

# Annual Progress and Services Report

FFY 2019

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, 2018



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Florida's Child and Family Services  
Annual Progress & Services Report  
Federal Fiscal Year 2019

**TABLE OF CONTENTS**

Introduction.....	4
CHAPTER I Collaboration.....	6
CHAPTER II Service Delivery Structure and Capacity.....	48
CHAPTER III Assessment of Performance.....	104
CHAPTER IV Florida's Plan for Improvement.....	132
CHAPTER V Consultation and Coordination with Tribes.....	166
CHAPTER VI Caseworker Visits.....	170
CHAPTER VII Title IV-E Waiver Demonstration.....	172
CHAPTER VIII Child Abuse Prevention and Treatment Act (CAPTA).....	176
Attachments 1 - 10	
CHAPTER IX John H. Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).....	214
Chapter X Financial and Statistical Information Reporting Forms CFS 101, Parts: I, II and III.....	237
Appendices Targeted Plans	
A. Continuous Quality Improvement Plan	
B. Foster and Adoptive Parent Diligent Recruitment Plan	
C. Health Care Oversight and Coordination Plan	
D. Disaster Plan	
E. Training Plan	

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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

# Annual Progress and Services Report

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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.

The Department strives 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, the Department 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 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 Florida's 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 Social Security 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 measures of progress, objectives, and strategies laid out in the Five-Year Plan are based on a high-level statewide performance assessment and include 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, the Economic Self-Sufficiency (TANF and SNAP) Program Office, Tribal representatives, foster/kinship caregivers, foster youth, Community-based Care lead agencies, case managers, the judiciary, the Office of Court Improvement, sheriff’s offices conducting child protective investigations, researchers, child advocates, Guardians ad Litem, the Department of Juvenile Justice, the Department of Health, Florida’s Agency for Health Care Administration, the Legislature, and private foundations. The Department of Children and Families (hereinafter referred to as “Department” or “DCF”) internal program and operations offices collaborate across their specialties, such as mental health, substance abuse, 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 the Department 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 six (6) geographic regions, aligned with Florida’s 20 judicial circuits, serving all 67 counties. Within the six DCF regions, CBCs deliver foster care and related services as defined in Florida statute<sup>1</sup> under contract with the Department. Child protective investigation requirements are also defined in statute (Chapter 39, Florida Statutes). In several geographic areas, the duties of child protective investigation are performed under a grant by county sheriff’s offices<sup>2</sup>. Children’s Legal Services (CLS) continues to function as an internal “law 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 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.

<sup>1</sup>Lead agency requirements contained in ss. 409.986 through 409.997, F.S.

<sup>2</sup> 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.

- 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 and Tribes, as 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 daily 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 the Departments of Education, Health, Juvenile Justice, Law Enforcement, and the 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, Department of Education, Agency for Persons with Disabilities, and Department of Health. Additional members include the executive leadership of the Statewide Guardian ad Litem Office, 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's charge is to develop 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 various individual or combinations of state agencies and other governmental organizations, such as:

- The Agency for Health Care Administration (AHCA), for such issues as 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.



- Department of Education, Florida College System, State University System, and the Board of Governors regarding the campus based coaching initiative on improving postsecondary outcomes for former foster youth.
- Florida Institute for Child Welfare at Florida State University on development of guidance documents for those working with pregnant and parenting youth and young adults.
- The Department of Juvenile Justice (DJJ) 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 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 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, Casey Family Programs met with the Department and helped determine appropriate benchmarks for improvement. The Department and DOE continued to collaborate on the Every Student Succeeds Act (ESSA). The Department, Department of Education, and Community-based Care Lead Agencies partnered for a statewide training during the 2017 Dependency Summit. The training addressed three major components of ESSA: Best Interest Determinations, Transportation, and Dispute Resolutions.
- The Department of Education (DOE), Agency for Persons with Disabilities (APD), Department of Juvenile Justice (DJJ), and DCF, collectively developed an interagency agreement to coordinate respective responsibilities for furnishing educational and vocational services and supports for children known to the Department. The coordination of services and supports across agencies ensures positive educational and meaningful life outcomes for Florida's children. The interagency agreement is with each agency's leadership for signature.
- 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 completed during the report period involves development of an operating procedure, Child Support in Child Welfare Cases, for use by child welfare professionals. Partners on this initiative include the Office of Court Improvement (OCI), Child Support Program, Children's Legal Services, CBC lead agency Chief Executive Officer, Revenue Management, and the Office of Child Welfare.
- The Department continues to have a strong relationship with the court system, including partnering with the Office of Court Improvement (OCI) on various training activities, such as the annual Child Protection Summit. The Department and OCI meet monthly and collaborate on initiatives such as development of a Dashboard showing court and permanency data.

- 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. The Department has processed approximately 7,664 missing child reports during calendar year 2017, with 52% of the missing children located within one day and 80% 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, 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, which 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), which 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 DCF in May 2017. Over 450 attorneys, judges, and child welfare professionals attended the May conference.
- Tribal organizations for the Seminole tribe continue to work in concert with the Office of Child Welfare and the regions. For example, the Seminole reservation in Hollywood started hearing ICWA cases from the Southeast Region during the report period. Due to the success of this pilot, all future Southeast Region ICWA cases will be heard on the reservation. The Office of Child Welfare has continued to reach out on numerous accounts during the report period to the Miccosukee Tribal partners. Please refer to Chapter V. for additional information.
- Former foster youth, such as the Florida Youth SHINE organization, and the Independent Living Services Advisory Council.
- The Florida Youth Leadership Academy, which is a statewide program that focuses on building the leadership skills of youth involved with the dependency system who are selected for the program.
- The Child Welfare Advisory Council, formed by the 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, which provides leadership to domestic violence center programs and is engaged in the 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.
- The Department serves on the Governor’s Florida Faith-Based and Community-Based Advisory Council. The Council brings together more than one hundred local stakeholders which include faith-based and community-based partners, child welfare, and juvenile justice professionals. The purpose of the meetings is to engage faith and community leaders to facilitate connections to strengthen communities and families in the state of Florida. On agenda for the May 2018 meeting was Mark Jones, Chief Executive Officer of Community Partnership for Children and Steve Hogue, Founder of Hogue Ministries who presented on faith-based partnership in recruitment and retention of foster parents. The presentation included a foster care ministry prototype. There was a call to action for churches to get involved and provide support to needy foster families. Other discussions focused on how the community could work alongside DCF to help Florida families.
- 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.
- The Department continues to partner with the Department of Juvenile Justice to improve services and supports for youth who cross over between both systems. In October 2016, Crossover Champions were identified by Department and DJJ leadership in each Florida judicial circuit. In February 2017, a joint Crossover Champions Kick-Off meeting was held. By July 2017, each circuit submitted local collaboration plans. Both DCF and DJJ Secretaries attended the May 2017 Crossover Champions meeting where Region representatives presented on progress and areas needing improvement. See the Juvenile Justice Involvement section for more information about collaboration efforts.
- The Child Protection Summit also annually includes the William E. Gladstone Award, which honors a member of the judiciary who embodies the sentiment behind the late 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)**

The statewide Child Welfare Practice Task Force, an interdisciplinary panel, includes representatives from a variety of stakeholder groups throughout Florida and is a collaborative partner for the APSR. The Child Welfare Practice Task Force includes representatives from the Office of State Courts Administrator - Court Improvement Program, Judiciary, Florida State University (FSU) School of Social Work, FSU Center for Prevention and Early Intervention, Department of Health, Guardian ad Litem Program, CBC lead agencies, child advocates, State Attorney’s Office, Children’s Legal Services, Regions, and other partners.

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.

Local collaborative initiatives underway in DCF regions and the CBCs include:

**Northwest Region:**

The Northwest Region (NWR) consists of three circuits (1, 2, and 14) and 16 counties. Staff from the Department performs child protective investigations and the two contracted Community-based Care lead agencies, Families First Network and Big Bend Community Based Care, provide all other child welfare and related services. 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 NW Region works closely with stakeholders and partners.

The NW Region utilizes multiple forums to engage our community partners throughout the year. Monthly the region meets with both CBC lead agencies and the managing entity along with child investigations, quality assurance and training, substance abuse/mental programs, and contract management to collaborate on child welfare and behavioral health trends seen in each circuit. The monthly discussions include discussions on performance, decision making on implementation of new laws, administrative codes, policies, and working agreements between all parties. The goal is to ensure the region is continually improving the child welfare system. The information reflected in this section was developed with input from the two CBC lead agencies, managing entity, substance abuse/mental health, and regional investigations and training teams.

Out of those monthly meetings have come projects around: removals, timely documentation to the courts, placement, adoption projects, referrals for families, and revamping of service arrays. Most recently, Circuit 1 has added the Walton County Sheriff's Office to the monthly meeting due to the pending transition of child investigations to the sheriff's office July 1, 2018.

Each year, the region holds stakeholder meetings in each circuit in an effort to collaborate with the region's major partners within each circuit. The stakeholder meetings bring together partners within each circuit to conduct a Strengths Weaknesses Opportunities Threats analysis on the local system of care. The results of the analysis are utilized at an annual strategic planning session with leadership within the region to set our strategic objectives for the year

The Department maintains jurisdiction over the reports of Abuse and Neglect through the Florida Abuse Hotline and the investigation of the abuse and neglect allegations in the Northwest Region. During this reporting period, the region focused on achieving and maintaining a strong workforce in child investigations, reducing caseloads for investigators, establishing efficiencies within child investigations, and ensuring accurate decision making on all child investigations, specifically those requiring an out-of-home plan and/or removal. The region also worked with community partners via alliances', collaboration or partnership meetings, stakeholder forums, and other venues to improve outcomes for children and families.

The NW Region embarked on a Greenbelt project focused on Child Protective Investigation Retention. The Greenbelt team consisted of internal and external child welfare partners; a survey conducted with frontline investigators which achieved an 87% participation rate. The countermeasures identified will be presented to region leadership in May 2018. Prior to the Greenbelt, the region re-structured its hiring

process and is beginning to see positive results in turnover, investigators eligible for full rotation, and reduction of caseloads.

To continue efforts in accurate decision making and front-end focus on removals, child protective investigations conduct “Decision Support Team” (DST) staffings. DST process supports supervisors and investigators, as well as ensure accurate decision making upon a decision to remove a child from their parents. The process encourages a team approach involving, CPI, CPI Supervisors, Critical Child Safety Practice Experts (CCSPE), legal, service providers, case managers, and others who may be able to provide relevant information about the family. Together the group reviews the facts of the case, if there is present or impending danger, what threats need to be managed in the home, identifies safety services available, and decides to either remove the child or identify services available that allow the child to safely remain in the home. The DST process has been in place for over three years in the Northwest Region and evolves each year. This year the region incorporated safety management service providers in the process, including discussions around appropriate placement.

### **Circuit 1**

**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 for four counties in Circuit 1. The network includes DCF, Lakeview Center, 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. Services include case management for out-of-home and in-home placements; foster home recruitment, training, recommendation for licensure, and support; adoption support; independent living program; early childhood court support; sub-contract management; and other related services to abused and neglected children and their families.

FFN is a program of Lakeview Center. During the report period, the Department entered into a new contract period with FFN for child welfare and related services through 2022. FFN's primary goal is to establish safety and permanency and to support the well-being of abused and neglected children in Northwest Florida. It accomplishes this by providing child protective services to families, independent living services for teens and youth who age out of foster care, adoptive services for children in the dependency system, and placing foster children in relative/non-relative care, licensed foster homes and residential facilities.

### **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 is an accredited (Council on Accreditation) network management organization that was initially formed in 2002 to develop community based child welfare services and supports for the 12 counties of Circuit 2 and Circuit 14.

As a network-managing agency, BBCBC's primary role is to establish and maintain an integrated network of providers with the goal of ensuring optimal access to and the provision of quality services. BBCBC's approach to collaborative is inclusive of DCF, subcontracted services agencies, formal and informal providers, key community stakeholders, and the individuals, families and communities served. Through this collaboration, BBCBC strives to develop and manage a system of care that demonstrates quality

programmatic and financial outcomes through partnerships, transparency, and efficiency. The system of care is based on a service delivery approach designed to create a broad, integrated process for meeting the service population's needs. Each partner brings diversity, advocacy, program expertise, experience and community standing to the system of care.

### **Northeast Region:**

The Northeast Region consists of Circuits, 3, 4, 7, and 8, and spans 20 counties, most of which are rural apart from Jacksonville, Gainesville, and Daytona. The structure remains consistent, with Child Protective Investigations being performed by Department staff, and all other child welfare and related services provided by our five contracted Community-based Care (CBC) providers. The Northeast (NE) Region's CBCs include: Family Support Services of North Florida (Duval and Nassau), Partnership for Strong Families (Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Suwannee, Taylor and Union), Community Partnership for Children (Volusia, Flagler, Putnam), Kids First of Florida (Clay), and Family Integrity Program (St Johns).

The NE Region has maintained a culture of strong partnership and collaboration with agencies, providers and local community partners throughout the annual reporting period. This collaboration is maintained through various forums and feedback loops held monthly, quarterly and/or yearly based on priorities and needs throughout the region. Having such a vast number of forums and points of contact already in existence made gathering information for reporting, obtaining feedback, forward thinking activities and plans seamless. Reporting and feedback on the NE Region's strategic plans, state, and regional initiatives and priorities, such as the Performance Improvement Plan (PIP) strategies, were gathered from child welfare regional leadership, applicable programs, contracted providers as well as community partners. Community partners are well engaged within the circuit areas. Teaming occurs with child welfare regional staff, lead Community-based Care (CBC) providers, and the region circuit Community Development Administrators, who participate in forums as well to build resource capacity throughout the NE Region. Feedback responses are disseminated to regional leadership and teams for advancing continuous improvement and performance.

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), CPT, CBC lead agencies and local Case Management Organizations. The monthly Barrier Breakers, Implementation Team, Steering Committee and Quarterly Partnership meetings are primary channels of collaboration, although there are also operations meetings.

The NE Region's Family Safety Program Office hosts regional meetings and training for Child Placing Agency and Child Care Agency staff to promote quality improvement for group home care and foster care licensure as well as support recruitment and retention efforts for foster home, and special needs foster homes (i.e., teens with emotional, behavioral and juvenile justice concerns and medically complex youth).

The NE Region supports and host various multi-disciplinary staffing such as Local Review Team, Regional Review Team, CPT and others to seek remedy for complex family situations and service needs, often to maintain youth in their home and connect them with appropriate services in the community. During this reporting period, the NE Region focused on safeguarding fidelity of the practice model ensuring CPI leadership proficiency, ensuring quality casework, improving staff retention capacity and skills, and securing regional subject matter expertise. Training, case consultations, and fidelity reviews

were secured through: regional Critical Child Safety Practice Experts (CCSPEs); the University of South Florida, and Action for Child Protection. Quarterly/monthly program management regional calls and Local Implementation Team meetings are ongoing, and monthly Barrier Breaker / Partnership Team roundtables continue in all circuit areas between the Department, CBCs, Case Management Organizations, Children's Legal Services (CLS), Managing Entity, Substance Abuse and Mental Health Office (SAMH), Guardian ad Litem, and other community partners. These teams assess for systemic and service needs, work through gaps, and strategize plans to improve the region to full implementation and sustainability of the practice.

The NE Region maintains Decision Support Team (DST) staffing on all cases at the point present danger is identified or wherein the need for removal has been identified on cases with Impending Danger. The DST was created to provide support and guidance to Child Protective Investigators (CPIs) and Child Protective Investigator Supervisors (CPIS). The intent is for the CPIS to facilitate a consultation with the CPI that includes a CCSPE or proficient Program Administrator (PA), until such time the CPIS has been deemed proficient in the practice model. The purpose is to assure the discussion and decision aligns with the practice model.

The NE Region continued the statewide assessment process for deeming CPIS and Program Administrators proficient in the practice model strengthening the decision making and support for the front lines. The region has progressed well with over half of the Program Administrators and CPIS being deemed proficient with a 97% success rate

The NE Region was one of the pilot sites for the statewide Child Welfare and Behavioral Health (CW/BH) Integration Self-Study process. The Self-Study examined the region's level of integration of Child Welfare and Behavioral Health and recorded the status. The review process addresses five areas of daily practice and four system areas that support integration. After the assessment was completed a plan of action identified the region's priorities based on the results on the Self-Study, input of the Review Team, Managing Entities, CBC lead agencies, and other stakeholders. The region's plan outlines how the region will implement planned change for these priorities over the next 12 months. The plan is tracked for joint accountability and outcomes by the Northeast Region Oversight Steering Committee which meets monthly. Achieved goals include: reduction of the number of out of home cases by increasing communication through the multidisciplinary team (MDT) process; implementation of a system-wide approach to requesting and accessing information between case management organizations and providers; and increasing cross system knowledge between SAMH and Child Welfare.

The region works closely with local Domestic Violence Shelters and the Florida Coalition of Domestic Violence (FCADV) toward stronger communication and collaboration throughout the region to better serve mutual families. The region hosts an annual Domestic Violence Summit inclusive of Child Protection leadership, CBC/CMO leadership, CLS, Domestic Violence Shelters, and FCADV partners. Training is provided at the Summit, and local teams complete gap analysis and action steps in breakout sessions to be addressed in local teams over the next 12 months.

The NE Region utilizes a Professional Development team to enhance professional growth and organizational effectiveness across programs. Professional development is a continuous process of refining skill development of employees from the time of recruitment until retirement and to expand one's professional knowledge and experiences to help the Department meet its strategic objectives. The

team's objectives promote competency building, new supervisor orientation, leadership readiness, and staff professionalism.

### **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.

Partnership for Strong Families (PSF) promotes the philosophy that everyone is a member of the Continuous Quality Assurance and Quality Improvement team, including stakeholders, families, children, caregivers, Partner Family Parents, PSF, the PSF Board of Directors and provider staff at all levels. Data is continuously gathered and analyzed and improvements are made to services and processes when compliance is not met or when safety/security issues arise. Information is shared in an effort to eliminate duplication and to increase collaboration and knowledge. All parties work together to identify and address areas in need of improvement, create action plans for improvement, monitor progress and make adjustments when the data indicates the changes have not had the desired impact. Information related to performance, areas in need of improvement and evidence of success is shared to facilitate the Plan, Do, Check, Act protocols of continuous quality improvement.

PSF, in partnership with the various stakeholders, strives to provide a well-established evidence and trauma informed system of care that assesses and serves the needs of the local communities and the children and families served. Information is collected and shared using multiple mediums. PSF works side-by-side with the Case Management Agencies, providers, and other stakeholders to improve the quality of services provided both internally to one another and externally to the families they serve.

PSF has established Continuous Quality Improvement Teams/Committees/Meetings designed to create learning experiences and drive system improvement. These teams/committees/meetings evaluate information/data and direct decision-making to implement changes at both the systemic and case levels. Appropriate lessons and process changes are translated into new or enhanced policies and procedures, and are shared with sub-contracted Case Management Agencies, stakeholders, and other interested parties as indicators of solution-focused thinking and processing. Examples of meetings / topics are below:

- Executive Leadership Team (ELT): PSF Senior Executive Staff meet weekly to discuss issues pertaining to PSF as the lead agency for Circuits 3 and 8.
- PSF Leadership Team Meeting: Quarterly meeting with PSF with supervisors, managers, directors and executive leadership. Issues addressed include: budget, new initiatives, legislation, processes, performance, and updates from each.
- Barrier Busters Meeting: Monthly meeting held with PSF Staff, DCF management, child protective investigations, Children's Legal Services (CLS), PSF CMA program directors, provider staff, and Managing Entity staff. During this meeting, interagency issues and processes are addressed. The meeting is a networking meeting that is collaborative in nature. This meeting allows for an opportunity for all parties involved to bring forth issues, provide input and assist with decision making and next steps.
- Quality Team Meeting (QTM): Monthly meeting between PSF Quality Operations Managers and the Sub-Contracted Case Management Agencies. Each agency has its own meeting.



- Incident Report Review Committee: Monthly meeting of PSF Quality Assurance, PSF Placements, PSF Licensing and other local licensing agencies' staff to review incidents related to Partner Family homes and other DCF licensed placements for children, such as facility complaints and/or abuse and neglect incidents. The committee reviews allegations and follow-up taken by CPI, Family Care Counselors (FCC) and Licensing staff to determine what actions need to be taken.
- Human Trafficking Review Team: Twice monthly meeting in each circuit (3 and 8). PSF chairs this multi-disciplinary team to review cases where children have been identified or suspected victims of human trafficking. The HTRT serves to improve interdisciplinary information sharing with internal and external stakeholders and promote collaboration in working with the youth. The team includes local, state and federal law enforcement agency representation, Department of Juvenile Justice, Department of Children and Families, Child Protection Team, Guardian ad Litem, Children's Legal Services, Child Advocacy Center, and CDS Behavioral Health.
- Scorecard Meeting: Bi-weekly conference call. PSF and its CMAs take the PSF Scorecard seriously and work in conjunction with one another to review data, validate data, identify systemic or data entry/extraction issues and to create action plans designed to improve knowledge and performance.
- Meetings with DCF Regional Director to review PSF Performance: Quarterly Meeting. Discussions include information related to (subject to change at the request of the DCF Regional Director).
- DCF QA Manager's Meeting - These meeting occur quarterly. The DCF Office of Child Welfare hosts these statewide meetings, which include DCF Regional QA staff, Sheriff's Office QA staff, and CBC QA staff. These meetings are held to collaborate on federal, state, and local quality assurance initiatives and processes.
- PSF Board of Directors Meeting - This meeting occurs as scheduled via the bylaws. (Topics discussed include are not exhaustive and are subject to change): Guest Presentations, Board Chair Report, CEO Report, Finance Committee Report, Quality Assurance Committee Report, Executive Committee Report, and Community and Government Relations Committee Report,
- PSF and CMA Provider Meeting - This meeting occurs quarterly. Issues reviewed include (subject to change according to need): PSF's and each CMA's compliance with contracted scorecard and case reviews. Other data analysis information such as incident reports, sexual abuse prevention safety contracts, exit interviews, psychotropic medications; programmatic and service processes and issues; initiatives; updates to policy and protocol; news updates; planning for improvement; and training.
- On a quarterly basis PSF meets with the CMAs' Program Directors, Quality Assurance staff and Supervisors. The meeting serves as a vehicle through which information is shared to focus on the empowerment of supervisors and that supervisors are given the information needed to increase their knowledge and skills and to enhance their supervision and support of their case managers. During the quarterly meeting PSF provides training, information regarding form and policy updates and addresses changes in practice. Additionally, PSF works together with the sub-contracted Case Management Agencies to gather the information and understanding needed to affect change and to make changes to processes, policy, services, and practice when needed. The meeting is collaborative in nature and information is shared including areas in need of improvement and best practice initiatives/processes.

- Psychotropic Medications Meeting – This meeting occurs on an as-needed basis with staff from PSF, DCF, CMAs, GAL, and CLS to discuss any systematic barriers or issues related to the cases of children prescribed psychotropic medications.
- Dependency Insights Meeting – This meeting is coordinated and led by judiciary to address common themes seen within the child welfare system and the judicial system. This group consists of judiciary, case management staff, parent’s attorneys, GAL, CBC leadership staff, and CLS. The group meets monthly and collaboratively problem solves how to effectively address system gaps to insure the best outcomes for children and families.
- PSF conducts provider meetings quarterly, at a minimum. These meetings are an opportunity for training (service specific and agency specific), open discussion and communication around service expectations. Providers are also able to bring local updates, trainings, or information to share with the group. PSF has also been working with the largest community behavioral health provider in their catchment area to add services, strengthen relationships/communication between clinical and child welfare staff, and developing new means to share client data (including data for clients funded through Medicaid).
- PSF also holds Resource Center Partner Meetings quarterly, inviting representatives from each of the more than 50 partners’ agencies. These meetings allow opportunities to share updates and center-related data, while also promoting open communication among partner agencies. Discussions often include information related to new community services along with potential service gaps/community needs. Partner agencies are also able to share about new programs and upcoming events with the group.
- Managing Entity (ME) Lutheran Services Florida (LSF) added PSF to their care coordination process to identify fragmentation of services for the most vulnerable populations. The collaborative works to review the families who have cycled through the children welfare system to identify barriers to services and provide assistance, if able. Through this process, gaps and needs are also discussed to improve the larger system. LSF continues to be a great partner in resolving funding issues with community behavioral health providers. PSF also worked with Big Bend Community Based Care, the managing entity for Madison and Taylor Counties, to strengthen service coordination in this area for families involved in the child welfare system.
- PSF continues to be a member of the local Students to Successful Citizens community workgroup, part of the Alachua County System of Care, in looking at ways to decrease the number of youth arrests at school. This includes a school-wide response to behavior and discipline through a trauma-informed lens, while also utilizing restorative justice principles.
- Child Welfare/Domestic Violence Quarterly Leadership Team Meeting is a collaborative meeting between the five Domestic Violence Shelters serving PSF’s 13 counties, DCF, and PSF. The meeting focuses on improving the response to Domestic Violence and looking at how we can create a unified shift in practice. In addition to this meeting, PSF has helped to re-establish a task force subcommittee, specific to child welfare, in Alachua County. This task force is led by the local domestic violence shelter, and has already started to serve as an opportunity for training and collaboration. The committee has plans to offer training in 2018 that will include system wide partners in the community.

- Partnership for Strong Families continues to lead through the Children’s Partnership Councils—groups of community leaders, child welfare professionals and frontline workers—in five regional communities. These Councils have representation from more than 20 community and state agencies including law enforcement, Department of Children and Families, case management agencies, managing entities, United Way, faith-based organizations, Guardian ad Litem, Department of Juvenile Justice, Department of Corrections, Healthy Families, school departments, 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 committed council members meet in their respective communities on a bi-monthly to quarterly basis to identify and create opportunities for collaboration in filling service gaps. Each Council also has a small budget to strengthen prevention efforts in its own community. Councils have voted to allocate money toward safe sleep environments, individual rent/utility assistance for families in crisis and support for youth identified as homeless. In the 2017-2018 fiscal year, Councils allocated funds to purchase bus passes for families to attend medical and counseling appointments, vouchers for GED exams, and child and infant safety products including cabinet locks and car seats. Councils also participate in and sometimes even host community events designed to connect at-risk families with needed resources offered by member agencies. The Children’s Partnership Councils continue to grow in innovation and collaborative efforts to meet strategic goals and priorities.
- PSF created the Human Trafficking Review Team in collaboration with Department of Juvenile Justice and Department of Children and Families along with community agencies who also serve this population including Law Enforcement, Medical, Clinical and other community agencies. The team is a multidisciplinary team that has some expertise or experience working with the HT kids that is focused on information sharing between agencies and well as assessment and planning for identified youth. The team also identifies gaps in services or barriers to services that the team or multi-agency collaboration can work together to solve. The team assists with determination of children who meet Safe Harbor criteria and placement recommendations. The team reviews safety, well-being, and permanency for children who are the victim of human trafficking.
- There is a Human Trafficking Coalition for Circuit 3. The Coalition worked with PSF and other community partners to plan for a Human Trafficking event which was held in January 2018.
- PSF hosted the Center for Autism and other Related Disabilities including POPIN to hold lunch and learn sessions at Partnership. These sessions are open to the public as well as to our employees.
- Additionally, PSF partnered with Alachua County School Board Extended Day Enrichment Program (EDEP), Catholic Charities, Girls Place, and other private foundations to provide training such as, Trauma Informed Care, Compassion Fatigue, and Myers Briggs.

#### **Circuit 4**

Family Support Services of North Florida (FSSNF) 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.

**Family Support Services of North Florida (FSSNF)** collaborates and partners with community partners and providers. Memorandum of Understandings (MOUs) have been implemented with local school systems that allow the sharing of all academic records for students in care. FSSNF has 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. FSSNF has built a comprehensive approach that ensures each child receives the services he or she needs for academic success.

FSSNF's MOUs with the Nassau County School Board (NCSB) allows direct data sharing for real time education information for the clients served. The Education Liaison's complete educational reviews and closely monitors grades to determine whether a student needs additional ancillary services. The liaison also trains and assists with recruitment of educational surrogates for youth who need this support. FSSNF has consistently made efforts to improve the education outcomes for youth ages 18-23, specifically youth earning a high school diploma or GED. Through a partnership with the City of Jacksonville through the Public Service Grant (PSG), 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. This position has had a significant positive impact on the relationship with Florida State College of Jacksonville (FSCJ) through their new Student Support Coordinator positions. These positions are focused solely on young adults who have been in, or aged out of, the foster care system. They make tracking progress and have really added a new dynamic to the growing partnership between FSSNF and FSCJ.

FSSNF participates in collaboration with DCF, APD, and DJJ on a monthly Champion Call to staff children with special needs for APD placement and children that are in DJJ commitment programs to ensure effective transition back to the community.

FSSNF 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 new Medicaid Child Welfare Specialty Plan with Sunshine Health. In turn, CBCIH has partnered with Sunshine Health to provide statewide care coordination for children in care for the health plan.

The FSSNF Behavioral Health Care Coordinator oversees the service agreement with CBCIH to assist in providing services for children in care as well as medical services for all children on the Sunshine Health plan. This position 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.

Family Support Services of North Florida Inc. has been on the forefront of leveraging the court system to improve outcomes for our 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 local child welfare partners. The Model Court is one (1) judge to hear both dependency and delinquency cases and a General Magistrate who oversee 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.

Girls Court is a specialized form of juvenile court linking at-risk girls to community resources, social service agencies, and mentors, while offering each girl a holistic team approach to reduce recidivism, detention, and commitment programs among girls. The original development of Girls Court was a collaborative effort between the judiciary, the Delores Barr Weaver Policy Center, Family Support Services of North

Florida, the Department of Juvenile Justice, the State Attorney's Office, and the Public Defender's Office. In 2016 Girls Court went through a redesign and the program started back up in June 2017. Girls Court provides girls and young women 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, helps them feel more connected, and ultimately to have a higher chance of success in completion of probation. The voluntary Girls Court program also connects the teen girls with therapeutic services that aim to prevent teen girls from future involvement in the dependency system as parents. The focus is on teen mothers, pregnant teens, and girls with serious misdemeanor crimes and some felonies. Unique to Circuit 4 is some Girls Court participants are under a "Walker Plan", which is an agreement among the state attorney, defense counsel, the court, and the defendant that defines specific conditions to which the defendant must adhere. If the conditions are met, the defendant's case may be dismissed and her record sealed or expunged. Since June 2016, the initiative serviced eleven girls with the first two Girls Court participants graduating in January 2018.

