be made in future reviews to explore data sources that can provide this information so that more representative conclusions can be made.

Table G-35: Education Level of All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death								
Education - All Caregivers	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=31	Asphyxia n=44	Weapon n=49	Other n=51	Drowning n=82	Asphyxia n=109	Weapon n=30	Other n=279
Less than High School	13%	16%	20%	14%	7%	10%	17%	16%
High School	29%	23%	4%	20%	15%	23%	20%	20%
College	6%	5%	10%	14%	10%	3%	0%	4%
Post Graduate	0%	0%	0%	0%	1%	0%	0%	0%
Unknown	52%	57%	65%	53%	67%	64%	63%	59%

English Spoken by Caregivers, Supervisors, and Person(s) Responsible for Death

As can be observed from information detailed in Tables G-36 through G-38, the majority of all caregivers, supervisors, and person(s) responsible for deaths could speak English.

Table G-36: English Speaking by All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

Can Caregiver Speak English- All Caregivers	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=33	Asphyxia n=42	Weapon n=51	Other n=51	Drowning n=84	Asphyxia n=115	Weapon n=27	Other n=293
Yes	91%	100%	96%	98%	88%	97%	100%	95%
No	6%	0%	4%	0%	11%	3%	0%	3%
Unknown	3%	0%	0%	2%	1%	0%	0%	2%

Table G-37: English Speaking Ability All Identified Supervisors by Maltreatment Verification Status and Primary Cause of Death

Can Supervisor Speak English	Verified Child Maltreatment Death				Non-Verified Child Maltreatment Death			
	Drowning n=19	Asphyxia n=24	Weapon n=26	Other n=29	Drowning n=41	Asphyxia n=59	Weapon n=7	Other n=150
Yes	89%	96%	96%	97%	90%	97%	100%	93%
No	5%	0%	4%	0%	10%	3%	0%	4%
Unknown	5%	4%	0%	3%	0%	0%	0%	3%

Table G-38: English Speaking Ability All Identified Person(s) Responsible for Verified Maltreatment Death by Primary Cause of Death

All Persons Responsible English	Verified Child Maltreatment Death			
	Drowning n=21	Asphyxia n=28	Weapon n=32	Other n=28
Yes	81%	100%	100%	93%
No	5%	0%	0%	0%
Unknown	14%	0%	0%	7%

Active Duty Military Status of Caregivers, Supervisors and Person(s) Responsible for Death

One of the core data elements the statewide committee requested to be reported on by the local committees was whether any caregivers, supervisors, and person(s) responsible for the death of a child were on active duty military. Among all caregivers, there was only one caregiver (identified as the second caregiver) who was on active duty military where the child fatality was classified as a verified maltreatment death due to drowning. When fatalities not verified as maltreatment are examined, there were two caregivers (both identified as the second caregiver) who were on active duty military. These deaths were related to "other" primary causes of death.

Among supervisors of children at the time of the death, there were no identified persons on active duty military for any fatality verified as child maltreatment; and, one supervisor who was on active duty military for a fatality that was not verified as a child maltreatment fatality (classified as an "other" primary cause of death). When information related to person(s) responsible for a maltreatment fatality is examined, no person was identified as someone on active duty military.

Caregiver Receipt of Social Services in the Past Twelve Months

Local committees were asked to identify from available sources of information the extent to which caregivers had received social services in the twelve months prior to the child's death. Examination of this information is not meant to stigmatize anyone receiving social services. Rather, it can be a potential indicator of environmental stresses and may help identify possible venues for outreach involving future prevention initiatives. Table G-39 summarizes information related to social services receipt among all caregivers (aggregate) identified and reported on for this data element. Please note (as with all measures of combined/aggregate caregivers) that the number of caregivers denoted in Table G-39 exceeds the number of child fatalities as the majority of children had two identified caregivers. Table G-39 first identifies the number of caregivers (associated with verified maltreatment deaths and non-verified) that received social services and then further identifies the specific type of support services received. Please note that with respect to the type of support received, the column percentages (which relate to the total caregivers associated with each primary cause of death) may exceed 100% as caregivers may receive more than one type of service/support over the course of twelve months.

Table G-39: Receipt of Social Services by All Identified Caregivers of Children by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=176)				Non-Verified (n=499) Child Maltreatment Death			
Receipt of Social Services	Drowning n=32	Asphyxia n=42	Weapon n=52	Other n=50	Drowning n=75	Asphyxia n=108	Weapon n=30	Other n=286
Yes	25%	40%	48%	34%	15%	23%	7%	33%
No	38%	14%	17%	20%	32%	18%	43%	21%
Unknown	38%	45%	35%	46%	53%	59%	50%	45%
	If Yes, Verified Child Maltreatment Deaths (n= 67)				**If Yes, Non-Verified Child Maltreatment Death (n=133)**			
Type of Support	Drowning n=8	Asphyxia n=17	Weapon n=25	Other n=17	Drowning n=11	Asphyxia n=25	Weapon n=2	Other n=95
WIC	50%	65%	44%	47%	36%	64%	100%	65%
TANF	13%	6%	28%	12%	0%	4%	0%	12%
Medicaid	75%	88%	92%	71%	73%	60%	50%	64%
Food Stamps	13%	59%	56%	35%	36%	52%	100%	53%
Other	13%	12%	24%	24%	0%	20%	0%	16%
Unknown	0%	0%	20%	0%	9%	0%	0%	2%

It is important to note that there were a number of caregivers across each primary cause of death for which receipt status of social services could not be identified (see first listed "unknown" row category in Table G-39). Regardless, findings from Table G-39 reveal that among the caregivers of children whose death was verified as child maltreatment, 38% (67 of 176) are known to have received some form of social service support in the twelve months prior to the child's death. This rate was significantly higher than the 26.7% (133 of 499) of caregivers of children whose death was not verified to result from child maltreatment.[5] When types of services received is examined across primary cause of the child's death, the vast majority of all caregivers of children whose death was verified as maltreatment received Medicaid (from a low of 71% for "other" causes to high of 92% for weapon deaths). The majority of all caregivers of children whose death was not verified as resulting from maltreatment also received Medicaid (from a low of 50% for weapon deaths to a high of 73% for drowning deaths).

In addition to the receipt of Medicaid, among known cases where social service support was received and where maltreatment was verified, half of caregivers of children who drowned (50%) and the majority of caregivers of children who died from asphyxia (65%) received WIC. The majority of caregivers of children who died from asphyxia (59%) and weapons (56%) received food stamps.

It is important to note that for year 2014, approximately 50% of mothers who delivered infants participated in WIC and approximately 49.7% deliveries were funded by Medicaid (Florida CHARTS, 2015). Therefore,

[5] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of caregivers receiving social services for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportions difference was statistically significant (Z-Score = 2.85, $p<.01$) between verified and non-verified child maltreatment deaths.

this data series may be reflective of similar social service receipt occurrences that exist in the general population.

Past History as Victim of Child Maltreatment among Caregivers, Supervisors and Person(s) Responsible

Local committees were asked to identify from available sources of information whether caregivers, supervisors, and person(s) responsible for the death of a child were past victims of child maltreatment. Collectively, it was known that 21.6% (38 of 176) of caregivers (Table G-40) of children of verified maltreatment deaths were past child victims of maltreatment. This figure may underestimate the true proportion of caregivers with a history of maltreatment as a child victim as this status was unknown for 59 (or 33.5%) of the total number of caregivers for children where the child's death was verified as maltreatment. The greatest proportion of caregivers (across cause of death categories) for which this history is unknown is for those children who died by weapon (44%), followed by those children who died from "other" causes (37%).

Among the caregivers of children whose death was not a verified maltreatment death, 19.3% (116 of 600) were identified to have been a past victim of child maltreatment.[6]

When past history as a victim of child maltreatment is examined for supervisors (Table G-41) associated with verified maltreatment deaths, it was known that 25.8% (25 of 97) were past child victims of maltreatment. Among the supervisors of children whose death was not a verified maltreatment death, 26.9% (65 of 242) are known to have a history of maltreatment as a child victim.

Among those persons responsible for the child's death (Table G-42), 22.5% (23 of 102) are known to be past child victims of maltreatment.

[6] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of caregivers with a past history as a victim of child maltreatment for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths was NOT statistically significant (Z-Score=0.66, $p=.51$).

Table G-40: Past History as Victim of Child Maltreatment for All Caregivers by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=176)				Non-Verified Child Maltreatment Death (n=600)			
Caregiver Past Victim of Child Maltreatment	Drowning n=32	Asphyxia n=41	Weapon n=52	Other n=51	Drowning n=94	Asphyxia n=132	Weapon n=30	Other n=344
Yes	19%	27%	25%	16%	11%	23%	27%	20%
No	69%	41%	31%	47%	49%	34%	37%	42%
Unknown	13%	32%	44%	37%	27%	17%	30%	20%
	If Yes, Verified Child Maltreatment Deaths (n= 38)				If Yes, Non-Verified Child Maltreatment Death (n=116)			
Type of Maltreatment	Drowning n=6	Asphyxia n=11	Weapon n=13	Other n=8	Drowning n=10	Asphyxia n=30	Weapon n=8	Other n=68
Physical	17%	55%	23%	63%	50%	37%	25%	46%
Neglect	83%	91%	31%	50%	50%	53%	50%	62%
Sexual	50%	27%	15%	38%	10%	23%	25%	24%
Emotional/ Psychological	33%	36%	0%	25%	20%	7%	0%	15%
Unknown	0%	0%	23%	0%	10%	13%	13%	10%

Table G-41: Past History as Victim of Child Maltreatment for Supervisors by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=97)				Non-Verified Child Maltreatment Death (n=242)			
Caregiver Past Victim of Child Maltreatment	Drowning n=18	Asphyxia n=23	Weapon n=27	Other n=29	Drowning n=40	Asphyxia n=53	Weapon n=9	Other n=140
Yes	22%	26%	37%	17%	10%	40%	33%	26%
No	61%	39%	33%	48%	63%	40%	33%	51%
Unknown	17%	35%	30%	34%	28%	21%	33%	23%
	If Yes, Verified Child Maltreatment Deaths (n=25)				If Yes, Non-Verified Child Maltreatment Death (n=65)			
Type of Maltreatment	Drowning n=4	Asphyxia n=6	Weapon n=10	Other n=5	Drowning n=4	Asphyxia n=21	Weapon n=3	Other n=37
Physical	0%	67%	20%	100%	25%	43%	33%	46%
Neglect	100%	83%	40%	60%	25%	52%	0%	62%
Sexual	75%	17%	20%	40%	0%	24%	0%	32%
Emotional/ Psychological	25%	17%	0%	40%	0%	10%	0%	19%
Unknown	0%	0%	30%	0%	50%	5%	67%	5%

Table G-42: Past History as Victim of Child Maltreatment for Persons Responsible for Verified Maltreatment Death by Maltreatment Verification Status and Primary Cause of Death				
	Verified Child Maltreatment Death (n=102)			
All Persons Responsible as Past Victim of Child Maltreatment	Drowning n=19	Asphyxia n=23	Weapon n=33	Other n=27
Yes	21%	22%	24%	22%
No	58%	39%	30%	44%
Unknown	21%	39%	45%	33%
	If Yes, Persons Responsible Verified Child Maltreatment Death (n=23)			
Type of Maltreatment	Drowning n=4	Asphyxia n=5	Weapon n=8	Other n=6
Physical	0%	60%	0%	67%
Neglect	100%	100%	25%	67%
Sexual	75%	20%	25%	50%
Emotional/ Psychological	25%	20%	0%	33%
Unknown	0%	0%	13%	0%

Past History as Perpetrator of Child Maltreatment among Caregivers, Supervisors, and Person(s) Responsible for Death

Local committees were asked to identify from available sources and reports whether caregivers, supervisors, and person(s) responsible for a child's death have a past history as a perpetrator of child maltreatment. When the aggregate of caregivers is examined (Table G-43), 38% (66 of 176) of caregivers of children whose death was verified to result from child maltreatment were identified as past perpetrators of child maltreatment. Among identified cases, the type of maltreatment the perpetrator inflicted on children in the past was most likely to be neglect, from a low of 60% of caregivers associated with weapons deaths to a high of 90% of caregivers associated with asphyxia deaths. However, for weapons related deaths, 60% of the caregivers were perpetrators of neglect and physical abuse of children in the past.

When the aggregate of caregivers associated with non-verified deaths is examined, 31% (156 of 503) were identified as past perpetrators of child maltreatment. Among identified cases, the type of maltreatment the perpetrator inflicted on children in the past was most likely to be neglect, from a low of 44% of caregivers associated with weapons deaths to a high of 75% of caregivers associated with other deaths.

Table G-43: Past History as Perpetrator of Child Maltreatment for All Caregivers by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=176)				Non-Verified Child Maltreatment Death (n=503)			
Caregiver Has History as Perpetrator	Drowning n=33	Asphyxia n=40	Weapon n=52	Other n=51	Drowning n=80	Asphyxia n=104	Weapon n=28	Other n=291
Yes	12%	25%	58%	43%	16%	26%	32%	37%
No	79%	70%	27%	47%	78%	63%	54%	57%
Unknown	3%	0%	10%	6%	3%	7%	11%	3%
	If Yes, Verified Child Maltreatment Deaths (n= 66)				If Yes, Non-Verified Child Maltreatment Death (n=156)			
Type of Maltreatment	Drowning n=4	Asphyxia n=10	Weapon n=30	Other n=22	Drowning n=13	Asphyxia n=27	Weapon n=9	Other n=107
Physical	25%	10%	60%	36%	31%	19%	44%	41%
Neglect	75%	90%	60%	64%	69%	70%	44%	75%
Sexual	0%	0%	3%	0%	0%	0%	11%	4%
Emotional/ Psychological	0%	0%	13%	9%	23%	7%	0%	17%
Unknown	0%	0%	3%	5%	8%	0%	11%	1%

When the past history as a perpetrator of supervisors is examined (see Table G-44), 37% (36 of 97) of supervisors of children whose death was verified to result from child maltreatment were identified as past perpetrators of child maltreatment. Among identified cases, the type of maltreatment the perpetrator inflicted on children in the past was most likely to be neglect, from a low of 63% (10 of 16) for supervisors associated with weapons deaths to a high of 75% (3 of 4) for supervisors associated with drowning deaths. However, for weapons related deaths, 69% (11 of 16) of the supervisors were additionally perpetrators of physical abuse of children in the past.

When the aggregate of supervisors associated with non-verified deaths is examined, 34% (84 of 249) were identified as past perpetrators of child maltreatment[7]. Of these 84 perpetrators, a total of 60 (71%) were supervisors of children with other causes of death. Among identified cases, the type of maltreatment the perpetrator inflicted on children in the past was most likely to be neglect (for all causes of death except weapon deaths) from a low of 67% (10 of 15) of caregivers associated with asphyxia deaths to a high of 73% (44 of 60) of supervisors associated with other deaths**.**

[7] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of supervisors with a past history as a perpetrator of child maltreatment for verified and non-verified deaths differed significantly (at p<.05, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths was NOT statistically significant (Z-Score=0.593, p=.56).

Table G-44: Past History as Perpetrator of Child Maltreatment for Supervisors by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=97)				Non-Verified Child Maltreatment Death (n=249)			
Supervisor Has History as Perpetrator	Drowning n=18	Asphyxia n=23	Weapon n=27	Other n=29	Drowning n=39	Asphyxia n=55	Weapon n=9	Other n=146
Yes	22%	13%	59%	45%	18%	27%	22%	41%
No	67%	70%	22%	48%	72%	64%	56%	52%
Unknown	11%	17%	19%	7%	10%	9%	22%	7%
	If Yes, Verified Child Maltreatment Deaths (n=36)				If Yes, Non-Verified Child Maltreatment Death (n=84)			
Type of Maltreatment	Drowning n=4	Asphyxia n=3	Weapon n=16	Other n=13	Drowning n=7	Asphyxia n=15	Weapon n=2	Other n=60
Physical	25%	0%	69%	31%	43%	27%	0%	45%
Neglect	75%	67%	63%	69%	71%	67%	0%	73%
Sexual	0%	0%	6%	0%	0%	0%	0%	3%
Emotional/ Psychological	0%	0%	13%	8%	43%	7%	0%	17%
Unknown	0%	0%	0%	0%	0%	0%	50%	0%

Table G-45 summarizes information related to the past history of child maltreatment for all persons deemed responsible (caused and contributed) for the child's verified maltreatment death. Findings from Table G-45 reveal that among persons responsible for a child's death 45% (43 of 95) were identified to have a past history as a perpetrator of child maltreatment. Among these 43 individuals, 18 (42%) were affiliated with weapons deaths and 17 (40%) were affiliated with "other" causes of death. Again across all causes of death, the type of maltreatment inflicted on children in the past was principally neglect, although physical abuse was also evident with the majority (61%) of perpetrators who were responsible for weapon deaths.

Table G-45: Past History as Perpetrator of Child Maltreatment for Persons Responsible for Verified Maltreatment Death by Maltreatment Verification Status and Primary Cause of Death				
	Verified Child Maltreatment Death (n=95)			
Supervisor Has History as Perpetrator	Drowning n=19	Asphyxia n=21	Weapon n=29	Other n=26
Yes	16%	24%	62%	65%
No	68%	71%	17%	31%
Unknown	16%	5%	21%	4%
	If Yes, Persons Responsible Verified Child Maltreatment Death (n=43)			
Type of Maltreatment	Drowning n=3	Asphyxia n=5	Weapon n=18	Other n=17
Physical	0%	20%	61%	29%
Neglect	67%	80%	61%	65%
Sexual	0%	0%	6%	0%
Emotional/ Psychological	0%	0%	11%	12%
Unknown	0%	0%	6%	6%

Past History of Intimate Partner Violence (as Victim and Perpetrator) among Caregivers and Supervisors

Table G-46 highlights the distribution of caregivers' history with intimate partner violence as a victim and/or perpetrator. In total, 37 caregivers (18% of 206) were known to be victims and 27 (13.1% of 206) were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths. The primary cause of death with the greatest proportion of caregivers as victims (22%) and perpetrators (21%) were verified maltreatment weapon deaths. Among non-verified deaths, a total of 73 caregivers (12.2% of 600) were known to be victims and 65 (10.8% of 600) were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths. Statistical tests suggest that the proportion of caregivers known to be victims of intimate violence among verified child maltreatment deaths (18%) was significantly higher than the 12.2% of caregivers associated with non-verified child maltreatment deaths. However, there was no statistical significance in the proportions of caregivers who were past perpetrators of intimate violence.[8]

[8] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of caregivers with a history as a victim of intimate for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths WAS statistically significant (Z-Score=2.09, p=.037). The same test was conducted for those with a history as a perpetrator of intimate violence. Observed proportions were NOT statistically significant (Z-score =0.98, p=.37)

Table G-46: History of Intimate Partner Violence with Caregivers by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (N=206)				Non-Verified Child Maltreatment Death (n=600)			
History of Intimate Partner Violence	Drowning n=38	Asphyxia n=50	Weapon n=58	Other n=60	Drowning n=94	Asphyxia n=132	Weapon n=30	Other n=344
Yes, as Victim	13%	14%	22%	20%	6%	12%	20%	13%
Yes, as Perpetrator	8%	4%	21%	17%	4%	12%	13%	12%
No	55%	44%	7%	23%	55%	41%	40%	40%
Unknown	13%	18%	40%	27%	19%	17%	27%	22%

Table G-47 highlights the distribution of supervisors' history with intimate partner violence as a victim and/or perpetrator. In total, 23 caregivers (22.3% of 103) were known to be victims and 14 (13.6% of 103) were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths. The primary cause of death with the greatest proportion of supervisors as victims (34%) and perpetrators (21%) were verified maltreatment weapons deaths. Among non-verified deaths, a total of 40 of 300 supervisors (13.3%) were known to be victims and 27 of 300 (9%) were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths.

Table G-47: History of Intimate Partner Violence with Supervisors by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=103)				Non-Verified Child Maltreatment Death (n=300)			
History of Intimate Partner Violence	Drowning n=19	Asphyxia n=25	Weapon n=29	Other n=30	Drowning n=47	Asphyxia n=66	Weapon n=15	Other n=172
Yes, as Victim	16%	12%	34%	23%	6%	14%	13%	15%
Yes, as Perpetrator	11%	4%	21%	17%	2%	12%	13%	9%
No	63%	40%	7%	23%	57%	42%	27%	40%
Unknown	16%	32%	31%	30%	17%	18%	7%	24%

Past Criminal History of Caregivers, Supervisors, and Person(s) Responsible for Death

When the criminal history of caregivers is examined (Table G-48), among caregivers associated with verified maltreatment deaths, 78 of 177 (44.1%) had committed a criminal offense in the past. This rate was significantly higher when contrasted against 154 of 506 (30.4%) of caregivers of children whose death was not verified as child maltreatment.[9] When primary cause of maltreatment deaths is observed, the highest proportion of caregivers for verified maltreatment cases with a criminal past were those affiliated with weapons deaths (57%), asphyxia deaths (49%), followed by other causes of deaths (40%) and drowning deaths (24%). The types of offenses (for verified cases that caregivers committed vary in proportional representation across primary cause of death. Among those with a criminal history, those with drug offenses were represented from a low of 25% for caregivers associated with verified asphyxia deaths to a high of 50% of those caregivers associated with drowning deaths. The modal type of offenses for caregivers for drowning (50%), asphyxia (75%), and other causes of death (81%) were offenses "other" than assault, robbery and drugs. Please note that the column totals for the type of offense for across each category of primary cause of death may exceed 100% as individual caregivers may have more than one past criminal offense.

Table G-48: Past Criminal History of Caregivers
by Maltreatment Verification Status and Primary Cause of Death

	Verified Child Maltreatment Death (n=177)				Non-Verified Child Maltreatment Death (n=506)			
Criminal History of Caregivers	Drowning n=33	Asphyxia n=41	Weapon n=51	Other n=52	Drowning n=80	Asphyxia n=103	Weapon n=30	Other n=293
Yes	24%	49%	57%	40%	21%	31%	20%	34%
No	67%	44%	33%	38%	71%	52%	60%	53%
Unknown	9%	7%	10%	21%	8%	17%	20%	13%
	If Yes, Verified Child Maltreatment Deaths (n=78)				If Yes, Non-Verified Child Maltreatment Death (n=154)			
Type of Offense	Drowning n=8	Asphyxia n=20	Weapon n=29	Other n=21	Drowning n=17	Asphyxia n=32	Weapon n=6	Other n=99
Assaults	25%	20%	14%	24%	6%	28%	33%	33%
Robbery	0%	20%	0%	14%	0%	6%	17%	12%
Drugs	50%	25%	41%	48%	29%	34%	50%	37%
Other	50%	75%	34%	81%	88%	69%	83%	71%
Unknown	0%	0%	24%	5%	0%	3%	0%	1%

When the criminal history of supervisors is examined (See Table G-49), among supervisors associated with verified maltreatment deaths, 47 of 99 (47.5%) had committed a criminal offense in the past. This rate is significantly higher when contrasted against 83 of 250 (33.2%) of supervisors of children whose death

[9] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of caregivers with a past criminal history for verified and non-verified deaths differed significantly (at p<.05, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths WAS statistically significant (Z-Score=3.29, p<.01).

was not verified as child maltreatment.[10] When primary cause of maltreatment deaths is observed, the highest proportion of supervisors for verified maltreatment cases with a criminal past were those affiliated with weapons deaths (67%), asphyxia deaths (58%), followed by other causes of deaths (41%) and drowning deaths (16%). The types of offenses (for verified cases) that supervisors committed vary in proportional representation across primary cause of death. Among those with a criminal history, those with drug offenses were represented from a low of 33% for supervisors associated with verified asphyxia and other deaths to a high of 56% of those supervisors associated with weapon deaths. The modal type of offenses for supervisors for drowning (67%), asphyxia (57%), and other causes of death (83%) were offenses "other" than assault, robbery, and drugs. Please note that the column totals for the type of offense for each category of primary cause of death may exceed 100% as individual caregivers may have more than one past criminal offense.

Table G-49: Past Criminal History Associated with Supervisors by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=99)				Non-Verified Child Maltreatment Death (n=250)			
Criminal History of Supervisors	Drowning n=19	Asphyxia n=24	Weapon n=27	Other n=29	Drowning n=39	Asphyxia n=54	Weapon n=9	Other n=148
Yes	16%	58%	67%	41%	23%	37%	33%	34%
No	74%	29%	26%	38%	67%	50%	44%	52%
Unknown	11%	13%	7%	21%	10%	13%	22%	14%
	If Yes, Supervisor of Verified Maltreatment Death (n=47)				If Yes, Supervisors of Non-Verified Child Maltreatment Death (n=83)			
Type of Offense	Drowning n=3	Asphyxia n=14	Weapon n=18	Other n=12	Drowning n=9	Asphyxia n=20	Weapon n=3	Other n=51
Assaults	33%	14%	11%	17%	0%	30%	33%	31%
Robbery	0%	21%	0%	17%	0%	10%	0%	8%
Drugs	33%	43%	56%	33%	56%	35%	100%	35%
Other	67%	57%	44%	83%	78%	70%	33%	69%
Unknown	0%	0%	0%	8%	0%	5%	0%	2%

[10] A test of significance between two independent proportions (Z-Score) was done to determine if the observed total proportion of supervisors with a past criminal history for verified and non-verified deaths differed significantly (at $p<.05$, two-tailed test). The observed proportion differences between verified and non-verified child maltreatment deaths WAS statistically significant (Z-Score=2.49, p=.012).

Table G-50: Past Criminal History Associated with All Persons Responsible by Maltreatment Verification Status and Primary Cause of Death				
Criminal History All Persons Responsible	Verified Child Maltreatment Death (n=98)			
	Drowning n=20	Asphyxia n=23	Weapon n=29	Other n=26
Yes	10%	65%	62%	58%
No	75%	30%	31%	31%
Unknown	15%	4%	7%	12%
	If Yes, Persons Responsible Verified Child Maltreatment Death (n=50)			
Type of Criminal History	Drowning n=2	Asphyxia n=15	Weapon n=18	Other n=15
Assaults	50%	20%	11%	27%
Robbery	0%	7%	0%	20%
Drugs	50%	40%	17%	40%
Other	50%	60%	44%	87%
Unknown	0%	0%	39%	7%

Past Child Death Associated with Caregivers, Supervisors, and Person(s) Responsible for Death

Table G-51: Past Child Death Associated with Caregivers by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=178)				Non-Verified Child Maltreatment Death (n=503)			
Past Child Death with Caregiver	Drowning n=33	Asphyxia n=41	Weapon n=52	Other n=52	Drowning n=80	Asphyxia n=104	Weapon n=30	Other n=289
Yes	0%	2%	13%	2%	0%	2%	0%	2%
No	97%	93%	79%	90%	99%	93%	100%	91%
Unknown	3%	5%	8%	8%	1%	5%	0%	7%

Table G-52: Past Child Death Associated with Supervisors by Maltreatment Verification Status and Primary Cause of Death								
	Verified Child Maltreatment Death (n=98)				Non-Verified Child Maltreatment Death (n=246)			
Past Child Death with Supervisor	Drowning n=19	Asphyxia n=23	Weapon n=27	Other n=29	Drowning n=39	Asphyxia n=54	Weapon n=8	Other n=145
Yes	0%	4%	4%	3%	0%	4%	0%	0%
No	95%	83%	89%	90%	97%	93%	100%	92%
Unknown	5%	13%	7%	7%	3%	4%	0%	8%

Table G-53: Past Child Death Associated with Persons Responsible for Verified Maltreatment Death by Maltreatment Verification Status and Primary Cause of Death				
	Verified Child Maltreatment Death (n=96)			
Past Child Death with Persons Responsible	Drowning n=20	Asphyxia n=21	Weapon n=29	Other n=26
Yes	0%	5%	24%	4%
No	90%	86%	69%	92%
Unknown	10%	10%	7%	4%

Citizens Review Panel

The Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states for child abuse and neglect prevention, treatment and training for staff who work in the child protection system. The Department of Children and Families (DCF) serves as the lead agency for the federal funding and asked the Advisory Council to consider serving as a Citizens Review Panel because of its work in and knowledge of faith and community involvement to achieve positive outcomes for child well-being.

Citizen Review Panels were included in the 1996 CAPTA reauthorization and must:

- Be composed of volunteers who are representative of the community in which they operate.
- Meet at least quarterly.
- Prepare an annual report that describes the panel's activities and includes recommendations to improve the child protection system.
- Have at least one member with expertise in child abuse and neglect prevention and treatment.