The Safe Babies Task Force continues to bring community partners together to promote the safe and healthy developmental needs of the 0-3 population who are involved in the child welfare system. The courts continue to utilize the Safe Babies court report to be informed of services provided to the child and family during quarterly court proceedings. Community resources and identified gaps are discussed in meetings at least once to twice a year. Trainings have also been provided to promote the safety, well-being, and understanding of this vulnerable population. A training for the community on enhancing child well-being from the experts occurred on October 20, 2017. There were experts from Early Steps to provide an overview of developmental milestones in children at various stages; a therapist that spoke about early childhood trauma, circle of security, and child/parent psychotherapy; the Child Protection Team spoke about safe sleep and medication safety; and last a representative from the U.S Drug Enforcement Agency spoke about the red flags, risks, and education on opioids.

Dependency Drug Court (DDC) is offered in Duval County to parents who have an extensive substance abuse history and are currently involved in the dependency court system. This voluntary program has five phases and holds the parents' accountable for their behaviors and any relapses while participating in the program. The General Magistrate presides over these hearings and a conference is held with the Service Providers, Dependency Drug Court Coordinator, and Representative from the Case Management Organizations prior to all DDC hearings to review the client's progress since the last hearing. In 2017, FSSNF coordinated with all four (4) Case Management Organizations so that the Dependency Drug Court coordinator could deliver a presentation about the program and answer any frequently asked questions. Since this was completed, there has been an increase in the number of DDC referrals.

FSSNF also collaborates with the local domestic violence shelter, Hubbard House, and the Domestic Violence (DV) Advocates from this agency. FSS attends the quarterly meeting with Hubbard House, DCF, and other community partners to discuss any successful programmatic accomplishments, as well as any barriers and resolutions to them if needed. A Domestic Violence Advocate from Hubbard House attends Integrated Practice Team meetings in which the family has a documented history of family violence to provide expert guidance and direction. A DV Advocate is also assigned to FSSNF to assist with safety plan development and services to any victims involved in the dependency process.

FSSNF continued to utilize the Crossover Youth Practice Model. Each crossover youth is required to have a multi-disciplinary team (MDT) staffing within 10 days of arrest. The State Attorney's Office, Public

Defender, Family Support Service Court Liaison, Juvenile Justice Probation Officer, School Board Representative, caregiver, and most importantly the child all attend the MDT. The recommendations from these meetings are presented to the Judge at the child's next delinquency court hearing. The child can have a MDT at any time during their delinquency case if there is a new arrest or new presenting challenges in the case. FSSNF is a member of the Department of Juvenile Justice (DJJ) Advisory Council and DJJ JAC council.

FSSNF is actively involved in Jacksonville's System of Care Initiative (J SOCI), funded by a planning grant from the Substance Abuse & Mental Health Services Administration (SAMHA), and 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 all positive natural supports are identified and developed.

FSSNF is a strong component of youth advocacy. FSSNF is developing a program with the Magellan youth advocacy group, My Life. This program 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.

FSSNF's 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, Work Source, and other community partners. "The Challenge" is the newest program to family support services to put youth outside of their comfort zone to force the youth to rely on their peers to accomplish goals. Young people who participate in this program are taking part in activities to 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.

**Kids First of Florida (KFF)** works closely with the following partners: Department of Children and Families (DCF), Guardian ad Litem (GAL) program, Clay County School Board, Quigley House (domestic violence service provider), Agency for Persons with Disabilities (assistance for children with developmental disabilities), Baker County Health Department (dental provider), Department of Juvenile Justice, Child Guidance Center (supervised visitation), Child Protection Team (crisis intervention, case coordination, family system evaluation and consultation, medical services, forensic interviewing, as well as other team services), Clay County Court, Clay Behavioral Health Center (CBHC) (Parent Education and Support, Transitional Trauma Therapy, mental health and substance abuse treatment, case management, psychiatric services and medication management, crisis stabilization, and substance abuse prevention education), Family Resource Connection (parenting and supervised visitation), First Coast Interpreting and Translations (language interpreting and translation services), Independent Living Resource Center of Northeast Florida (interpreting and translation services for the deaf and hard of hearing), the Youth Law Center Quality Parenting Initiative (initiative to improve the quality of care provided to children who are removed from their home by increasing the number of appropriate, high quality families available to care

for these children and work with their families by changing the approach to recruiting and retaining high quality caregivers who provide excellent care to children), and Children's Home Society (pre- and post-adoption services, including counseling and core adoption classes, in-home therapy and parenting, parenting classes, and supervised and therapeutic visitation).

KFF values the input and participation of community stakeholders in its system of care. Representatives attend various community meetings and participate in activities to educate the public about the organization and build community support and partnerships. KFF participates in the following interagency collaborations, meetings, and events in the community:

- Clay Action Coalition: monthly meetings with other partner agencies where KFF activities are shared.
- Clay SafetyNet: monthly meetings with partner agencies and the faith based community.
- Family Service Planning Team (the KFF Clinical Coordinator is a FSPT committee member): meets twice a month to coordinate community based support services for children who are at risk of losing their current home placement due to behavior attributed to emotional disturbance. Functions of the FSPT include reviewing referrals for an array of services, developing and implementing a family service plan, monitoring progress on the plan and evaluating the need for any revisions.
- Community Alliance of Northeast Florida: Meetings occur every other month with Duval and Clay representatives where KFF provides a presentation on the past month's activities.
- Partnership Meetings: KFF management staff meets with the Department of Children and Families (DCF) staff every other month to discuss Performance and Financial status.
- School Social Workers/CBHC/KFF/DCF Child Protective Investigator (CPI): meetings are held at least once a year to do a joint training and agency update.
- KFF/DCF CPI/CBHC: meet quarterly to discuss service needs and unmet needs.
- Dependency Court Improvement Program: A court process improvement program which includes quarterly meetings with the Judge, Magistrate, parent's attorney's, DCF Children's Legal Services, DCF CPI, and GAL. Participants discuss ways to improve and strengthen the dependency court.
- Children's Week: Each year during Children's Week, KFF participates in local and statewide activities to strengthen families through events and outreach efforts aimed at promoting the health, safety and well-being of children.
- Foster and Adoptive Parent Association: Clay County Foster and Adoptive Parents meet monthly and receive training on topics related to the care of their children.
- Media: Several articles have been run in the local newspaper about the organization's mission/goals. A brochure with this same information has also been developed. Several radio stations in the area run ads promote promoting adoption and foster parenting.
- Community Outreach: Booths are set up and manned by employees, volunteers, and board members at community events; information is provided to the community about KFF including the need for foster and/or adoptive parents.

- **Staffing:** A collaborative approach to decision making regarding the children and families served. Staffings are conducted for the purposes of reviewing the level of intrusiveness of the safety management services, establishing permanency for children, and changing visitation and/or reunification. KFF also utilizes weekly staffing to discuss legal issues, new abuse reports or new pregnancies/children in open cases, or to discuss any other issue that may require group discussion. Staffing attendees routinely include members from DCF, KFF, GAL, CLS, and community providers when appropriate.
- **KFF and DCF CLS:** meet monthly and KFF management and supervisors meet with DCF CLS attorneys and the supervising and managing attorneys to discuss what's working well and things that need improvement in the legal realm. Quarterly meetings are held between KFF, DCF, and CBHC supervisors and managers to give an opportunity to discuss what is going well and where improvements can be made.

### **Circuit 7**

Circuit 7 has two CBC lead agencies, Community Partnership for Children and Family Integrity Program. 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** has a collaborative network of service providers, community partners and stakeholders. 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.

The Judges in each courtroom hold regular Dependency Court Improvement Program meetings with court personnel, CLS, DCF, Guardian ad Litem and Community Partnership for Children to discuss barriers and concerns about how court proceedings are occurring and to provide suggestions for improvements.

Community Partnership for Children coordinates with churches and other non-traditional community providers to host recruitment events for fostering, adoption and mentoring. These partnerships also lead to donations that help families with school supplies, clothing, diapers, and holiday gifts.

**Family Integrity Program (FIP)** has worked over fifteen years 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 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 review or staffing of complex cases with the Agency for Persons with Disabilities (APD);



- FIP's partners with Children's Medical Services (CMS) and Children's Home Society to recruit local medical foster homes;
- Interfaces with the Department of Juvenile Justice (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 and Child Protection Team to discuss cases with an ongoing criminal investigation;
- Partnering with St. Johns County Housing and Community Development as well as Social Services to assist 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, School Board Homeless Liaison staff to address unaccompanied youth;
- Monthly Behavioral Health Consortium that is composed of other community resources/leaders.

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 (5, 9, 10, and 18) and spans 12 counties. There are 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. The CBC lead agencies within the Central Region include: Kids Central, Incorporated (Circuit 5-Citrus, Hernando, Lake, Marion, and Sumter counties); Community-based Care of Central Florida (Circuit 9-Orange, Osceola, and Seminole counties); Heartland for Children (Circuit 10-Polk, Hardee, and Highlands counties); and Brevard Family Partnership (Circuit 18-Brevard county). Seminole Sheriff conducts investigations in Seminole County. Circuit 9 is the most populated area serving the most children and families. Each circuit is unique and diverse in the population it serves.

Each of the four circuits holds a bimonthly system of care meeting in which all key stakeholders are present. Every quarter, the Regional Managing Director facilitates a meeting with the CBC lead agency CEO's, Managing Entity CEO's, Agency for Persons with Disabilities (APD), and Department leadership (CCDA's, CPI Operations Managers, Family Safety Program Manager, Regional Program Manager, SAMH Director, and FCSD) to discuss the region's system of care. During these quarterly meetings, statewide updates are provided and discussed, legislative updates are communicated, updates on Child Welfare Behavioral Integration plan, and updates from each CBC and Managing Entity, as well as, APD.

During this reporting period, the Central Region collaborated not only with our CBC lead agencies, but also community agencies in regards to the aftermath of Hurricane Irma. When there was notice that Hurricane Irma could potentially strike, daily calls with Department leadership and CBC Lead Agencies were scheduled to ensure that everyone had a plan in place, and once landfall of the Hurricane occurred, these calls continued to account for staff and the families served. The region's Children's Legal Services team obtained signed court orders for any child traveling out of state due to evacuation. Several of our CBC and community partners also aided the region with disaster SNAP (DSNAP) efforts.

Each circuit's operational teams along with the Program Office assisted each CBC lead agency by participating in several of workgroups and projects. During this report period, there were seven ongoing joint workgroups in Circuit 5 with the Department and KCI; three ongoing joint projects in Circuit 9 with Department and CBC of Central Florida; and one joint project in Seminole. Heartland for Children and the Department made great strides with recent efforts to improve the DV advocate relationship with FCADV, collaborate on Casey Rapid Permanency Reviews, Child Welfare Integration with SAMH, and the BHC model.

### **Circuit 5**

**Kids Central, Inc. (KCI)** is the Community-based Care Lead Agency for Circuit 5 serving Citrus, Hernando, Lake, Marion, and Sumter Counties. 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 collaborates with the following agencies/organizations: Mojo's Grill and Catering, Gateway Bank, Bouchard Insurance, Chick-Fil-A, Mid Florida BCBS Agencies, Hampton Inn, Citrus Memorial Hospital, Golden Flake, First Impressions Printing, Nature Coast Photography, First Avenue National Bank, Intek 360, Connie Mahan Realty, Edge Effect, Shema's Music, PFL Video/Event Production, WOCA Radio – Ocala, WTTG Radio – Ocala, Citrus 95 Radio, WWKE YV – Citrus, Daystar Radio – Hernando, Lake, Citrus and Marion Counties, WMFQ/WTRA Radio – Ocala, WJOB TV 20 – Marion and Citrus Counties, YMCA of Marion County, YMCA of the Suncoast, Selfless Love Foundation, Neighbor to Family, Devereux, Ocala/Marion Chamber and Economic Partnerships, City of Ocala, Youth and Family Alternatives, The Centers, Camelot Community Care, LifeStream, Sumter County Chamber of Commerce, Citrus Community Alliance, Hernando Youth Initiative, Hernando County Children's Alliance, Marion County Children's Alliance, Sumter County Children's Alliance, Early Learning Coalition, Real Life Church – Clermont, The Father's House – Leesburg, Discovery Church – Wildwood, Brooksville Wesleyan Church, First United Methodist Church – Spring Hill, Crystal River United Methodist Church, Cornerstone Baptist Church – Inverness, Oxford Assembly of God, Nature Coast Unitarian Universalists, First Baptist Church of Leesburg and Good Shepherd Presbyterian Church – Ocala.

The Neighborhood Resource Centers, a network of neighborhood-based prevention projects, involve residents, families, and resources from the community to assist families to reach their full potential. Currently, there are two Neighborhood Resource Centers located in West Ocala and Wildwood. They are in areas with high volumes of calls to the child abuse hotline. The goal of the Neighborhood Resource Centers is to strengthen families and build strong neighborhoods while reducing the incidences of abuse and neglect. The Neighborhood Resource Centers each have a Community Facilitator who works with community residents within an asset-based community development framework to create more support

resources for families; to increase access to services by engaging community partners in the coordination of services; and to bring services closer to the people who need them. Staff also work to enhance resources by reducing duplication and encouraging community partners to work together to address local needs. All the services and activities are endorsed by community residents but guided by research on the development of protective factors in parents and/or developmental assets of youth. The Kids Central Neighborhood Resource Centers served over 6,000 clients. Over 360 clients were assisted with ACCESS Florida benefits. The Neighborhood Resource Centers helped 60 individuals successfully gain employment. Staff provided 35 families turkeys for Thanksgiving dinner and assisted 361 children for Christmas. Neighborhood Resource Center staff and volunteers completed 61 VPK applications, assisted over 2,100 clients utilized the computer lab for employment or educational purposes. Between both Neighborhood Resource Centers, almost 1,400 volunteer hours were logged by volunteers. Kids Central established ongoing partnerships with Lions Kidsight, Christian 12-Step, Goodwill's Bookworks program, Career Source, Early Learning Coalition, Children's Medical Services, Department of Health, Langley Medical, and other community organizations. Kids Central will also be opening a Neighborhood Resource Center in Leesburg, Florida in partnership with the City of Leesburg.

### **Circuits 9 and 18**

**Community-Based Care of Central Florida (CBCCF)** is the lead agency serving Orange, Osceola, and Seminole Counties in Circuits 9 and 18. 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.

CBCCF works with a vast network of partner providers in local service delivery. In addition to the children, young adults, parents, and caregivers served each day, CBCCF considers the following key partners and stakeholders: Department of Children & Families; Case Management Agency Partners: Children's Home Society, Devereux, Gulf Coast Jewish Family and Community Services, One Hope United; Children's Home Network (kinship navigation); Seminole County Sheriff's Office (Protective Investigations); Federation of Families of Central Florida; Domestic Violence Centers: SafeHouse of Seminole, Harbor House, Help Now of Osceola; Guardian ad Litem; Attorney ad Litem; Children's Legal Services (DCF); Office of Substance Abuse and Mental Health (DCF); Central Florida Cares Health System; School Boards: Seminole County Public Schools, Orange County Public Schools, Osceola County School District; Florida Agency for Persons with Disabilities; Florida Department of Juvenile Justice; Child Advocacy Centers: KidsHouse of Seminole, Howard P. Phillips Child Advocacy Center (Orange County), Children's Advocacy Center Osceola; local law enforcement; and local public health offices.

CBCCF is led by a strong Board of Directors representing numerous stakeholder groups, including representatives residing throughout the footprint and with personal experience with the child welfare system. The agency regularly receives input from a Provider Board and county Foster Parent Associations, and supports the growth and development of county Youth Advisory Boards, comprised of youth and young adults from within the foster care system.

CBCCF is currently engaged in several collaborative projects with many of the above-listed entities, as well as other local stakeholders, with shared visions of expanding resources and quality programs for Central Florida families. Such projects include:

**Orange County Youth Mental Health Commission:** The collaborative of funders, providers, advocacy groups and governmental officials have secured resources such as funding for a Crisis Intervention Team within local law enforcement and mobile crisis response resources. More recently, CBCCF has been intimately involved in the creation of a no-wrong-door network to meet mental and behavioral health needs for youth throughout the community. The network is committed to prioritizing service delivery that reflects SAMHSA's system of care values (family-driven, youth-guided, culturally and linguistically competent, trauma-informed), and is grounded in evidence-based practices. In spring 2018, the project is slated to begin a pilot targeted youth ages 13-16 with multiple inpatient hospitalizations. CBCCF considers its involvement in the management network and pilot project to be a prevention initiative, with a purpose of reducing the need for formal child welfare involvement when families are struggling to meet the complex needs of their children with mental or behavioral health needs. Many of CBCCF's core partner providers are participating in the pilot, and other stakeholders including Florida Department of Children and Families, Department of Juvenile Justice, and Central Florida Cares Health System are formal members of the network.

**Orange County Domestic Violence and Child Abuse Prevention Commission:** Similar to the Youth Mental Health Commission, the Orange County Domestic Violence and Child Abuse Prevention Commission includes numerous stakeholders brought together through the leadership of the local county government. In the last year, this Commission has begun exploring a Neighborhood Resource Center model. CBCCF has participated in the planning by helping to identify "hot spot" zones in the community from which many abuse hotline calls originate, and continues to support the research of this model, which traditionally focuses on improving protective factors of parents. Next year, should the model be implemented by the Commission, CBCCF will engage its provider network to ensure that the Resource Centers are able to meet the needs of the local children and families.

**Central Florida Commission on Homelessness:** CBCCF is actively engaged with the Central Florida Commission on Homelessness, a strategic policy-making organization with goals to end all types of homelessness. CBCCF participates in the family homeless initiative through its affiliate program Pathways to Home, a rapid re-housing program for families. The family homeless initiative blends traditional rapid re-housing with targeted job readiness and placement support. CBCCF is most closely involved with the Commission's youth homelessness efforts, which have recently included a tri-county homeless youth count, a youth provider survey, and support for the local Continuum of Care's application to the HUD Youth Demonstration Project NOFA.

**Schools:** The Every Student Succeeds Act included requirements to the schools and the child welfare system around educational supports and stability for students involved in child welfare. The Youth Services team at CBCCF has brought together representatives from each of the three local school districts to foster the development of policies and procedures that most effectively meet the youth's needs. CBCCF engages case management, tutoring and mentoring partners in this effort.

**Orange County Early Childhood Court:** For the last two years CBCCF has partnered with Orange County for an early childhood court pilot, which targets mothers with dependent children under the age of 5, providing the mothers with additional therapies, visitation and parenting supports while expediting the traditional hearing schedule. CBCCF's case management partner agency One Hope United provides dedicated case management support for this effort.

**Youth Advisory Board/Florida Youth SHINE:** CBCCF supports youth advisory boards in all three of its counties. Team members from Youth Services, working in partnership with case management, to ensure that youth are able to be actively involved in the YAB, if they are interested in participating. All three

youth advisory boards are involved in the statewide Florida Youth SHINE, a group by and for youth in the foster care system who take an active role in providing input to policy makers on behalf of their peers. CBCCF partners with Public Allies Central Florida to offer staff support for the youth advisory board efforts Heart of Florida United Way: In 2016, CBCCF secured funding from the local United Way agency to expand a kinship support program to Osceola County. CBCCF subcontracts this work to Children’s Home Network, a Tampa-area provider, which has completed a federal demonstration based on its Kin Navigator model and is considered a promising practice.

Disney: Each year, staff members at Walt Disney World, conduct a vote to allocate “wishing well funds” – the sum of all the pennies, nickels, dimes, and quarters that are thrown in the fountains at the amusement park. CBCCF is proud to have been the recipient of these funds for two years; in the most recent year, the funds have been allocated to “sibling support” activities. These activities provide opportunities for separated siblings to spend time together engaged in a fun activity on a regular basis. CBCCF partners with case management, Guardians ad Litem, mentors, foster parents and relative caregivers to identify activities that children can enjoy with one another, helping to preserve their relationships and bonds.

### **Circuit 10**

**Heartland for Children** is the lead agency serving 10 encompassing 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, and
- faith-based community.

One of the unique aspects of the Heartland system of care is the sense of true partnership that exists between the various components of the system. Each week, Heartland chairs a performance improvement meeting and conference call that sees attendance from nearly every primary actor in the system, including but certainly not limited to: DCF, Children’s Legal Services, case management organizations, safety management, reunification services, and mental health providers. An in depth and fully transparent review of current performance is presented and action steps are developed and implemented by those present. This meeting has received numerous accolades from others around the state for its spirit of partnership. The culture of this meeting symbolizes Heartland’s everyday engagement with each of our system partners. It is demonstrated in various workgroup assemblages that consist of multi-disciplinary teams solving issues and developing strategies for ongoing improvements to the system. HFC’s leadership understands that for children and their families to be successful, it takes a community.

Local Taskforce for Child Abuse Prevention and Permanency – individual taskforces in Hardee, Highlands, and Polk Counties that bring together local agencies and partners to work on preventing maltreatment

and increasing adoptions and adoption support. Participation from local law enforcement, school boards, health departments, prevention partners, and other child and family serving agencies.

Polk County Mindful Schools Advisory Board – focusing on providing guidance and input for the mindful schools’ grants that are working toward increasing the awareness of mental health needs of students in Polk County. Another focus is helping to increase access to mental health services and streamline processes to include mental health services within existing support structure.

AWARE Statewide Management Team – Provide guidance and support of the statewide AWARE grant from SAMHSA.

United Way Agency Partner Meeting – Opportunity to share what other agencies are doing and to problem solve on specific case issues.

Safe Kids Coalition – collaborate on initiatives for injury prevention, including child passenger safety, water safety, bicycle safety, etc.

Southeastern University Social Work Advisory Council

Stand-up Polk Coalition – a community group of adults and students working as the Coalition for a Drug-Free Polk to reduce alcohol, tobacco, and other drug abuse through education, public awareness, and advocacy.

Circuit Educational Workgroup – Collaborative meeting to ensure implementation of the Circuit 10 Educational Interagency Agreement and focus on improving educational outcomes for children in care. Participants are from the local school systems, GAL, DJJ, CMOs, CLS, CareerSource, etc.

STEPS - focuses on birth to five services and supports in Polk County. Agencies that attend include (but not limited to): HFC, FDLRS, Early Steps, Achievement Academy, TATS, and APD. Work on streamlining transitions from one provider to another and interagency agreement between all parties.

Heartland for Children has demonstrated a history of utilizing a variety of methods to conduct ongoing assessment of 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 received through an extensive collection of surveys. These surveys include: foster parent surveys, relative caregiver surveys, stakeholder surveys (includes CPIs, 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 CPIs and DCMs), birth parent surveys, and the HFC employee survey. These items are utilized to provide assessment of our system and stakeholders’ effectiveness in addition to data gathered through case reviews, file reviews, contract performance measures and scorecard measures.

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.

For the past 7 years Heartland for Children 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 gain an understanding about how gradual changes in behavior can impact lives forever.

HFC has developed interagency agreements with all local school districts and early learning coalitions in Circuit 10 that mirror the 2017 Statewide Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System. We also have strong, open relationships with other agencies/ organizations that furnish educational and vocational services and supports for children in the child welfare system. HFC partners with 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. These school liaisons attend annual training provided by HFC that includes child abuse identification and reporting, local child welfare system structure, and system updates. HFC continues 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 has finalized working agreements with all three school systems in the area to enable more efficient data sharing between the school system and the child welfare system. Data sharing is 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 are provided to the Case Manager.

HFC, along with the Department, 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. The agreement outlines referral procedures and information sharing provisions for Early Steps Intervention services as outlined in the Individuals with Disabilities Education Act (IDEA).

Sexual exploitation is a primary risk for missing children. 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. HFC has been a principal contributor to the development of the Circuit 10 Human Trafficking Emergency Response Protocol. This effort led to relationships with medical, substance abuse, and mental health resources, as well as residential resources for minor victims of commercial exploitation.

HFC has identified points of contact 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 staffings for youth with high numbers of runaway incidents. One of the purposes of these staffings is to ascertain if there are indicators that the child may be a victim of human or commercial sexual exploitation. As a result, communication and coordination of efforts regarding minor victims has increased.

### **Circuit 18**

**Brevard Family Partnership (BFP)** is the provider of foster care and related services in Circuit 18, Brevard County. Since the implementation of Florida's Practice Model, Brevard's System of Care has worked diligently to continue the learning process of all agencies involved (case management, investigations, GAL, judiciary, etc.). During FY 2017-2018 BFP contracted with Action 4 Child Protection to provide trainings geared to increasing supervisory knowledge and oversight of the practice model. Supervisors received seven (7) days of training which included Safety Planning, Supervisor Consultations, and Crafting Case Plan Outcomes. Two of the days included individual on site coaching and case consultation for each supervisor. Supervisors received seven (7) days of training geared to increasing supervisory knowledge and oversight of Safety Methodology concepts. This included training on assessing impending danger, assessing and scaling Caregiver Protective Capacities and child needs, and training on crafting case plan outcomes for achieving change in Caregiver Protective Capacities. Hands on site case reviews and case consultation was also provided for case management staff to advance fidelity to the practice model. BFP is committed to the professional development of its staff members. BFP provides frequent and ongoing opportunities for case managers and supervisors to increase their knowledge, skills and abilities. In FY 2018-2018, BFP once again contracted with Action 4 Child Protection to bring in-house specialized training for case management supervisors on core Safety Methodology concepts to include safety planning and supervisory consultations.

BFP developed the Safety Management Services Team (SMST) to provide an immediate response to assist in managing the safety of the children in the home when present danger is identified, in conjunction with rapid implementation of services to address the underlying family needs that must be addressed over the long-term for the family to achieve system independence. The SMST utilizes Masters Level Therapists to provide the prompt therapeutic response required to address underlying mental health and substance abuse needs that are often creating the unsafe conditions in the home. The SMST assesses and stabilizes the family unit to prevent removal whenever possible. Each team is comprised of two Masters Level Therapists (Licensed or Licensed eligible) and a paraprofessional support staff position that works hand in hand with the Child Protective Investigator to ensure the child remains safely in the home and in the community. The team provides quality home visits, ongoing monitoring of child safety, and well-being including evenings and weekend visits. Families served frequently present as having complex mental health needs, are at significant risk of substance abuse and/or domestic violence, and often include large sibling groups. The SMST blends traditional safety management services with an immediate therapeutic response to assess family needs and strengths, provide family centered therapeutic intervention, parent education, stress management, conflict resolution and engagement of other services providers throughout the provider network based on the needs of the family during the investigative process. Within two hours during business hours or four hours on nights and weekends of the referral from the Child Protective Investigator, the assigned Family Engagement Coordinator completes a face-to-face visit with the family to assist the Child Protective Investigator in the development of a Safety Pan in response to the present danger. The Safety Plan identifies immediate family needs that must be addressed (e.g., housing, food, some sort of care) and impact on safety planning. The safety plan is designed to control the behavior, emotion, or condition that resulted in the child(ren) being unsafe. The Safety Plan is designed to sustain the family and control for safety while the Child Protective Investigator gathers information for the Family Functioning Assessment. The SMST provides twenty-four hours a day, seven days a week access and support for children and families served and includes home visits three to five times per week including evenings and weekends to assist in managing the Safety Plan. The Brevard C.A.R.E.S. Mobile Response Team (MRT) and the entire Brevard Family Partnership provider network are available for additional immediate crisis response. The SMST works in partnership with all involved



parties to develop measurable and achievable steps and benchmarks to increase the family's ability to succeed on an incremental basis. The SMST identifies and implements adaptations quickly as needed based on the child and family needs. During the current 2017-2018 fiscal year, 65 children have been served by the SMST thus far.

Data and outcomes on SMST include:

- 92% of the cases that received SMST did not result in a removal while open to SMST;
- 92% of the sibling groups were maintained in their home;
- 93% of the cases with at least 1 child under the age of 5 were maintained in their home;
- 96% of the cases that received SMST had not experienced a removal within 90 days of closure to SMST;
- 100% of the families experienced an improved overall rating on their post - Family Assessment of Needs and Strengths Assessment.

Together in Partnership (TIP) is the Community Alliance for Brevard County. 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.

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, DJJ, 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. Together in Partnership is a committee staffed by Brevard County Government that meets for information sharing and finding solutions to issues that arise in the human services areas. Brevard Family Partnership is a 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.

### **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. 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 areas in the region with Department led investigations have ongoing collaboration with multiple community partners and stakeholders. The regional Integrated Decision Team (IDT) was a new initiative during the report period. This team provides support and guidance to child protective investigators (CPI) and child protective investigator supervisors (CPIS) at the point Present Danger is identified and at any time during the investigation when a discussion regarding removal is held (Impending Danger). The intent

of the process is for the CPI and the CPIS to hold a discussion and include a practice expert (CCPSE)/Consultant in the process to ensure decision making aligns with the practice model. Following the staffing between the CPI, CPIS, and CCSPE, if Present Danger exists, the CBC representative is consulted with regarding any safety management services which can be utilized to support a Present Danger Plan. If the decision is made by the CPI and CPIS that the only option is an out of home Present Danger Plan, Children's Legal Services will provide a legal opinion related to sufficiency for Probable Cause. The Children's Legal Services opinion will be based on the information presented during the discussion.

The region collaborated with each local community regarding the Program Improvement Plan (PIP). At each Community Alliance meeting, the intent of the CFSR, implementation of the PIP and ongoing PIP monitoring, as well as current performance and areas needing improvement within the SunCoast Region. In addition, meetings are held with the entire region which include all DCF and CBC QA teams and reviewers to discuss current trends with the reviews, items implemented from the regional PIP, and the impact. The regional QA team also participated in 100% of the PIP monitored case reviews alongside the CBCs.