Each panel is responsible to review:

- Compliance of state and local child protection service agencies and state CAPTA plan
- Coordination with foster care and adoption programs
- Review of child fatalities and near fatalities (performed by the Child Abuse Death Review Team)

The Advisory Council agreed to serve in this capacity and was formally designated as a Citizens Review Panel for the Federal Fiscal Year 2015. Below are recommendations provided to the DCF:

- To share information and outcome expectations from the state's *Pinwheel for Prevention* campaign with all Community Development Administrators so they can effectively plan ahead for their pinwheel events in their areas. This is to assist efforts in having Florida qualify for a designation of best or evidence-based practice for its pinwheel campaign.
- To establish a mechanism to provide treatment services to parents of children who have incidents of substance abuse or mental health. These efforts are designed to strengthen the parent's protective capacities so they can ensure the health and well-being of their children.
- To continue development of and providing information for the Child Fatality Website.
- To have staff participate on the Trauma Informed Care Workgroup to assist in the development of language, training and awareness activities.
- To provide training/information sessions to faith and community organizations who support the work of DCF on the Safety Methodology.
- To update the online training course offered to Florida teachers on the signs and responsibilities associated with child abuse reporting.

Florida Faith-Based and Community-Based Advisory Council

2015 Annual Report

Florida
Faith-Based and Community-Based
Advisory Council
THE CAPITOL
400 S. MONROE STREET, SUITE 2002
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com/fbcb
(850) 717-9261
(850) 921-0173 Fax

January 30, 2016

To the People, Governor, and Members of the Legislature:

We are pleased to present to you this Annual Report of the Florida Faith-Based and Community-Based Advisory Council. In 2006, the Florida Legislature created Florida Statute 14.31, establishing the Advisory Council which exists to facilitate connections to strengthen communities and families in the state of Florida.

As directed in statute, this annual report provides an update of the activities and recommended policies, priorities, and objectives for the state's comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community-based organizations to the full extent permitted by law.

The Florida Faith-Based and Community-Based Advisory Council has worked diligently to encourage opportunities for faith-based and community-based organizations to work cooperatively with government entities. With few state resources, the Advisory Council has utilized various approaches to fulfill statutory requirements and support state initiatives and activities. The Advisory Council members are to be commended for their selfless efforts to improve outcomes for children, youth and families in our state. Our gratitude goes out to Governor Rick Scott, Lieutenant Governor Carlos Lopez-Cantera, Senate President Andy Gardiner, and Speaker of the House Steve Crisafulli for their leadership, support and dedication to the vision that Florida is a place where children and families can thrive.

We appreciate your willingness to review the information in this report. We hope you will use it to make decisions that will safeguard and improve the lives of children and families across the state.

Sincerely,

Dr. Gretchen Kerr
Chair
Florida Faith-Based and Community-Based
Advisory Council

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FLORIDA FAITH-BASED AND COMMUNITY-BASED ADVISORY COUNCIL

The Florida Faith-Based and Community-Based Advisory Council (Advisory Council) was created in 2006 in Florida Statute 14.31. State leadership felt that increased involvement of faith-based and community organizations was not a sufficient substitute for necessary public funding of services to individuals, families and communities in need. Likewise, they believed that without the involvement of these groups, public expenditures alone would limit the effectiveness of these government investments. The cost effectiveness of public expenditures can be greatly improved when government is focused on results and public-private partnerships are sought as a complement in order to leverage the talent, commitment and resources of faith-based and community organizations.

During the 2010 Legislative Session, the Sunset requirement for the Advisory Council was repealed through legislation sponsored by Senator Mike Bennett and Representative Clay Ford. In addition, the Advisory Council was assigned to the Executive Office of the Governor, where it is administratively housed.

The Advisory Council shall consist of 25 members and may include, but need not be limited to, representatives from various faiths, faith-based organizations, community-based organizations, foundations, corporations, and municipalities. Members serve four year terms, except that the initial terms shall be staggered as determined by Florida Statute 14.31, appointed by and serving at the pleasure of the Governor, Senate President, and Speaker of the House.

The Advisory Council shall meet at least once per quarter per calendar year whether in-person, via teleconference, or through other electronic means. Annually, the Advisory Council shall elect from its membership one member to serve as Chairman of the Advisory Council and one member to serve as Vice Chairman. The mission statement was created and approved by the Advisory Council members at the Second Quarterly Meeting on June 11, 2013. The vision statement was approved by the members at the Second Quarterly Meeting on April 8, 2014.

Mission Statement

The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida.

Statutory Charge

To advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

Vision

To maximize the collaboration between faith-based and community organizations and State agencies to help strengthen individuals and families.

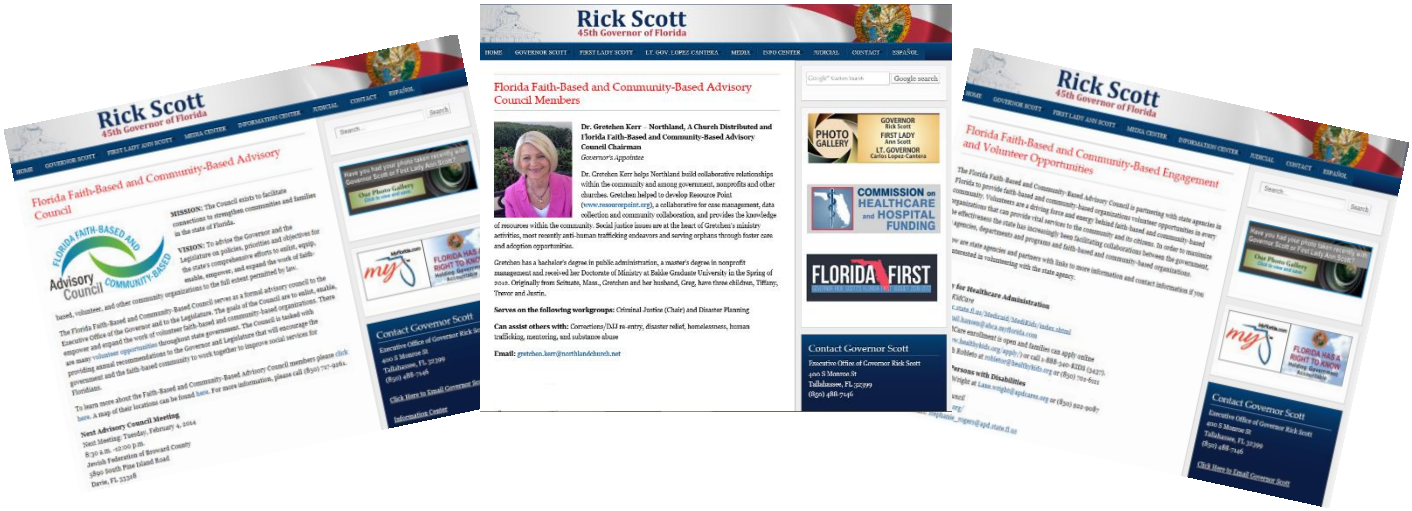
Administrative Support

On June 12, 2007, the bill creating the Governor's Office of Adoption and Child Protection (Office) was signed into law. The duties and responsibilities of the Office are enshrined in Florida Statute 39.001. The Office was created for the purpose of establishing, implementing, and monitoring a comprehensive, cross-agency approach for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment and neglect across the state. In October 2011, the Executive Office of the Governor allocated responsibility for administrative functions and support for the Advisory Council to the Governor's Office of Adoption and Child Protection.

The Office worked diligently throughout 2015 to advance the efforts of the Advisory Council. As of April 2015, the Office personnel, including one full-time employee, Zackary Gibson (Chief Child Advocate and Director) and one part-time employee, Frenchie Yon (Program Support), have provided support through a servant leadership approach. In addition, the Office utilized a student intern to assist with many tasks supporting the Advisory Council throughout the 2015 spring semester. The Office facilitated and coordinated meetings, travel logistics, meals, overnight accommodations, ground transportation, and site visits to local community organizations. Additionally, the Office developed correspondence, drafted meeting agendas, invited presenters to speak, worked with the Governor's, Senate President's and Speaker of the House's Appointments Office; and assisted in the creation of this annual report.

Website

The Advisory Council website can be found at: *www.flgov.com/fbcb*, and can also be found by visiting the Office's main page at *www.flgov.com/child_advocacy*. All Advisory Council meetings, as well as Advisory Council Workgroup meetings, are listed on the Office's Meeting Advisory webpage: *www.flgov.com/child_advocacy_meetings*.



Advisory Council Membership

As of December 2015, there were 21 members appointed to the Advisory Council. The following list identifies each member, their position on the Advisory Council, the organization they represent, the appointment authority, the workgroups they serve on, and topics they can assist others with.

Dr. Gretchen Kerr
Chairman, FL Faith-Based and Community-Based Advisory Council
Northland, A Church Distributed
Governor's Appointee

Serves on the following workgroups: Criminal Justice (Chair) and Disaster Planning

Can assist others with: Corrections/DJJ re-entry, Disaster relief, homelessness, human trafficking, mentoring, and substance abuse

Patricia "Pat" Smith
Vice Chairman, FL Faith-Based and Community-Based Advisory Council
Department of Children and Families
Governor's Appointee

Serves on the following workgroups: Annual Conference (Chair) and Child Welfare

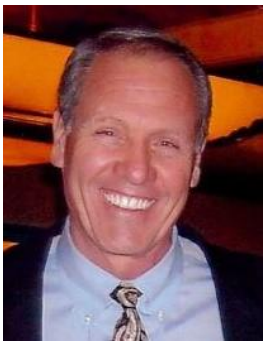
Can assist others with: Adoption, mentoring, and single mothers

Richard Albertson
Live the Life Ministries
Governor's Appointee

Serves on the following workgroups: Family Initiatives (Chair) and Annual Conference

Can assist others with: Corrections/DJJ reentry, fatherhood, mentoring, youth in DJJ, marriage education, relationship education, and sexual risk avoidance for youth

Pastor Kirt Anderson
Naples Community Church
Governor's Appointee



Serves on the following workgroups: Family Initiatives and Legislative

Can assist others with: Educational tutoring, food services, homelessness, human trafficking, Legislative/policy, mentoring, and substance abuse

Rabbi Sholom Ciment
Chabad Lubavitch of Greater Boynton Beach
Governor's Appointee

Serves on the following workgroup: Disaster Planning

Can assist others with: Adoption, child abuse prevention, Disaster relief, domestic violence, educational tutoring, elderly populations, grant writing, independent living, legislative/policy, mental health, mentoring, military/veterans, single mothers, and workforce/employment

Reverend James "Perry" Davis
Christ to Inmates, Inc.
Speaker of the House Appointee

Serves on the following workgroup: Criminal Justice

Can assist others with: Corrections, fatherhood, jail ministry, and substance abuse

Alan C. Dimmitt, MPA
Liberty Youth Ranch
Governor's Appointee

Serves on the following workgroups: Child Welfare

Can assist others with: Adoption, child abuse prevention, foster care/aging out, kinship care, mentoring, homelessness, Legislative/policy

Roland "Roly" Gonzalez
Victory for Youth
Governor's Appointee

Serves on the following workgroup: Child Welfare (Chair), Disaster Planning

Can assist others with: Elder, Food and Health Services

Dr. Jerry Haag, CFP
Florida Baptist Children's Home
Governor's Appointee

Serves on the following workgroups: Child Welfare, Annual Conference and Legislative

Pastor Stephen "Spike" Hogan
Chets Creek Church
Governor's Appointee

Serves on the following workgroups: Annual Conference, Disaster Planning, and Family Initiatives

Can assist others with: Corrections/DJJ reentry, leadership strategy, military/veterans, and substance abuse

Carolyn Ketchel, LCSW, MSW
Private Practitioner
Senate President Appointee

Serves on the following workgroups: Annual Conference, and Family Initiatives

Can assist others with: Adoption, Disaster relief, food services, health initiatives, homelessness, mental health, military/veterans, and single mothers

Rabbi Jeffrey Kurtz-Lendner
David Posnack Jewish Community Center
Senate President Appointee

Serves on the following workgroup: Child Welfare

Can assist others with: Domestic violence, fatherhood, grant writing, mental health, and prevention/diversion

Thomas "Tom" Lukasik
4KIDS of South Florida
Governor's Appointee

Serves on the following workgroups: Child Welfare and Family Initiatives

Can assist others with: Adoption, child abuse prevention, foster care/aging out, prevention/diversion, and independent living

Dr. Leonel "Leo" Mesa, LMHC
New Day Center
Governor's Appointee

Serves on the following workgroups: Annual Conference and Child Welfare

Can assist others with: Domestic violence, elderly, fatherhood, mental health, persons with disabilities, substance abuse, family preservation, kinship care, and parenting

Pastor Pam Olsen
International House of Prayer
Governor's Appointee

Serves on the following workgroups: Legislative (Chair) and Disaster Planning

Can assist others with: Adoption, human trafficking, and Legislative/policy

Pastor Carl E. Reeves
Greater Mount Lily Baptist Church
Governor's Appointee

Serves on the following workgroups: Annual Conference and Criminal Justice

Can assist others with: Homelessness and youth in DJJ

Patricia Robbins
Farm Share
Governor's Appointee

Serves on the following workgroups: Disaster Planning and Legislative

Can assist others with: Disaster relief, food services, Legislative/policy

Marcus Smith
Department of Juvenile Justice
Governor's Appointee

Serves on the following workgroups: Annual Conference and Criminal Justice

Can assist others with: Youth in DJJ

Blaine Whitt
Xtreme Soulutions
Speaker of the House Appointee

Serves on the following workgroup: Criminal Justice

Can assist others with: Corrections/DJJ re-entry

Karim Veerjee
Florida Hospital
Governor's Appointee

Serves on the following workgroup: Disaster Planning

Can assist others with: Disaster Relief, Fatherhood, Mentoring

Pastor Reno Zunz
Idlewild Baptist Church
Speaker of the House Appointee

Serves on the following workgroup: Child Welfare

Can assist others with: Adoption, Disaster relief, and fatherhood

2015 Advisory Council Appointments

The following member was appointed or re-appointed by the Governor during 2015 with their date of appointment:

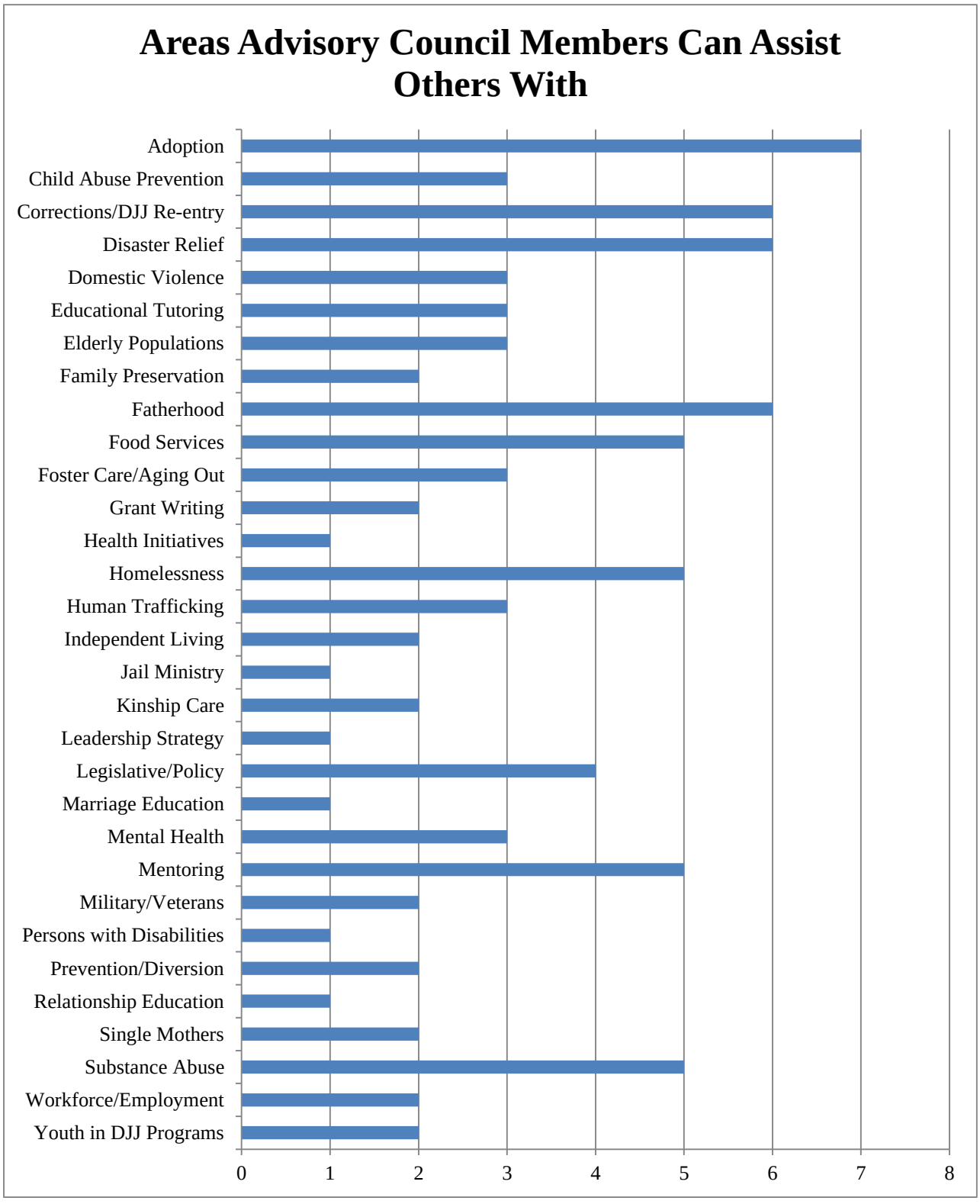
- Marcus Smith, Appointed on February 17, 2015

We would like to express our thanks and appreciation to the following individuals for their service on the Advisory Council and wish them the very best in their future endeavors:

- Samuel "Sam" Sipes, Lutheran Services Florida. Inc.
- Cherron "CC" Newby, Community Member

The Governor's Office of Adoption and Child Protection continues to inform and encourage submission of appointment applications to the Offices of the Governor, Senate President, and Speaker of the House for review and consideration.

Starting in 2013, and upon appointment thereafter, Advisory Council members were asked to provide the Office with topical areas of expertise with which they could assist the public. The chart below lists the areas of expertise represented within the Advisory Council.

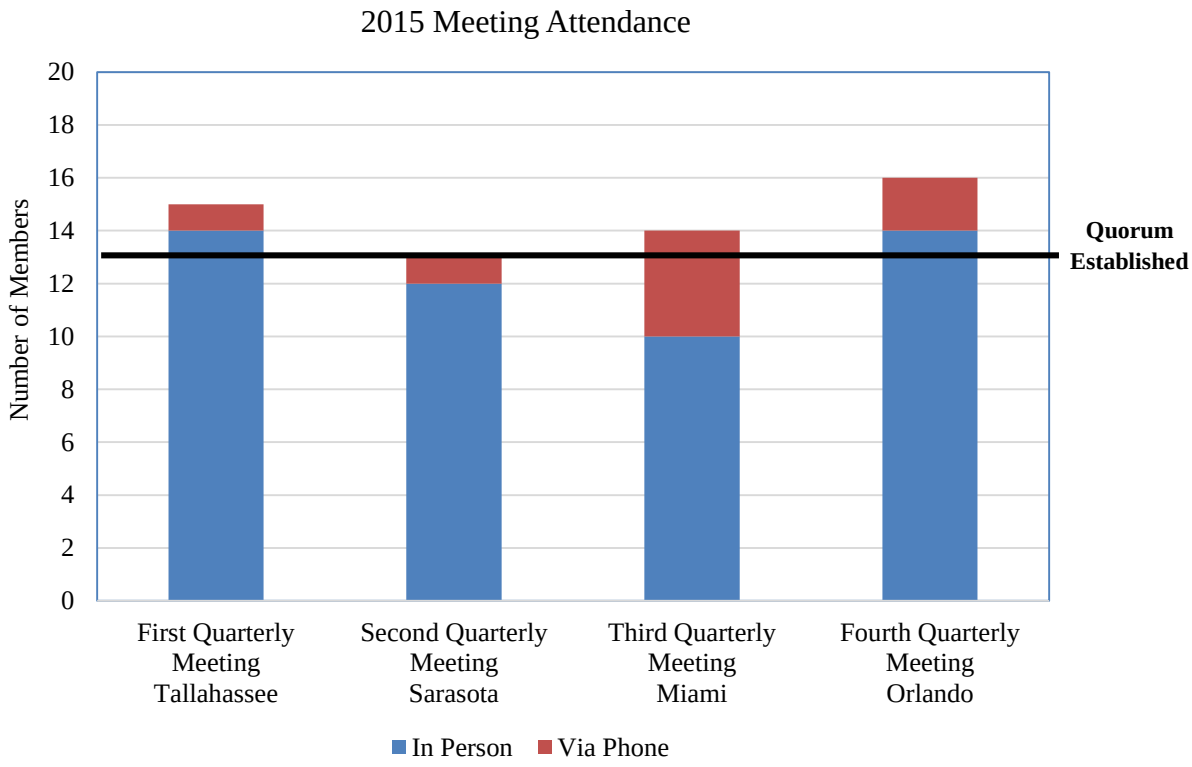


The diversity of topics where information and support can be provided offers unique opportunities to facilitate connections between state and local groups to improve outcomes. Through individual and workgroup approaches, the Advisory Council builds relationships with stakeholders to advocate and advance prevention and preparedness efforts that can result in more effective public-private partnerships and cost savings to the state.

The Advisory Council Map and Member Contact Information, located on the next page, provides a strategic layout to identify where Advisory Council members are located throughout the state. Advisory Council members serve as regional points of contact for local faith-based, volunteer and community organizations to assist in facilitating connections with state agencies and partners to improve outcomes for children and families. This map is divided into six (6) regional boundaries and identifies Florida's 20 judicial circuits. As a quick reference, this map demonstrates the diverse geographical representation by members of the Council where they can work with and assist local faith-based and community-based groups.

Advisory Council Meeting Attendance

As identified in Florida Statute 14.31, a total of 13 members must be in attendance in order to establish a quorum for the purpose of voting on Advisory Council action and activities. Members may participate in scheduled meetings across the state either in-person or via teleconference call. The chart below reflects attendance for each Advisory Council meeting during 2015.



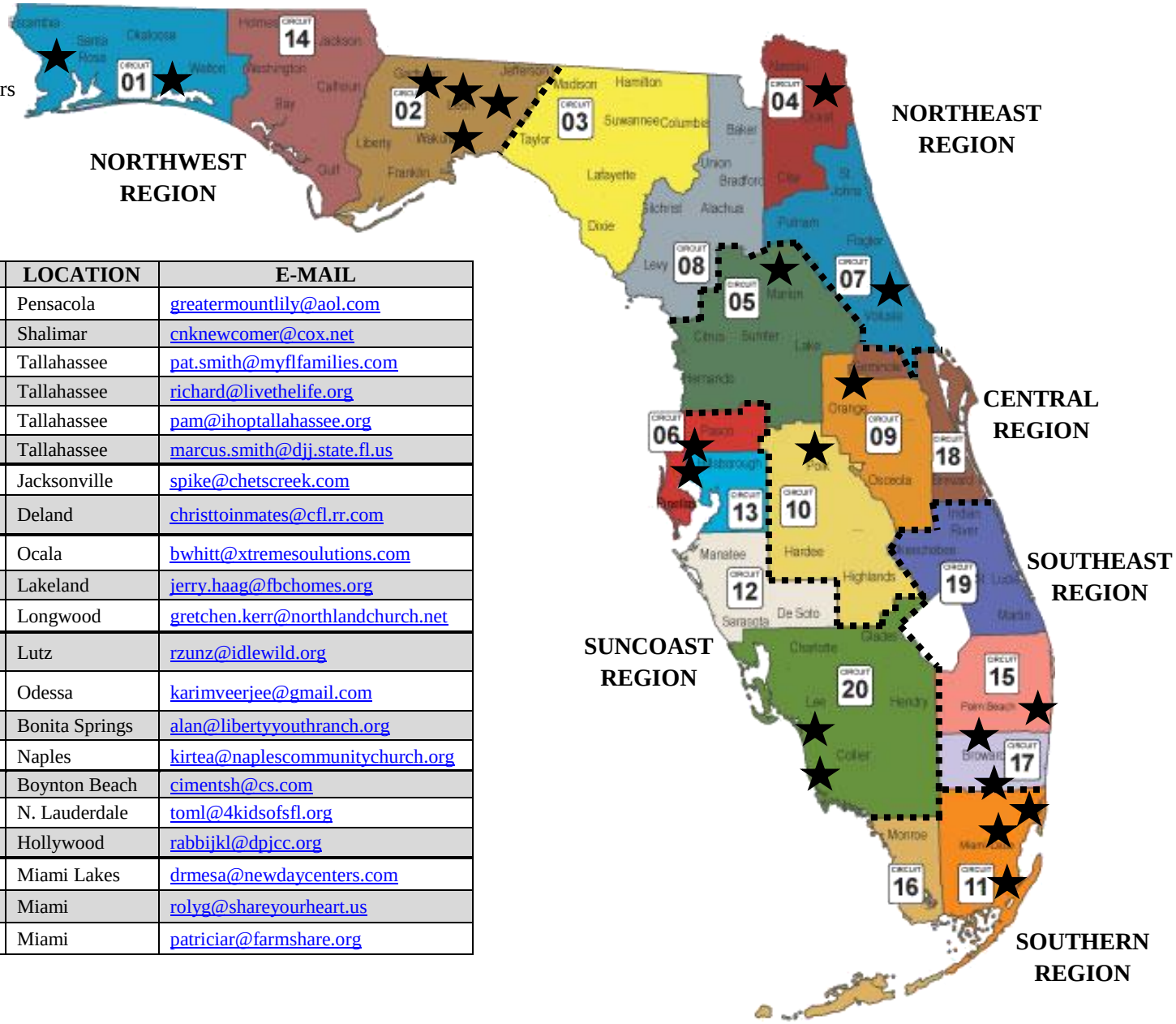
Advisory Council Map and Member Contact Information

KEY

★ - Estimated location of Council Members

▪▪▪▪▪ - Regional Boundary Lines

CIRCUIT 01 - Judicial Circuits in Florida



REGION	COUNCIL MEMBER	LOCATION	E-MAIL
NORTHWEST *Circuits* *01, 02, 14*	Pastor Carl Reeves	Pensacola	greatermountlily@aol.com
	Ms. Carolyn Ketchel	Shalimar	cnknewcomer@cox.net
	Ms. Patricia "Pat" Smith	Tallahassee	pat.smith@myflfamilies.com
	Mr. Richard Albertson	Tallahassee	richard@livethelife.org
	Pastor Pam Olsen	Tallahassee	pam@ihoptallahassee.org
	Pastor Marcus Smith	Tallahassee	marcus.smith@djj.state.fl.us
NORTHEAST *Circuits* *03, 04, 07, 08*	Pastor Spike Hogan	Jacksonville	spike@chetscreek.com
	Reverend Perry Davis	Deland	christtoinmates@cfl.rr.com
CENTRAL *Circuits* *05, 09, 10, 18*	Pastor Blaine Whitt	Ocala	bwhitt@xtremesoulutions.com
	Dr. Jerry Haag	Lakeland	jerry.haag@fbchomes.org
	Dr. Gretchen Kerr	Longwood	gretchen.kerr@northlandchurch.net
SUNCOAST *Circuits* *06, 12, 13, 20*	Pastor Reno Zunz	Lutz	rzunz@idlewild.org
	Mr. Karim Veerjee	Odessa	karimveerjee@gmail.com
	Mr. Alan Dimmitt	Bonita Springs	alan@libertyyouthranch.org
	Pastor Kirt Anderson	Naples	kirtea@naplescommunitychurch.org
SOUTHEAST *Circuits* *15, 17, 19*	Rabbi Sholom Ciment	Boynton Beach	cimentsh@cs.com
	Mr. Tom Lukasik	N. Lauderdale	toml@4kidsofsfl.org
	Rabbi Jeffrey Kurtz-Lendner	Hollywood	rabbijkl@dpjcc.org
SOUTHERN *Circuits* *11, 16*	Dr. Leo Mesa	Miami Lakes	drmesa@newdaycenters.com
	Mr. Rolando Gonzalez	Miami	rolyg@shareyourheart.us
	Ms. Patricia Robbins	Miami	patriciar@farmshare.org

Advisory Council Meetings

First Quarterly Meeting

The first quarterly meeting of 2015 took place on March 24th and was hosted by Christian Heritage Church in Tallahassee, FL. City of Tallahassee Mayor Andrew Gillum provided the opening welcome to the members and participants of the meeting and provided an overview of his focus on early childhood education and engagement of local faith organizations. He also invited participants to attend the Mayor's Summit on Children. The honorable Dennis Baxley with the Florida House of Representatives took time out of his schedule to provide the opening prayer for the Council meeting.