The region also participates in performance data calls, family safety alliances in multiple counties, safe sleep coalitions, drug endangered children alliances, meetings with domestic violence partners, and substance exposed newborn initiatives. There are behavioral health and domestic violence advocates co-located in the CPI offices who are available for staff to utilize their expertise. Finally, the region is committed to the Substance Abuse and Mental Health Integration project in all circuits within the Suncoast Region (SCR). The SCR also works in collaboration with the Seminole tribe in Collier, Glades, Hendry, and Hillsborough counties.

### **Circuits 6 and 13**

**Eckerd Connects (EC)** provides case management services in circuits 6 and 13. Circuit 6 covers Pasco and Pinellas Counties, and Circuit 13 serves Hillsborough County.

At Eckerd, 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:

- The Weekly Data Report is disseminated to multiple stakeholders in an effort to keep them engaged in the progress of the local child welfare agency. Bi-monthly Data Calls are initiated and facilitated by EC that includes representation from subcontracted Case Management Organizations (hereafter referred to as 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.
- Regular All Management Meetings serve 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, policy interpretation, share best practices, develop improved processes, recommend change, and work together towards common goals.

- Bimonthly Program Director’s meetings bring 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.
- Community Alliance Meetings are held in all three counties and 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. 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.
- Stakeholder/ Provider Workgroup meetings are held quarterly to bring together agencies that have contracts with EC 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 Meetings brings Foster Parent Association leaders together with EC lead agency management staff, CMO management staff, and others 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 from each circuit.
- Eckerd Connects holds PQI meetings every other month with CMO Program Directors and CMO Quality staff to discuss quality and performance struggles, barriers, and to formulate solutions to create improvement in various areas.

ECA’s website [www.eckerd.org](http://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.

**The Manatee County Sheriff’s Office (MSO)**, Child Protection Investigation Division (CPID) is made up of Crimes Against Children, Sex Offender unit, School Resource Officers, Domestic Violence unit and Child Protection Services (CPS) unit. In Manatee County, there is a strong working relationship between the Sheriff’s Office and the CBC, the Safe Children Coalition. CPID routinely accesses the CBC’s resource specialist to assist families with additional referrals and supports. Every effort is made to put services in place to strengthen families and keep them together as well as attempting to reduce further reports on a family and prevent reoccurrence. The CPS unit makes full use of available resources in attempts to provide appropriate intervention to the families served.

Inter-agency staffings occur every Wednesday morning to address cases with a significant number of prior reports to determine the best intervention necessary to end the cycle of reports as well as provide assistance to the family. A behavioral specialist from Centerstone is co-located with the CPS unit and

responds out with CPIs as needed to assist in the assessment of child safety, as well as providing recommendations for services and support on cases involving mental health and substance abuse.

There is also a co-located Domestic Violence unit having 2 co-located Domestic Violence Victim Advocates to assist with assessment of and safety planning with victims of domestic violence. The CPID collaborates with HOPE, the local Domestic Violence shelter and services. In November 2017, a representative of the Centerstone Diversion program also became co-located at the CPS office to assist with linking families in crisis to services and supports.

A strong measure of the collaborative relationship was demonstrated when accounting for all children in care after Hurricane Irma. During the report period, CPID participated in the Foster Care Initiative where there was representation by the majority of local social work agencies and concerned citizens. The result was a massive campaign around foster home recruitment with the goal of an additional 100 foster homes. Additionally, CPID was a partner with the start of Early Childhood Court in October of 2017.

The MSO/CPID relationship of personnel has provided the agency with additional resources toward providing a comprehensive response to calls for service in the community. As a Division, MSO continues to strive for greater coordination of efforts with other agencies in the community for the benefit of the county's children and their families.

MSO networks with the Safe Children Coalition, Manatee Children's Services/Child Protection Team/Child Advocacy Center, Whole Child—Manatee, Diversion, Manatee Glens, Healthy Start, Rape Crisis, Family Safety Alliance, and other local community service organizations and Manatee County Schools through participation, presentation and referrals with the goal of reducing child abuse in the county while promoting a family centered practice.

Through the Drug Endangered Children National Program, a local steering committee was established and looked at developing a local Drug Endangered Children Program. In the short time, the steering committee has been meeting and successfully developed a Handle with Care protocol. All Children who have experienced a traumatic event and had law enforcement or CPS involvement, a Handle with Care document is sent to a School Board appointee who ensures the appropriate school is aware in the event the child has unexplained behavioral or emotional response during the school day.

Monthly, reports are generated for inclusion during the Family Safety Alliance. Information is shared so that the Alliance can ask the pertinent questions and provide direction. Information relating to sheltered children, findings data, drug use, and caseloads are presented for consideration and discussion among the alliance membership and stakeholders present. This coordination within the community and agencies is vital in helping to understand the needs within Manatee County and with CBC partners.

**Pinellas County Sheriff's Office** Child Protection Investigative Division (CPID) has tremendous collaboration with community partners in Pinellas County. There is constant collaboration with all major services providers, law enforcement agencies, and the State Attorney's Office. CPID partnership with the Department of Juvenile Justice resulted in a great team dedicated to critical case staffings. CPID hosts a yearly Services Fair that highlights the community's plentiful resources. Dozens of agencies participate and attend annually.

In addition to being co-located with Eckerd Community Alternatives (CBC lead agency), Family Works program providing in-home non-judicial services, a substance abuse provider, domestic violence advocates, Suncoast Voices for Children, Early Learning Coalition, and other service providers, CPID developed ongoing relationships with:

- Early Learning Coalition for submitting daycare referrals to provide quick access allowing enrollment for vulnerable children in daycare.
- Pinellas County School for right of entry to their portal system for expedited access to school assignments, behavior concerns, emergency contacts, and accurate residential address of the child. Pinellas County Schools has also provided a school liaison dedicated to child welfare. This staff member can be contacted for any questions or issues related to children involved with CPID.
- Circuit 6 court system provides designated work spaces at the courthouse and a secure backdoor entrance which enhances security for the CPIs.
- Pinellas County Jail to allow for quick access to inmates for interviews, notifications, and service coordination.
- Local pharmacies that fill prescriptions for children who have been removed from their homes; therefore, eliminating the concern those children will be without their medications.
- Local health care facilities and pediatric offices that offer expedited appointments and little wait time to complete health screenings.
- Multiple non-profit organizations and churches which assist with providing children with basic needs such as food, clothing, temporary housing, and appropriate bedding.
- Child Protection Team and never hesitate to assist each other.
- Operation PAR, substance abuse provider, also co-located. A group email list was developed that allows quick and easy referrals for services.
- 6th Judicial Circuit Drug Court.

**Hillsborough County Sheriff's Office (HCSO)** Child Protection Investigative Division (CPID) has strong relationships with the major partners in local service delivery and other stakeholders. HCSO CPID is engaged with Department, Eckerd Community Alternatives, Office of the Attorney General, Guardian ad Litem, Gulf Coast Jewish Family and Community Services, GracePoint, Youth and Family Alternatives, and Devereux. These agencies also participate in a quarterly meeting to discuss issues, system improvements, communication, etc.

HCSO CPID also collaborates with the 13th Judicial Circuit, DACCO, The Spring (domestic violence), Hillsborough County School Board, Children's Board, Department of Juvenile Justice, and other local community providers to include the Crisis Center, Champions for Children, and Success 4 Kids and Families. HCSO CPID regularly attends the Community Alliance monthly meetings with these providers and others.

**Pasco County Sheriff's Office (PCSO)**, has an active relationship with the State Attorney's Office as well as judges. Pasco County has two courthouses, one on the West side of the county and one on the East side. The County's Division has identified two Judicial CPI's, one for each side of the county. These CPIs are

present in the courtrooms for Shelter, Arraignment and dispositional hearings and serve as a readily accessible point of contact for our judiciary. PCSO is involved and active in the quarterly State Attorney meetings, United Family Court Quarterly meetings, Early Childhood Court monthly stakeholder meetings, Foster Adoptive Parent Association (FAPA) monthly meetings, CMO and DJJ meetings, ASAP, Alliance, CPI DV Project Quarterly meeting, Sunrise/Salvation Army monthly DV meeting. Each of these meetings have multiple stakeholders present to discuss various topics and concerns currently occurring within the judicial system, community and within investigative and case management practices.

PCSO conducts joint investigative responses on institutional investigations. These responses involve the school board on institutional investigations and ECA Licensing on investigations involving a licensed foster parent. The Pasco Sheriff's Office provides ongoing training to the school board and local hospitals regarding child welfare changes and reporting practices. PCSO is co-located with the Sheriff's Office School Resource Officers as well as the Juvenile Diversion program. This has proven to be extremely beneficial to investigators when they have investigations involving complex youth as relationships have already been established with the family.

The GAL in this area has undergone a change in leadership. This change will allow for a rebuild in a relationship that was previously unlinked. This will be a goal in the upcoming months.

### **Circuit 12**

**Safe Children Coalition (SCC)**, often referred to as the **Sarasota YMCA (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.

In Circuit 12, communities and local stakeholders form a strong commitment and local system of collaborative linkages/relationships that focus on the community's children. This system best promotes and provides for the safety, security, and stability of children in the child protection system, and decreases time to permanency. The results-oriented system of care incorporates local communities' priorities for child safety, permanency and well-being. Local commitment and involvement assure the viability of system. This results in less service duplication and increases efficiency, with continual accountability/reporting to and evaluation from the community to ensure the system remains on course. The community-based philosophy promotes and supports innovative solution-focused approaches to achieving goals of safety, permanency, and well-being, and allows the local community to adjust these approaches based on emerging local demographics and needs. The local network of providers increases intellectual capital to solve larger system issues. This ultimately enhances the entire community's capacity and accountability for child safety, permanency, and well-being.

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. 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.

#### Other Circuit Initiatives

##### *Evidence Based (EB) Parenting and Structured Observation (SO) Training*

Initiative of the Office of Court Improvement to standardize and provide quality measurements and standards for parenting programs and outcomes. Circuit 12 has a Parenting Committee established and minimum standards for judicial cases to align program participation with permanency goals. Part of the EB Parenting requires that parents who have children ages five and under also have Structured Observations occur. Structured Observation is a designed set of assessment tools developed to ensure the parental skill application of curriculum taught in community based parenting programs. This adds a layer of validity to the parent having learned new skills from the programs and reduced the risk to the child.

The YMCA continued the faith based network of community providers (Believes Against Abused and Neglected Kids/God Raising Incredible Parents/Sanctuary Church) who have been trained as facilitators of the Nurturing Parent Curriculum and the Structured Observation tools. As non-traditional providers, the faith community has expanded service options to parents in county jails, local shelters and neighborhood community centers.

YMCA increased social media, improved their website, and expanded exposure through local news media in the past six months. This has doubled the total number of foster parenting inquiries and increased the number of attendees to Informational Meetings (Orientations).

YMCA contracted with three new licensing agency providers to meet the demand of the number of children entering the foster care system in their area. In addition to Florida Baptist Children's Home, the YMCA contracted with Covenant Kids, West Florida, and National Youth Advocate Program in August 2017.

- Florida Baptist Children's Home is focusing on recruitment and retention of foster homes.
- Covenant Kids is focusing on teens and sibling group foster homes. Two group homes in Manatee County were licensed and recruitment is ongoing.
- West Florida is a Christian based licensing agency. Orientations occur in local churches with a model of "wrapping" the foster homes in supports through the church. This model has been very successful in the Tampa area. The focus is on "fostering to reunify," keeping siblings together, and teen homes. West Florida has reported two full pre-service classes beginning in January and February.
- National Youth Advocate Program is a successful national licensing agency. The specialized homes focus on children with minor medical, behavioral, and emotional needs. There is an in-home

therapist to support the foster family and the children in the homes. Currently three families are finishing pre-service class.

YMCA has 19 new homes for this fiscal year. Last year during this time there were 8 new homes. Eleven new families recently graduated and another class with ten new families are half-way through pre-service classes. It is estimated that around 35 to 40 new homes will be available by the end of March 2018. This almost triples the number of new homes in the area since last year.

Two new group homes opened in the past year. One home is located in Desoto County and one in Sarasota County. Both locations did not have any group homes previously and both homes are for teen boys.

The YMCA has also received funding for a Reunification Program. The program provides intensive wraparound/parenting/community support services facilitating conditions to return/safety management for discharge from licensed care to support permanency planning and reunification efforts.

Centerstone Child Trauma Services Grant funds trauma focused treatment services in Desoto, Manatee, and Sarasota Counties. Expanded access for child and family treatment services with limited insurance access and barriers to treatment.

Sarasota YMCA Provider Resource Coordinator continues to expand provider network for in-home intensive trauma informed behavioral and mental health services. Additional providers for intensive parenting/family counseling for specialized needs/populations. Identifying and engaging community providers (physical/behavioral/dental) to become Child Welfare Specialty Plan Medicaid approved to deliver eligible services to youth and families in the Child Welfare System.

Upcoming Foster Warm Line Deployment of intensive behavioral specialists to foster homes needing crisis support for placement stabilization and supportive services.

Increased partnership with LECOM School of Dental Health for expanded dental health services for children in Circuit 12.

The Centerstone Child Welfare Diversion program seeks to provide immediate services to families being investigated by the Manatee County Sheriff's Office Child Protective Investigations Division (CPI). Concerned Florida citizens' reports suspected child abuse and neglect to the Florida Abuse Hotline, for children located in Manatee County MCSO CPI Division receives referrals from the Florida Abuse Registry and begins investigating the allegations.

The Centerstone Child Welfare Diversion program will have a Resource Specialist co-located with the MCSO CPI Division. The Resource Specialist will accompany investigators to family homes and provide assessment and referral services aimed at mitigating risk of abuse and neglect to the extent necessary to prevent removal. If more in-depth services are determined to be necessary for risk mitigation, diversion program counselors will provide ongoing support and services the families for up to nine months. Program services are designed to mitigate the risk of maltreatment and prevent removal of the child(ren) from their homes through decreasing risk factors and increasing protective factors. This program has two goals: (1) mitigate the risk of abuse and neglect (2) prevent the removal from their parents/guardians.



The Sarasota YMCA partners with the Community Alliance, Sarasota County Openly Plans for Excellence (SCOPE), Sarasota Partnership for Children’s Mental Health, the Manatee Children’s Services Advisory Board, the Sarasota Human Services Advisory Committee, and Family Safety Alliance to assist with identifying service gaps. In addition, the YMCA continues to expand its network of service providers with a rolling Request for Applications (RFA) process, which affords interested and qualified service providers an opportunity to become eligible to deliver services on a purchase of service basis by participating in an open application process.

*Early Childhood Court (previously known as Baby Court)*

The Office of Court Improvement led the statewide efforts as to Early Childhood Court. Partnerships with the Florida Center for Child Development for Child Parent Psychotherapy, intensive structured observational/therapeutic visitation, intensive case management and other wraparound support for a parent that meets screen in criteria. Families involved with Baby Court have at least five visits a week with the child ages three or under to continue to build the bonds. Contacts the parent has in counseling, parenting, etc. with the toddler/baby can count toward those visitations. Assessment of application and engagement of services assists the team to determine how permanency decision making may be expedited.

The YMCA received new funding for the Early Childhood Court through private and public partnerships with the Baranick Foundation and Manatee County Government. This funding provided two Coordinator Positions and two case manager positions as well as a program supervisor position to serve up to 40 families with specialized case management and intensive clinical services. These positions were contracted out and partnered with the Florida Center for Child Development. The program provides Child Parent Psychotherapy, intensive structured observational/therapeutic visitation, intensive case management and other wraparound support for a parent that meets screen in criteria. Families involved with Baby Court have at least 5 visits with the child age 3 or under a week to continue to build the bonds. Contacts the parent has in counseling, parenting, etc. with the toddler/baby can count toward those visitations. Assessment of application and engagement of services assists the team to determine how permanency decision making may be expedited.

**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:

- The circuit has a working agreement with the Immokalee, Brighton, and Big Cypress Seminole Tribes which includes services provision and assistance with child protective investigations and case management.
- The Children’s Network works closely with the Seminole Tribe in all 3 counties where three reservations are located. During this report period, Children’s Network met with the Tribal leadership to understand their practices and protocol. Collaboration with the Tribe occurs daily - home visits, court hearings, and service providers. The Tribe is invited to all staffings and work one-on-one with case management.
- Southwest Florida (SWFL) Foster and Adoptive Parent Association (FAPA) is actively working to improve communications within the foster and adoptive community; partner with the various

organizations and providers in the service area; 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. SWFL FAPA is available 24 hours a day, seven days a week to work with foster parents on any issues that might arise. The association assists fellow foster parents to navigate the system and obtain needed help.

- Behavioral health consultants are collocated in each of the DCF offices in Charlotte, Lee, and Collier counties. The behavioral health consultants are available to provide immediate assessments, in-field assessments, help with the family functioning assessments (FFA), and are direct liaisons to the Community Behavioral Health agency. The Family Intensive Treatment Team (FITT) program is operational in Lee and Charlotte counties. The program provides integrated substance abuse and child welfare case management to families.
- There are domestic violence (DV) advocates at each of the DCF offices and at the Lee County case management organization office 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.
- The case management organizations work closely with the Guardian ad Litem (GAL) organization to assure children in care receive the services they need. Guardians are particularly helpful in the Florida Gulf Coast University (FGCU) mentoring project.
- CNSWFL works with all the school district personnel on educational stability for children in the dependency system. Work groups have been developed and liaisons have been established to implement the Federal Educational School Stability Act. Currently working agreements with the school boards of all five counties are being updated.

### **Southeast Region**

The Southeast Region (SER) is comprised of three circuits, two Community-based Care (CBC) lead agencies, one sheriff's office that conducts 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**

**ChildNet, Inc.** is the lead agency for circuits 15 and 17. ChildNet provides comprehensive case management to families and children in Palm Beach and Broward Counties.

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's service philosophy provides a logical approach for how program activities meet the needs of service recipients. It is based on program goals that guide the development and implementation of program activities and services which are supported by the available evidence of service effectiveness for the identified service population and incorporates a client's perspective in service planning.

ChildNet 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 critical to the success of any Community-based Care initiative.

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.

Ongoing collaborations include:

*Developmental Disabilities.* ChildNet maintains a long-standing and well-developed relationship with the local Agency for Persons with Disabilities (APD) office in Broward County, and that same communication and partnership with APD in Palm Beach. ChildNet uses a centralized system for the referral of Broward's dependent children to the APD 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. Furthermore, ChildNet's collaboration is enhanced through quarterly 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, 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 already 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.

*Juvenile Justice.* 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 it imperative that the CBC lead agency's collaboration with DJJ be intense and constantly improving. ChildNet's Executive Director in Circuit 15 and the Regional Director for DJJ's Southern Region which like DCF's Southeast Region includes circuits 15 and 17 work effectively together as colleagues and collaborators in both Broward and Palm Beach. The local interagency agreement between ChildNet and DJJ in Broward 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. Palm Beach ChildNet makes use of the existing Memorandum of Understanding developed by the local Crossover Committee of which ChildNet's Executive Director is a member with representatives from DJJ, Court Administration, Legal Aid, Children's Legal Services, the State Attorney's Office, the Public Defender, and the Department. This document describes processes and protocols that are unique to and especially effective in Circuit 15 such as the 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 is reviewed and is 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 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 also ensuring that specialized segments of the dually delinquent youth population 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.

*Housing.* ChildNet collaborates with the local housing authorities in both Broward and Palm Beach counties. In Palm Beach, ChildNet works with local non-profit organizations with expertise in low cost housing such as Community Partners and the Lord's Place to identify funding that would support increased housing options for child welfare clients including seeking to access FUP vouchers previously awarded to the Palm Beach County Housing Authority but not currently addressing the needs of child welfare populations. ChildNet is also continuing to develop in Palm Beach Florida Housing Finance Corporation Memorandums of Understanding for Special Needs Housing Services with major affordable housing developers. These would enable them to dedicate a specified number of units in new projects to transitional independent living youth. Similar agreements in Broward with multiple developers have produced a veritable wealth of such crucial housing units for former Broward youth in foster care.

*Child Protective Investigations.* The ChildNet-BSO interagency agreement describes and supports a variety of innovative and effective practices including the co-location of agency staff to assist one another with information about, access to, and follow-up on prevention and family strengthening supports and services, formalized legal sufficiency staffings, and case opening documents, the use of ChildNet Shelter Court Liaisons to facilitate the transfer of information from child protective investigator to dependency case manager, and the operation of SafePlace, an around the clock one stop reception and assessment center.

ChildNet continues to operate SafePlace in Palm Beach, a child friendly reception and assessment center that houses a team of caring professionals and volunteers dedicated to addressing, timely and compassionately, the immediate trauma and the needs of children newly removed from their homes and entering the local dependency system. SafePlace provides DCF protective investigators time for more real work with families and by a community eager to have children following removal immediately cared for in a child friendly setting by sensitive and caring volunteer and professional staff from faith-based and behavioral health care organizations.

ChildNet readily endorses and maintains effective systems and processes put in place by DCF. These include the co-location of ChildNet's Family Resource Team staff with DCF investigators for whom it makes and follows-up on referrals for prevention, diversion, and other community based supports and services. Also valuable is the continued convening of regular monthly Circuit 15 operations meetings at which staff from both agencies join with Children's Legal Services and dependency case management staff to describe system challenges and needs and plan their effective resolution. Those meetings and participation in statewide discussions about the practice model implementation have been much more directed and action-oriented planning efforts led by the most senior administrators from both ChildNet and DCF, and discussion around safety management services continues.

*Healthcare.* ChildNet has taken multiple innovative steps to ensure that children in dependency system receive timely quality medical services following entry into the local dependency system. ChildNet established a Medical Unit specifically to ensure the timely receipt of a Well Child Check-up and the appropriate referral and receipt of services recommended. The Medical Unit works as a liaison with medical providers and dependency case managers to ensure healthcare needs are met appropriately and timely for children under ChildNet's supervision. Medical Unit staff work directly with the local Program Administrators of the Agency for Health Care Administration (AHCA) and their staff to resolve individual cases of ChildNet clients being unable to access appropriate and needed Medicaid funded health care services. ChildNet also was awarded a grant from the Health Foundation of South Florida to support a full-time Nurse Coordinator to follow up on the health care needs and services for children identified, at intake, with complex medical issues and needing additional medical coordination. A second nurse was added as well as a similar position in Circuit 15 due to the needs of the program. ChildNet has also developed a relationship with Pediatric Associates, an extensive medical practice with multiple locations accessible across counties, to ensure immediate well-child checks for children under its supervision.

ChildNet has an interagency agreement with Sunshine Health, approved by AHCA, to provide a Medicaid Specialty Plan to Children in Child Welfare in Florida.

*Substance Abuse and Mental Health.* Southeast Florida Behavioral Health Network (SEFBHN) is Circuit 15's Managing Entity (ME) for substance abuse and mental health. ChildNet representatives have been an integral part of the team that has developed and implemented a totally new approach to the use of Substance Abuse Call Center to increase the availability and timeliness of substance abuse assessments for parents involved with the child welfare system. Substance abuse assessments are focused on working intensively with families who either fail to follow through with assessments or fail to engage in the treatment services recommended by these assessments. In addition, SEFBHN funds the FITT program, designed to provide intensive team-based family-focused comprehensive services for families in the child welfare system with parental substance use. Services are provided in home. Services include assessment, multi-system care coordination, individual/family therapy, parenting interventions, psychiatric evaluation, medication management, and assistance with accessing residential and primary health services.

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 especially closely with the other entities providing 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.

## Circuit 19

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

Devereux CBC holds Memorandum of Understanding (MOU working agreement) with the following major community partners and stakeholders:

- Department of Juvenile Justice
- Child Protective Investigations
- Agency for Persons with Disabilities
- Workforce Solutions
- Healthy Families/Healthy Start
- Helping People Succeed
- Early Learning Collation
- School Boards
- Law Enforcement
- Department of Children and Families
- Southeast Florida Behavioral Health Network
- Community Based Care Integrated Health
- Children’s Physicians
- Indian River Department of Health
- Florida Community Health Centers
- Children’s Legal Services
- Florida Youth SHINE
- 19th Judicial Circuit Guardian ad Litem Program
- FSU School of Medicine
- Florida Atlantic University
- Barry University
- Local Housing Communities
- Martha’s House
- SafeSpace
- Hibiscus Children’s Center

Devereux CBC’s Community Partners:

- 211
- SafeSpace – Domestic Violence
- Martha’s House- Domestic Violence

- House of Hope
- Tykes and Teens - YES (Youth Enrichment Services)
- The Father & Child Resource Center
- Agency for Persons with Disabilities (APD)
- Circuit 19 foster parents
- Nineteenth Judicial Circuit Drug Court
- Guardians for New Futures
- Children's Services Council's that exist in three of our four counties
- United Way
- Medicaid funded adult and children's mental health and substance abuse treatment agencies

### **Southern Region**

The Southern Region (SR) is comprised of two circuits, 11 and 16, and two counties, Dade and Monroe, where child abuse investigations are conducted by the Department of Children and Families with one Community-based Care lead agency. The Community-based Care lead agency, Our Kids, provides all child welfare related services. Our Kids provides monitoring, technical assistance, and support to its network of subcontractors. Our Kids' network of subcontractors in turn provide direct services to clients. 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**

Major community partners include Our Kids, the Department of Children and Families, Law Enforcement, State Attorney's Office, 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. Some 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 our care.

There are other community collaborations; for example:

The Children's Trust (Miami-Dade's independent special district for children's services) is a 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.

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.

Victory for Youth/Share Your Heart is a faith-based agency servicing the community through different programs and initiatives such as:

- VR Rehabilitation Program providing Job Placement for the disadvantaged and the disabled population.
- Department of Children and Families investigation waiting hubs providing the first 72 hours of food and basic need supplies for the children and their families throughout a Chaplaincy Program.
- Providing the first 72 hours of food and basic need supplies to the Miami-Dade County through its Juvenile Service Department.
- Helping the elderly is being abused, neglected and abandoned, with the Department of Children and Families.



## 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, 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 can support and nurture the growth and development of their children. (Subsection 39.001(1), F.S.)

To achieve this intent, and remain 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

Several bills became law in 2017 and 2018 that had an impact on children and families involved with the child welfare system. Below is a listing of the bills and a short explanation regarding the impact of each bill. Additional information on these major bills can be found at:

<http://www.centerforchildwelfare.org/kb/flstat/2016-SessionBills.pdf>

### CHILD WELFARE

#### 2017 Legislative Session

**SB 60 – Children Obtaining Driver Licenses** – Revises the pilot program for helping children obtain a driver license to make it a permanent program and expands eligibility to children in out-of-home care.

**HB 185 – State Park Fees** – provides families operating licensed family foster homes free annual family passes to Florida State Parks and a 50 percent discount on base campsite fees at Florida State Parks and provides families who adopt a special needs child a one-time family annual entrance pass to Florida State Parks at no charge.

**HB 749 – Adoption Benefits** – adds employees of charter schools and Florida Virtual School as qualifying adoptive employees for the adoption benefit program.

**HB 1121 – Child Welfare** – makes multiple changes to current law relating to the care of children in the child welfare system, including early identification of the father, and codifying the current practice model. Many of these changes seek to better ensure child safety and protect vulnerable children.

Other bills that, while they may directly impact the child welfare system, may impact the health safety and well-being of children in the child welfare system:

**HB 151 – Proceedings Involving Minors or Persons with Intellectual Disabilities** - allows the court to use therapy animals or facility dogs in certain proceedings involving a sexual offense.

**HB 329 - Child Protection** – relates to child visitation when a parent resides in a recovery residence, or sober home, because of drug or alcohol addiction.

**HB 1269 – Child Protection** – makes several changes to provisions relating to child protection teams (CPT) and to Sexual Abuse Treatment Programs.

**SB 1694 – Support for Parental Victims of Child Domestic Violence** – requires the Department of Juvenile Justice, in collaboration with organizations that provide expertise, training, and advocacy in the areas of family and domestic violence, to develop materials detailing the resources and services available for parents and legal guardians who are victims of domestic violence.

### **2018 Legislative Session**

**HB 1079 – Child Welfare** - makes a number of changes to current law relating to the care of children in the child welfare system, including additional protections for infants, creation of the Guardianship Assistance Program, addition of federal requirements for Extended Foster Care, extension of Maintenance Adoption Assistance to age 21 in certain instances, recoupment of state funded Nonrelative Caregiver Financial Assistance, exemption of fingerprints due to physical, developmental, or cognitive disability, increased parental accountability, alignment of background screening requirements for child care employees with federal requirements, expansion of Keys to Independence program to relative and nonrelative caregivers, amending allocation formula for Community-Based Care Lead Agencies, and revising requirements for residential treatment centers or hospitals who serve commercially sexually exploited children.

**HB 281 – Incarcerated Parents** – codifies current practice by requiring the Department to include incarcerated parents of dependent children in the case planning process and obtaining information from the facility where the parent is incarcerated to determine how the parent can participate in the preparation and completion of the case plan and receive services that are available.

**HB 1073 - Department of Financial Services** – requires the Community-Based Care Lead Agencies to provide information regarding the Department of Financial Services’ financial literacy on-line program to

children who have reached 17 years old and are completing a transition plan or are applying for aftercare services.

**HB 1435 – Child Welfare** - makes several changes designed to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect and provides for educational stability and for transitions in educational settings for children under school age.

**SB 146 – Appointment of Attorneys for Dependent Children with Special Needs** – Authorizes the payment of certain “due process costs” when a court-appointed pro bono attorney represents a dependent child with special needs.

**SB 7026 - Marjory Stoneman Douglas High School Public Safety Act** – makes multiple changes that focus on public safety and school safety. Important component is providing students and their families access to mental health services including \$9,800,000 to the Department to procure additional Community Action Treatment (CAT) Teams who serve eligible youth living in the community including licensed foster homes or group homes. (13 additional CAT teams to the current 28 Teams). Additionally, the Department of Education is awarded \$3M to coordinate with Florida Department of Law Enforcement to provide centralized integrated data repository/data analytics resources to improve access to information that integrate data from multiple sources and agencies (including child welfare) by December 1, 2018.

#### **FUTURE PLANS**

- As HB 1079 is implemented, the Department will determine if modifications or additional changes to law need to be made to fully implement the bill. If that is the case, the Department will propose new statutory language addressing any changes that need to be made.

#### **Florida Administrative Code (F.A.C.)**

The Department continued to amend rules during the report period. To engage all stakeholders in this process, the Department established policy workgroups with cross-representation from the regions, Sheriff Organizations, Children’s Legal Services, CBC/Lead Agencies, Case Management Organizations, and Community Stakeholders.

#### **Update/Accomplishments**

- Chapter 65C-13, Foster Care Licensing. The Department amended and repealed rules within Chapter 65C-13 to accomplish the following tasks; amendments effective 3/6/18.
  - Revise background screening requirements to clarify requirements and comport with Florida statutes;
  - Add required components of the parent preparation pre-service training;
  - 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)
  - Add requirements to the relicensing home study;
  - Add procedural requirements regarding notification of denial of re-licensure;
  - Add a quality review process;
  - Require compliance with normalcy provisions of Florida statutes;

- Add compliance requirements to Residential Pool Safety Act;
- Clarify requirements for bedroom sharing.
- 65C-14, F.A.C., to accomplish the following:
  - 65C-14.003 and .010, F.A.C., Application and Licensing; Safety, Sanitation, and Food Service Requirements, amendments effective 1/2/18. The amendments require licensed child-caring agencies to submit a written disaster preparedness and evacuation plan with the initial licensing application packet and an updated plan at re-licensure. The plan must include where the agency intends relocate the children and caregivers in the case of a disaster and how the facility caregiving staff can be reached.
  - 65C-14.117, F.A.C., Standards for Contracted Emergency Shelters, new rule effective 12/24/17. The rule requires contracted emergency shelters to provide initial employee orientation and in-service training; initial client orientation; and services on a 24-hour basis. The shelters must maintain a system of accounting for the whereabouts of the children and individual client records. In addition, the shelters must either enroll children in school or provide education in the shelter.
  - 65C-14.118, F.A.C., Standards for Runaway Shelters, new rule effective 12/24/17. The rule requires runaway shelters to provide initial employee orientation and in-service training; initial client orientation; separate housing for minors; and services on a 24-hour basis. Additionally, the shelters must maintain individual client records and a system of accounting for the whereabouts of the children; specified services to clients, including aftercare, are required; and requirements for shelter care are established.
- Chapter 65C-15, Child-Placing Agencies. The Department amended a couple of rules in this Chapter.
  - 65C-15.003, F.A.C., Application and Licensing Study, effective 2/25/18, clarifies the licensing requirements for satellite offices.
  - 65C-15.017, F.A.C., Personnel, amendments effective 7/25/17. The option of a degree in human services as a requirement for child-placing agency directors and agency staff responsible for supervising or performing casework services was added.
- Chapter 65C-16, Adoptions. The Department amended several rules within Chapter 65C-16 to accomplish the following:
  - 65C-16.013, F.A.C., Determination of Maintenance Subsidy Payments, amendments effective 9/25/17 and 2/5/18. Language was clarified regarding retroactivity of maintenance adoption payments and unnecessary language deleted.
  - 65C-16.014, F.A.C., Post Adoption Services, amendments effective 1/22/18. The amendments require the type and the estimated cost of medical assistance requested to be documented prior to adoption finalization.
  - 65C-16.017, F.A.C., Florida Adoption Reunion Registry, amendments effective 7/20/17. The provisions regarding fees for services were removed.
  - 65C-16.021, F.A.C., Adoption Benefits for Qualifying Employees of State Agencies and Other Eligible Applicants, amendments effective 1/2/18. The amendment clarifies that the applicant must be a qualifying employee when the adoption is finalized.

- Chapter 65C-28, F.A.C., Out-of-Home Care. The amendments accomplish the following:
  - 65C-28.011, F.A.C., Criminal, Delinquency and Abuse/Neglect History Checks for Relative and Non-Relative Placements, amendments effective 2/5/18, establish the following requirements:
    - Limit the ages when a delinquency records check must be done;
    - Establish a timeframe for a name check in situations requiring emergency placement;
    - Require background checks for relatives or nonrelatives who agree to provide informal safety management services;
    - Require Florida Sexual Offenders and Predators registration checks;
    - Require at least annual rescreening when a child remains in the home;
    - Establish factors to be considered when an applicant has been found guilty of crimes other than those listed in Sections 39.0138(2) or (3), F.S.
  - 65C-28.015, F.A.C., Residential Mental Health Treatment, amendments effective 11/7/17, accomplish the following:
    - Require the behavioral health needs of children to be addressed on an ongoing basis;
    - Specify the requirements that must be met for a child to be placed outside of Florida for residential mental health treatment;
    - Establish the approval process for placing a child outside of Florida for residential mental health treatment;
    - Specify the information that must be included in 90-day reviews.
    - Specify what services can be requested and provided outside of the county of jurisdiction;
    - Require procedures to be developed through a statewide working agreement regarding transfer to services;
    - Establish responsibilities regarding adoption home studies;
    - Establish a process for dispute resolution.
- Chapter 65C-29.003, F.A.C., Child Protective Investigations, amendments effective 12/24/17. The amendments add a provision regarding requesting out-of-state local criminal background checks and clarify when second tier consultations are required.
- Chapter 65C-30, General Child Welfare Provisions. Rules within this Chapter were amended during the report period to accomplish the following tasks:
  - 65C-30.001, F.A.C., Definitions, amendments effective 12/4/17. The definitions of “permanency” and “household member” were amended.
  - 65C-30.016, F.A.C., New Children in Families under Supervision, amendments effective 11/12/17. A requirement that the assessment to determine the safety of the new child in the home be filed with the court was added.

- 65C-30.018, F.A.C., Out-of-County Services, amendments effective 12/24/17. The amendments accomplish the following:
- 65C-30.019, F.A.C., Missing Children, amendments effective 1/11/18. The amendments accomplish the following: (1) Clarify reporting requirements for missing children; and (2) Establish requirements related to ongoing search activities.
- 65C-30.020, F.A.C., Child Fatalities, amendments effective 7/25/17. The amendments require
  - The case manager to orally notify the community-based care executive officer through his or her chain of command immediately upon learning of the death of a child under supervision;
  - The community-based care executive officer to orally notify various parties immediately upon learning of the death of a child under supervision;
  - Written notice of the death within 24 hours of the death.

#### **FUTURE PLANS**

- Amend Chapter 65C-13, F.A.C., Foster Care Licensing, to conform with 2018 statutory changes, including s. 409.175(5), F.S. Amendments to include levels of care and how to negotiate enhanced board rates.
- Amend chapter 65C-16, F.A.C., Adoptions, to conform with 2018 statutory changes, including s. 409.166, F.S. Add new rule regarding “extended maintenance adoption subsidy.”
- Amend chapter 65C-17, F.A.C., Master Trust, to conform with current practice and policies.
- Amend 65C-15.028, F.A.C., Adoptive Home Study, to conform with 2018 statutory changes, including s. 63.092, F.S.
- Amend 65C-28.004, F.A.C., Placement Matching, to conform with 2018 statutory changes, including s. 39.523, F.S.
- Amend 65C-28, 13, 16, and 29, F.A.C., to conform with 2018 statutory changes, including s. 39.0138, F.S.
- Amend 65C-29.002, F.A.C., Reports of Child Abuse, Neglect or Abandonment, to clarify the acceptance of reports alleging non-use of legally required child restraint devices by parents of legal guardians. Amend chapter 65C-30, F.A.C., General Provisions, to conform with 2018 statutory changes.
- Repeal chapter 65C-31, Independent Living, when there are no longer young adults in the old Road to Independence Program.
- Create new rule 65C-33.016, Child Welfare Training Program, to implement requirements in s. 402.40, F.S.
- Amend chapter 65C-35, F.A.C., Psychotropic Medication. The Department intends to:
  - Change the term “prescribing practitioner” to “prescribing physician,” and amend the terminology throughout the rules and in form CF-FSP 5339, Medical Report;

- Amend the definition of “psychotropic medication” to include substances, though prescribed with the intent to treat other medical conditions, have the effect of altering brain chemistry;
  - Amend the age of children whose cases are required to have a pre-consent review;
  - Clarify from whom child protective investigators, case managers, and other caregivers will receive training.
- Create a new rule in chapter 65C-41, Extended Foster Care, regarding supervised living arrangements and to conform with 2018 statutory changes.
  - Amend 65C-42.002, F.A.C., Road to Independence Program, to update the PESS/ETV application.
  - Create a new rule chapter for the Guardianship Assistance Program to conform with s. 39.6225, F.S.
  - Amend 65C-43, F.A.C., Placement and Services for Sexually Exploited Children, to clarify data collection initiatives, human trafficking training requirements, and safe house certification.

### 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 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. To implement such a strategy, the Department works to integrate with as many local and statewide stakeholders as possible. A common goal is to accomplish a family-centered, holistic, preventive 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.

A goal of the Department both on a state and local level is 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 identified a need for additional Family Support Services throughout the state, including services provided to families identified as at-risk for abuse or neglect through community referrals, assessments, or calls received by the Florida Abuse Hotline.

A Request for Proposals for Enhanced Prevention Services for Child Welfare Clients was posted; the Department selected Community-based Care lead agencies for the development of evidence-based prevention pilot programs that provide voluntary, in-home family supports when children are deemed safe but at high or very high risk for future maltreatment. These direct services will continue to help divert families from becoming a part of the child welfare system by engaging the family in early intervention services to prevent further maltreatment.

The pilot programs include an evaluation process that will look at how pre-selected families, currently served by the family support programs at least nine months previously, demonstrate improved outcomes. The evaluation has recently begun and outcomes are expected for the following programs in the reportable timeframe.

- Prevent Child Abuse Florida, the Department and Department of Health collaborated to provide “floor talkers” to local health departments, Community-based Care lead agencies and their subcontractors, doctor’s offices and hospitals. “Floor talkers” can best be described as large posters displaying safe sleep messaging, made of durable, non-skid material, which can be placed on floors, counter space, and walls. These posters have been extremely well-received throughout the state. “Floor talkers” have been disseminated in both English and Spanish versions throughout the state.
- A Request for Proposal, published in September 2014, resulted in the selection of a vendor to begin the evaluation process with the 2015 Pinwheels for Prevention Campaign™. The Department contracted with the School of Social Work at the University of Central Florida to evaluate the campaign, the process/activities that underlie the campaign efforts, and the effect of the campaign materials on parents' knowledge and attitudes.
- In April 2017 (Child Abuse Prevention month), CBC of Central Florida (CBCCF) launched the “MANicure Movement.” This new initiative was designed to raise awareness of violence against children. As a way to start a conversation about child abuse, all participants had one fingernail painted “prevention blue” to serve as a symbol of the fight against child abuse. This has now been adopted as an annual event in Circuit 9.
- The Regional Partnership Grant IMPACT Project is bringing the Engaging Moms Program, a promising practice stemming from the evidenced based Multi-Dimensional Family Therapy model to prevention and non-judicial programs in the Southern Region. The IMPACT Project seeks to demonstrate that an integrated continuum of care, combined with an intensive family engagement component and peer support will result in increased parental retention in treatment, enhanced provision of targeted services for children and parents, improved parenting practices and decrease in family trauma. Project IMPACT has an evaluation component that will rely on a mixed method design. Evaluation activities will be comprised of three components: an implementation study, a partnership study, and an outcomes study that will elaborate the results of a randomized controlled trial testing the Engaging Moms intervention. The evaluation of this Project will measure progress related to the ongoing development and implementation of a regional partnership to address the specific needs of children at risk of



maltreatment, as well as to determine whether use of Engaging Moms Program intervention will prevent re-referrals and deepening the involvement in the child welfare system.

- In addition, the Southern Region’s Project IMPACT team will also participate in a National Cross Site Evaluation to further assess the impact of the project on the reduction of future maltreatment in the families we serve. It is anticipated that the result of this multi-year project will produce a vast amount of information to guide the local practice.
- Events from Pensacola to Key West take place in recognition of Child Abuse Prevention Month. Family fun days, walk-a-thons, picnics, forums, and other activities to raise awareness about children’s issues are being held in collaboration with Children’s Week. Children’s Services Councils, Early Learning Coalitions, community-based care lead agencies, county health departments, Healthy Families Florida program sites, child advocacy centers, family visitation centers, state universities, local United Way offices, and local Department of Children and Families offices serve as local contacts for implementing community-level campaign activities. The Ounce of Prevention Florida in its partnership role as a PCA Florida chapter will launch the statewide public awareness and education campaign with a high concentration of activities during the month of April as it has for the past several years to encourage positive choices that will create a positive change in society. April will serve as a “kick-off” month with activities continuing throughout the year. This campaign serves as the primary forum for highlighting Child Abuse Prevention Month.
- Prevent Child Abuse Florida’s *Pinwheels for Prevention™, Putting Children First!* campaign promotes the prevention of child abuse and neglect through an increased understanding of child development, positive parenting practices, and community action. It also emphasizes Florida’s efforts to change the way the state and nation think about prevention, focusing on community activities and public policies that prioritize prevention right from the start. *Pinwheels for Prevention™* expresses the need to turn our attention away from providing a “safety net” for some families toward creating a community-wide commitment to prioritize children. It is not enough that we respond to child abuse and neglect; we must prevent it before it ever occurs.
- Children’s Week at the Florida State Capitol was held in January 2018, drawing thousands of children, families and advocates to the state capital. Children’s Week at the Capitol occurs each year in concert with the Florida Legislative Session.

The week begins with the “hanging of the hands” in the Capitol rotunda. Tens of thousands of creations of “hand art” displayed throughout the Capitol rotunda present an amazing display of children’s art. “Hand art” decorated by children and their teachers, and collected at child care centers and schools across the state serve as a reminder to legislators and advocates that we must take care of Florida’s children.

Children’s Day at the Capitol features breakfast for the children and families who attend the interactive day. A storybook village, operated by partners and volunteers, offers children an interactive reading experience and booths for children to explore depicting scenes from popular books.

A Teen Town Hall meeting provides a forum and voice for students from across the state to work with Florida’s Children and Youth Cabinet to address issues important to children’s services. A press conference includes legislators, leaders, and child advocates from across the state celebrating Children’s Week and highlighting and addressing important issues related to children.

## **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, neglect, and abandonment allegations received through the centralized Florida Abuse Hotline located in Tallahassee, occurs twenty-four hours a day, seven days a week. There are several ways to make a report: the toll-free telephone number (1-800-96-ABUSE), through the Florida Relay Service (711) or TTY (1-800-955-8771) for the deaf and hard-of-hearing; by fax (1-800-914-0004); and electronically via the Department's internet website.

Florida Abuse Hotline counselors assign child protective investigation response times to ensure quick identification of where the child will be during the next 24 hours, and whether 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. This provides the investigator with 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 Families Network (Florida's Statewide Automated Child Welfare Information System - SACWIS), 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 are 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 members have access to the following criminal justice, juvenile delinquency, and court data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;
- National Crime Information Center (NCIC) – National criminal history records and dispositions;
  - 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;
  - Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database (current driver’s history, license status, photos, signature);
  - Department of Corrections (DOC) – current custody status, supervision, incarceration information
- APPRIS/Justice Exchange Connection – Jail databases for current incarcerations, associated charges, and booking images.
- Sexual Predator Website- This database provides face sheets that includes charges and release status of Sexual offender/Predators

When a CBC/CPI is considering a placement, the agency must contact the Florida Abuse Hotline, Crime Intelligence Unit, and request criminal history record information on potential caregivers and household members for a child requiring removal from his or her current residence. When a CBC agency or Child welfare professional are considering permanent placement of a child, finger print results are received through an

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.

The addition of statutory language on investigation and placement criminal background screening more clearly defined in Chapter 39, Florida’s dependency statute, the federal requirements for 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**

- In July 2017, Hotline Management trained CIU staff to answer and process Information and Referral calls that have been routed through the telephone system; as well as, call out Immediate Response Priority reports. These were two tasks previously performed by hotline counselors. With CIU staff taking over these responsibilities, hotline counselors were able to more efficiently answer the next waiting call.

- In July and August of 2017, the Hotline conducted a review of our internal Field Feedback Request Process. The timeframe of the study was the last quarter of the 2016-2017 Fiscal Year. The data results from the study indicated that the Hotline's error rate for screened-in reports that were called back to the Hotline for review was .04%. These results were presented to the department's Family Community Services' Directors.
- The conclusion of the 2018 Legislative Session brought about changes in laws with direct impacts to the Florida Abuse Hotline.
  - The definition of abuse regarding the protection of Newborns was amended
  - New Background Screening requirements

### **Future Plans**

- The 2018 Legislative Session authorized the Hotline CIU to establish 20 full time career service positions to conduct criminal records checks. The CIU workforce is being restructured to accommodate the new positions. The goal of the restructuring will provide maximum staff coverage during the identified highest timeframe when criminal history and placement checks are needed.

### **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 (on-going, pervasive danger in the household). The identification of either Present or Impending Danger requires 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 five safety plan criteria cannot be met, the child is placed in an out-of-home setting with relatives or a non-relative, or in licensed care. Child protective investigations and related legal actions are codified by requirements outlined in Chapter 39, Florida Statutes, Florida Administrative Code 65C-29 and department operating procedure, CFOP 170-5.

The Department is responsible for conducting child protective investigations in 61 of 67 Florida counties. Sheriff's offices in the remaining six counties (Broward, Hillsborough, Pasco, Pinellas, Manatee and Seminole counties) conduct child protective investigations through grants. A seventh county sheriff office, Okaloosa County in the northwest panhandle, will also be responsible for conducting child protective investigation in July, 2018. Child protective investigations involve three types of settings. Intra-familial, In-Home investigations with a parent or legal guardian as the alleged perpetrator with the child residing in the caregiver's household comprise the largest share of investigations. A second, much smaller subset of investigations involves alleged maltreatment by a caregiver outside the child's immediate family (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 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, assessing risk of subsequent harm and how to engage caregivers in achieving change. The Abuse Hotline initially gathers information related to the presence of Present Danger and the nature and extent of the alleged maltreatment. The child protective investigator validates the initial information received and obtains additional information 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 in which the child is determined to be safe. All 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 during the provision of {case management services}. Additional information collection continues for the Family Functioning Assessment – Ongoing and Progress Updates to inform case planning and the identification of family conditions and behaviors that must change to ensure child safety, improve child well-being and obtain permanency.

#### **Update/Accomplishments**

- During the report period, continued implementation with a focus on fidelity of Florida's child welfare practice model has remained the primary focus for the Department. 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, and supporting the practice through leadership and FSFN (SACWIS) functionality.
- Florida has invested significant resources in organizing statewide workgroups and work sessions with national experts to plan and focus implementation efforts. The Child Welfare Task Force, advises and organizes various subcommittees to support implementation. The Task Force has the responsibility to lead, guide, direct, and advise on statewide implementation of major initiatives and 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 child welfare practice model continues to be implemented with high fidelity. Additionally, the Task Force oversees the development and implementation of the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR), and implementation of Florida's Program Improvement Plan (PIP). The Task Force members act as the vocal and visible ambassadors throughout the state and as representatives of their specific fields of expertise. The team meets quarterly to carry out its charge and receive updates from its various subcommittees.
- Action for Child Protection conducts two rounds of model fidelity reviews/case reviews each year using a statewide sample (up to 150 cases) to help Florida assess how the state is progressing collectively and where the state needs to concentrate its resources to achieve full operation. See Chapter III.
- As part of the *Structured Decision Making*® (SDM) initial risk assessment's implementation, NCCD Children's Research Center (CRC) conducts up to two risk assessment reviews per year including

related narrative documentation to identify staff strengths and issues with the risk assessment completion. See Chapter III.

- The Department continued its proficiency process of the Critical Child Safety Practice Expert (CCSPE) positions. The primary role of the CCSPE is to review open child protective investigations and provide guidance to child protective investigators. 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 child protective investigators (CPIs) are making the right decisions during the course of the protective investigation. The proficiency process is discussed in detail in Chapter IV.
- Department of Children and Families Child Protection Investigations Supervisors and Program Administrators are charged with critical performance expectations to serve the most vulnerable clients: children. Supervisor proficiency is critical in ensuring adherence of fidelity to the Florida Child Welfare Practice Model and in addressing child safety threats with the sense of urgency needed. In September 2016, a proficiency process was established to assess the ongoing development of skills around coaching, supervising, and consulting for Child Protection Investigations Supervisors and Program Administrators as it pertains to Florida’s Child Welfare Practice Model. This formalized proficiency process was established for the Department of Children and Families and applies to staff who are responsible for conducting case consultations and for direct supervision of investigators.
  - The proficiency process assesses three core skill areas:
    - Understanding of the Practice Model constructs/elements.
    - Ability to provide consultative feedback through discussions and written analysis.
    - Ability to provide a learning opportunity for staff development.
- Proficiency 1 rolled out in January of 2016 as part of a statewide focus on increasing child welfare staff proficiency in the practice model. In the summer of 2017, CBC of Central Florida (CBCCF) developed and launched Proficiency Part 2. This is the evaluation of the application component of the CBC Proficiency Process being utilized for case management where the demonstration of skills related to the practice model is assessed. The data collected is utilized by case management agency and CBCCF Training Manager allowing trends to be explored and supports to be created.
- The Department maintained the credentialing process for CPI quality assurance (QA) staff. Although this process is not as rigorous as the CCSPE practice expert training, QA staff are required to become proficient in the practice model. This approach helps improve the fidelity of CPI casework activities.
- Another effort to support the workforce in the NW Region and ensure efficiencies within child investigations is the Northwest Region Assessment Response Team – Pilot. In December 2017, Secretary Mike Carroll approved for the region to conduct a pilot focused on initial assessment of Intakes received from the Florida Abuse Hotline and then decide how the family is best served via the child welfare system in the form of an investigation or an alternative response.

The team started in Circuit 1 and expanded to circuits 2 and 14 in May 2018. The team provides an upfront assessment to all 24-Hour Intakes received by the hotline. The team is comprised of Senior Child Protective Investigators referred to as assessors. The assessors contact reporters, review child welfare history, criminal and civil histories, make contacts with relevant parties, and provide an assessment of the family to include patterns of maltreatment or abusive/neglectful activity and behaviors, and any escalation of the two. In addition, the team pulls together information on professionals already working with the family to determine the best response for the family. The

initial four months of the pilot showed success which allowed for further implementation within the region. This pilot is monitored and works closely with the Office of Child Welfare.

- The Florida Institute for Child Welfare (FICW) performed an inter-rater reliability analysis of the scaling of nineteen caregiver protective capacities within Florida's child welfare practice model in December 2017 through January 2018. The analysis focused on evaluating the consistency in which the scaling was utilized on three mock cases based upon case information presented. The review instruments and cases were distributed to five participants, along with the definitions of the scaling items and sent for review. Four ordinal choices were provided for each item. Discrepancy, consistency, and inter-rater reliability were evaluated for the scale. Specifically, percent agreement among raters was calculated for each of the three cases and the inter-reliability measure, Krippendorff's alpha (K-alpha) was also calculated for the raters. Overall, the five raters agreed to a medium to high degree on the mock cases. The mean percent agreement among the raters ranged from 54% to 56.5%; the inter-rater reliability K-alpha ranged from .292 to .668. The K-alpha between two raters mostly show medium to high reliability. Both indicate that there is some agreement among the five raters when evaluating the cases using the scale developed. When more raters are available, further analyses can be done to investigate the agreement of the raters on each of the items presented in the scale.

#### **Future Plans**

- A practice "Crosswalk" is being completed to ensure statute, administrative code, and operating procedures provide consistent direction in application of Florida's practice model. The Department is partnering with the Florida Coalition for Children (FCC) to review the Crosswalk and make recommendations for changes as needed to ensure alignment across all citations.
- Action for Child Protection will continue regular fidelity reviews to help assess progress toward fidelity to the practice model for investigations and case management.
- As part of the *Structured Decision Making*<sup>®</sup> (SDM) initial risk assessment's implementation, NCCD Children's Research Center (CRC) will continue to 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 is partnering with the regions to facilitate a statewide training aimed at enhancing fidelity to the practice model by strengthening staff in the use of Conditions for Return.
- The Department is currently piloting a "Licensed Foster Home Assessment" process to strengthen collaboration with system partners and improve the experiences of foster parents when a report of maltreatment is received on a foster home. This requires a well-coordinated process for assessing the child welfare's systems support and management of a foster home that is the focus of a report. The Licensed Foster Home Assessment includes a review of the following:
  - Adequacy of placement matching.
  - Number of children in the home and any waivers granted.
  - Sufficiency of caregiver contacts and system's response to caregiver concerns.
  - Adequacy of caregiver training and ongoing support.

Additionally, the Department hopes this pilot will provide insight to root causes of placement instability and effective system responses.

## **In-Home Protective Services (Protective Supervision)**

The Office of Child Welfare continued to implement operating procedure, CFOP 170-9, Family Assessment and Case Planning, which provides comprehensive statewide standards for family engagement during every stage of a child welfare case transferred to the CBC lead agency. The standards provide for the on-going assessment of caregiver protective capacities and child well-being indicators, whether the case involves in-home protective services or out-of-home care. The standards for family engagement include child and family assessment, identifying family change strategies and barriers to change, co-constructing case plans and collaborating in the on-going assessment of progress.

A significant portion of the Department's safety management service array for families under in-home protective supervision is linked to the Promoting Safe and Stable Families program, as described in the Promoting Safe and Stable Families (starting on page 97). Availability of each type of service depends on the local CBC service structure and system of care to address community needs and population differences.

### **Update/Accomplishments**

- Updated Chapters 2, 4, and 12 in CFOP-7, Develop and Manage Safety Plans. Chapter 2 revisions focus on supervisory review of the effectiveness of the Present Danger Safety Plan, management of the Safety Plan, and gathering sufficient information. Chapters 4 and 12 incorporated the changes in s. 39.301, and 39.521, Florida Statute, specifically related to diligent search for a perpetrator of intimate partner violence when the child welfare professional is unable to locate the alleged perpetrator and reunification when conditions for return are met and an In-Home Safety Plan can be implemented. Additionally, chapter 12 adds the requirement for post placement supervision for each parent from whom the child was removed.

### **Future Plans**

- Revise CFOP 170-7 Chapter 5, Other Parent Home Assessment, to address completion of the Other Parent Home Assessment (OPHA) when a child in impending danger needs an emergency or planned placement with a non-maltreating parent who resides in a separate household.

## **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 who 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 from least to most restrictive based on the child's needs. 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 the practice model, case managers 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 determine the next least restrictive placement for the child, and work with the child's family to establish conditions for return and the behavior changes needed. Out-of-home caregivers receive this information as part of a coordinated effort by the 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 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 many 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. There is a continued focus on establishing an accountability system based on quality standards 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 the most ideal level of care 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 out-of-home foster care and related services to better encourage the engagement of communities and local stakeholders to become partners in promoting issues associated with child safety, permanency and well-being.

Beginning January 1, 2018, the Department implemented a new placement assessment process for all children in out of home care. The placement assessment process determines the level of care needed for each child and to match each child with the most appropriate placement. The new placement process requires a comprehensive placement assessment process to be completed, prior to a child's placement in out-of-home care. The process requires a multidisciplinary team staffing to determine the level of care needed for the child and to match the child with the most appropriate placement; review of the child's placement as often as necessary to ensure permanency and to address any special issues for the child; providing the court documentation of the placement assessment at each judicial review.

Additionally, specific placement data elements are available on the Department's website. <http://www.dcf.state.fl.us/programs/childwelfare/placement.shtml>

The Group Care Quality Standard Workgroup, established by the Department in 2015, developed a set of core quality standards for DCF licensed residential group homes to ensure that children receive high quality, needed services that surpass the minimum thresholds assessed through licensing. During the report period, the Department engaged the Florida Institute of Child Welfare (FICW) to develop an assessment to measure quality services in Florida's licensed residential group care facilities. The group care quality assessment was piloted as a multi-dimensional, multi-informant assessment. The pilot version included three on-line forms completed by different groups of stakeholders including service providers, youth, and Department licensing specialists. The results of the pilot study support the feasibility of integrating the assessment into the state's re-licensure process and provided insights to guide the next phases of development.

Florida believes that the implementation of the Group Care Quality Standards will result in significant improvements in the provision of quality residential group care. The Department, Institute, Community-based Care Lead Agencies and other stakeholders will continue to work together to ensure that all group homes provide quality services to enable safety, permanency, and well-being for children living in out-of-home care.

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 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.

Families First Network (FFN) in the Northwest Region identified a need for enhanced foster care placement options within Circuit 1. To that end, an RFP was released seeking solutions for various programs to provide behavioral foster care. The National Youth Advocate Program (NYAP) was selected to provide this service by means of specialized family foster homes with intensive wraparound services. Their contract was fully operationalized once placement capacity was created in FY 17-18. These homes specialize in youth with complex needs and behaviors that may not meet the criteria for therapeutic foster care due to not having a DSM-V diagnosis but who require enhanced care and support to stabilize their placements. NYAP has committed to recruiting at least 1-2 homes to serve youth who have been commercially sexually exploited.

FFN has worked with a local faith partner to bring a certified Safe House to the Circuit 1 area. There are no homes currently north of Orlando and there is a desperate need locally for this level of care. The land and home as well as significant partnerships to bring financial and wraparound supports have been secured. Construction on the home is set to begin this spring with a goal of opening in late 2018.

FFN applied for and received a grant from Community-Based Care Integrated Health to hire a full-time Specialized Therapeutic Foster Care recruiter. This position covers all four counties and has a goal of licensing 10 new homes within one year, which would effectively double the placement capacity for Circuit 1. FFN has put a high level of emphasis on recruiting for all three forms of specialized foster care available in the community: behavioral foster care (NYAP), therapeutic (FFN-Lakeview), and medical (Children's Medical Services).

Devereux CBC continues to struggle with high numbers of children placed outside Circuit 19 or in group care, often due to a scarcity of available foster homes in the local area. With the addition of another contracted child-placing agency in 2016, efforts continue to increase the number of families licensed to provide family-based care for local children in their home communities.