Summary of the First Quarterly Meeting

- Recognition of the 2015 Council leadership: Dr. Gretchen Kerr as Chair and Ms. Pat Smith as Vice-Chair
- Updates were provided on the following initiatives:
  - Florida Youth Commission- application submission process and minimum performance expectations were shared
  - National Child Abuse Prevention Month – April- provided overview of the Pinwheels for Prevention campaign, Wear Blue Day and Children's Week at the Capitol
  - National Foster Care Month – May- encouraged recognition of all agencies and organizations who work in foster care and of the commitment and support foster parents provide.
  - Our Community Salutes Event- recognition program for high school students who have enlisted in a branch of military upon graduation. Information on community supports and services were provided.
  - 2015 Hurricane Season- information was provided on disaster preparedness and on the Governor's Hurricane Conference.
- Updates were provided on the following Council workgroups:
  - Child Welfare- Dr. Jerry Haag stated the focus has been on human trafficking, particularly child and domestic sex trafficking.
  - Criminal Justice- Chair Kerr stated the focus has been on juvenile and adult re-entry programs and services.
  - Disaster Planning- Director Gibson, on behalf of Mr. Sam Sipes, provided an overview of the purpose of the workgroup by coordinating with relief agencies to maximize disaster planning and relief efforts.
  - Family Initiatives- Mr. Richard Albertson stated he has been working with the Department of Agriculture and Consumer Services to provide meals to children and has worked on a number of family issues and solutions.
  - Legislative- Pastor Pam Olsen provided an overview of various bills that could affect the faith community and information on where individuals could track the progress of each bill.
  - Annual Conference- Vice-Chair Smith provided an overview on the National Faith Symposium to be held in Orlando in the Fall of 2015.
- Public Comments
  - A total of eight (8) public comments were provided on a variety of topics ranging from transitional housing to services in and out of prison and juvenile justice facilities.

Exhibitor Displays at the 1st Quarterly Meeting of the Florida Faith-Based and Community-Based Advisory Council

Summary of the First Quarterly Meeting continued

- Meeting Exhibitors
  - Invitations were disseminated to state and local organizations to serve as exhibitors during the Advisory Council Meeting and to provide a brief overview of their organization and what services they provide. This was done to facilitate connections between the faith and community leaders in attendance to know who they could contact in the event someone is in need of supports. Time was allocated before the start of the meeting and after to engage exhibitors.
  - A total of 21 state and local organizations participated by displaying information on the programs and services they offer. These organizations were encouraged to establish new collaborative partnerships with meeting attendees to increase awareness of the availability of services and opportunities to improve the effectiveness of service delivery.

Special thanks to Pastor Steve Dow (left) and Christian Heritage Church for hosting the Advisory Council meeting and to 1) Pastor Lamar Simmons, 2) Pastor Darrick McGhee, 3) Pastor Clay Courson, 4) Pastor Judy Mandrell, and 5) Pastor Rudolph Ferguson for their leadership and assistance in promoting the meeting and coordinating logistics for exhibitors.

1) 

2) 

3) 

4) 

5) 

Second Quarterly Meeting

The second quarterly meeting took place on June 16th in Sarasota, Florida at Keiser University Sarasota. Minister Rod Myer with Central Church of Christ provided the opening prayer and Ms. Violet Huesman, Director of Student Services with Keiser University Sarasota, provided the welcome to Advisory Council members and attendees.

Summary of the Second Quarterly Meeting

- A presentation on *How Faith Organizations and Government can Work Together* was provided by Mr. Kurt Stringfellow, President and CEO of the Sarasota YMCA.
- Community Highlights
    - An overview of the Circuit 12 Child Abuse Prevention and Permanency Plan was provided by Mr. Dave Luebcke, Director of Programs for the Safe Children Coalition. Information was also provided on Protective Factors that can strengthen a parent's ability to ensure the health and well-being of their children.
    - Major Marjorie Durham with the Salvation Army provided an overview of the Circuit 12 Human Trafficking Plan.
    - Captain Todd Shear with the Manatee County Sheriff's Office provided an overview of the importance of Law Enforcement Collaboration with the Community and examples of stories provided by children who have been involved with domestic violence and substance abuse cases.
- Recognition of the following organizations took place for their efforts to improve outcomes and strengthen communities and families:
    - Manatee Children Services Advisory Board for their commitment to children and families and for recommending funding of prevention based programs and services totaling approximately nine (9) million dollars.
        - Ms. Lynette Edwards, Board Chair
    - Catholic Charities – Diocese of Venice for their Casa San Juan Bosco housing project that provides affordable homes, enrichment services and programs for farm workers and their families to enable them to become more productive and self-sufficient.
        - Mr. Peter Routsis-Arroyo, Executive Director, with Bishop Frank Dewane
    - Manatee Children Services Child Protection Team for employing a multi-disciplinary response to reduce re-victimization of a child and a community response to achieve better outcomes for victims and their families through collaboration and teamwork.
        - Ms. Melinda Thompson, Chief Executive Officer
- Advisory Council Updates
    - Pastor Pam Olsen provided updates on two bills: HB 7111, the Conscience Protection Act and HB 7013, on fiscal components of foster care and adoption.
    - Ms. Patricia Robbins provided an update on Farm Share as it had recently passed the milestone of distributing 30 million pounds of food and has been in existence for 15 years.

Advisory Council members with Ms. Lynette Edwards with the Manatee Children's Services Advisory Board

Advisory Council members with Mr. Peter Routsis-Arroyo and Bishop Frank Dewane with Catholic Charities

Advisory Council members with Ms. Melinda Thompson with the Manatee Children Services Child Protection Team

Summary of the Second Quarterly Meeting continued

- Share Your Heart Presentation
  - Mr. Roland Gonzalez provided an overview of the program that engages all religions in Miami-Dade. Through partnerships with the Department of Children and Families and other organizations, referrals are received to assist an individual or family in crisis and has needs to include food, clothing and hygiene items. Volunteer chaplains obtain necessary supplies to address the needs identified on the referral form, and work to connect the individual or family to the local faith organization in their zip code.
- National Faith Symposium Update
  - Director Gibson provided an update on the symposium and referenced the Save the Date flyer in the meeting folder. Council members stated their support of the symposium and shared how they were able to make connections with other organizations while attending.
- Public Comment
  - Two (2) comments were provided on mutual respect for the three domains of home, government and faith, and how these have eroded over time. The Advisory Council was encouraged to advocate for items that will build up respect for the three domains. Additional information was provided on the Circuit 12 Juvenile Justice Council and the faith component they've included in their work.
- Meeting Exhibitors
  - Invitations were disseminated to state and local organizations to serve as exhibitors during the 2nd Quarterly Advisory Council Meeting. Time was allocated before the start of the meeting and after to engage exhibitors.
  - A total of 26 state and local organizations participated by displaying information on the programs and services they offer. These organizations were encouraged to establish new collaborative partnerships with meeting attendees to increase awareness of the availability of services and opportunities to improve the effectiveness of service delivery.

Exhibitor Displays at the 2nd Quarterly Meeting of the Florida Faith-Based and Community-Based Advisory Council

Special thanks to Ms. Violet Huesman (left) and Keiser University Sarasota for hosting the Advisory Council meeting, to Ms. Kim Kutch (below left), Circuit 12 Community Development Administrator with the Department of Children and Families for assisting with the coordination of logistics and exhibitors for the meeting, and to Anna Marie Oyster Bar (below right) for donating lunch after the Advisory Council meeting.

Third Quarterly Meeting

The third quarterly meeting took place on August 11th in Miami, Florida and was hosted by La Catedral del Pueblo. Prior to the meeting, Advisory Council members participated on a field trip to Farm Share to learn and observe the operation to receive and distribute fresh fruits and vegetables. Advisory Council members also visited the Department of Children and Families' Child Protective Investigation office to observe the child-friendly space (HUB) created by the Share Your Heart program.

Advisory Council members and Farm Share staff at the Farm Share Packinghouse in Homestead, FL

Advisory Council members at the DCF Child Protective Investigation office to see the child-friendly space (HUB) and learn about the partnership between DCF and the Share Your Heart program.

Summary of the Third Quarterly Meeting

- The opening prayer was provided by Pastor Alberto Delgado, Senior Pastor of Alpha and Omega Church and President of the Greater Miami Ministers Association.
- Chair Updates
    - Information was provided on the next Florida Children and Youth Cabinet meeting in Tampa, FL.
    - Public awareness topics were communicated to include:
        - National Preparedness Month- September
        - Suicide Prevention/Awareness Month- September
        - Domestic Violence Prevention Month- October
        - Crime Prevention Awareness Month- October
        - Bullying Prevention Month- October
        - Disability Awareness Month- October
        - National Adoption Month- November
        - Trauma Informed Care Day- November 1
    - Conferences and Summits were communicated to include:
        - 2015 DCF Child Protection Summit
        - 2015 National Faith Symposium
        - First 1,000 Days Florida Summit
        - 2015 Human Trafficking Summit

Summary of the Third Quarterly Meeting continued

- A special invitation was provided by Pastor Mario Bramnick, Senior Pastor of New Wine Ministries Church and President of the Broward Pastors Network to all participants to consider attending the International Summit for Israel.
- Community Highlights
  - Information was presented on the Circuit 11 Child Abuse Prevention and Permanency Plan that focuses on the prevention of child abuse, promotion of adoption and support for adoptive families.
  - A presentation on the Miami Children's Initiative was made that emphasized the importance of a comprehensive Cradle to College to Career strategy for children living in Liberty City, FL.
  - Information was provided on the Miami-Dade Juvenile Services Department (JSD) Chaplaincy Program which is designed to provide comfort, emotional and/or spiritual support to this in need, and to support JSD employees and their clients during times of stress, grief and hardship.
- The following individuals and organizations were recognized for their contributions to improve outcomes for children and families:
  - Ms. Betty Muller with the Share Your Heart program
  - Ms. Patricia Robbins and staff with Farm Share
  - Mr. Ruben Gimenez with Comunidades en Accion
  - Reverend Dale Young with Baptist Health South Florida
- National Preparedness Month
  - Mr. Sam Sipes reminded the Advisory Council of the role of faith communities responding to disasters and how faith and community organizations can work together. The Advisory Council proposed a call to action for faith communities during the month of September to become points of organization for congregations and members of the community to respond to any potential disaster.

Advisory Council members with Farm Share

Advisory Council members with Comunidades en Accion

Advisory Council members with Baptist Health

Scenes and Exhibitor Displays at the 3rd Quarterly Meeting of the Florida Faith-Based and Community-Based Advisory Council








Summary of the Third Quarterly Meeting continued

- Fostering Hope for Families
  - Due to an increase of children coming into the foster care system, a request to the community was made on behalf of the Department of Children and Families and Our Kids of Miami-Dade/Monroe to seek their support to consider becoming foster parents.
- Human Trafficking
  - An overview was provided on the Miami Cares Project, a multi-year grant initiative involving multiple state and local agencies, to address the issue of trafficking within the child welfare population. Outcomes include increased collaborative capacity among partners, reduction in youth being recruited, earlier identification of youth who have been trafficked, and increase awareness.
  - The Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program is a pilot program where children receive individualized clinical treatment primarily centered around Trauma-Focused Care, Cognitive Behavioral Treatment and motivational interviewing. Citrus Health Network provides specialized training for prospective foster parents.

Summary of the Third Quarterly Meeting continued

- National Faith Symposium
  - Vice-Chair Pat Smith provided a preview of the upcoming activities and opportunities to participate in the symposium. All participants were invited to register to attend the symposium and to consider becoming an exhibitor to showcase the programs and services they may offer.
- Public Comment
  - Three (3) comments were provided that included information on the resources available through the Miami-Dade re-entry guide, information on what the Hindu faith offers to support children and families, and a question about services for foster care children.
- Meeting Exhibitors
  - Invitations were disseminated to state and local organizations to serve as exhibitors during the 2nd Quarterly Advisory Council Meeting. Time was allocated before the start of the meeting and after to engage exhibitors.
  - A total of 45 state and local organizations participated by displaying information on the programs and services they offer. These organizations were encouraged to establish new collaborative partnerships with meeting attendees to increase awareness of the availability of services and opportunities to improve the effectiveness of service delivery.

Special thanks to Pastor Yolonda Eden (left) and La Catedral del Pueblo for hosting the Advisory Council meeting, to Ms. Gilda Ferradaz (below left), Circuit 11 Deputy Regional Managing Director with the Department of Children and Families for assisting with identifying and coordinating exhibitors for the meeting, and to Advisory Council member Mr. Roland Gonzalez (below right) for his dedication to oversee all logistical planning and operations to ensure the meeting went smoothly.

Fourth Quarterly Meeting

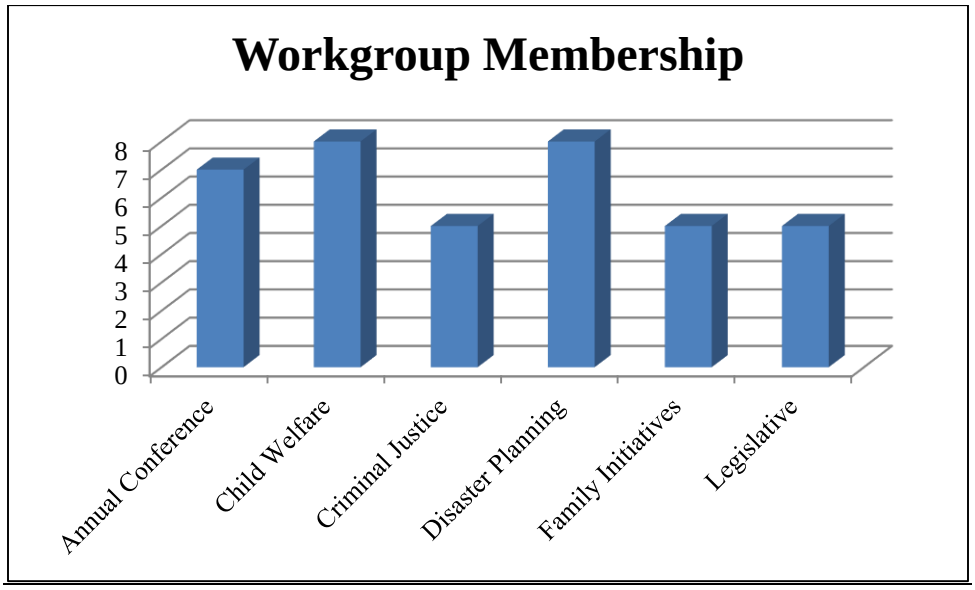
The final meeting of the year took place on October 12th in Orlando, Florida. The Advisory Council meeting was held in conjunction with the 2015 National Faith Symposium, and located at the Rosen Centre Hotel to better accommodate participants, exhibitors, and breakout sessions.