### **Kinship Care**

Licensed foster homes, group homes, relative, and non-relative homes are placement options for children in out-of-home care. Relatives and non-relatives 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.

The Department offers financial assistance to unlicensed relatives and non-relatives through the Relative Caregiver Program (RCP) and Non-Relative Caregiver Program (NRCP), respectively. Each program assists caregivers with providing for the basic needs such as food, clothing, and shelter for children in out-of-care, as well as Medicaid.

### **Updates and Accomplishments**

- Conducted FSFN design sessions to enhance the unified home study in FSFN. The deployment of the modified home study tool and functionality is scheduled for June 2018.
- Implemented the new placement assessment process and tool to determine the level of care needed for each child and to match the child with the most appropriate placement.
- Completed feasibility pilot study and a content validity review of the quality assessment for residential group care programs licensed by the Department.

### **Future Plans**

- Develop and implement policies and procedures for the Title IV-E Guardianship Assistance Program. The 2018 Florida Legislature authorized the Department to develop and implement the Title IV-E Guardianship Assistance Program (GAP) starting July 1, 2019.
- Develop training materials for Child Welfare Professionals regarding the Guardianship Assistance Program.

**Juvenile Justice Transfers**

Youth with an open case simultaneously with the Department of Juvenile Justice (DJJ) and DCF are referred to as dually served youth. This term is intended to examine youth with present day involvement with both systems. The dually served youth population is a subset within the broader crossover youth population. Crossover youth refers to youth who have an open or closed case with the Department of Juvenile Justice and the Department of Children and Families. The cases do NOT have to be open simultaneously in both systems. This term is intended to examine youth with a history of involvement with both systems. In Florida, DCF retains placement and care responsibility for crossover youth. Both Departments continue to collaborate at the state and local levels to improve outcomes for dually served youth.

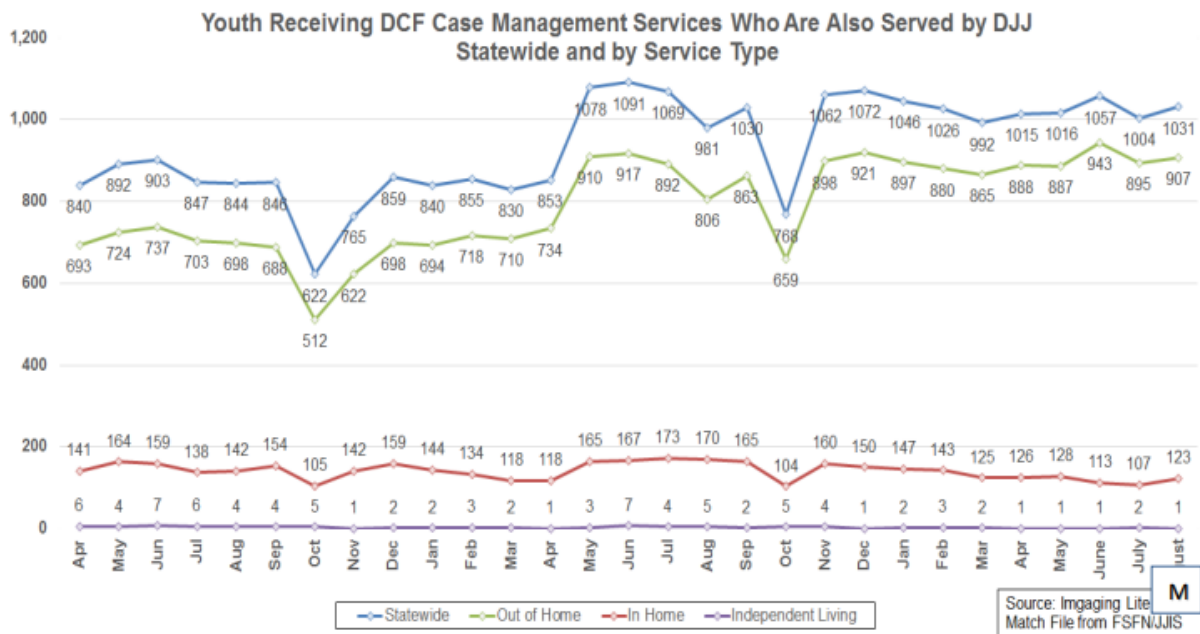
Florida reports the number of children dually served by the Child Welfare and Juvenile Justice systems in the Monthly Key Indicators Report. The reports are posted on the Florida Center for Child Welfare under ROA: <http://centerforchildwelfare.fmhi.usf.edu/ChildWelfareKeyIndicators.shtml>. Please see the screen clipping from the most recent report below showing the number of children dually served monthly over the last few years.

**Dually Served Youth**



**Statewide Trend: Youths Served by CBC Lead Agencies and Juvenile Justice**

The number of youths served by both the child welfare system and the juvenile justice system in August 2018 was 1,031. This measure does not have a specified target.



The information is also stratified in a data table for each community-based care lead agency

### Stratification by CBC Lead Agency

The number of youths served by both systems (DCF and DJJ) is variable among the lead agencies, but is related to the total number of youths served by each lead agency.

Lead Agency	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Big Bend CBC	40	39	34	36	32	29	29	30	30	36	33	32	30	35	32	45	49	47	46	47	50	49	44	43	45
Brevard Family Partnership	37	32	27	29	33	34	36	42	39	50	46	40	39	42	35	37	39	36	33	36	29	27	28	26	23
ChildNet-Broward	90	93	43	80	83	81	82	76	80	80	75	77	82	83	40	78	76	71	68	71	70	79	85	77	81
ChildNet-Palm Beach	52	49	35	47	45	51	46	36	38	52	48	50	50	53	35	57	62	57	57	58	64	64	71	64	57
Childrens Network of SW Florida	45	47	35	44	57	59	50	49	50	64	65	68	64	62	37	64	63	57	56	56	56	53	55	50	59
Communities Connected for Kids	23	24	17	23	29	22	25	20	19	28	30	31	30	27	17	31	27	32	32	30	29	31	35	36	37
Community Based Care of Central Fla	76	77	57	64	78	77	81	81	85	103	113	109	113	117	88	109	95	96	89	92	100	94	92	91	87
Community Based Care of Central Fla (Seminole)	18	18	15	16	16	15	15	14	12	18	20	17	13	13	12	15	19	15	15	18	17	18	18	12	15
Community Partnership for Children	32	28	25	29	42	33	32	41	38	51	49	42	41	47	41	41	45	42	41	40	41	41	42	45	41
Eckard Community Alternatives	72	73	56	68	72	77	78	73	78	104	102	101	78	85	69	98	100	100	97	93	90	88	93	84	85
Eckard Community Hillsborough	48	53	40	48	61	53	69	55	66	84	90	89	62	73	64	82	77	77	83	75	80	74	81	73	85
Families First Network	65	64	58	55	63	65	60	64	64	73	71	75	74	76	66	66	73	65	62	50	60	61	61	68	66
Family Integrity Program	2	3	3	1	2	3	2	4	3	4	4	7	4	5	5	5	6	5	5	8	10	8	11	9	6
Family Support Services of North Fla	31	34	30	38	42	42	39	39	37	43	45	41	41	39	32	41	37	41	41	38	36	38	40	41	41
Heartland for Children	56	61	29	53	53	61	58	58	58	73	83	76	66	64	34	74	76	76	77	76	69	72	75	76	77
Kids Central, Inc.	31	32	28	33	33	32	39	42	40	58	61	60	50	54	47	56	60	58	59	56	66	64	59	58	62
Kids First of Florida, Inc.	4	4	4	4	6	6	6	8	8	6	5	6	5	6	4	6	7	6	6	7	9	8	9	6	6
Our Kids of Miami-Dade/Monroe, Inc.	73	69	54	59	65	59	65	62	63	86	88	86	77	82	59	87	90	87	82	82	77	83	92	82	87
Partnership for Strong Families	29	29	22	24	25	21	18	16	20	33	36	36	34	37	30	36	39	43	41	35	35	36	33	29	34
Sarasota Y/SAFE Children Coalition	18	17	10	14	20	19	21	20	25	30	27	26	28	29	20	34	31	33	33	24	27	28	33	34	37
<b>Statewide</b>	<b>844</b>	<b>846</b>	<b>622</b>	<b>765</b>	<b>859</b>	<b>840</b>	<b>855</b>	<b>830</b>	<b>853</b>	<b>1078</b>	<b>1091</b>	<b>1069</b>	<b>981</b>	<b>1030</b>	<b>768</b>	<b>1062</b>	<b>1072</b>	<b>1046</b>	<b>1026</b>	<b>992</b>	<b>1015</b>	<b>1016</b>	<b>1057</b>	<b>1004</b>	<b>1031</b>

Source: Impaging Life Filing, Match File from PSPNJJIS

### Update/Accomplishments

- Held a joint DCF and DJJ two-day meeting in June 2016 with front line staff and key stakeholders. The secretaries at both DCF and DJJ as well as a multitude of other DJJ and DCF leadership were in attendance. From this meeting, it was clear that both agencies were committed to working together to address the challenges in serving this unique population of youth. Immediately following the meeting, an initial action plan was developed and work began to complete several priority items.
- DCF/ DJJ Crossover Champions
  - In October 2016, one DCF and one DJJ Crossover Champion was selected in each to serve as the point of contact for crossover-related matters and to be the champion of local collaboration efforts and education of staff and community partners. These Champions were instrumental in developing local collaboration plans to meet the complex needs of these children and youth.
  - In February 2017, a joint crossover champions’ kick-off meeting was held with the DCF and DJJ Crossover Champions. In preparation for the kickoff meeting, the Champions met with their counterparts to complete a community assessment of circuit level collaboration efforts made to address the needs of crossover youth and their families.
  - Beginning in September 2017, the DCF/DJJ Headquarters’ Team initiated quarterly calls with Crossover Champions. Additionally, based on the training needs of Crossover Champions, the headquarters’ team initiated hour-long webinar trainings. In October 2017, the first webinar training was on Independent Living & Extended Foster Care; in November 2017, the training, hosted by Agency for Persons with Disabilities (APD), was on Care Coordination and APD Waivers. In February 2018, the training was on case reviews and systems’ improvement.

- Beginning in November 2017, the Headquarters Crossover Team created and disseminated a newsletter with crossover-related updates and information to all statewide crossover champions and DCF/DJJ leadership. Included in the newsletter was information about the new Crossover SharePoint page, a cloud-based approach to information-sharing among Crossover Champions and additional relevant parties.
- In May 2018, both the DCF and DJJ Secretaries participated in the Crossover Champions meeting. In addition to the two Secretaries, there were 60 participants from across the state. The meeting focused on updates from the six regions, progress, and areas needing improvement.
- Crossover Local Collaboration Plans
  - The Crossover Champions in each circuit formed local crossover teams to develop collaboration protocols plan based on identified key issues. DCF and DJJ Crossover Champions worked with their teams in the circuits to develop a local collaboration plan. In June 2017, each circuit submitted collaboration plans to Headquarters Crossover Team.
- Pilot
  - The legislature provided funding to pilot three specialized treatment programs for potential or dually served youth and their families. The providers engage families and youth with serious emotional and/or behavioral issues to divert them from residential congregate care (group home, juvenile detention, and residential commitment) and stabilizing them to live successfully in the community. These specialized treatment programs are intensive, community-based approaches that deliver and link individualized services and supports. The sites are Devereux (Central Region), Children’s Home Society (Suncoast Region), and National Youth Advocate Program (Northeast Region).
- Data Sharing
  - In February 2018, the Headquarters Crossover Team updated the DJJ Crossover Youth Profile dashboard. The dashboard shows aggregate level data which highlights information that spans a period of eleven (11) years of dependency involvement including data for children and youth with both open and closed DJJ/DCF cases. This is a change from the previous DJJ dashboard that showed youth only open DJJ/DCF cases.
- Crossover Youth Forums
  - In April 2017, youth forum leads met with youth from across the state being served by DJJ and who are either currently or in the past were served by DCF. Leads traveled to three different DJJ Residential Programs to meet with the youth. The youth forums provide a venue for the children and youth to share their thoughts on how the system of care can better address their needs and to use this information to inform policy recommendations specifically relating to placements, services, education, and transition needs.
  - In December 2017, the DCF/DJJ leadership team met to develop recommendations based on key lessons learned from the youth forums. Currently leadership is working on coordinating with a strategic initiative group or with the Community-based Care lead agencies.
- Trainings
  - In August 2017, a webinar training on Florida Safe Families Network (FSFN) functionality for DJJ staff was developed, along with a PowerPoint titled Introduction to DJJ for DCF staff. Both are posted to the Crossover SharePoint page and shared with the Crossover Champions.

- In December 2017, a webinar training on Introduction to Child Welfare for DJJ staff was developed and posted to the Crossover SharePoint page and shared with the Crossover Champions.

### **Future Plans**

- Continue working closely with group home care providers to provide restorative practices training relating to restorative justice conferencing, family group conferencing, dialogue circles, and nonviolent communication.
- Continue engagement with the Crossover Champions through one on one check-ins, quarterly calls, and webinar trainings.

### **Another Planned Permanent Living Arrangement (APPLA)**

Another Planned Permanent Living Arrangement (APPLA) is typically utilized as a concurrent permanency goal. Therefore, cases with APPLA as a permanency goal receive the services attached to the primary permanency goal. Examples of 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. The Department continues to see a reduction in the number of children with an APPLA goal from 487 children in foster care in September 2014 to 429 in January of 2018.

### **Update/Accomplishments**

- Continued partnership with Casey Family Programs in implementing the Permanency Roundtable (PRT) processes.
- Families First Network (FFN) continues to use Permanency Round Tables in collaboration with Casey Family Programs and was given the opportunity to participate in Rapid Permanency Reviews (RPR) with Casey Family Programs. The RPRs provided recommendations for changes to FFN's adoptions processes and helped to move along cases deemed "close" to permanency.
- CBCCF incorporated RPR in all three counties as an initiative to target adoption processes with the goal of identifying barriers in reaching timely permanency for matched children. This initiative was done in partnership with Casey Family Foundation.

### **Future Plans**

- Continue partnership with Casey Family Programs in implementing the Permanency Roundtable (PRT) process. For more detail around this plan, refer to the Foster/Adoptive Diligent Recruitment Plan in Appendix B.

### **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 five 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. The services included will help reduce the length of stay for children under the age of five in care.

- On-going efforts continue to place children ages five and under in a more family-like setting.
- Children ages 0 to 17 entering out-of-home care, who are Medicaid eligible, receive Comprehensive Behavioral Mental Health Assessments (CBHA) by a licensed mental health professional almost immediately after removal. 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.
- The Child Welfare Specialty Plan (CWSP) is a Managed Medical Assistance (MMA) program specialty managed care plan for Medicaid eligible dependent children receiving services from Florida's child welfare system. Sunshine Health, a Florida-based managed care plan, was awarded a five-year contract by the Agency for Health Care Administration (AHCA) in 2014 to administer the CWSP. AHCA, in collaboration with the Department, contracted with the Louis de la Parte Florida Mental Health Institute, University of South Florida to conduct a comprehensive study of "Access, Integration of Care and Service Utilization for Child Welfare Involved Children in Florida's Managed Medical Assistance Program." This study is assessing access to care, integration of services and services utilization for child welfare involved children enrolled in the CWSP and other MMA plans.
- Developmental services such as speech and language therapy, occupational therapy, and physical therapy are included in the Medicaid State Plan for children. 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.
- The Department also has several representatives that participate in the statewide Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT). The role of FICCIT is to advise and assist Florida's Early Steps Program in the performance of its responsibilities including:



- Identification of sources with fiscal and other support for early intervention services program under Part C of the Individuals with Disabilities Education Act (IDEA);
  - Assignment of financial responsibility to the agency;
  - Promotion of methods for intra-agency and interagency collaboration regarding child find, monitoring financial responsibility, provision of services, and transition;
  - Preparation of applications under Part C of IDEA including amendments;
  - Transition from Early Steps to the state education agency; and,
  - Annual Report on the status of early intervention services for infants and toddlers with disabilities and their families.
- Healthy Families Florida (HFF) is a nationally accredited home visiting program for expectant parents and parents of newborns experiencing stressful life situations. HFF continues to be Florida's largest and most successful evidence-based family coaching and support program. The program is proven to improve childhood outcomes and increase family self-sufficiency by empowering parents through education and community support.

Parents voluntarily participate in HFF so they can learn how to recognize and respond to their babies' changing developmental needs, use positive discipline techniques, cope with the day-to-day stress of parenting in healthy ways, and set and achieve short and long-term goals.

- Florida offers an array of home visiting programs that build on family strengths and protective factors to mitigate risks that could lead to poor childhood and family outcomes. Expanding upon the programs already in place in an effort to serve more of Florida's families, the Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative, housed within the Florida Association of Healthy Start Coalitions (FAHSC) administers three evidence-based home visiting models in 25 high-need counties and four contiguous counties. The three models are Healthy Families Florida, Nurse-Family Partnership and Parents as Teachers.
- For more than 20 years, Healthy Start has been assisting pregnant women, interconception women, infants, and children up to age three to obtain health care and social support needed to reduce the risk for poor maternal and child health outcomes.

Healthy Start offers universal risk screening for all Florida pregnant women and infants to ensure that early care is directed to those families where there is the best chance of preventing or minimizing adverse outcomes. Healthy Start Services include:

- Information, referral and ongoing care coordination and support to assure access to needed services
  - Psychosocial, nutritional, and smoking cessation counseling
  - Childbirth, breastfeeding, and substance abuse education
  - Home visiting
  - Interconception education and counseling
- The Department's published operating procedure addressing Plans of Safe Care (CFOP 170-8) requires offering a plan of safe care for all infants prenatally exposed to alcohol or drug use, their mothers and affected family members. Caregivers will be encouraged to participate in a home visiting program,

through the above mentioned home visiting or a similar type programs. Through these programs a plan of safe care may be developed, modified and monitored.

- The Office of Early Learning administers federal and state child care funds and partners with thirty local early learning coalitions to deliver comprehensive early learning services statewide. The office oversees three programs - the School Readiness Program, the Voluntary Prekindergarten Education Program, and the Child Care Resource and Referral services.

The School Readiness Program offers financial assistance to low-income families for early education and care so they can become financially self-sufficient and their young children can be successful in school in the future.

The Voluntary Prekindergarten Education Program (VPK) is a free educational program that prepares 4-year-olds for success in kindergarten and beyond. Children must live in Florida and be 4 on or before September 1 of the current year to be eligible. Private child care centers, public schools and specialized instructional service providers may offer VPK and parents have several programs to choose from – school-year, summer and specialized instruction for children with disabilities.

The Child Care Resource and Referral is a statewide network with information for families with young children. The network maintains current information about child care options, how to select quality care and referrals to other critical community resources. The service is free and for any family living or preparing to move to Florida.

- The Family Intensive Treatment (FIT) Team provides targeted services to families in the child welfare system with parental substance use. Services are provided in the home and include assessment, multi system care coordination, individual/family therapy, parenting interventions, evaluation, medication management and access to residential and primary health. Service delivery requires the family to have at least one child between the ages of 0 and 10 years old, with priority given to families with a child between the ages of 0 and 8.
- Partnership for Strong Families currently operates three resource centers that serve Alachua, Dixie, Gilchrist and Levy Counties. The goal of the resource center model is to prevent children from entering the foster care system by providing resources and supports to families on the front-end; in turn, helping families to avoid crises that may lead to further child welfare involvement. Every service provided at the resource centers is tied to a protective factor. The resource center locations are carefully selected in order to be easily accessible to those residing in known, high-risk communities and all services provided at the centers are free of charge.
- Charlotte County Behavioral Health's, Parent Education Program services help to prevent the occurrence or recurrence of child abuse and neglect. Services may be delivered to a group of parents, but are preferably delivered to an individual family in the family home. The services provided address the needs of the parent, relevant to their recent, current, and near-future parental role responsibilities.
- Safe Families is a home-based, comprehensive education program where parents learn the skills necessary to become strong parents, leading to safe children and long-term stability for families. Safe Families prevents child abuse and neglect by replacing patterns of abusive behaviors with non-violent,

positive approaches to parenting and by establishing long term supports so that families remain abuse-free long after involvement with the program ends. The Safe Families Parent Educators use a

- multifaceted approach to teaching parenting education, including utilizing parenting DVD's, working through parenting curricula, creating behavior management plans, and establishing family meetings, or other formalized methods to improved family communication.
- Strengthening Ties and Empowering Parents (STEPS) Program includes budgeting, parenting, and behavior management training with parents. Workers use a budgeting curriculum developed by the University of Florida's Extension Office and an evidence-based Nurturing Parenting curriculum. Workers are also trained on behavior management techniques that they can teach to parents that focus on positive behaviors. If any family member needs additional services, such as mental health counseling, health check-up, or anger management class, referrals are made for the specific service. The STEPS program is offered in the home, providing a safe and familiar environment for families.
- Through the "Family Team Conferencing" model, service providers and families come together as critical partners/members of the team where consensus is established and a coordinated plan developed and adhered to by all parties to address the complex needs of the family.
- Using the National ZERO TO THREE organization's Safe Babies Court Teams approach and the Miami Child Well-Being model, Florida's Early Childhood Court (ECC) was formed. ECC addresses child welfare cases involving children under the age of three. It is a problem-solving court where legal, societal, and individual problems intersect.
- In 2015, the Office of Court Improvement received a grant from ZERO TO THREE's Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-CT), which includes the Center for the Study of Social Policy, the National Council of Juvenile and Family Court Judges, and RTI International. In addition to training and technical assistance resources for all participating ECC sites, the grant includes an evaluation component, as well as the provision of a ZERO TO THREE statewide coordinator position, housed within the Office of Court Improvement.
- Healthy attachment and early brain development, from birth to age three, is crucial to a child's future social-emotional health, school-readiness, and life-long well-being. Infants and toddlers in the child welfare system are at extraordinarily high risk for developmental delays, non-optimal attachment relationships, trauma, and toxic stress that can affect their adjustment and well-being for years to come -- often, tragically, for a lifetime. ECC allows courts to take what is currently known about the appropriate services and practices for early brain development and make them available to the most vulnerable children.
- There are fifteen core components in ECC, which include judicial leadership, a community coordinator to facilitate the court team's activities, monthly court reviews, child-parent psychotherapy, frequent parent-child contact, and the use of family team meetings.
- Florida's Unified Family Court uses a fully integrated, comprehensive approach to handling all cases involving children and families, while at the same time resolving family disputes in a fair, timely, efficient, and cost effective manner.
- The Florida Supreme Court has recognized that families should be able to have all of their disputes resolved in the most effective and efficient way possible. Court cases involving one family are handled

before one judge unless impractical. Since 1991, a series of Florida Supreme Court opinions have been instrumental in shaping family courts throughout the state.

- The Young Parents Project (YPP) is an intensive, gender specific home visiting program that addresses the needs of court-involved pregnant/parenting teens and their young children. YPP addresses the right to parent with support, safety, and dignity. Young mothers in the juvenile justice systems have multiple risk factors that impact the possibility of re-offending and impacts their ability to provide a healthy, safe and nurturing environment for their children. The program is adapted from Yale University's evidence-based model called Minding the Baby. It is based on a reflective practice parenting approach designed to address trauma, promote the attachment relationship between the teen and her baby, and support both their physical and mental health needs. The model uses an interdisciplinary team of highly skilled professionals to provide home visiting services to young mothers.
- Florida State University Center for Prevention and Early Intervention Policy (FSU Center) focuses on vulnerable infants and toddlers in the areas of school readiness, infant mental health, home visiting and quality childcare practices. The work of the FSU Center contributes to major state initiatives for maternal and child health and development. Programs include the FSU Young Parents Project, the Early Head Start Program in Gadsden County, Early Childhood Court Initiative, Partners for a Healthy Baby Curriculum and the Ten Components of Quality.

### Update/Accomplishments

#### Statewide

- Continued on-going efforts to recruit homes and place children ages five and under in a family-like setting.
- Continued collaboration with the Substance Abuse and Mental Health community in addressing the challenge with substance-exposed infants. Births of substance-exposed infants are called into the Hotline for investigation, and subsequent intervention in confirmed cases is crucial. See Chapter VIII, Child Abuse and Prevention Act (CAPTA).
- On February 7-8, 2017 the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families (ACYF), Children's Bureau (CB) held the 2017 Policy Academy: *Improving Outcomes for Pregnant and Postpartum* Florida was one of ten states selected to attend the Policy Academy. Selected states convened teams of cross-systems partners with the goal of enhancing their capacity to meet the needs of pregnant and postpartum women with opioid use disorders (OUDs), their infants born with and affected by prenatal substance exposure, and other family members or caregivers.

The Florida team, was led by the Director of Integration, Department of Children and Families, with other members representing the Office of Substance Abuse and Mental Health, Healthy Start, Florida Hospital Association, Medicaid, University of Florida Department of Obstetrics and Gynecology and the Department of Children and Families Office of Child Welfare. A state action plan was developed with the following goals:

- Develop a statewide leadership group to coordinate the multiple systems involved in the care of these infants and their families.

- Develop best practices for implementation of the CAPTA/CARA requirements to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum.
- Determine and implement best practices for the completion of the Plan of Safe Care and determine under what circumstances specific agencies would have the responsibility to develop and monitor the plan.
- Create a uniform way for active surveillance of Neonatal Abstinence Syndrome (NAS).
- Strengthen the behavioral health providers' ability to work effectively with pregnant women.
- Improve the amount and quality of screening for substance use during pregnancy.

Following the 2017 Policy Academy the Florida team focused primarily on the goals related to the 2016 Child Abuse Prevention and Treatment (CAPTA) amendments related to infants born with and affected by prenatal substance abuse, withdrawal and Fetal Alcohol Spectrum Disorders (FASD). As a result of the Florida team's progress with Policy Academy goals they were encouraged to participate in ongoing technical assistance with the NCSACW to continue to work on other goals related to pregnant and parenting women with substance use disorders, their infants with prenatal substance exposure and their families.

- "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>.

Family Intensive Treatment (FIT) is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment should be provided in accordance with the indicated level of care required and providers shall meet program specifications. The FIT model provides intensive treatment interventions targeted to parents with Child Welfare cases determined to be unsafe. Establishes a team based approach to planning and service delivery with CBC Lead Agencies, child welfare Case Management Organizations, Managing Entities, FIT Team Providers and other providers of services. FIT teams promote safety of children in the child welfare system whose parents have a substance use disorder, develop a safe, nurturing and stable living situation for children as rapidly and responsibly as possible, provide information to inform the safety plan and reduce the number of out-of-home placements when safe to do so reduce rates of re-entry into the child welfare system. Parent must meet the following criteria:

- Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.; including persons meeting all other eligibility criteria who are under insured.
- Have a substance use disorder;
- Have at least one child between the ages of 0 and 10 years old, with priority given to families with a child between the ages of 0 and 8;

- At the time of referral to FIT a child in the family has been determined to be “Unsafe” and in need of child welfare case management; and the parent(s) are willing to participate in the FIT Program or the parent is court ordered to participate in FIT services. In either case, enhanced efforts to engage and retain the parent(s) in treatment are expected as a critical element of the FIT program.
- Continued 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.

The Department is a full partner in this initiative on a statewide level and local community level. 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.

Local Accomplishments, include but are not limited to:

- The Early Childhood Court Project is a specialized dependency court program in Escambia and Okaloosa Counties. The Early Childhood Court Project 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 aged birth to three 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 provided services that they need to enhance family stability and child well-being.

The ECC model incorporates monthly team meetings with professionals and family members to discuss progress, as well as monthly court appearances and status reports to the judge as opportunities for praise/encouragement and accountability. Having a monthly forum for providers to come together and problem solve for the family keeps the process solution-focused. Frequent visitation combined with infant mental health intervention is also key.

The Escambia County Early Childhood Court Team consists of: Dependency Judges, CLS, Parent Attorneys, GAL, Court Administration, Dependency Court Resource Facilitator, Child Welfare Professionals (Child Protective Investigators and Family Services Counselors), 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. The ECC Project expanded to two sites in Okaloosa County.

CBCCF continued its partnership with Orange County for an early childhood court pilot.

- The NW Region, specifically Escambia County in Circuit 1 and Bay County in Circuit 14, is receiving technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW). The purpose of the assistance is to improve outcomes for infants with parental substance exposure, their families, and caregivers.

- The Northeast Region participated in cross training with the Child Protection Team (CPT) during their annual conference. For the development of CPI Subject Matter Experts in Medical Neglect, the region partnered with CPT and other health providers to provide Specialized Medical Neglect training, such as for youth with Asthma, Diabetes, Failure to Thrive, Dental Neglect, Obesity and Medically Complex conditions. During these partnership, the team developed medical neglect checklists, placed on DCF letterhead and adopted by the Office of Child Welfare (and the Department of Health) as statewide forms for CPI use. These checklists were distributed and trained on during the 2016 Child Welfare Dependency Summit. The region further developed a Medical Neglect Protocol to outline applicable standardized procedures for response to reports received with allegations of Medical Neglect (MN) and to enhance the quality of investigations when addressing medically complex children.
- The Department has a representative in Circuit 8 serving on the Alachua County Children’s Advisory Council to help develop innovative programs to impact children ages zero to five. The Children’s Services Advisory Council was established in Alachua County in 2016 to focus on improving outcomes for children age 0 – 5. The county recently allocated a \$1.2 million budget to fund programs toward achieving this goal. Each program developed is expected to coordinate services with one another to improve the existing system of care in Alachua County. The programs being implemented by this group include:
  - Newborn Home Visitation program- Every new baby born in Alachua county to an Alachua county resident is offered a home visit by a Registered Nurse in the first 7 days after returning home. During this visit, the nurse will check both mother and newborn’s health, evaluate for postpartum depression, discuss infant nutrition, breastfeeding, safe sleep practices, SIDS education, immunizations and illness prevention, and a safety check will be done with the caregiver to discuss potential hazards. If a need for additional services are identified during the visit, the family will be referred to a Family Partner who will follow-up and make those connections.
  - Transformative Professional Development for Early Care and Education Program Providers (TPD) - Partnership between researchers at the UF Anita Zucker Center, early education service providers, the Early Learning Coalition (ELC) of Alachua County, and the SWAG center are developing a model demonstration program providing direct education services to children and families living in the communities surrounding the SWAG neighborhood. Through the partnership with the ELC, the lessons learned from this site will be shared with other early education professionals with the implementation of the Anita Zucker Center model for Practice Based Coaching.
  - Social and Emotional Development Program- This program will focus on developing a system of services for early childhood mental health consultation and trauma responsive training for caregivers and families of children birth to age five.
- Community Partnership for Children has two Early Childhood Court (ECC) teams in Volusia County. Core components have been identified from the pioneering work of the Miami Child Well-Being Team and Zero to Three’s Safe Baby Court Teams. The ECC approach works with local judges, child welfare agencies, and community organizations to create multidisciplinary teams that provide communities with services and resources to support maltreated young children, encourage evidence-based decision-making, and create systemic changes to address gaps in services. Many aspects of the ECC team differ from the more typical dependency case. The degree of judicial leadership and oversight is heightened, as well as the frequency of case and court reviews. Child and family assessment with linkages to all needed services, including Child-Parent Psychotherapy (CPP), is essential and frequently monitored. Special emphasis is placed on frequent/daily contact between parent and child with

therapeutic supervision or visit coaches who can help parents learn how to better parent their child and keep them safe. On-going evaluation of the effectiveness of the approach will be important to ensure necessary services, supports, and system structures/processes are adapted as needed. The Fourth Judicial Circuit Court in Duval County utilizes Safe Baby Court also known as Early Childhood Court (ECC). The Community Court Coordinator position leads this program. The goal of ECC is to expedite permanency and educate the community about the maltreatment amongst our most vulnerable population. Families who participate 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. It is also examined to ensure that the children in the case are receiving all services to encourage their healthy growth and development.

ECC currently has 14 open cases. ECC is continuing to see growth and success. ECC has state and national support through the Zero to Three Institute and the Office of the State Courts Administration. Zero to Three provides weekly national calls to support all the community coordinators. These calls provide networking opportunities as well as training. The Office of State Courts Administration provides monthly calls for the community coordinators and well as an overall call bi-monthly for all involved in ECC around the state. These calls provide the coordinators a time to gather information from each other and learn what is going on in other sites around the state. They also provide monthly one on one data calls to ensure accurate data collection.

- FSSNF's ECC program has partnered with one of our Case Management Organizations and we have a dedicated ECC unit at Jewish Family and Community Services. This unit works in collaboration with FSSNF's Community Court Coordinator to create a family centered, trauma informed ECC Team. The team provides quality case management to each ECC case. Currently we have 14 cases open in our ECC program. With the partnership and dedication of our Duval County Dependency Magistrate, we would like to increase the number of cases being served through the ECC program. There is a potential grant opportunity that would benefit our ECC program and could support training opportunities for our community providers, these training opportunities could include more Circle of Security parent educators and more staff trained and certified in CPP.

FSSNF offers a High-Risk Newborn (HRN) program that provides behavioral health and social services to children ages 0-5 years of age and their caregivers. HRN serves young children who may be at risk for developing more severe mental health disorders and helps parents learn how to build stronger bonds to their children. The voluntary High-Risk Newborn prevention program focuses on therapeutic infant mental health. High-Risk Newborn case managers are therapist trained in evidence-based Nurturing Parenting, Active Parenting Now, Active Parenting of Teens, Ages and Stages Social and Emotional (ASQ-ASQE) assessments. HRN is available to FAST FSC and CPIs who identify a service need that meets the criteria.

- Family Support Services of North Florida Inc. (FSSNF) continued to utilize the statewide Rapid Safety Feedback Reviews for children ages 0-3. These focused reviews use a standardized tool that directs the attention of the reviewer to five casework practices that impact child safety. After each review, the Quality Management (QM) Specialist provides consultation to the case manager and case manager supervisor about strengths and areas needing improvement in the case work practice. Deficiencies that could be corrected are monitored by the QM Specialist until appropriately modified. This review process was well received by case managers and has improved casework practice around assessing safety, developing safety plans, and monitoring parents. As of January 1, 2018, the



percentage for compliance for Reunification reviews was 85%, Relative/Non-Relative reviews was 90%, and OHC reviews was 100%.

- FSSNF has a designated a Quality Management (QM) Specialist position to focus on children ages zero to three. This past year, the lead QM Specialist also now conducts three ongoing reviews for children 0-5 years old and develops and provides training related to this population to case managers as needed. The ongoing reviews are: Out-of-home targeted well-being and permanency reviews focused on children who have been out of the home for more than 12 months with a goal of Reunification; Review of home studies and background screening when children ages 0-5 are placed with relatives or non-relatives by the case manager, and review of progress update, background screening, and compliance with safety plan when children 0-5 are reunified. The QM Specialist notifies service providers of noted deficiencies upon completion of each review and monitors the case until the deficiencies are corrected. Data indicates overall improvement in casework practice by all service providers for this most vulnerable population.
- Family Preservation Oversight Coordinators continued a dedicated process to review cases that include children ages zero to three. Cases where continued barriers are identified are then referred to the Integrated Practice Team (IPT).
- Family Support Services of North Florida coordinates with other services through a Child Welfare Early Education Program (CWEED) grant that created an infrastructure between child welfare agencies and the leading agencies for childcare and early education services. The program goal is to increase the likelihood that children under five years old participate in high quality early education programs that improve school readiness and lifelong outcomes.
- FSSNF continued the Strengthening Ties and Empowering Parents (STEPS) program. Grant funded, the Healthcare Coordinator (HCC) can provide medical coordination through a newly augmented service array which includes a focus on medical consultation, domestic violence, and substance misuse. The Healthcare Coordinators are master level staff with either therapeutic or medical specialties. This enhanced service provision is designed to meet the following goals:
  - Providing access to, and improved quality of health care, for parent(s) and children;
  - Increased numbers of children receiving developmental and social-emotional screenings and follow-up assessments and treatment services;
  - Increased numbers of parents receiving health education/risk reduction training and demonstrating understanding and ability to successfully implement risk-reducing behaviors.
- FSSNF conducts in house recruitment for potential adoptive families. The agency conducts oversight of adoptive family selection when multiple families have applied to adopt. FSSNF also facilitates Adoption Applicant Review Committee staffings. These staffings are held every two weeks to expedite permanency. Additionally, the agency conducts oversight of the consideration of sibling separation for the purpose of adoption.
  - The Lead Quality Management Specialist in the FSSNF Quality Management Department completes monthly supplemental reviews on children ages 0-5 assessing that appropriate services are being provided to this population and ensuring quality casework is being conducted to ensure timely permanency. Questions within each review tool assist in determining that the age appropriate services specifically developed for this age group are being implemented to meet the developmental and emotional needs of this population. The review looks for involvement in services such as the local Child Welfare-Early Education Partnership, Safe Babies Task Force, and

Infant Mental Health programs. If they are not being utilized, this information is shared during consultations with the FSC. The out-of-home care targeted well-being/permanency review addresses barriers preventing this age group from achieving permanency.

- Other services offered include: Early Steps, Child Find, Transitional Trauma Therapy for children 4-5 years old, Play Therapy, ELC Inclusion Warm Line, Hope Haven, CARD, Florida Diagnostic and Learning Resources System, Child Parent Psychotherapy, Infant Mental Health, Parent Child Interaction Therapy, Behavior Analyst, Ages & Stages Questionnaires (ASQ), ASQ Social -Emotional, Child Find, Early Steps evaluation, physical therapy, occupational therapy, speech therapy, Early Head start and Head Start, Healthy Start, Healthy Families, and Children's Medical Services .
- Qualified and Medicaid-approved Behavioral Therapists and Behavior Analysts address social and emotional skills.
- Qualified and Medicaid-approved Speech Therapist address language barriers.
- Qualified and Medicaid-approved Occupational and Physical Therapists address gross motor skills
- Qualified and Medicaid-approved therapy and training for the family.
- FSSNF assist with obtaining Medicaid funds for any type of assistive device to aid in speech, hearing, walking etc.
- Kids First of Florida's (KFF) contracts with Child Guidance Center to provide infant mental health services and high-risk newborn therapy for parents. KFF is a partner in the local Clay County Substance Exposed Newborns (SEN), a group of local agencies that meet to discuss issues surrounding substance exposed babies born in the county.
- KFF has designated a Program Support Supervisor to oversee all developmentally disabled children who are referred to the Agency for Persons with Disabilities to assure they progress to the point all their service needs are met. Healthy Families, Child Find and Early Steps are actively involved with Clay County families with very young children. KFF works closely with Children's Medical Services when placement is needed for children coming into care with significant medical issues
- STEPS - focuses on birth to five services and supports in Polk County.
- Heartland for Children (HFC), along with the Department, 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).
- Brevard Family Partnership seeks to improve the safety, permanence, and well-being of children served by the child welfare system in Brevard County through the further integration of evidence-based and evidence informed practice in the community service delivery continuum. To assist in this effort and to assess the service delivery continuum and offer a practical roadmap to enhanced evidence-based service delivery, BFP contracted with Evidence Based Associates (EBA) in Charleston, South Carolina to organize the project in partnership with the Chadwick Center at Rady Children's

Hospital in San Diego (RCHSD). The Chadwick Center together with the Child and Adolescent Services Research Center (CASRC) at RCHSD designed and manages the California Evidence-Based Clearinghouse (CEBC) for Child Welfare ([www.cebc4cw.org](http://www.cebc4cw.org)) and has experience working with child welfare administrators in expanding the use of evidence-based practices. BFP used this roadmap to build capacity of promising practices by enhancing the current delivery system with the evidence based practices of the Nurturing Parenting Program, Child Parent Psychotherapy, Brief Strategic Family Therapy, and Cognitive Behavioral Therapy, Brevard C.A.R.E.S. completed its second data validation study to achieve credentialing as an evidence based practice around the prevention of future child maltreatment. In January 2017, Brevard C.A.R.E.S. was credentialed as a Level 3 Evidenced Based Practices with the CEBC as a child abuse prevention model that prevents future maltreatment.

- BFP utilizes Child Parent Psychotherapy (CPP), a treatment for trauma-exposed children aged zero to five. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. Over the course of treatment, caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate deregulated behaviors and affect. CPP directly provides services to children/adolescents and addresses the exposure to trauma, internalizing and externalizing symptoms, and/or symptoms of posttraumatic stress disorder (PTSD).
- In Circuit 6 programs in place to serve children ages zero to three are Early Childhood Court, Dependency Drug Court, and implementation of FITT service.
- In an effort to change the trajectory of young children entering out-of-home care, Eckerd Community Alternative in Circuit 6 has initiated Early Childhood Court in Pinellas and Pasco County. Early Childhood Court is a systems-change initiative, spearheaded by ZERO To THREE. It is modeled on the National Council of Juvenile and Family Court Judges Model Court Projects. Model Court judges focus on conducting their hearings in accordance with nationally recognized best practices. The Early Childhood Court Teams are led by judges who place a strong emphasis on addressing unique challenges facing infant and toddlers. The Early Childhood Team is focused on improving how courts, child welfare agencies, and related child serving organizations work together, share information, and expedites services for young children. This work increases knowledge among all those who work with maltreated children about the needs of infants and toddlers. At the local level, judges introduce the community to the Early Childhood Court approach. They collaborate with child development specialist to create teams of child welfare and health professionals, child advocates and community leaders. Together they provide services to abused and neglected infants and toddlers. An integral component of the Early Childhood Court initiative is the Icebreaker process for biological parents and foster parents. For qualified cases, Eckerd facilitates a meeting between the biological parent and the foster parent to encourage open communication, co-parenting, and information sharing about the child and the child's family.

- The Department and Our Kids work together to identify and address needs of very young or special needs children. Monthly meetings of representatives from the Department, Our Kids, placement, Children’s Legal Services to review cases of children under five to review the appropriateness of placement, update on relative searches, and any court issues that may be holding back permanency.
- Devereux Families in Circuit 19 utilizes Behavior Basics and Refocusing the Modern Family where certified Behavior Analysts deliver applied behavior analysis services designed to promote positive and effective interactions for caregivers and victims of child maltreatment. Services are provided to Devereux CBC-referred dependent children with a mental health diagnosis. Services include Behavioral Intervention Plans and caregiver training and support to implement the child’s Behavioral Intervention Plan. Refocusing the Modern Family is a locally designed 12-week in-home parenting program conducted by Certified Behavior Analysts. Components include behavioral modification, proactive education, individualized family goals, applied support and role modeling to the entire family. Submitted to California clearinghouse for consideration as an evidence-based practice.
- Devereux CBC is working with a local mental health agency that focuses in trauma informed infant mental health services on opportunities to deepen their partnership and expand evidence-based services for this population.
- Children’s Network of Southwest Florida (CNSWFL), Circuit 20, contracts with two agencies currently to provide case management in the region. In addition, the lead agency has a specialized case management function that provides overlay and intensive services to specific populations. For example, there is a specialized unit for children under age 5. The adoption unit in the lead agency augments the case management organization’s adoption units by completing all necessary paperwork and processes for permanency while the CMO provides home visits, court appearances and other direct services.
- The Office of Court Improvement and the Pinellas County Early Childhood Court facilitated training on Concurrent Planning: A Child’s Tomorrow Begins at Day One. The target audience included case managers, foster parents, relative caregivers, judiciary, GAL, and attorneys. The training is located on Florida’s Center for Child Welfare at <http://centervideo.forest.usf.edu/video/center/concurrentplan/start.html>
- Evidence Based (EB) Parenting and Structured Observation (SO) Training: Initiative of The Office of Court Improvement to standardize and provide quality measurements and standards for parenting programs and outcomes. Circuit 12 already had a Parenting Committee established and minimum standards for judicial cases to align program participation with permanency goals. Part of the EB Parenting requires that parents who have children age 5 and under also have Structured Observations occur. This adds a layer of validity to the parent having learned new skills from the programs and reduced the risk to the child.
- The Safe Children Coalition (Sarasota YMCA) in Circuit 12 created a faith-based network of community providers (Believes Against Abused and Neglected Kids/God Raising Incredible Parents/Sanctuary Church) who have been trained as facilitators of the Nurturing Parent Curriculum and the Structured Observation tools. As non-traditional providers, the faith community has service options for parents in county jails, local shelters, and neighborhood community centers.
- The Y received new funding for the Early Childhood Court through private and public partnerships with the Baranick Foundation and Manatee County Government. This funding provided two

Coordinator Positions and two case manager positions as well as a program supervisor position to serve up to 40 families with specialized case management and intensive clinical services

These contracted positions partnered with the Florida Center for Child Development. The program provides Child Parent Psychotherapy, intensive structured observational/therapeutic visitation, intensive case management and other wraparound support for a parent that meets screen in criteria. Families involved with Baby Court have at least 5 visits with the child age 3 or under a week to continue to build the bonds. Contacts the parent has in counseling, parenting, etc. with the toddler/baby can count toward those visitations. Assessment of application and engagement of services assists the team to determine how permanency decision making may be expedited.

- Devereux Families in Circuit 19 utilizes Behavior Basics and Refocusing the Modern Family where certified Behavior Analysts deliver applied behavior analysis services designed to promote positive and effective interactions for caregivers and victims of child maltreatment. Services are provided to Devereux CBC-referred dependent children with a mental health diagnosis. Services include Behavioral Intervention Plans and caregiver training and support to implement the child's Behavioral Intervention Plan. Refocusing the Modern Family is a locally designed 12-week in-home parenting program conducted by Certified Behavior Analysts. Components include behavioral modification, proactive education, individualized family goals, applied support and role modeling to the entire family. Submitted to California clearinghouse for consideration as an evidence-based practice.
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### **Future Plans**

- Implementation of CARA requirements. See Chapter VIII Child Abuse and Prevention Act (CAPTA) for additional information.
- In January 2018 the Florida Department of Children and Families (DCF): Office of Child Welfare, Substance Abuse and Mental Health (SAMH), and Office of Deputy Secretary/Director of Service Integration in collaboration with the Department of Health (DOH) was approved for 18-24 additional months of In-Depth Technical Assistance (IDTA) through the NCSACW. The IDTA application requires state teams to identify Implementation or Innovation Counties or Regions in which to develop and test policies, practices and strategies. Florida's Innovation Regions are the DCF's Northwest Region including Escambia and Bay Counties and the Northeast Region where work will focus on Duval County. The state and local teams are working on the following goals, which are intended to improve outcomes for pregnant and parenting women, their infants, families and caregivers.
  - To assure that women who are pregnant and in a substance use disorder (SUD) program during their pregnancy will be prepared for Healthy Start and Department of Children and Families (DCF) involvement at the hospital, will enter the hospital with an initial plan of safe care and these actions will be coordinated with the hospital and Healthy Start, Managed Medical Assistance (MMA) plans and/or Child Welfare as appropriate.

- To assure that any mother in SUD treatment with an infant (under the age of 1) has a plan of safe care and is working that plan including referrals to early intervention. Actions will be coordinated with Healthy Start, MMA plans and/or Child Welfare as appropriate.
- To assure that women who give birth to infants who are identified as substance affected, have entry into behavioral health treatment and services are coordinated with Healthy Start, MMA plans and/or Child Welfare as appropriate.

These goals also support implementation of state CAPTA policies on infants with prenatal substance exposure.

- Continue to work with Healthy Families Florida (HFF). HFF has a proven track record for preventing abuse and neglect. HFF provides tailored services to young children and their families. Eligible families share many risk factors that place their children at high risk of abuse or neglect. Families receive home visits that decrease in frequency as families make progress in providing safe, stable and nurturing environments for their children. Specifically-trained support workers help them improve their parenting skills and achieve goals that increase family stability and self-sufficiency.
  - Continue to implement requirements from FFPSA to address the services and activities provided to address the developmental needs of all vulnerable children under age five, including children in foster care, as well as those being served in-home or in a community-based setting.

### **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. Numerous phone conferences occurred with Tennessee, Texas, North Carolina, Washington D.C. and California, to name a few, to share Florida's Human Trafficking Screening Tool (HTST) and to discuss the evolution of its response model. DCF hosted both Texas and Ontario, Canada for site visits throughout our continuum of care. Florida continues to participate in the Region IV, Administration for Children and Families Human Trafficking work group and continued work on the Shared Hope International Expert Panel, drafting policy recommendations for national application. Shared Hope International put out a report on sex trafficking victim/offender intersectionality while the Region IV ACF Workgroup developed a guiding principles document for working with trafficking victims. Florida also participates in the Colorado Compendium, a national group of anti-trafficking experts from over 20 states. The Region IV Workgroup and the Colorado Compendium both maintain Dropboxes in which members can put useful information that may benefit the group.

Secretary Mike Carroll continues to serve as the Vice Chair for the Florida Statewide Human Trafficking Council as well as chair of the Services and Resources Committee of the Statewide Council. The Council was created in 2014 by the Office of Attorney General, Department of Legal Affairs, and is led by the Florida Attorney General. The Council was created for 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

- Attorney General,
- Secretary of the Department of Children and Families or designee,
- Secretary of Department of Juvenile Justice or designee,
- State Surgeon General or designee,

- Secretary of Health Care Administration or designee,
- Executive Director of Law Enforcement or designee,
- Commissioner of Education or 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, ending with transition and resiliency. A report from the Services and Resources Committee submitted to the Florida Legislature in October 2016 outlined 15 specific tasks to address in order to strengthen state-level anti-trafficking initiatives around services and resources. Eleven of the 15 tasks were specifically assigned to DCF to address in collaboration with the Department of Juvenile Justice. A report submitted to the Legislature in October 2017 outline the progress achieved over the previous year on those tasks.

The DCF Statewide Human Trafficking Prevention Director maintains close collaborative working relationships 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 continuing to build and implement agency strategic plans in human trafficking prevention and a coordinated statewide response. Examples of collaborative projects include: school human trafficking awareness trainings for both school personnel and students; evaluation of human trafficking as a public health issue through review of national conversations around the topic; and participation on the Interagency Workgroup on Human Trafficking. In fall 2018, DCF provided an agency strategic plan to Florida State University to update their statewide strategic plan for state agencies. The Department continued on-going trainings for a wide variety of state and private entities, as well as DCF's child welfare staff. In addition, DCF human trafficking unit staff has coordinated with the United States Institute Against Human Trafficking (USAIHT) to open one of the first homes for male juvenile CSEC victims in the nation as well as other prospective female safe houses. This has included connecting these entities with providers and experts in licensing, cultural competency, and service delivery for CSEC victims, as well as how to build capacity. DCF Human Trafficking Unit staff also provides continual support to service providers providing CSEC-specific services, such as the 6 safe houses throughout the state.

The Department participates in all human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some are county level and some are regional task forces. These task forces address local or regional needs around education and awareness, legislative response, continuum of care and response, as well as county/circuit plans to respond to cases of human trafficking. 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 personnel to have a true statewide understanding of the unique regional

needs, flavor and responses, as well as recognizing gaps in continuum of care. In September 2016 and January 2018, DCF hosted human trafficking training symposiums in Northwest Florida and the Florida Keys, respectively, to reenergize the task forces in those areas. Both trainings included information for law enforcement, prosecutors, child welfare and juvenile justice staff. Law enforcement and prosecutors in particular, report needing training to fully understand how to identify and respond to victims of human trafficking.

The Department worked to implement 2017 legislation (effective October 1, 2017) around multidisciplinary team staffings regarding youth with suspected human trafficking victimization. The Department updated its operating procedures around serving human trafficking youth to include specific information on staffings to determine services for suspected victims. Standardized staffing and reporting forms were created and human trafficking unit staff completed trainings throughout the state to ensure understanding of the new changes. The Department also continues to monitor execution of statutory mandates originating in legislative language from the 2014 session.

DCF utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. As shared in the prior APSR, DCF utilizes both a collaboratively developed Human Trafficking Screening Tool and a Level of Care Placement Tool to determine victimization and service needs to address the victimization. The Department of Juvenile Justice utilizes the same Human Trafficking Screening Tool to identify potential trafficking victims within their system. In 2016, the Department created five separate work groups, consisting of experts across the state, to complete five specific tasks to identify:

1. an assessment tool for adoption or creation;
2. the array of treatment interventions the state would like to approve for victims of commercial sexual exploitation;
3. metrics and outcomes for safe houses and safe foster homes;
4. a curriculum for mental health professionals treating human trafficking victims; and
5. 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.

The workgroups provided recommendations on the above topics in December 2016. The Department analyzed the findings of these workgroups and initiated meetings with the SAMH office within the Department to implement some of the recommendations.

In addition, the Department continues to host meetings with providers who provide residential services to human trafficking victims. DCF connects the residential providers with licensing and placement staff in regional offices and CBC lead agencies. DCF also connects prospective residential providers with current providers for mentorship. 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, a volunteer advisory group comprised of Florida survivor leadership provides feedback to DCF on a variety of issues as requested. The Department has also completed initial meetings with DJJ, the OAG and a young survivor on the development of a volunteer youth survivor advisory group made up of survivors between the ages of 18 and 24.



### Update/Accomplishments

- Relunched the Panama City human trafficking task force and assisted 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. Launched the Pensacola task force and after providing initial structure, DCF has worked to transition leadership to local entities. DCF will remain on the task force and continue to ensure engagement and progress.
- Updated CFOP 170-14, Response to the Human Trafficking of Children, effective October 1, 2017. The process for multidisciplinary team staffings for human trafficking victims was updated.
- Completed safe house certification language and assisted in getting all our safe houses and safe foster homes certified.
- Submitted the revised Restoring Our Kids (2014) report in October 2016 to the Florida Legislature via the Services and Resources Committee of the Statewide Human Trafficking Council. The updated report also includes adults in the continuum of care. This report evaluates existing services, identifies gaps in the continuum of care, as well as discusses scope and scalability. The report details recommendations to the state for next steps and included an implementation plan. Submitted a 2017 update on the implementation plan outlined in the 2016 report to the Florida Legislature on October 31, 2017.
- Collected comprehensive funding information from CSEC-specific service providers to determine both cost for services per youth and total estimated costs for serving all CSEC identified youth.
- Assisted the Department of Juvenile Justice in training and equipping Florida's runaway and homeless youth network to serve CSEC identified youth on an emergency and long-term basis. Explored funding options for developing CSEC-specific emergency beds.
- Continued working on expansion of the specialized therapeutic safe house model, which is showing promising practice through independent analysis by USF. This includes connecting providers with community based lead agencies to pursue federal grants for potential expansion. Expansion of funding was identified as a need in the 2016 Council of Human Trafficking, Services and Resources Committee's annual report. Explored and pursued funding options for the expansion of this model.
- Worked with the Statewide Human Trafficking Council to identify a centralized referral process. This includes evaluating private public partnerships as a structure for potential implementation. Through the Statewide Council, DCF is observing the development of the Open Doors model which was funded to build a private public partnership and utilizes state general revenue and VOCA federal dollars to pilot a community wide response in five areas, providing intervention and placement for juvenile victims of human trafficking. This is the first step in the creation of a centralized funding stream and a centralized referral and assessment process.
- Held regional symposiums in Northwest Region and the Florida Keys for child welfare, law enforcement, and state attorneys in Pensacola 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. This was an initial community step to build a foundation of knowledge around the topic of human trafficking for first responders.

- In partnership with the Florida Institute of Child Welfare, a survey of staff regarding their usage of the HTST was conducted in December 2017. Information such as frequency of use, training information, comfort in use and ease of use was addressed. Survey findings were reported in April 2018.
- Provided presentations to the Florida Sheriff's Association and Florida Chiefs of Police on the collaborative statewide efforts to address human trafficking and human trafficking task forces. Provided additional follow up trainings to law enforcements entities requesting further training following these presentations.
- Provided multiple trainings to school and medical personnel including a large symposium in Orlando for school personnel in September 2017 and a training at Florida Hospital in April 2018. Human Trafficking Unit staff also conducted human trafficking awareness trainings with high school youth in multiple school districts.
- Implemented the Human Trafficking bills, passed during the 2017 Legislative Session, that went into effect on October 1, 2017:
  - SB 852- Human Trafficking: Requiring the Department of Children and Families or a sheriff's office to conduct a multidisciplinary staffing on child victims of commercial sexual exploitation to determine the child's service and placement needs; revising the continuing medical education course requirements for certain relicensures or recertifications to include a course in human trafficking; adding human trafficking to the list of crimes requiring pretrial detention of the defendant, etc.
  - Implementation efforts included developing and implementing standardized multidisciplinary team staffing and data collection tools.

### **Future Plans**

- Implement a survivor leadership group for youth 18 – 24 modeled after the existing survivor leadership group. DCF has had contact with survivor leadership in Ontario, Canada who are facilitating a similar program as well as the Department Youth Leadership Academy and hope to gain technical assistance from them in creation of the group here. The intent is for youth to facilitate and lead the group. The Florida institute for Child Welfare has indicated they will provide therapist on site for the group meetings to respond to any needs that might arise.
- Continue to implement the recommendations from the 2016 Services and Resources Committee annual report and draft an updated synopsis of efforts to that effect for the 2018 annual report.
- Increase the child welfare and substance abuse integration regarding the identification, response, and restoration of victims of human trafficking.
- Execute an implementation plan around training and utilization of the CANS-CSE and training of mental health professionals.
- Continue work with the Managing Entities, Community-based Care lead agencies, and Medicaid providers to identify clear pathways to obtain specialized treatment for victims of human trafficking.
- Continue work with Community-based Care lead agencies and community partners to identify ways to provide more integrated, victim-centered practice for pregnant and parenting CSEC youth in DCF care.

- Continue partnerships with key providers to increase cultural competency and service options for LGBTQ victims of sex trafficking as a system of care.
- Continue to work with the Florida Institute of Child Welfare through Florida State University to modify the Human Trafficking Screening Tool (HTST) created through DCF and DJJ collaboration. Continue to work with DJJ and RTI on potential opportunities to complete a reliability study on the HTST.

### **Quality Parenting Initiative**

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 sites develop new strategies and practices, rather than imposing upon them a predetermined set of "best practices."

### **Update/Accomplishments**

- 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.
- Partnered with QPI and CBCs on several initiatives, including:
  - Streamlining licensing requirements;
  - Coordinating with CBCs to improve recruitment & retention of foster homes for teens, and children with special needs;
  - Continuing to strengthen partnership with caregivers, child welfare agencies, and the judiciary;
  - Improving foster parent retention by QPI staff work with CBCs to build relationship with the Judiciary around the state;
  - Collaborating with QPI staff to improve the process for foster parent investigations;
  - Strengthening information sharing with caregivers, child welfare agencies. For example, training on caregiver's right to be heard at court hearings;
  - Facilitating co-parenting;
- Piloted new investigative process for reports involving foster parents.
- Added the position of QPI and licensing specialist to the Devereux CBC Caregiver Support Program, to increase the system of care engagement with QPI. Devereux CBC has been an active participant in the Quality Parenting Initiative and sponsors local meetings with foster parents, community partners, and case managers.
- Completed Year Four work plan for the Federal Intelligent Recruitment Project (FIRP). Project team members:
  - Built organizational capacity within individual CBCs to assure appropriate staffing as outlined by the project.
  - Implemented customized marketing plans developed through a stratified marketing and recruitment approach based on data gathered from the in-depth strategic questionnaire for each or the FIRP service areas.
  - Focused their work on the revision of data collection tools, foster parent surveys, year 4 work plan tasks, marketing materials, sustainability plan, dissemination plan, and coordination of FIRP

integration with 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, a refined Sustainability Plan, customer service toolkit and curriculum, and Work Plan Status and Updates.

- Completed technical assistance from National Resource Center for Diligent Recruitment to develop a customer service model. The FIRP team has developed a customer service toolkit for the partners to implement.
- Coordinated and participated in the Federal Project Officer's site visit to assess the progress Florida has made in the Intelligent Recruitment Project. Analyzed the use of concurrent case planning in comparison to federal expectations as part of the FIRP project. This activity resulted in recommendations regarding policy changes to the Department.
- Completed the piloting of the Quality Standards Assessment tool. The next phase is to develop a plan for statewide implementation. The Department believes that the implementation of the Quality Standard for Residential Group Homes will result in significant improvements in the provision of quality residential group care.