Summary of the Fourth Quarterly Meeting

- Pastor Blaine Whitt provided the opening prayer for the Advisory Council Meeting.
- Membership Update
  - Three member's terms have expired and are continuing to serve at the pleasure of the Governor.
  - Two resignations were announced for Mr. Sam Sipes and Ms. Cheron "CC" Newby.
- Upcoming Events
  - Pastor Pam Olsen shared the following events:
    - The Response Florida Prayer Gathering at the Orange County Convention Center in Orlando, FL.
    - Evangelist Franklin Graham Prayer Rally on the opening day of the 2016 Legislative Session in Tallahassee, FL on the steps of the Old Capitol.
  - Director Zackary Gibson provided the following events:
    - First 1,000 Days Florida Summit at the Palm Beach Convention Center in Palm Beach, FL.
    - Florida Respect Life Conference at Florida State University in the Alumni Center.
    - Human Trafficking Summit at the University of South Florida in the Marshall Student Center in Tampa, FL.
    - Trauma Informed Care Day, November 1st
    - Bullying and Suicide Prevention Presentations with Nick Vujicic in Orlando and South Florida, and a faith-based presentation on *Live Without Limits Florida* at Florida Atlantic University Stadium.
    - National Adoption Month with the Florida celebration occurring on November 20th at the Miami Children's Museum in Miami, FL.
- Members reviewed their calendars to identify meeting dates and locations for 2016. This was done in an effort to improve Advisory Council meeting attendance and participation.
- A recap of what the Advisory Council has accomplished for 2015 was discussed, as well as how information should be presented in the 2015 annual report. As we move forward, Director Zackary Gibson asked members to identify and share potential names to be considered for appointment to the Advisory Council. Emphasis was made on obtaining representation of various faiths and within each judicial circuit of the state.
- Vice-Chair Pat Smith provided an overview of National Faith Symposium agenda, activities and logistics for Council member involvement.

Advisory Council Initiatives

Building on discussions from the Advisory Council Strategic Planning Meeting in 2013 and the Advisory Council Overview, Objectives and *Framework for Action*, members solidified initiatives to guide the advocacy and work of the Advisory Council to support state agencies and initiatives. Below are the descriptions and information of the Advisory Council workgroups, Florida's Five-Year Prevention and Permanency Plan, and the Citizen's Review Panel. Each Advisory Council member serves on at least one workgroup.



Annual Conference Workgroup

The Advisory Council was represented at one of the largest gathering of faith-based and faith guided organizations in the state of Florida at the 2015 National Faith Symposium in Orlando. In collaboration with the Florida Departments of Children and Families and Juvenile Justice, this year's Symposium built upon the previous year's accomplishments and featured Diamond Sponsorships from the Department of Health and Project Launch, Platinum Sponsors to include the Florida Department of Agriculture and Consumer Services and Westgate Resorts, Gold Sponsor from Florida Hospital, and Silver Sponsors from the Florida Department of Corrections, the Florida Network and Lutheran Services Florida. We were also honored to have the GEO Group as the symposium's bag sponsor. A pre-conference meeting occurred with the Advisory Council holding its 4th Quarterly Meeting on-site.

With over 500 attendees, participants were moved and inspired by the opening speaker Mr. James Towey, President of Ave Maria University, and keynote speakers Dr. Steve Perry and Pastor James Haizlip. Mr. Mike Williams shared his personal story during the Youth Success Story session and participants were moved by the amazing voices of Ms. Anita Franklin and Mr. Anthony Williams. Participants were also treated with the motivating sounds of the Heart Band, consisting of foster and adopted youth. The exhibit hall featured various displays from organizations throughout the state with information on programs and services to assist children, youth and families. Break-out sessions highlighted promising and best practices, initiatives, and opportunities to further bridge the connection between faith-based organizations, the state and its partners.

Florida Faith-Based and Community-Based Advisory Council members with Governor Rick Scott (center), Secretary Christina Daly (far left) and Secretary Mike Carroll (far right)

Champion of Hope Awards

Realizing the value of faith communities and organizations in providing support to the state and state agencies, the Champions of Hope award was created to recognize organizations that go above and beyond the ordinary to improve the lives of at-risk youth and children in care. The Annual Conference Workgroup provided nomination forms to the Department of Children and Families, Juvenile Justice, Health and the Department of Agriculture and Consumer Services for dissemination to regional offices to identify and nominate faith-based organizations for consideration. There were a total of 17 nominees to include:

- Bethel A.M.E. Church, Tallahassee, FL
- Bethel Community Foundation, St. Petersburg, FL
- Camp Anderson, Old Town, FL
- Carolyn Coleman, Pastor, New Life Christian Ministries, Niceville, FL
- Ferris Hill Baptist Church, Milton, FL
- Grace Community Food Pantry, Bunnell, FL
- John and Barbara Schector, Mercy Week/SafePlace, Ft. Lauderdale, FL
- Liberty Church North Campus, Pensacola, FL
- Mt. Tabor First Baptist Church, Palatka, FL
- Northland Church, Longwood, FL
- Pastor Gerald Duncan, Alachua, FL
- People Helping People, Bunnell, FL
- Reverend Wayne Thompson, First Baptist Institional Church, St. Petersburg, FL
- Tony Jones, Chief of Police, Gainesville Police Department, Gainesville, FL
- Unitarian Universalist Fellowship of Bay County, BYILD, Panama City, FL
- United Global Outreach, Orlando, FL

The 2015 winners are listed below by the presenting state agency:

Department of Agriculture and Consumer Services – Bethel A.M.E. Church

Department of Children and Families – Camp Anderson

Department of Children and Families – United Global Outreach

Department of Health – Ferris Hill Baptist Church

Department of Juvenile Justice – Pastor Carolyn Coleman, New Life Ministries

Child Welfare Workgroup

Led by Mr. Roland Gonzalez, the Child Welfare Workgroup continued to focus on advancing efforts to enhance and improve the welfare of children through the identification of best practices and innovative programs and services. Topics include prevention of child maltreatment, adoption, human trafficking, health and well-being, youth with disabilities, and education.

Throughout 2015, the Child Welfare Workgroup has supported various activities to advance initiatives related to children. The workgroup disseminated information and supported awareness activities during National Human Trafficking

Awareness Month. During National Child Abuse Prevention month, workgroup and Council members provided outreach to raise awareness of activities and events to promote the *Pinwheels for Prevention* campaign which emphasizes healthy child development. During Advisory Council meetings, information on Protective Factors was included in meeting materials and available on the Advisory Council's website to increase awareness of strategies to improve parent's ability to ensure the health and well-being of their children. The workgroup also assisted in promoting National Adoption Month and forwarded information to network contacts to encourage their attendance at local events and to host Heart Gallery photos.

The workgroup has been refining its approach with the Share Your Heart Program, a volunteer based chaplaincy program to assist individuals and families in crisis or distress as identified by partners to include the Department of Children and Families, Broward Sheriff's Office, Miami-Dade Firefighters, and the City of North Miami. Upon receiving a referral from one of the partner agencies, a volunteer chaplain from the client's zip code is deployed to provide basic needs of food, clothing, hygiene items, etc. and provides emotional and spiritual support upon the confirmation of the client. In the fall of 2015, the workgroup met with its respective partners to develop a process map to visualize how collaboration was to occur, deliverables required from each entity, and performance outcomes as a result of providing the chaplaincy services. The workgroup will continue to work and improve this process to develop information to be included in the 2016 annual report.

Criminal Justice Workgroup

Led by Dr. Gretchen Kerr, the Criminal Justice Workgroup continues its efforts to identify best practices and innovation on topics to include prevention, early intervention, diversion, reentry or reintegration of adults and juveniles from jail and juvenile facilities; substance abuse, mental health, and persons with disabilities. The workgroup continued its dialogue with the Department of Corrections (DOC) and the Department of Juvenile Justice (DJJ) to identify how best to support their efforts. With new leadership at the DOC, discussions have focused on how the Department can better utilize their existing volunteer base to provide more specific services to strengthen inmate skills and abilities to support their ultimate transition back into society. Through this approach, the DOC would be willing to provide training to committed volunteers who will, in turn, provide direct services to inmates. Pastor Blaine Whitt is assessing this approach with his volunteers in order to provide a litmus test to determine how this may be replicated in other areas.

Disaster Planning Workgroup

Over the past year, the Disaster Planning Workgroup, led by Sam Sipes, initiated action by partnering with the Division of Emergency Management, Volunteer Florida and the Department of Health to disseminate disaster preparedness information and resources to faith and community organizations throughout the state. In addition to promoting the Governor's Hurricane Conference, the workgroup focused on disseminating information for National Preparedness Month and worked with the Division of Emergency Management to provide order forms so organizations could request educational and free give-a-way materials that were in stock. The workgroup also support the Share Your Heart Disaster Response Network by training faith organizations on CERT and having them become ACCESS centers to enable citizens to acquire their benefits within their zip code in the event of a disaster.

Family Initiatives Workgroup

Led by Richard Albertson, the Family Initiatives Workgroup continues to explore different approaches to engage state agency liaisons and various faith-based and community-based organizations to identify needs,

gaps in services, and proposed solutions in order to facilitate a more collaborative and coordinated approach to strengthening families.

In addition to continuing to support food distributions provided by Farm Share, the workgroup has supported the efforts of the Department of Agriculture and Consumer Services (DACS) to identify faith organizations to serve as sponsors or providers of meals for children during the summer. During the first three quarterly meetings of the Advisory Council, DACS has been an exhibitor and has connected with many faith and community organizations who have become either a sponsor or provider of summer food services. The workgroup will continue to assist in this efforts and will look to address other needs through the Department's *Roadmap to Living Healthy* state maps.

Legislative Workgroup

Over the past year, the Legislative Workgroup, led by Pastor Pam Olsen, collaborated with other Advisory Council workgroups to identify policy recommendations that refine, improve, and strengthen policies and legislation affecting both the Advisory Council areas of focus and faith-based and community-based organizations.

The workgroup will look to the efforts of the Policy Impact Workgroup through the Florida Children and Youth Cabinet to identify proposed legislation from agencies in order to have the Advisory Council consider how they might support efforts that improve and strengthen communities and families.

Florida's Five-Year Prevention and Permanency Plan

The central focus of *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* is to build resilience in all of Florida's families and communities to equip them to better care for and nurture their children. In accordance with state law (Florida Statute 39.001), the five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

Vision

Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.

Mission

To serve as a blueprint that will be implemented to provide for the care, safety, and protection of **all** of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.

Overarching Goal

All families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Advisory Council Support

The Advisory Council leads three State Objectives in the following sections of the five-year plan: Prevention of Child Maltreatment, Promotion of Adoption, and Support of Adoptive Families. For each of the three objectives, the Advisory Council's charge reads:

By June 30, 2015, the State of Florida will have provided information and resources to promote and build efforts by faith-based and community-based systems to provide family and community supports that would build the Protective Factors.

The Advisory Council has worked to ensure information on Protective Factors has been included as part of the quarterly meeting materials and has taken time to review information on the Protective Factors to help participants understand and embrace these factors. The Advisory Council continues to look for ways to continue to build Protective Factors and to evidence what they have done. This objective is on-going.

By June 30, 2015, the State of Florida will have held annual statewide Faith-Based and Community-Based Educational Conferences, Regional Summits, and Webinars to engage faith and community leaders.

The Advisory Council established an Annual Conference Workgroup to directly address this objective and has successfully partnered with the Departments of Children and Families, Juvenile Justice, Health, and Corrections to effectively plan, develop and implement the National Faith Symposium – an annual conference that brings faith and community leaders and organizations together to network and share best practices and strategies for providing family and community supports that align to the Protective Factors.

By June 30, 2015, the State of Florida will have created and implemented a review team to continue to research and report on best and promising practices state and nationwide to help circuits with their initiatives.

The Advisory Council has established workgroups in the areas of Child Welfare, Criminal Justice, and Family Initiatives to identify best and promising practices occurring in the state and nationally that can be shared with state agencies and service providers to refine, improve and strengthen processes for providing family and community supports. The Advisory Council is continuing to assess mechanisms to effectively share practices that can be easily replicated by providers to enhance their work.

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Citizens Review Panel

The Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states for child abuse and neglect prevention, treatment and training for staff who work in the child protection system. The Department of Children and Families (DCF) serves as the lead agency for the federal funding and asked the Advisory Council to consider serving as a Citizens Review Panel because of its work in and knowledge of faith and community involvement to achieve positive outcomes for child well-being.

Citizen Review Panels were included in the 1996 CAPTA reauthorization and must:

- Be composed of volunteers who are representative of the community in which they operate.
- Meet at least quarterly.
- Prepare an annual report that describes the panel's activities and includes recommendations to improve the child protection system.
- Have at least one member with expertise in child abuse and neglect prevention and treatment.

Each panel is responsible to review:

- Compliance of state and local child protection service agencies and state CAPTA plan
- Coordination with foster care and adoption programs
- Review of child fatalities and near fatalities (performed by the Child Abuse Death Review Team)

The Advisory Council agreed to serve in this capacity and was formally designated as a Citizens Review Panel for the Federal Fiscal Year 2015. Below are recommendations provided to the DCF:

- To share information and outcome expectations from the state's *Pinwheel for Prevention* campaign with all Community Development Administrators so they can effectively plan ahead for their pinwheel events in their areas. This is to assist efforts in having Florida qualify for a designation of best or evidence-based practice for its pinwheel campaign.
- To establish a mechanism to provide treatment services to parents of children who have incidents of substance abuse or mental health. These efforts are designed to strengthen the parent's protective capacities so they can ensure the health and well-being of their children.
- To continue development of and providing information for the Child Fatality Website.
- To have staff participate on the Trauma Informed Care Workgroup to assist in the development of language, training and awareness activities.
- To provide training/information sessions to faith and community organizations who support the work of DCF on the Safety Methodology.
- To update the online training course offered to Florida teachers on the signs and responsibilities associated with child abuse reporting.

Advisory Council Recommendations

The following recommendations are provided to address the scope of activities outlined in Florida Statute 14.31.