### **Future Plans**

- Continue working in collaboration with QPI to implement the revised process for investigations involving foster parents.
- Update the statewide Partnership Plan.
- Re-establish statewide meetings.
- Re-institute regional champions.
- Facilitate a workgroup at the 2018 Dependency Summit on concurrent case planning.

### **Independent Living**

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
- Postsecondary Education Services and Support
- Aftercare Support Services
- Road-to-Independence Program

Detail on the array of services is in Chapter IX, John H. Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV). The following are brief descriptions of the programs available to eligible former foster youth.

#### **Extended Foster Care (EFC)**

EFC gives eligible young adults the option of remaining in foster care until the age of 21 or until the age of 22 if they have a qualifying disability. By implementing EFC, Florida allowed for a more structured system

of transition services for the young person entering adulthood. Young adults may decide to remain in their licensed foster homes or choose other supportive living environments with approval of their Community-based Care lead agency (CBC) while finishing secondary school or adult education, or entering the workforce. Eligible young adults may also choose this option while pursuing postsecondary education. In EFC, young adults receive standard case management visits, case planning, transition planning, monitoring of life skills development, and judicial oversight as required. Florida's EFC is state funded; state funds pay room and board and may pay for other allowable expenses, such as child care for young adults who are parenting, clothing for work or school, computer and other school supplies, and other essential services needed to support the young adult's transition.

### **Postsecondary Education Services and Support (PESS)**

Eligible young adults 18-22 (not yet 23) years of age in PESS receive \$1,256 per month and other supports necessary to become self-sufficient. After the initial application process, eligibility requires that these students are enrolled in nine credit hours or the vocational equivalent; and if meeting academic progress per the Florida Bright Futures educational institution, the students may continue to receive the assistance. Some exceptions to credit hours and progress may apply for those students with a diagnosed disability or other recognized challenging circumstance. Of the three independent living services categories, PESS is the only program that affords youth who are adopted or placed with court-approved dependency guardians after the age of 16 with the opportunity to participate. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and CFCIP federal funds cover room and board and other expenses necessary to pay the cost of attendance.

### **Aftercare Services**

To be eligible for Aftercare Services, a young adult must have reached the age of 18 while in the legal custody of the Department, but not yet have turned 23. Aftercare Services are intended to be temporary in nature or used as a bridge into or between EFC and PESS. Services may include mentoring, tutoring, mental health, substance abuse, counseling, and financial assistance. Both federal and state funds are available to pay for allowable expenses.

### **Road to Independence (RTI)**

Although this program has not been available to new applicants since changes to Florida Statute in 2014, there remains a small population of young adults served through RTI grandfathered into the program. These youth, assessed at each renewal period, receive RTI benefits until no longer eligible. PESS replaced the former "Road to Independence" program, as authorized in section 409.1451, Florida Statutes.

### **Update/Accomplishments**

Program updates are discussed throughout Chapter IX, John H. Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).

### **Future Plans**

Future plans are discussed throughout Chapter IX, John H. Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV).

## Education Information and Service Integration

The Department has an ongoing effort 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.

### Update/Accomplishments

- Continued working with the Florida Department of Education as well as other state agencies to complete the Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System. The Interagency Agreement is with education partners for review and signature.
- Revised the Guide to Improve Educational Opportunities to include Every Students Succeeds Act (ESSA) requirements and best practices. The Guide is included as an attachment to the Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System.
- Identified Community-based Care lead agency points of contact and local school district points of contact to enhance collaboration and communication.
- Developed school stability checklist for use by local Community-based Care lead agencies and local school district to assist in determining school placements for children in out-of-home care.

### Future Plans

- Finalize and execute the Interagency Agreement to Coordinate Services for Children Served by the Florida Child Welfare System.
- Continue to work with various educational partners toward common goals for education children, youth and young adults.

## Adoption

Community-based Care lead agencies (CBCs) are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. 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 post adoption communication program, support groups, adoption competency specialists and training, and post-adoption services counselors.

#### **Post Adoption Communication**

Child welfare professionals designated by the CBC are required to make contact with adoptive families, by phone, one year after finalization of adoption in an effort to provide on-going post adoption support and services.

#### **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. These can be made available to families through adoptive parent support groups. The post adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource 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 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.

To incentivize mental health professionals to attend the Adoption Competency Training, the Department has provided, at no cost to the trainees, Certified Educational Units (CEUs) for each mental health professional continued licensure.

### **Adoption Reunion Registry**

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

### **Adoption Documents & Registry (ADORE)**

Florida's Adoption Reunion Registry maintained paper applications and associated documents for individuals who registered with the Adoption Reunion Registry. Additionally, the registry maintained a signification number of closed adoption records in its storage facilities and on encrypted DVDs. In an effort to ensure that documents were located in one centralized location that could be accessed electronically by users, the Adoption Documents & Registry (ADORE) databased was created. ADORE is a database system that that facilitates the reunification of adult adoptees with birth parents and relatives. Additionally, ADORE permits adoption staff to electronically store, index and retrieve documents related to private agency adoptions or adoptions completed by the Department prior to privatization that have been finalized in the state of Florida.

### **Post Adoption Services Counselors**

A post adoption services counselor is a staff person designated to respond to the requests and service needs of adoptive parents and their families after adoption finalization. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to 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 assesses 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 that includes information and referral services, temporary case management, assistance with assessments during investigations, assistance with subsidy and Medicaid issues, and assistance in maintaining one or more adoptive parent support groups for the many adoptive families who face significant challenges as their adoptive children age and experience the various developmental milestones.

**Inter-country Adoptions:** The number of private adoption agencies in Florida that complete inter-country adoptions have declined. Currently, there are approximately 14 private agencies, an increase from the six private agencies reported for the previous year.



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 lead agencies.

When a child from an international adoption removed due to abuse, abandonment or neglect, the child and family receive the services in order to help the child and family remain safe; and services are provided to assist with reunification efforts. The CBCs self-report these numbers to the Department and the Department annually assesses the types of maltreatments and statuses of these cases. The Department receives two to three reports of international adoptees removed due to abuse, abandonment or neglect per year. Due to infrequency of such reports, the Department does not plan actions beyond the annual assessment and follow-up, but will continue to monitor these reports for any increase in frequency. Children with no documented abuse, abandonment, or neglect who have undergone an intercountry adoption receive post adoption services and support through the private agency that completed the adoption.

**Adoption Incentive Award:** Florida has received an Adoption Incentive Award for each of the last seven years. The incentive award payments assist with Florida's significant maintenance adoption subsidy budget. During State, Fiscal Year 2016/17, an estimated 36,000 adopted children received maintenance adoption subsidies with the average subsidy of \$4,644 annually. The Department anticipates continuing net increases in subsidy costs over the next several years, for two reasons:

- 1) approximately 1,413 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 CBC 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.

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

#### **Annual Adoption Incentive Program**

The Adoption Incentive Program was created to improve the achievement of permanency, stability, and well-being for children residing in foster care through the development of specific and measurable performance standards. Additionally, a comprehensive baseline assessment of the adoption performance areas is collected and analyzed to determine adoption trends statewide.

### **Community-based Care Adoption Incentive Program**

The Community-based Care (CBC) Adoption Incentive program, a sub-program under the Adoption Incentive Program, was created to advance the state's achievement of permanency through the adoption process. The CBC Adoption Incentive program emphasizes that the children being adopted from the child welfare system will not only improve the outcomes for those children but also avoid the greater expense of children remaining in foster care long term. Because of the CBC Adoption Incentive program, outcome based agreement with each CBC Lead Agency is established based on the achievement of adoption related permanency measures.

### **Florida's Annual Adoption Achievement Award**

Florida's Adoption Achievement Awards, developed by the Department, in conjunction with the Governor, recognize individuals who go above and beyond and shine as true examples of what permanency through adoption means in the State of Florida.

### **Rapid Permanency Reviews**

In conjunction with Casey Family Program, the Department of Children and Families has incorporated Rapid Permanency Reviews (RPRs) in various areas throughout the state. Rapid Permanency Reviews are designed to address the functioning of the child welfare system (executive, legislative and judicial branches) to achieve system transformation and timely permanency. Five Community-based Care lead agencies have incorporated the RPR model in their business process.

### **Update/Accomplishments**

- Continued development of requirements for the recruitment of foster homes and mentors for children placed in out-of-home care for One Church, One Child.
- Emphasized during regularly scheduled calls with adoption specialists the importance of accurate and timely data entry into FSFN.
- Implemented the Community- based Care Adoption Incentive Program. In June of 2017, CBC Lead Agencies collectively received \$1,243,156.08 in adoption incentive funds based on the achievement of adoption performance measures.
- Awarded the newly created Annual Adoption Award to recognize one or more individuals, families, or organizations making significant contributions to enabling children in foster care to achieve permanency through adoption.
- Updated the Child Welfare Operating Procedure, 170-12, Adoption, effective December 22, 2017. The operating procedure provides guidance on yearly adoption targets, CBC Adoption Incentive Program, and Adult Adoption policy and procedures.
- Implemented Rapid Permanency Reviews in Circuit 20. The Children's Network of Southwest Florida partnered with the Casey Foundation to implement Rapid Permanency Reviews. Since October 1, 2016, the Children's Network has replicated this program in all counties of Circuit 20. Rapid Permanency Review Report

○ County	# of Children	# of Permanencies
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○ Lee (December 2016)	53	39
○ Charlotte (May 2017)	27	14
○ Collier (October 2017)	14	6
○ Hendry (October 2017)	9	5
○ Lee (January 2018)	37	7
○ TOTAL	140	71

### **Future Plans**

- Continue to collaborate and explore with Dave Thomas Foundation’s Wendy’s Wonderful Kids program increasing the number of adoption recruitment grants across the state.
- Secure a curriculum designer for Florida’s updated Adoption Competency Curriculum.
- Update Operating Procedure, 170-12, Adoption, to include the Extension of Maintenance Adoption Subsidy program, Adoption Applicant Review Committee, Medical Assistance, and Maintenance Adoption Subsidy.
- Design and implement the enhancements to Florida’s SACWIS system to incorporate Extension of Maintenance Adoption Subsidy.
- Enhance current Adoption Document & Registry (ADORE) reporting functionality within the current system database as well as while developing new reporting categories.
- Create and implement a web based application for individuals to register for the Adoption Reunion Registry.
- Expand the number of CBCs incorporating Rapid Permanency Reviews in their community.
- Develop and Implement a One Church, One Child Performance Measure Survey to provide additional insight as to the partnership between One Church, One Child and other community stakeholders.

### **Interstate Compact on the Placement of Children (ICPC)**

The Interstate Compact on the Placement of Children (ICPC) ensures protection and services to children placed across state lines. The need for a compact to regulate the interstate movement of children was recognized over 40 years ago. Since then the Department has worked with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the Interstate Compact such as the time it takes to place children in the dependency system in safe homes across interstate lines.

The ICPC office collaborates 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 Interstate Compact System (ICS), and through daily emails. Additionally, the Compact Administrator participates in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) and currently serves as the association’s **president**. The Compact Administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC central office staff as well as local staff from

other states. The Compact Administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year.

The Compact Administrator works with CLS, case managers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida 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. Furthermore, the Compact Administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Modernization of the ICPC processes is an ongoing technology effort. 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, accessed by the courts, Community-based Care lead agencies, Guardians Ad Litem, and department attorneys, allows view of the master ICPC file and case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Florida's ICS system served as the basis for the National Electronic Interstate Compact Enterprise (NEICE), a national web-based program through which states can exchange ICPC cases and information. Florida served as one of the six pilot states for the NEICE system in 2014 and served as part of the technical advisory team on the project. The results of the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in June 2015, with the initial goal of onboarding all states by 2018. Nationwide implementation is a continuing effort and the federal Families First Prevention Services Act requires all states to process ICPC via an electronic system by 2027.

#### **Update/Accomplishments**

- Continued to be a part of the NEICE Project and serve on the technical team of the project. Florida assisted APHSA and AAICPC in the national implementation effort. Additionally, Florida supports further development and enhancement of the NEICE system.

- Assisted in developing a border agreement with Alabama for processing noncustodial cases between the states. The agreement provides a method for each state to provide placement approval in expedited timeframes and allow children to reach permanency faster.
- Began discussions with Georgia surrounding improving processing of ICPC cases under the current border agreement between the states as well as extending the border agreement to the entire Florida/Georgia border.
- Provided ICPC trainings throughout the state to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Community-Based Care agency staff, and other interested stakeholders.

### **Future Plans**

- Continue to be a part of the NEICE Project and serve on the technical team of the project. Florida will continue assisting AHPA 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.
- Continue discussions with Georgia surrounding improving processing of ICPC cases processed under the current border agreement between the states as well as extending the border agreement to the entire Florida/Georgia border.
- Continue to offer ICPC trainings throughout the state to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, CBC staff, and other interested stakeholders.
- Continue to serve on the executive committee of AAICPC to assist with addressing national ICPC issues.

### **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. One example of collaboration includes FSFN System Adoption Initiative site visits and development of FSFN Utilization Position Papers. Other examples of ongoing regional and CBC field collaboration include defining build content for system improvements, defining and validating agile user stories, designing the system improvements, and conducting end user acceptance testing for all FSFN enhancements.

### **Update/Accomplishments**

- Enhanced FSFN to align more fully with the Child Welfare Practice Model and modified instances where FSFN design required "work-arounds" or manual processes to complete required workflow. This work also incorporated better data reporting functions and enhancements to the FSFN Reporting environment that advance the CBCs' ability to track and monitor Child Welfare Practice Model implementation and further advance the Department's Results-Oriented Accountability Program.

Specific FSFN builds to support enhancements to Florida's Practice Model include:

- Child Protective Investigation - Updated closure edits for Patently Unfounded and Child fatality findings and alignment of the maltreatment findings with the current Maltreatment Index.
- Investigations and Special Conditions Workload Listing - Additional milestone categories and filtering options will be added to enhance this online tool to ensure child safety measures are met timely and efficiently.
- Family Functioning Assessment – Ongoing - Template update to include the Danger Threats.
- Progress Update - Update to add safety analysis and planning assessment for Family Made Arrangements and template update to include Danger Threats.
- Case Plan and Judicial Review Worksheet - Updated logic for identifying the assigned Case Manager, allow updating from the most recent Progress Update, and update to align with current statutory requirements.
- Real Time Workload Listing for Ongoing Case Managers - A new workload listing will be added to allow Case Managers to see an at-a-glance summary of all assigned cases, including key data points such as date of most recent home visit, date of most recent safety plan, date of most recent medical, and more.
  - Child Placement Agreement - A new tool to support the creation and management of plans to support Behavior Management Plans and Care Precautions.
  - CBC Data Reporting Enhancements - A new universe will be added in BOE to enable CBC agencies to access Safety Methodology and related data.
- Enhancements to Medicaid eligibility determination functions in FSFN eliminated redundant processes and re-work, gained efficiencies through enhanced technology, provided the ability to submit a new Initial Medicaid Application when a previous application was denied and corrected the Notification Address information.
- Explored the adoption of Agile methodology for future development work through the Administration for Children and Families contract with Leading Agile. OITS FCS staff met with Leading Agile staff in June 2017 during which time a cross section of IT staff (including our CIO, managers, business analysts and developers) were interviewed to identify activities or functions that are not working as well as they could, and where Agile would improve processes. After the Leading Agile engagement, the OITS FCS team, the Office of Child Welfare and the IBM FSFN team adopted Agile software development processes. The OITS FCS Team continues to work with the Office of Child Welfare and the IBM FSFN team to expand the use of the Agile methodology to maximize production for and customer satisfaction with FSFN.
- Migrated FSFN to the cloud in December 2017. After just one month in the cloud, the following metrics on performance were captured:
  - There were over 43,000 more single logons to the FSFN application in January 2018 (584,653), over January 2017 (541,466); this was an increase of 7.94%.
  - 2.52 Million more transactions (an increase of 11.23%) were executed in January 2018 (24,959,653) versus January 2017 (22,440,023).

- There were 2.57 Million fewer transaction seconds in January 2018 (4,569,294) than in January 2017 (7,165,170) – a reduction of 36.23% even though the overall transaction volume increased by over 10%.
- 2.57 Million transaction seconds equates to almost 89 man days of 8 working hours a day.
- The average transaction time was 135 milliseconds (ms), or 42%, faster in January 2018 (184 ms), over January 2017 (319 ms).
- Overall, the FSFN Web Application is performing better in Amazon compared to performance at the Agency for State Technology (AST), when comparing similar periods from different years. The performance is such that, even with a higher overall transaction volume, the Department gained an efficiency of almost 89 work-days or almost 3 FTEs for the month of January.
- Collaborated with a statewide team on enhancements to the Unified Home Study (UHS) functionality.
- Deploying UHS enhancements on June 15, 2018. Highlights of these enhancements include but are not limited to:
  - Elimination of character limits in each section.
  - Increase in size limits for scanned documents; creation of capacity to upload a three year home study summary.
  - Implementation of enhancements to the financial statement/income sheet.
  - Creation of a distinction for abuse reports that come in as new intakes but are solely for ICPC placements/requests.
  - Automatic population of the date the UHS is completed.
  - Enhancements to the demographics tab: allowance for manual entry of a date and a child's name; addition of Non-Relative or Other into relationship dropdown box in demographics.
  - Allowance for the use of the SS# of a prospective caregiver to auto search and populate results from a FSFN investigation; including roles, allegations and results.
  - Redesign of the UHS to capture core questions relevant to all types of home studies (emergency, relative, non-relative, foster home license, and adoptions) as well as questions specific to each type of home study.
  - Allowance for entry of multiple contact numbers.
- Completed enhancements to improve data quality in FSFN. Several analytics projects continued to report a large volume of duplicate persons within FSFN which causes extra work for child welfare stakeholders. The Department continues to work with CBC Lead Agencies and other partners to make system changes that can improve the user's experience and improve data integrity, quality and consistency. In addition, the following FSFN technical enhancements are in progress and scheduled to be implemented prior to June 30, 2018:
  - Installation and configuration of a data virtualization tool;
  - Creation of an interface with Data Virtualization, providing an online, real-time search of data;

- Development and implementation of a batch program to reconcile data discrepancies related to Medicaid eligibility;
- Development and implementation of a bi-directional interface with the Florida Agency for Persons with Disabilities;
- Implementation of AutoSys upgrades to improve monitoring and notification of events from the FSFN Batch Schedule Monitoring;
- Creation of a Child Welfare FSFN Data Analytic Platform implementing IBM Data Science Experience open source tools into the FSFN Amazon Web Services (AWS) Cloud Environment.

### **Future Plans**

- Comprehensive planning for transitioning FSFN to a Florida CCWIS system. In addition, with the expiration of the Title-IV-E waiver, the State of Florida will be extending the functionality to execute eligibility determinations for Independent Living, Extended Foster Care, and Guardianship to ensure continuity of services to populations that were being served under the waiver.
  - The Florida Legislature authorized the Department to expend funds on a CCWIS planning initiative “for activities that prepare and support the transition of the Florida Safe Families Network (FSFN) to comply with the Comprehensive Child Welfare Information System (CCWIS) federal requirements.”
  - Procurement of vendor services to produce a CCWIS transition plan will be initiated in the last quarter of SFY2017-2018.
- Implement an integrated search tool with real-time search functionality will provide all users the ability to search and select a person to import their data directly into FSFN. This new tool will allow users to populate the new person management record or update the existing person management record with accurate data across integrated data sources. This will greatly improve data integrity, quality and consistency as a result of searching data from other sources such as ACCESS.

### **Child Maltreatment Death Reporting**

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

### **Update/Accomplishments**

- Continued to maintain the state child fatality website which provides real-time data to the public in regards to child fatalities received at the Florida Abuse Hotline, regardless as to whether or not the fatality was the result of abuse or neglect. Information provided includes the cause and circumstances surrounding the death; age and gender of the deceased child; previous reports of child abuse or neglect involving the deceased child – or the child’s family if there were no previous reports involving the deceased child; the result of the fatality investigation; and actions taken by the Department on behalf of the deceased child and/or the sibling(s) of the deceased child made available in one or more of the following reports: Child Fatality Summary, QA/Special Review, or the



Critical Incident Rapid Response Team report (for those cases meeting the legislative requirement for such review) redacted in accordance with Florida’s public records law.

- Continued to collaborate with regional specialists as well as regional circuit Community Development Administrators and Public Information Officers to encourage community partners to use the real-time data so that prevention initiatives can be focused on area-specific issues as well as statewide trends.
- Continued to partner with public and private agencies (including, but not limited to, the department, community-based care providers, public health providers, law enforcement, substance abuse/mental health treatment providers, domestic violence providers and the courts/legal services) through the Critical Incident Rapid Response Team (CIRRT) process in order to provide a comprehensive review of a family’s prior involvement on cases meeting the legislative requirement and/or at the request of the Secretary, in an effort to identify opportunities to improve the child welfare system as well as prevention initiatives.
- Continued 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.
- Provided quarterly analysis to leadership depicting any patterns/trends with regard to child fatality investigations received on families known to the Department compared to families not known to the Department; and expanded this analysis to compare causal factors between those involving families known to the Department to those involving families not known to the department.
- Continued to partner with the Department of Health through the state and local Child Abuse Death Review (CADR) committees to accurately compile complete and accurate information on child fatalities reported to the Florida Abuse Hotline, regardless if the reported fatality was the result of maltreatment, in order to fully capture child area-specific and statewide trends so that prevention initiatives can be appropriately focused and relevant to address each community’s individual needs.

### **Future Plans**

- Partner with the state Child Abuse Death Review (CADR) committee, to complete a review of child fatalities in vital statistics as compared to the fatalities that are reported to the Florida Abuse Hotline to determine if there is under reporting of child maltreatment-related fatalities; or over reporting of non-maltreatment related fatalities.
- Conduct a “deep dive” analysis of child fatalities in which the family had prior child welfare history (regardless if the deceased child had a prior history), and ascertain which cases will then proceed to the next level of analysis (e.g., thorough analysis of service provision to determine whether the identified service need was appropriate and, more importantly, if the services provided were effective.

### **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 facilitates collaborative 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 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 to assure:

- 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.

There are no current changes to the use of funds and service array as a result of the revised statutory definitions of Family Support and Family Reunification. The Department is reviewing the changes to the definitions and will provided updates during the next reporting period.

#### **Family Preservation Services (29% of the FFY 2017 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 services<sup>3</sup>;
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model<sup>4</sup>;
- Creation of the Clinical Response Teams<sup>3</sup>;
- Home safety and maintenance activities
- Use of Wraparound services<sup>4</sup>.

### Family Support Services (26% of FFY 2017 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 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 Abuse Prevention 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;

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

<sup>4</sup> 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.

<sup>3</sup> Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship.

<sup>6</sup> 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.

- information and referral to community resources, such as job employment services and ACCESS Florida (for online benefits applications).

### **Time-Limited Family Reunification Services (21% of the FFY 2017 Grant)**

Time-Limited Reunification services are put in place for children removed from their home and for the parents or primary caregivers. Florida passionately embraces these services designed, 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<sup>5</sup>;
- Flexible Support Services<sup>6</sup>;
- Family team Conferencing<sup>7</sup> with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families<sup>8</sup>;
- Mentoring/Tutoring services<sup>9</sup>;
- Therapeutic child care services; and
- Parent (adoptive, biological, caretaker, foster) education and training<sup>10</sup> relationship skill building activities.

### **Adoption Promotion and Support Services (23% of the FFY 2017 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 placement is in the best interest of the child. Pre and Post adoptive services and activities have shortened and strengthened the process to support adoptive families to forefend disruptions. The adoption of foster children continues to be a state and, local partnership.

<sup>5</sup> Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship.

<sup>6</sup> 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.

<sup>7</sup> Prevention/Reunification Specialists facilitate meetings. These conferences are made available to families referred under the prevention referral process.

<sup>8</sup> Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

<sup>9</sup> 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.

<sup>10</sup> 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.

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<sup>11</sup>;
- Child Recruitment Biographies<sup>12</sup>;
- 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;
- Adoptive parent support groups<sup>13</sup>;
- Counseling referrals;
- Post-adoption specialists;
- Individual and family counseling for adopted children and/or family members (must be of 12-month duration or less);
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
- Ongoing parent education and training opportunities for adoptive families; and
- Follow-up support services and liaison to adoptive families<sup>14</sup>.

## Community Facilitation and Innovative Practices

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<sup>11</sup> Traveling photographic exhibit created to find forever families for children in foster care.

<sup>12</sup> 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.

<sup>13</sup> 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.

<sup>14</sup> 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.

Child maltreatment prevention services usually fall under the banner of public awareness activities, skill based curricula for children, and parent education programs.

Vigorous support by the Department, CBC lead agencies, and many partners such as faith based organizations, civic groups and business partnerships leads to a collaborative effort to provide family centered practices, helping to preserve Florida's families by protecting children. Several innovative practices listed below illustrate the state's commitment.

#### **Exchange Club CASTLE: Safe Families Program**

Safe Families is an evidence-based, home visitation parenting program designed to help families with minor children remain together. Through long-term (up to one year) intensive (at least weekly) visits from parent educators, families learn positive parenting techniques and family-friendly role modeling. Families work with Parent Educators to resolve challenges and issues. Parent Educators meet families where they are, allowing them to proceed at their own pace. Families can remain enrolled from a minimum of 16 weeks up to one year.

Safe Families addresses child abuse and neglect by working one-on-one with parents to change harmful or negligent patterns and replace them with positive approaches to raising and disciplining children. Safe Families deals with the problem directly, first addressing risk factors that lead to abuse, and then building in protective factors that create family stability, staying with a family until the job is complete. As a result, parents learn the skills necessary to become strong parents, leading to safe children and long-term stability for families.

Safe Families benefits parents and children long after they have completed the program. Parents are taught to raise their children in healthy, positive and nurturing ways. When parents are given the tools they need to successfully raise their children, families remain together and children do not enter the state child protection system. In families who have experienced abuse over generations (parents who were abused as children), the cycle of abuse is broken, and harmful parenting techniques are eliminated rather than passed down to the next generation. Most importantly, children are kept safe from harm, and thrive and grow into positive, strong and successful adults.

#### **Inmate Diversion Program at Kids Central**

Kids Central has continued the partnership with Lowell Correctional Institution and Munroe Regional Medical Center in Marion County to divert children born to inmates from the formal child welfare system. Lowell identifies expectant inmates and a Kids Central Family Preservation Specialist assists the mother with identifying temporary or permanent caregivers available to safely care for the infant.

#### **Florida Coalition Against Domestic Violence (FCADV)**

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. The focus is 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 have established that early involvement of domestic violence advocates in cases in which child abuse and domestic violence co-occur the risk to children is reduced 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/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 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 2017 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 grant award.

<b>Title IV-B Part II, PSSF</b>	<b>Actual Expend as of 9/30/17**</b>	<b>% of Actual Expenditures</b>
Family Preservation	5,491,027.02	29.10%
Family Support	5,478,228.68	29.04%
Time Limited Family Reunification	3,841,630.19	20.36%
Adoption Promotion & Support	4,055,566.11	21.50
Administration	\$ -	0.00%
<b>Actual Total Award</b>	<b>\$ 18,866,452</b>	<b>100%</b>

\*\*Grant Period 10/1/2015-09/30/2017

## Chapter III. Florida's Assessment of Performance

Florida has a comprehensive approach to measuring and monitoring child welfare performance. This includes information useful for periodic longer-term overviews, such as the national data profile measures. It also includes shorter-term management decision support and quality improvement information, such as Quality Assurance case reviews, monthly key indicator reports, and quarterly scorecards for performance for oversight of Community-based Care (CBC) lead agencies and Child Protective Investigations units. These are the primary data sources used in the state's assessment of performance conducted to identify strengths and concerns related to the Child and Family Services Review (CFSR) outcomes and assessment of performance over the past year. Additional sources of information related to systemic factors are also reviewed to guide the planning process.

The Child Welfare program in Florida is committed to the concepts of Results Oriented Accountability (ROA), a Continuous Quality Improvement (CQI) model, using performance data to assess and inform potential for change in service delivery and supports. Senior Department leaders regularly review performance with staff members in the field, such as during visits of the Assistant Secretary for Operations with each region. Formal and informal CQI processes at the local level drive performance improvement and contribute to statewide understanding and action in important systemic areas such as changing policy, updating the practice model, and providing targeted training. More information on CQI is provided in Appendix A.

The following sections provide performance assessment using multiple sources. The most important ongoing initiative is implementing the Florida's 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.

Information for the assessment was gathered through a collaborative process. The statewide Child and Family Services Review (CFSR) Committee was formed with representatives of the Department (state and region), CBCs, Sheriffs, Courts, Foster Parents, Youth, Guardian ad Litem, and other state agencies and was instrumental in developing Florida's Statewide Assessment for the CFSR completed in March 2016. 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 Child Welfare Task Force and community stakeholders. The current assessment builds from the CFSR Statewide assessment conducted in 2016. Local teams were established during the PIP development process and the results of the CFSR were used to develop local improvement plans which were used to develop the statewide PIP. As part of the PIP, performance is measured through PIP monitored cases as well as Florida's ongoing reviews including Florida CQI reviews and Rapid Safety Feedback (RSF) reviews. This qualitative data along with the quantitative data provides the basis for the current assessment of Florida's performance. The Child Welfare Task Force was determined to be the ongoing Steering Committee for Florida's Program Improvement Plan (PIP). Performance data is shared



with this committee at each quarterly meeting and feedback and suggestions are solicited from the group. An example being the slower than expected improvement on CFSR safety items reviewed in the PIP monitored cases and the PIP leads from each area were instructed to convene their local groups to re-visit their key activities around these items.