1. **How faith-based and community-based organizations can best compete with other organizations for the delivery of state services, regardless of an organization's orientation, whether faith-based or secular.**

   Faith-based and community-based organizations are uniquely positioned in communities, ready to move forward in providing services to those who may be in need. In order to best compete for the delivery of state services, these organizations must first be aware of opportunities available through the state and attend necessary training(s) to ensure they understand state expectations and have the capacity to meet financial, operational, and compliance requirements. These organizations should consider accessing available opportunities through the My Florida Marketplace – Vendor Bid System website and register and/or sign-up to receive electronic notifications about bid advertisements. When applying to perform services for the state, it is encouraged for these organizations to articulate how they may be able to leverage funding streams and potential volunteers to maximize funds from the state to achieve desired outcomes. The Advisory Council will information available to interested parties and is available to assist organizations connect with the My Florida Marketplace website and provide insight and support on working with the state of Florida.

   Additionally, state agencies should consider competitive procurement of services in all parts of the state to limit single source approaches. This would provide opportunities for organizations to demonstrate how they can best deliver services for the state. This is particularly focused on multi-year contracts to enable equal opportunities for all organizations to demonstrate how they can deliver such services for the state. The Advisory Council will work to better locate and identify available funding opportunities for interested parties.

2. **How best to develop and coordinate activities of faith-based and community-based programs and initiatives, enhance such efforts in communities, and seek such resources, legislation, and regulatory relief as may be necessary to accomplish these objectives.**

   As stated previously, the best way to develop and coordinate activities and initiatives is to capitalize on the relationships that exist. A faith-based organization that has a partnership with the State will also have other partnerships within the local community. By facilitating connections with the new partners and ensuring the question of, *"What's in it for me"*, is answered for everyone involved, opportunities to build momentum around programs and initiatives can occur. Throughout 2015, the Advisory Council has worked to establish resource fairs that can bring together faith and community leaders with program and service providers. By recognizing that many things can get done if you know the right person to speak with, the Advisory Council has made it a point to facilitate connections at our meetings so rapport and relationships can be developed.

   To further assist in developing and coordinating activities of faith-based and community-based programs, the Advisory Council recommends for the Office of Adoption and Child Protection to have an additional staff member to assist the Director with the functions of providing administrative support to the Advisory Council and outreach to stakeholders from throughout the state.

3. **How best to ensure that state policy decisions take into account the capacity of faith-based and other community-based initiatives to assist in the achievement of state priorities.**

   To encourage leaders of the state and state agencies to establish review criteria that includes assessment of faith-based and community-based initiatives when determining state policy. As

stated previously, faith-based and community-based organizations can provide assistance and support on a multitude of areas that can align to state priorities. The Legislative Workgroup of the Advisory Council is working to improve its ability to identify proposed legislation that may impact faith-based and community-based organizations in order to share and receive information to assess how it may impact the effectiveness of service delivery among state agencies and partners.

4. **How best to identify and promote best practices across state government relating to the delivery of services by faith-based and other community-based organizations.**

   Throughout 2015, a copy of the Advisory Council's statute was included as part of the meeting packet and posted on the Advisory Council's website in order to illicit input and feedback on the recommendations to be provided to the Governor, Senate President and Speaker of the House. Beyond this approach, a survey mechanism will be developed to obtain perspectives from faith-based and community-based organizations on promising and best practices. Additionally, through conferences hosted by state agencies and through the National Faith Symposium, the Advisory Council will continue to encourage submission of workshop proposals that are inclusive of promising and best practices and work to post this information on the Advisory Council's website.

5. **How best to coordinate public awareness of faith-based and community nonprofit initiatives, such as demonstration pilot programs or projects, public-private partnerships, volunteerism, and special projects.**

   The Advisory Council will continue to utilize its quarterly meetings as a platform to highlight and bring attention to initiatives that are making a positive impact in communities and on families. The Advisory Council will also engage the Circuit Task Forces from throughout the state to provide feedback on initiatives that can raise awareness and inform where individuals and families can go for services and supports.

6. **How best to encourage private charitable giving to support faith-based and community-based initiatives.**

   As stated previously, private charitable giving is best achieved through direct solicitation and when initiatives are supported and communicated by multiple partners and organizations, broader networks can be reached that can encourage additional private charitable giving. The Advisory Council will continue to work to become informed of initiatives and seek opportunities to facilitate connections to businesses and organizations who can consider supporting such initiatives. The Advisory Council also supports the use of development professionals and consultants who can strategize to achieve financial/in-kind goals.

7. **How best to bring concerns, ideas, and policy options to the Governor and Legislature for assisting, strengthening, and replicating successful faith-based and other community-based programs.**

   The Advisory Council will continue to communicate with state agency liaisons and staff, legislative leaders and staff, and through the Governor's Office of Adoption and Child Protection to bring concerns, ideas, and policy options to the Governor and Legislature. Key to communication is the need to first assess each concern, idea and policy option being proposed to determine if they are realistic and viable, and if identified barriers are real or perceived. Advisory Council members serve as regional points of contact for local faith-based and community-based organizations to share concerns, ideas and policy options.

8. **How best to develop and implement strategic initiatives to strengthen the institutions of families and communities in this state.**

The workgroups established by the Advisory Council are designed to coordinate and facilitate connections that can strengthen communities and families. Additionally, the Advisory Council works with state agency liaisons to identify opportunities to develop and implement initiatives that can strengthen the institutions of families and communities. The Advisory Council will work to support the efforts of and public awareness activities of the Florida Children and Youth Cabinet to ensure information being presented is accurate and consistent.

9. **How best to showcase and herald innovative grassroots nonprofit organizations and civic initiatives.**

   Continue to highlight innovation and civic initiatives at quarterly meetings, at local events, state conferences, through the Champion of Hope Award provided by the Advisory Council, to encourage submission of nominations for the Champions of Service Award provided by Volunteer Florida, and through public meetings of the Advisory Council and other coordinating councils within the state.

10. **How best to eliminate unnecessary legislative, regulatory, and other bureaucratic barriers that impede effective faith-based and other community-based efforts to address social problems.**

    The Advisory Council will continue to engage faith and community-based leaders and members on topics regarding legislative, regulatory and other bureaucratic barriers that may impede effective efforts to address social problems. The public comment portion of the Advisory Council meeting is specifically designed for feedback and perspectives to be shared in order to provide information to make necessary recommendations to eliminate such barriers. The Advisory Council will continue to seek input and feedback from the public on information contained within its statute.

11. **How best to monitor implementation of state policy affecting faith-based and other community-based organizations.**

    Through the collaboration and engagement of state agency liaisons, the Advisory Council will continue working to identify state policies that may affect the efforts of faith-based and other community-based organizations. The Advisory Council's Legislative Workgroup will also seek to monitor implementation of such policies in order to make recommendations that can result in increased collaboration and coordination between faith-based, volunteer and community-based organizations and the state.

12. **How best to ensure that the efforts of faith-based and other community-based organizations meet objective criteria for performance and accountability.**

    The Advisory Council will continue to make itself available to assist faith-based and community-based organizations and work with state agency liaisons and staff to provide technical assistance and training to meet objective criteria for performance and accountability.

Appendix

Florida Faith-Based and Community-Based Advisory Council
Florida Statute 14.31

(1) LEGISLATIVE FINDINGS.—The Legislature finds that:

(a) Compassionate groups of individuals have selflessly aided this state in serving our most vulnerable residents and our most debilitated neighborhoods.

(b) Inspired by faith and civic commitment, these organizations have accomplished much in changing the lives of thousands and resurrecting neighborhoods torn by the strife of crime and poverty.

(c) It is essential that this state cooperate with these organizations in order to provide an opportunity to participate on an equal basis, regardless of each organization's orientation, whether faith-based or secular.

(2) LEGISLATIVE INTENT.—It is therefore the intent of the Legislature to recognize the contributions of these organizations and to encourage opportunities for faith-based and community-based organizations to work cooperatively with government entities in order to deliver services more effectively. The Legislature further intends that the purpose of the council is to advise the Governor and the Legislature on policies, priorities, and objectives for the state's comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

(3) ESTABLISHMENT OF THE COUNCIL.—

(a) The Florida Faith-based and Community-based Advisory Council, an advisory council as defined in s. 20.03, is established and assigned to the Executive Office of the Governor. The council shall be administratively housed within the Executive Office of the Governor.

(b) The council shall consist of 25 members. Council members may include, but need not be limited to, representatives from various faiths, faith-based organizations, community-based organizations, foundations, corporations, and municipalities.

(c) The council shall be composed of the following members:
1. Seventeen members appointed by and serving at the pleasure of the Governor.
2. Four members appointed by and serving at the pleasure of the President of the Senate.
3. Four members appointed by and serving at the pleasure of the Speaker of the House of Representatives.

(d) Council members shall serve 4-year terms, except that the initial terms shall be staggered as follows:
1. The Governor shall appoint six members for a term of 3 years, six members for a term of 2 years, and five members for a term of 1 year.
2. The President of the Senate shall appoint two members for a term of 3 years and two members for a term of 2 years.
3. The Speaker of the House of Representatives shall appoint two members for a term of 3 years and two members for a term of 2 years.

(e) A vacancy shall be filled by appointment by the original appointing authority for the unexpired portion of the term.

(4) MEETINGS; ORGANIZATION.—

(a) The first meeting of the council shall be held no later than August 1, 2006. Thereafter, the council shall meet at least once per quarter per calendar year. Meetings may be held via teleconference or other electronic means.

(b) The council shall annually elect from its membership one member to serve as chair of the council and one member to serve as vice chair.

(c) Thirteen members of the council shall constitute a quorum.

(d) Members of the council shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to s. 112.061.

(5) SCOPE OF ACTIVITIES.—The council shall review and recommend in a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives:

(a) How faith-based and community-based organizations can best compete with other organizations for the delivery of state services, regardless of an organization's orientation, whether faith-based or secular.

(b) How best to develop and coordinate activities of faith-based and community-based programs and initiatives, enhance such efforts in communities, and seek such resources, legislation, and regulatory relief as may be necessary to accomplish these objectives.

(c) How best to ensure that state policy decisions take into account the capacity of faith-based and other community-based initiatives to assist in the achievement of state priorities.

(d) How best to identify and promote best practices across state government relating to the delivery of services by faith-based and other community-based organizations.

(e) How best to coordinate public awareness of faith-based and community nonprofit initiatives, such as demonstration pilot programs or projects, public-private partnerships, volunteerism, and special projects.

(f) How best to encourage private charitable giving to support faith-based and community-based initiatives.

(g) How best to bring concerns, ideas, and policy options to the Governor and Legislature for assisting, strengthening, and replicating successful faith-based and other community-based programs.

(h) How best to develop and implement strategic initiatives to strengthen the institutions of families and communities in this state.

(i) How best to showcase and herald innovative grassroots nonprofit organizations and civic initiatives.

(j) How best to eliminate unnecessary legislative, regulatory, and other bureaucratic barriers that impede effective faith-based and other community-based efforts to address social problems.

(k) How best to monitor implementation of state policy affecting faith-based and other community-based organizations.

(l) How best to ensure that the efforts of faith-based and other community-based organizations meet objective criteria for performance and accountability.

(6) RESTRICTED ACTIVITIES.—The council may not make any recommendation that conflicts with the Establishment Clause of the First Amendment to the United States Constitution or the public funding provision of s. 3, Art. I of the State Constitution.

(7) REPORT.—By February 1 of each year, the council shall prepare a written report for the Governor, the President of the Senate, and the Speaker of the House of Representatives containing an accounting of its activities and recommended policies, priorities, and objectives for the state's comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community-based organizations to the full extent permitted by law.

History.—s. 1, ch. 2006-9; s. 1, ch. 2011-155.

Governor's Office of Adoption and Child Protection
Florida Statute 39.001, Sections 8 – 12

(8) LEGISLATIVE INTENT FOR THE PREVENTION OF ABUSE, ABANDONMENT, AND NEGLECT OF CHILDREN.—The incidence of known child abuse, abandonment, and neglect has increased rapidly over the past 5 years. The impact that abuse, abandonment, or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse, abandonment, and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that an Office of Adoption and Child Protection be established.

(9) OFFICE OF ADOPTION AND CHILD PROTECTION.—

(a) For purposes of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect, the Office of Adoption and Child Protection is created within the Executive Office of the Governor. The Governor shall appoint a Chief Child Advocate for the office.

(b) The Chief Child Advocate shall:

1. Assist in developing rules pertaining to the promotion of adoption, support of adoptive families, and implementation of child abuse prevention efforts.

2. Act as the Governor's liaison with state agencies, other state governments, and the public and private sectors on matters that relate to the promotion of adoption, support of adoptive families, and child abuse prevention.

3. Work to secure funding and other support for the state's promotion of adoption, support of adoptive families, and child abuse prevention efforts, including, but not limited to, establishing cooperative relationships among state and private agencies.

4. Develop a strategic program and funding initiative that links the separate jurisdictional activities of state agencies with respect to promotion of adoption, support of adoptive families, and child abuse prevention. The office may designate lead and contributing agencies to develop such initiatives.

5. Advise the Governor and the Legislature on statistics related to the promotion of adoption, support of adoptive families, and child abuse prevention trends in this state; the status of current adoption programs and services, current child abuse prevention programs and services, the funding of adoption, support of adoptive families, and child abuse prevention programs and services; and the status of the office with regard to the development and implementation of the state strategy for the promotion of adoption, support of adoptive families, and child abuse prevention.

6. Develop public awareness campaigns to be implemented throughout the state for the promotion of adoption, support of adoptive families, and child abuse prevention.

(c) The office is authorized and directed to:

1. Oversee the preparation and implementation of the state plan established under subsection (10) and revise and update the state plan as necessary.
2. Provide for or make available continuing professional education and training in the prevention of child abuse and neglect.

3. Work to secure funding in the form of appropriations, gifts, and grants from the state, the Federal Government, and other public and private sources in order to ensure that sufficient funds are available for the promotion of adoption, support of adoptive families, and child abuse prevention efforts.

4. Make recommendations pertaining to agreements or contracts for the establishment and development of:

   a. Programs and services for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.

   b. Training programs for the prevention of child abuse and neglect.

   c. Multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, young adults, and families.

   d. Efforts to promote adoption.

   e. Postadoptive services to support adoptive families.

5. Monitor, evaluate, and review the development and quality of local and statewide services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect and shall publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President of the Senate, the head of each state agency affected by the report, and the appropriate substantive committees of the Legislature. The report shall include:

   a. A summary of the activities of the office.

   b. A summary of the adoption data collected and reported to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the federal Administration for Children and Families.

   c. A summary of the child abuse prevention data collected and reported to the National Child Abuse and Neglect Data System (NCANDS) and the federal Administration for Children and Families.

   d. A summary detailing the timeliness of the adoption process for children adopted from within the child welfare system.

   e. Recommendations, by state agency, for the further development and improvement of services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.

   f. Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.

6. Work with the direct-support organization established under s. 39.0011 to receive financial assistance.

(10) PLAN FOR COMPREHENSIVE APPROACH.—

(a) The office shall develop a state plan for the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children and shall submit the state plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than December 31, 2008. The Department of Children and Families, the Department of Corrections, the Department of Education, the Department of Health, the Department of Juvenile Justice, the Department of Law Enforcement, and the Agency for Persons with Disabilities shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the Florida local advocacy councils; community-based care lead agencies; private or public organizations or programs with recognized expertise in working with child abuse prevention programs for children and families; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, abandoned, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies; and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

(b) The development of the state plan shall be accomplished in the following manner:

1. The office shall establish a Child Abuse Prevention and Permanency Advisory Council composed of an adoptive parent who has adopted a child from within the child welfare system and representatives from each state agency and appropriate local agencies and organizations specified in paragraph (a). The advisory council shall serve as the research arm of the office and shall be responsible for:

   a. Assisting in developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the promotion and support of adoption and the prevention of child abuse, abandonment, and neglect conducted by the office in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.

   b. Assisting in providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.

   c. Providing the districts with technical assistance in the development of local plans of action, if requested.

   d. Assisting in examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.

   e. Assisting in preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the incorporation into the state plan of information obtained from the local plans, the cooperative plans with the members of the advisory council, and the plan of action for coordination and integration of state departmental activities. The state plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic

areas, identified problems, and recommendations for change. In essence, the state plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The state plan shall also include each separate local plan of action.

f. Conducting a feasibility study on the establishment of a Children's Cabinet.

g. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.

2. The office, the department, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.

3. The office, the department, the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.

4. Within existing appropriations, the office shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect. The plan for accomplishing this end shall be included in the state plan.

5. The office, the department, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the state plan for the prevention of child abuse, abandonment, and neglect.

6. Each district of the department shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the advisory council for utilization in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in this paragraph, as well as representatives from those departmental district offices participating in the promotion of adoption, support of adoptive families, and treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the office shall establish a task force on the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect. The office shall appoint the members of the task force in accordance with the membership requirements of this section. The office shall ensure that individuals from both urban and rural areas and an adoptive parent who has adopted a child from within the child welfare system are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child abandonment and neglect in its geographical area.

b. A description of programs currently serving abused, abandoned, and neglected children and their families and a description of programs for the prevention of child abuse, abandonment, and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.

c. Information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts.

d. A description of programs currently promoting and supporting adoptive families, including information on the impact, cost-effectiveness, and sources of funding of such programs.

e. A description of a comprehensive approach for providing postadoption services. The continuum of services shall include, but not be limited to, sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy.

f. A continuum of programs and services necessary for a comprehensive approach to the promotion of adoption and the prevention of all types of child abuse, abandonment, and neglect as well as a brief description of such programs and services.

g. A description, documentation, and priority ranking of local needs related to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect based upon the continuum of programs and services.

h. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.

i. A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect.

j. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

(11) FUNDING AND SUBSEQUENT PLANS.—

(a) All budget requests submitted by the office, the department, the Department of Health, the Department of Education, the Department of Juvenile Justice, the Department of Corrections, the Agency for Persons with Disabilities, or any other agency to the Legislature for funding of efforts for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect shall be based on the state plan developed pursuant to this section.

(b) The office and the other agencies and organizations listed in paragraph (10)(a) shall readdress the state plan and make necessary revisions every 5 years, at a minimum. Such revisions shall

be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. At least biennially, the office shall review the state plan and make any necessary revisions based on changing needs and program evaluation results. An annual progress report shall be submitted to update the state plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required under this section.

(12) LIBERAL CONSTRUCTION.—It is the intent of the Legislature that this chapter be liberally interpreted and construed in conformity with its declared purposes.

History.—s. 1, ch. 26880, 1951; s. 1, ch. 73-231; s. 1, ch. 78-414; s. 1, ch. 82-62; s. 62, ch. 85-81; s. 1, ch. 85-206; s. 10, ch. 85-248; s. 19, ch. 86-220; s. 1, ch. 90-53; ss. 1, 2, ch. 90-208; s. 2, ch. 90-306; s. 2, ch. 91-33; s. 68, ch. 91-45; s. 13, ch. 91-57; s. 5, ch. 93-156; s. 23, ch. 93-200; s. 19, ch. 93-230; s. 14, ch. 94-134; s. 14, ch. 94-135; ss. 9, 10, ch. 94-209; s. 1332, ch. 95-147; s. 7, ch. 95-152; s. 8, ch. 95-158; ss. 15, 30, ch. 95-228; s. 116, ch. 95-418; s. 1, ch. 96-268; ss. 128, 156, ch. 97-101; s. 69, ch. 97-103; s. 3, ch. 97-237; s. 119, ch. 97-238; s. 8, ch. 98-137; s. 18, ch. 98-403; s. 1, ch. 99-193; s. 13, ch. 2000-139; s. 5, ch. 2000-151; s. 5, ch. 2000-263; s. 34, ch. 2004-267; s. 2, ch. 2006-97; s. 1, ch. 2006-194; s. 2, ch. 2006-227; s. 1, ch. 2007-124; s. 3, ch. 2008-6; s. 1, ch. 2010-114; s. 42, ch. 2011-142; s. 2, ch. 2012-105; s. 19, ch. 2012-116; s. 4, ch. 2013-15; s. 9, ch. 2014-19; s. 2, ch. 2014-224.

Note.—Former s. 39.20; subsections (3), (5), and (6) former s. 39.002, s. 409.70, subsections (7)-(9) former s. 415.501.

Florida Faith-Based and Community-Based Advisory Council
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Response to the

Independent Living Services Advisory Council

2015 Annual Report

Department of Children and Families

December 18, 2015

Mike Carroll
Secretary

Rick Scott
Governor

Florida Statutes established the Independent Living Services Advisory Council, and mandates the issuance of an annual report from the Council, as well as a response from the Department of Children and Families.

Statutory Authority:

409.1451

(7) INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.—The secretary of the Department of Children and Families shall establish the Independent Living Services Advisory Council for the purpose of reviewing and making recommendations concerning the implementation and operation of the provisions of s. 39.6251 and the Road-to-Independence Program. This advisory council shall continue to function as specified in this subsection until the Legislature determines that the advisory council can no longer provide a valuable contribution to the department's efforts to achieve the goals of the services designed to enable a young adult to live independently.

(a) The advisory council shall assess the implementation and operation of the Road-to-Independence Program and advise the department on actions that would improve the ability of these Road-to-Independence Program services to meet the established goals. The advisory council shall keep the department informed of problems being experienced with the services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of services has achieved. The department shall consider, but is not required to implement, the recommendations of the advisory council.

(b) The advisory council shall report to the secretary on the status of the implementation of the Road-to-Independence Program, efforts to publicize the availability of the Road-to-Independence Program, the success of the services, problems identified, recommendations for department or legislative action, and the department's implementation of the recommendations contained in the Independent Living Services Integration Workgroup Report submitted to the appropriate substantive committees of the legislature by December 31, 2013. **The department shall submit a report by December 31 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes a summary of the factors reported on by the council and identifies the recommendations of the advisory council and either describes the department's actions to implement the recommendations or provides the department's rationale for not implementing the recommendations.**

(c) Members of the advisory council shall be appointed by the secretary of the department. The membership of the advisory council must include, at a minimum, representatives from the headquarters and district offices of the Department of Children and Families, community-based care lead agencies, the Department of Juvenile Justice,

the Department of Economic Opportunity, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, CareerSource Florida, Inc., the Statewide Guardian Ad Litem Office, foster parents, recipients of services and funding through the Road-to-Independence Program, and advocates for children in care. The secretary shall determine the length of the term to be served by each member appointed to the advisory council, which may not exceed 4 years.

(d) The department shall provide administrative support to the Independent Living Services Advisory Council to accomplish its assigned tasks. The advisory council shall be afforded access to all appropriate data from the department, each community-based care lead agency, and other relevant agencies in order to accomplish the tasks set forth in this section. The data collected may not include any information that would identify a specific child or young adult.

Recommendations by the Independent Living Services Council for the Florida Department of Children and Families

As required by statute, the Department is submitting the following response to the recommendations for the Department of Children and Families contained in the Independent Living Services Advisory Council's 2015 report. The council made recommendations in four (4) content areas: Internet Access, Quality Assurance, Employment, and Legislative Recommendations.

Internet Access

Children in foster care should be educated in internet safety and provided internet access. This issue is critical as internet access is necessary in our daily lives, including employment purposes and on-going education. Further, the administration of the Florida My Services survey, which is web-based, requires our teens to have access over time to complete one or two modules at a time. This is necessary to provide a thoughtful, rather than rushed, response to the survey questions.

DCF Response

The Department recognizes the emerging risks from the internet facing our youth today, as well as the importance in having internet access. The Department has proposed new rule language for 65C-14 adding internet safety to the provision of life skills by group home caregivers. In addition, the Department will explore partnering with the Quality Parenting Initiative on the development of web-based foster parent training. Each Community Based Care Lead Agency is responsible for the provision of an adequate service array and for leveraging partnerships with local agencies and businesses, which may include free or low cost internet access.

Quality Assurance

The Legislature must ensure that DCF has adequate funds to fulfill its oversight responsibilities. DCF must restore a robust quality assurance/quality improvement process and employ enough contract management in the district and central office staff to do the job. The legislature should reinstate the QA/CQI positions at DCF to ensure that DCF can fulfill its obligations.

DCF Response

Although there have been reductions to the Department's QA full time equivalent (FTE) positions, the Department has continued to oversee QA activities for children in out-of-home care through contractual requirements with the CBC managing entities. CBCs are required to maintain an internal QA/QI system and there are approximately 81 QA positions within the CBCs. Florida approaches QA/QI activities through standardized case reviews and CBCs conduct weekly and monthly operations data reviews using ad hoc reports from FSFN and the CBC scorecard. CBCs utilize a standardized review instrument developed by the Administration for Children and Families to conduct case reviews of 1,356 cases annually in the areas of safety, permanency and child well-being. CBCs are also required to utilize the federal data portal assigned to Florida to capture case review findings. This approach ensures a formal statewide system of oversight and accountability that measures child welfare practice for case management services. The state office is responsible for establishing CQI requirements and providing training to QA staff. Regions and CBCs are required to develop quarterly schedules and to conduct case reviews for all cases identified in the sample each quarter.

The Department recently began implementation of the Results-Oriented Accountability (ROA) Program. The purpose of the ROA system is to develop mechanisms to monitor and measure the use of Child Welfare resources, the quality and amount of services, and child and family outcomes, including youth using both quantitative and qualitative data. By taking a more complete view of all entities charged with responsibility of achieving the statutory outcomes, establishing appropriately defined outcome measures, measuring and analyzing the results, assigning corresponding accountability, and connecting results with actions, Florida has the platform to fundamentally shape policy and create innovative practices informed by evidence. For the purposes of the Program, the collective roles of the Department, CBC lead agencies, communities, providers, contractors, other state agencies, Tribes and the Judiciary defines the Florida Child Welfare Community (Child Welfare Community). The Program will allow the Child Welfare Community to take a long-term view, and to confirm with evidence the interventions used are efficacious and effective in realizing positive outcomes for

children. One of the major initiatives in the ROA plan is the assessment of CQI and QA resources within the State. While it will take time to fully realize the benefits of the Program, successful implementation will fundamentally change the way the system works. Past reforms, such as the state's Title IV-E waiver offer funding flexibility that complements the Program and afford the opportunity to test innovative new programs and services.

Overall, the Department's changes to the QA/QI system have allowed the Department to utilize dedicated QA FTEs to utilize Rapid Safety Feedback process to review open cases of the highest risk population: children under 4 years of age with a family history of substance abuse and domestic violence. Rapid Safety Feedback allows the Department and CBCs to take a proactive approach to actions resulting from case reviews during open investigations and ongoing cases for the most vulnerable children in our systems and is expected to help better achieve child and family outcomes. For children in out-of-home care, the Department will continue to assess service provision utilizing our resources assigned to the CBCs.

Employment

1. Develop a performance metrics for the IL population related to employment, to include pre-employment readiness services, employment, and employment retention services.
2. Provide or increase the professional development trainings, focused on employment, for providers who serve the IL population.
3. Increase IL population and/or service provider's engagement with the workforce development boards to heighten awareness of the unique employment needs related to the IL population.

DCF Response

The Department recognizes the importance of developing an adequate array of life skills within youth in foster care, including the skills necessary for employment, and included this topic during the 2015 Independent Living conference. The Department supports employment efforts as described in the Council's report and has included a requirement for Community Based Care (CBC) Lead Agencies to work in partnership with local DCF offices in the development of working agreements with local workforce initiatives in the CBC contract. The Department currently shares data on young adults 18+ served with the Department of Economic Opportunity in order to obtain employment information and will explore the ability to do the same for teenagers in licensed care. In addition, the Department has chaired a workgroup focused on quality care standards for group care.

Legislative Recommendations

Please reference the Independent Living Advisory Council's legislative recommendations in their 2015 Report of Independent Living Services for Florida's Foster Youth.

DCF Response

The Department would not be opposed to any of the suggested revisions.

MYFLFAMILIES.COM

State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

June 9, 2016

Dr. Gretchen Kerr, Chairman
Florida Faith-Based And Community-Based Advisory Council
c/o Governor's Office of Adoption and Child Protection
The Capitol, Suite 2002
400 South Monroe Street
Tallahassee, FL 32399

Dear Dr. Kerr:

Thank you very much for the opportunity to review the 2015 Annual Report of the Florida Faith-Based and Community-Based Advisory Council. During the past year the Council has worked closely with the Department of Children and Families (DCF). Throughout 2015, the Council has supported many activities to advance initiatives related to child welfare.

The department recognizes and is appreciative of the Council's continued efforts to foster relationships and build upon prior partnerships, leading to improved and strengthened service delivery to our constituents. The continued development of a grassroots network is critical to connecting organizations at the state and local levels. It is through these outreach efforts that the Council continues to provide innovative thinking and creativity.

The department encourages the Council to continue highlighting the best and most promising practices so that others may glean new insight and understanding.

If you have any questions, please contact Erin Hough at (850) 717-4658 or via email at Erin.Hough@myflfamilies.com.

Sincerely,

Mike Carroll
Secretary