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

- Florida’s Child and Family Services Review (CFSR) baseline from the Online Management System (OMS) from the CSFR conducted April - September 2016.
- Florida Safe Families Network (FSFN). FSFN is the Department’s automated child welfare case management system. Data is extracted through reports which become the data sources for the dashboards and key indicator reports. Data is limited to the field within FSFN.
- Florida’s child welfare trend reports and performance dashboard. The data source is FSFN. These data are available on Florida’s Center for Child Welfare, under Results Oriented Accountability. The link is: <http://centerforchildwelfare.fmhi.usf.edu/TrendReports.shtml>
- Quality Assurance (QA) case reviews. Data from the Case Management QA reviews, and the real-time Child Protective Investigations and Case Management Rapid Safety Feedback (RSF) Reviews.
  - Florida CQI quarterly case record reviews using the CFSR instrument in the Florida CQI section of the On-line Management System (OMS). These reviews do not undergo secondary oversight; however, a process is being developed for next year to include another level of review for a sample of cases.
  - Florida PIP Monitored cases using the CFSR instrument in the Florida CQI section of the OMS at least 80 cases every six months to match the CFSR. PIP monitored cases have secondary oversight by the Office of Child Welfare and a sample have a third level of oversight by the Children’s Bureau.
  - Rapid Safety Feedback Reviews – on open cases providing case consultation with front-line workers and supervisors to proactively impact the case
    - Case Management: Quarterly reviews on open in-home cases with children under four (4) years of age and domestic violence and substance misuse maltreatments. RSF cases have no secondary oversight from the Office of Child Welfare.
    - Investigations: Monthly reviews on all investigations with children under four (4) years of age and allegations of domestic violence and substance misuse maltreatments. A sample of cases are reviewed by national experts to ensure CCSPEs continue to review with fidelity to the process.
- Quantitative data in the Child Welfare Key Indicators Monthly Report with FSFN as the primary data source: <http://centerforchildwelfare.fmhi.usf.edu/ChildWelfareKeyIndicators.shtml>

Each performance measure was aligned with the Child and Family Services Review (CFSR) structure of outcomes and systemic factors. Under each outcome, measures were aligned with the CFSR Items for more detailed analysis, where feasible. The reporting periods for the PIP are six months using rolling quarters, meaning the first PIP reporting period is July-December 2017, the second PIP reporting period is

October 2017-March 2018, and the third would be January-June 2018. The Florida CQI and PIP comparison data are presented in this method.

**Safety Outcome 1**

**Children are, first and foremost, protected from abuse and neglect**

**CONCERN (however relative strength).** Statewide data shows over the last year, over 90% of victim children were seen within 24 hours of the Florida Hotline receiving a report of abuse, abandonment, or neglect. The qualitative data from the Florida CQI cases shows that the agency made concerted efforts to see children timely in 91% of the cases reviewed. The performance on the PIP monitored cases was 87.5% for Safety Outcome 1, and item 1 for the second PIP reporting period. The PIP monitored cases receive secondary oversight by the Quality Assurance Team within the state’s Office of Child Welfare and a portion receive additional oversight by the Children’s Bureau which ensures fidelity to the instrument. A closer look into the data showed that when this item was not rated as a strength, there were multiple children listed and not all were seen timely, timeframes not met on a report requiring a four (4) hour response time. Regions are reviewing the key activities on their local Program Improvement Plans (PIPs) to adjust as necessary.

Although the Federal Data profiles have not been published, Florida created reports in FSFN to provide information on how the state performs on the Federal Indicators. Florida continues in a strength position on the percent of children with no recurrence of maltreatment in 12 months at 92% for Florida FY 2017-2018 to date. This shows steady improvement over the last four (4) fiscal years. The rate of abuse per 100,000 days in foster care is showing a rate of 9.62 for Florida FY 2017-2018 to date. While not reaching the prior target, shows improvement over the last three fiscal years from a high of 10.55 in FY 15/16. Florida initiated a six-sigma black belt project during this reporting period which is included in its PIP.

FEDERAL SAFETY INDICATORS

	Prior Target	Florida FY 14-15 (Q2 - Q4)	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18 to date
Absence of Maltreatment Recurrence	90.9% or higher	90.70%	91.4%	91.4%	92%
Rate of abuse per 100,000 days in foster care	8.5 or lower	10.17	10.55	10.48	9.62

From the Florida CQI Scorecard Dashboard

*Item 1: Timeliness of initiating investigations of reports of child maltreatment.*

**STRENGTH.** Strength is demonstrated in commencing investigation cases and seeing alleged victims within 24 hours. Florida’s Child Protective Investigators consistently commence investigations and see child victims within 24 hours of a report being generated at the Florida Abuse Hotline. In March 2018 89.5% of children were seen within 24 hours. (Florida Key Indictors report March 2018). The qualitative findings from the Florida CQI and PIP monitored cases are similar with concerted efforts being made to see children according to agency timeframes in more than 90% of the cases in Florida CQI reviews and nearly 88% in the PIP monitored cases. Six (6) month periods were used to show the qualitative data in the table below with the exception of the most recent quarter for which data is available.

## CFSR: ITEM 1

Measures	State Goal	January 2017	June 2017	January 2018	March 2018
Percent of Children Seen in 24 Hours or Less	85.0%	87.2%	84.6%	88.6%	87.91%
Florida CQI Cases (six month periods)	95%	91.5%	90.3%	91%	90.82%
PIP Monitored cases (six month periods)	91.6%	NA	NA	85%	87.5%

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

**CONCERN.** Florida continues to maintain a primary focus on child safety and working towards full implementation of its practice model. The Department created Critical Child Safety Practice Experts (CCSPEs) in each region to review open investigations to provide real-time feedback to Child Protective Investigators (CPI) and their supervisors. Rapid Safety Feedback Reviews (RSF) are conducted on investigations that include children three (3) years of age or younger with allegations of domestic violence and substance misuse. The CCSPEs must successfully complete a proficiency training program during their probationary period, or will not be able to serve as a CCSPE. This enables a transfer of learning around the practice model from the CCSPE to the CPI and supervisor during the case consultation part of the RSF review. Quality Management staff members with the Community-based Care Lead Agencies conduct a similar RSF review for open in-home services cases meeting the same criteria. Further qualitative reviews include the Florida CQI and PIP monitored cases using the CFSR portal to gauge performance around the federal outcomes and systemic factors. In addition to the qualitative measures, the Department includes quantitative data on its scorecards to continuously monitor performance around safety and risk assessment and services across all investigations and cases. Regions and CBCs have engaged national experts to provide training on safety planning to ensure Child Welfare Professionals have the skills to construct quality safety plans in collaboration with the families under supervision.

The findings in both the qualitative and quantitative measures have been mixed and are shown under each item below.

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

**MIXED.** Florida is demonstrating a strength in its measures of percent of children with no verified findings of maltreatment during in-home services and after receiving in-home or out-of-home services. Florida has exceeded its goal for the most recent three (3) periods (of six months) and most recent quarter. The state; however, has seen a slight decline in performance around re-entry into care after a prior removal and not reaching state targets. The Department conducted a Six Sigma Black Belt project around this particular item which was reviewed by the Florida Institute for Child Welfare at Florida State University and more work will be needed over the course of the next year to finalize interventions to improve practice.

A description of the CBC Scorecard measures is located at:

[http://www.dcf.state.fl.us/performance/cbc/CBC\\_Scorecard\\_Methodology.pdf](http://www.dcf.state.fl.us/performance/cbc/CBC_Scorecard_Methodology.pdf)

The qualitative data shows varied performance on item 2 in the Florida CQI cases compared to the PIP monitored cases. The Florida CQI cases show performance ranging in the 90 – 95% range while the first two (2) PIP performance reporting period showed 75% and 75.68%, not reaching PIP targets. The number of cases reviewed in the Florida CQI cases is greater than that of the PIP; however, those case record reviews do not receive the level of oversight as the PIP monitored cases. The Office of Child Welfare conducted training for Quality Managers from the regions and CBCs to improve inter-rater reliability and fidelity to the tool. Training will continue during each of the Quarterly Quality Assurance Manager’s meetings.

#### SCORECARD SAFETY ITEMS

Scorecard Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	January - March 2018
Percent of Children with No Verified Maltreatment During In-Home Services	95.0%	96.6%	96.5%	96.6%	97.2%
Percent of Children with No Verified Maltreatment after receiving In-Home or Out-of-Home Services	95.0%	95.3%	95.8%	95.4%	95.8%
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.7%	89.5%	89.1%	88.90%	89.2%

#### CFSR: ITEM 2

Qualitative Measures	State Goal	July-December 2016	January-June 2017	July-December 2017	October - March 2018
Florida CQI Cases for Item 2	95%	95.2%	90.9%	90.4%	90.09%
Florida PIP Monitored Cases for Item 2	85.8	NA	NA	75%	75.68%

#### *Item 3: Risk and safety assessment and management.*

**MIXED.** Fidelity to the practice model continues to improve with 80% of case management cases now have moved into the practice statewide with just a few areas below 60%. The data around risk as safety assessments is mixed. Child Protective Investigators correctly identify present danger or the absence of present danger in over 80% of investigations. Safety Planning is more challenging at present danger than impending danger and Safety plans are managed at a higher percentage of performance for impending danger.

Florida experienced a dip in performance in the Florida CQI quality assurance reviews as well as in the Rapid Safety Feedback reviews around safety planning, monitoring safety plans, and sufficient family assessments. Some areas of the state began using information obtained during case consultations in the rating of the CPI RSF tools as part of an efficiencies project for CPIs; however, due to ongoing documentation issues, this practice is being stopped which accounts for a portion of the decline in CPI RSF performance as verbal information is no longer being used in the ratings. Florida’s PIP includes key activities for strengthening practice around risk and safety assessment and management including “Back to Basics” training, ongoing training with Action for Child Protection on safety planning, and implemented

an updated operating procedure, “Develop and Manage Safety Plans” to further guide child welfare professionals on safety management. The full findings of the RSF, Florida CQI, and PIP monitored cases is shown below.

The real-time Rapid Safety Feedback (RSF) investigation quality assurance reviews show improved overall performance from April 2016 through the most recent report available (December 2017). The major practice concerns identified in the RSF review include creating and monitoring effective safety plan, and ongoing supervisory consultation, support, and guidance to ensure sufficient information is collected to support the safety decisions.

While performance in the RSF reviews has generally declined, Child Protective Investigators and Supervisors are generally improving over the last year as it relates to implementing the practice model with fidelity based on reviews conducted by Action for Child Protection, national experts in the practice model.

#### RAPID SAFETY FEEDBACK MEASURES: CPI

<b>CPI Rapid Safety Feedback Measures</b>	<b>January 2017</b>	<b>June 2017</b>	<b>December 2017</b>
Are the prior child abuse and neglect reports, prior services and criminal history information accurately summarized and used to assess patterns, potential danger threats and the impact on child safety?	69.7%	66.8%	64.8%
Does the present danger assessment support present danger or the absences of present danger?	80.7%	81.6%	70.0%
Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?	71.0%	73.9%	57.3%
Is the present danger safety plan effectively managed and monitored by the CPI?	71.3%	67.3%	51.4%
Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?	91.1%	91.4%	78.6%
Is the assessment of caregiver protective capacities supported by information?	81.8%	79.3%	74.5%
Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?	89.9%	92.1%	81.4%
Does safety planning analysis and justification clearly support the type of safety plan developed?	86%	88.4%	64.5%
Is the impending danger Safety Plan Sufficient to Control Danger Threats Identified?	92%	86.6%	69.9%
Is the Impending Danger Safety Plan is Effectively Managed and Monitored by the CPI?	88.0%	80.3%	64.4%
Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?	47.8%	51.6%	35.2%

## RAPID SAFETY FEEDBACK MEASURES: CASE MANAGEMENT

Case Management Rapid Safety Feedback Measures	July - December 2016	January - June 2017	July - December 2017	January - March 2018
Is the most recent family assessment sufficient?	51.2%	50.1%	47.9%	53.1%
Is the most recent family assessment completed timely?	47.4%	42.6%	44.9%	41.5%
Are background checks and home assessments completed when needed?	67.5%	73.7%	76.7%	72.5%
Is the information assessed and used to address potential danger threats?	73.2%	78.7%	80%	74.9%
Is the safety plan sufficient?	58.9%	62.3%	55.9%	58.5%
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	54.1%	51.8%	45.5%	49.3%
Is the supervisor regularly consulting with the case manager?	56.2%	55%	58.1%	54.1%
Is the supervisor ensuring recommended actions are follow up on?	48.4%	47.6%	52.1%	51.7%

## CFSR: ITEM 3

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 3	95.0%	79.1%	75.8%	72.4%	70.44%
Florida PIP Monitored Cases for Item 3	77.7%	NA	NA	64.4%	63.22%

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

**CONCERN (however, a relative strength).** Florida experienced an incremental decline in performance in the quantitative scorecard measures related to permanency until the most recent quarter. The percent of children exiting to a permanency home within 12 months of entering care has dipped below the established target for the first time in FY 2017/2018 (however for the third quarter is above again at 41.5%). The Continuous Quality Improvement team is in the early stages of creating an improvement project to determine root causes for this decline in performance. Florida's performance on achievement of permanency in 12 -24 and 24 and beyond months remains steady and above targets.

## SCORECARD PERMANENCY MEASURES

Scorecard Measures	State Goal	Florida FY 14-15 (Q2 – Q4)	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18 to date
Percent of children exiting to a permanency home within 12 months of entering care.	45.5%	45.1%	43.4%	42%	39.9%
Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months.	43.6%	56.1%	55.5%	54.3%	53.7%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	30.3%	42.5%	44.1%	45.5%	43.9%
Placement moves per 1,000 days in foster care	4.12	4.0	3.94	4.41	4.41

*Item 4: Stability of foster care placement.*

**MIXED.** Florida has experience a slight but steady increase in the placement moves per 1,000 days and has performed just above the target for the last two (2) years. The performance on the PIP monitored cases has improved from the first PIP reporting period to the second and has shown improvement from the CFSR baseline; however, is not reaching PIP targets. The Florida CQI performance tend to be higher than the PIP monitored cases. Florida completed a six-sigma black belt project on placement stability and identified teenagers as the focus group to improve performance. The Institute for Child Welfare is researching evidence based or best practice interventions for Florida to consider. During that process, Florida has developed a joint strategic initiative with the Florida Coalition for Children (FCC) on the Adequate Array of Placement Resources to identify local gaps and develop plans to ensure a full continuum of placement resources for appropriate placements for children.

## CFSR: ITEM 4

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 4	95%	81.1%	85.1%	82.7%	83.16%
PIP Monitored Cases for Item 4	88.5	NA	NA	75.7%	85.96%

*Item 5: Permanency goal for child.*

**STRENGTH.** Florida has improved in performance on its PIP monitored cases from the first PIP reporting period to the second, achieving the PIP target. Florida is achieving targets on its quantitative data on most of the indicators and has reached its PIP target. The Department provided training at its Dependency Summit in August 2017 on the timely establishment and updating of goals based on case circumstances which is available on the Center for Child Welfare's Website.

## CFSR: ITEM 5

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 5	95%	85.2%	82.7%	86.9%	82.77%
PIP Monitored Cases for Item 5	82.1%	NA	NA	75.7%	85.96%

*Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement.*

**MIXED.** Florida has historically achieved its quantitative targets for the achievement of permanency for children in out-of-home care. For the current year to date, Florida is not achieving permanency in 12 months; however, did improve for the third quarter. Florida is exceeding the targets for permanency in 12 – 24 months and 24 months and beyond. Florida has shown steady improvement from the CFSR baseline across quarters and PIP reporting periods although, has not yet reached its PIP target for item six.

## CFSR: ITEM 6

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 6	95%	82.4%	79.1%	73.7%	72.73%
PIP Monitored Cases for Item 6	75.4%	NA	NA	68.6%	70.18%

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

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

*Item 7: Placement with siblings.*

**MIXED.** Florida's performance has improved on the PIP monitored cases; however, experienced a slight decline on the Florida CQI for the same time period. In addition, Florida created a scorecard item of siblings placed together and the state is just shy of reaching its target. The scorecard indicator measures all sibling groups in out-of-home care and the percentage in which all children in the sibling group are placed together as a quantitative measure.

## CFSR: ITEM 7

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 7	95%	85.7%	82.1%	85.2%	79.46%
PIP Monitored Cases for Item 7	NA	NA	NA	79.5%	85.29%



## SCORECARD SEPARATED SIBLING MEASURE

Scorecard Measures	State Goal	Florida FY 14-15 (Q2 – Q4)	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18 to date
Percent of sibling groups where all siblings are placed together.	65%	64.8%	64.4%	64.1%	63.7%

*Item 8: Visiting with parents and siblings in foster care.*

**CONCERN.** Florida continues to struggle with ensuring that children in foster care visit with their parents and siblings in foster care. This is the one item in Permanency 2 in which the state has not achieved its CFSR baseline in the PIP monitored cases. Florida continues working on its key activities in the PIP to improve performance in this area.

## CFSR: ITEM 8

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 8	95%	68.9%	69.7%	63.5%	60.23%
PIP Monitored Cases for Item 8	NA	NA	NA	68.7%	66.67%

*Item 9: Preserving connections.*

**MIXED.** Florida has exceeded its CFSR baseline on this item for the second PIP reporting period while Florida CQI results have been slightly lower. Florida continues to work on its key activities in the PIP to improve in this item as there is no PIP target established.

## CFSR: ITEM 9

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 9	95%	77.2%	82.1%	76.5%	73.63%
PIP Monitored Cases for Item 9	NA	NA	NA	74.3%	84.21%

*Item 10: Relative placement.*

**MIXED.** Florida has exceeded its CFSR baseline on the placement of children with relatives for each quarter and both PIP reporting periods. The Florida CQI performance is similar and has exceeded the CFSR baseline as well. Florida continues to work on its key activities in the PIP to improve in this area as there is no PIP target established.

## CFSR: ITEM 10

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 10	95%	81.7%	83.6%	82.9%	77.93%
PIP Monitored Cases for Item 10	NA	NA	NA	80%	84.21%

*Item 11: Relationship of child in care with parents.*

**MIXED.** Florida has exceeded its CFSR baseline on this item for the second PIP reporting period; however, has not reached the CFSR baseline in the Florida CQI reviews this year. Florida will continue working on its key activities in the PIP to improve performance as there is no PIP target established.

## CFSR: ITEM 11

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 11	95%	59.4%	63%	52.4%	56.15%
PIP Monitored Cases for Item 11	NA	NA	NA	61.5%	68.18%

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

**CONCERN.** Florida's performance on Well-Being 1 items are largely mixed. Florida has demonstrated improvement on many of the items against its CFSR baseline; however, has not yet reached PIP targets on PIP monitored cases. Florida has two strategic alignment initiatives with the Florida Coalition for Children (FCC) to develop adequate service arrays for children and for parents. The workgroups are using latent class analysis conducted by Casey Family Programs to develop child and parent profiles for each region and CBC which will provide a baseline for an adequate service array.

*Item 12: Needs and services of child, parents, and foster parents.*

**MIXED.** The Florida CQI and PIP monitored cases show mixed performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Overall, Florida achieved the PIP target for quarter three (3); however, was just below for the second PIP reporting period. Florida performed higher than the CFSR baseline for item 12 during quarters two (2) and three (3). Florida typically performs better in the assessment and provision of services for children and caregivers as shown in the table below. Florida has shown improvement in assessing and providing services to meet identified needs for parents and caregivers in its PIP monitored cases.

## CFSR: ITEM 12

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 12	95%	70.7%	66.6%	63.9%	61.78%
PIP Monitored Cases for Item 12	58.4	NA	NA	49%	57.47%
Florida CQI Cases for Item 12 A (child)	NA	89.8%	87.4%	85.9%	84.89%
PIP Monitored Cases for Item 12 A (child)	NA	NA	NA	87.5%	81.61%
Florida CQI Cases for Item 12 B (parents)	NA	74.2%	71.1%	68.3%	65.61%
PIP Monitored Cases for Item 12 B (parents)	NA	NA	NA	52.5%	61.33%
Florida CQI Cases for Item 12 C (foster parents)	NA	88.6%	88.2%	91.5%	87.67%
PIP Monitored Cases for Item 12 C (foster parents)	NA	NA	NA	88.2%	92.59%

*Item 13: Child and family involvement in case planning.*

**CONCERN.** Florida has exceeded its performance against the CFSR baseline for involving children and parents in case planning; however, has not achieved its PIP target. Performance has been inconsistent with the results from quarter two (2) being much higher than quarters one (1) and three (3). Florida has provided training at its Dependency Summit in August of 2017 which is available on the Center for Child Welfare website. Florida will continue to work on its key activities to improve performance in this area.

## CFSR: ITEM 13

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 13	95%	67.3%	65.4%	60.2%	60%
PIP Monitored Cases for Item 13	70.7%	NA	NA	66%	70.24%

*Item 14: Caseworker visits with child.*

**MIXED.** Florida does an excellent job at ensuring all children under supervision in Florida that can be seen every thirty days are seen, with performance at 99.7% for the current year to date. On the other hand, Florida continues to struggle to ensure that the visits are qualitative in nature. The performance on the Florida CQI and PIP monitored cases has not reached the CFSR baseline, or the established PIP target. The Rapid Safety Feedback reviews are similar. Each region has been working to provide guidance to case managers to ensure quality visits are conducted and one of the upcoming PIP key activities is to convene a workgroup to develop statewide guidance.

## SCORECARD CHILDREN SEEN MEASURE

Scorecard Measures	State Goal	Florida FY 14-15 (Q2 – Q4)	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18 to date
Percent of children under supervision who are seen every 30 days.	99.5%	99.8%	99.7%	99.8%	99.7%

## CFSR: ITEM 14

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 14	95%	67.3%	66%	59.9%	60.89%
PIP Monitored Cases for Item 14	78.9%	NA	NA	64.4%	66.67%

## RAPID SAFETY FEEDBACK CASE WORKER VISIT WITH CHILD MEASURE

Case Management Rapid Safety Feedback Measures	July - December 2016	January - June 2017	July - December 2017	January - March 2018
Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	66.1%	59.1%	64.3%	53.1%
Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	78.7%	74.8%	74.3%	78.3%

*Item 15: Caseworker visits with parents.*

**MIXED.** Florida actually achieved its PIP target for quarter three (3) for case worker visits with parents; however not for the full six (6) months of the second PIP reporting period. Florida CQI Review performance has been trending down over the last few periods. Rapid Safety Feedback reviews show similar results in that frequency of visits with mothers is higher than quality; however, the reverse is true for fathers. Florida will continue working on its key activities in the PIP to improve performance in this area.

## CFSR: ITEM 15

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 15	95%	49.4%	46.1%	36%	37.96%
PIP Monitored Cases for Item 15	51.1%	NA	NA	38.1%	48%

## RAPID SAFETY FEEDBACK CASE WORKER VISIT WITH PARENTS MEASURE

Case Management Rapid Safety Feedback Measures	July - December 2016	January - June 2017	July - December 2017	January - March 2018
Is the quality of visits between the case manager and the child's mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	70.5%	65.2%	67.5%	62.5%
Is the frequency of the visits between the case manager and the child's mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	84.7%	79.4%	79.9%	81.1%
Is the quality of the visits between the case manager and the child's father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	57.4%	51.2%	51.7%	51.7%
Is the frequency of the visits between the case manager and the child's father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	58.2%	49.7%	48.1%	49.4%

**Well-Being Outcome 2****Children receive appropriate services to meet their educational needs'**

**CONCERN (however, relative strength).** Florida performs high on its CQI and PIP monitored cases for Well-Being 2 compared to other items in the tool. In addition, Florida created a scorecard indicator to measure the percentage of children enrolled in school on their 18<sup>th</sup> birthday. Florida performs well across the board on these measures.

*Item 16: Educational needs of the child.*

**MIXED.** Florida performs relatively well on assessing and providing for the educational needs of children under supervision. Florida improved in the performance on its PIP monitored cases; however, has not reached the CFSR baseline. Nearly 90% of children reaching age 18 in foster care are enrolled in school. Florida will continue to work on its related key activities in the PIP to improve performance.

## CFSR: ITEM 16

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 16	95%	85.8%	82.8%	80.7%	78.31%
PIP Monitored Cases for Item 16	NA	NA	NA	80.3%	87.5%

SCORECARD EDUCATIONAL MEASURE

Scorecard Measures	State Goal	Florida FY 14-15 (Q2 – Q4)	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18 to date
Percent of young adults exiting foster care at age 18 who have completed or are enrolled in secondary, vocational, or adult education.	80%	87%	89.1%	88.2%	88.9%

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

**CONCERN.** Florida performs very well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care every seven (7) months performing at 97.5% and 92.2% respectively for the most recent quarter data is available. Florida has shown improvement in its PIP monitored cases for physical and mental health needs, exceeded the CFSR baseline in the latter.

*Item 17: Physical health of the child.*

**MIXED.** Florida's performance is strong in the quantitative measures and improving in the PIP monitored cases for assessing and providing for identified physical health needs. Florida has not reached the CFSR baseline however was very close for the second PIP reporting period. Florida continues to work on its key activities on the PIP to improve in this area as there is no established PIP target.

CFSR: ITEM 17

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 17	95%	75.6%	78.3%	78.1%	74.4%
PIP Monitored Cases for Item 17	NA	NA	NA	79.2%	84.62%

SCORECARD PHYSICAL HEALTH MEASURE

Scorecard Measures	State Goal	Florida FY 14-15 (Q2 – Q4)	Florida FY 15/16	Florida FY 16/17	Florida FY 17/18 to date
Percent of children in foster care who received a medical service in the last 12 months.	95%	96%	96.8%	97%	97.5%
Percent of children in foster care who received a dental service in the last 12 months.	95%	90.1%	92.3%	92.6%	92.2%

*Item 18: Mental/behavioral health of the child.*

**CONCERN:** Florida has exceeded its CFSR baseline for the assessment and provision of services to meet identified mental health needs for children. Performance on the Florida CQI reviews showed a slight dip and Florida will continue to work on the key activities in the PIP.

## CFSR: ITEM 18

Qualitative Measures	State Goal	July - December 2016	January - June 2017	July - December 2017	October - March 2018
Florida CQI Cases for Item 18	95%	78.5%	71.9%	75.3%	67.8%
PIP Monitored Cases for Item 18	NA	NA	NA	68.4%	72.92%

**Systemic Factors****Statewide Information System**

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

As described in Chapter II, Florida's child welfare information system (Florida Safe Families Network or FSFN) includes an extensive set of data on clients and services, for case management, planning, service delivery, and oversight functions. The system is also driven by statute which directs that case records must contain case plans, and "the full name and street address of all shelters, foster parents, group homes, treatment facilities, or locations where the child has been placed."

Training on FSFN data entry and the importance of documentation is ongoing. Modules on data entry are included in the pre-service curricula for child protective investigators and child welfare case managers. In addition, training on general and specific aspects of the system is offered on-demand through Florida's Center for Child Welfare (<http://centerforchildwelfare.fmhi.usf.edu/FSFN/FSFNTraining.shtml>) and through the FSFN home page (<http://fsfn.dcf.state.fl.us/training.shtml>).

The management report on Healthcare Service Information for Children in Out-of-Home Care show that the percent of children with medical/mental health records in FSFN is above 99% (99.6% during March 2018). Children's Legal Services Quality Assurance also assesses the timeliness and accuracy of entry of legal information into FSFN. The expectation is that legal information will be entered in FSFN within five days.

The Department is continuing to modify the system to meet the functional requirements for the Comprehensive Child Welfare Information System (CCWIS) as the research continues toward making that election. System enhancements to meet day-to-day business needs included moving the FSFN system to the 'cloud,' and updating the Unified Home Study process within the system. The finding from the CFSR review was that the entering of placements into the system were not consistent across the state. As part of Florida's Program Improvement Plan (PIP), key activities were identified locally to ensure that children's placements were entered timely and an addendum tool was created to measure the percent of cases in which placements were entered in Florida Safe Families Network (FSFN) timely during Florida CQI reviews.

The addendum tool was implemented beginning January 2018; one quarter of data is available which can be used as a baseline.

#### FLORIDA CQI ADDENDUM MEASURE

Qualitative Measures	State Standard	October - March 2018
Percent of Children for whom placements were entered timely in FSFN during Florida CQI reviews	85%	53%
Concerted efforts made to ensure caregivers provided with the right to be heard in court	85%	78.7%

Other enhancements in process include requirements under eligibility (Title IV-E). Refer to Chapter II for information on accomplishments and updates.

Data on the quality of information relating to the four specifically required components for the state information system (status, demographic characteristics, location, and goals for the placement of every child) is readily available. FSFN data is reliable and contains the required demographic information. Since FSFN is used for all case management activities, data completeness for expected elements is some indication of the level of compliance on other factors. The Department is in the process of developing a Data Quality Plan as part of the process towards making the CCWIS election. Additional data quality and validity initiatives were addressed as part of the Plan for Improvement (see Chapter IV).

**Summary:** The state is making progress toward its election of the CCWIS requirements and is in the process of conducting a review of the new requirements along with current FSFN functionality to create the plan for ongoing improvement to ensure CCWIS requirements are met.

#### Case Review System

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

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

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

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

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

Most components of the Department's case review system are directed in statute, particularly Chapter 39, F.S., Proceedings Relating to Children, which defines processes and timeframes for judicial hearings



and adoption proceedings, case planning requirements, termination of parental rights, and parental/caregivers' rights relating to hearings and proceedings consistent with federal requirements.

All children under the supervision of Florida's child welfare system, (in-home and out-of-home care) are required to have a case plan that specifies services to address the identified danger threats and diminished caregiver protective capacities that result in children being unsafe in order to ensure the safety, permanency and well-being of each child. The Case Plan must provide the most efficient path to quick reunification or permanent placement. Every child under Department or contracted service provider's supervision shall have a case plan that is developed as soon as possible, based on the ongoing assessments of the family. If concurrent case planning is used, both goals must be described. The case plan includes all available information that is relevant to the child's care including identified needs of the child while under supervision, and the permanency goal.

Section 39.6011, Florida 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 education records.

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.

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

Before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If, at any judicial review, the court finds that the parents have failed to achieve the desired behavioral changes outlines in the case plan to the degree that further reunification efforts are without merit and not in the best interest of the child, the court may order the filing of a petition for termination of parental rights, 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.

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.”

The Department has identified improvement efforts to ensure that case plans are developed in collaboration with the parents and children. Policy and Procedure were updated in May of 2016 which outlines the standards for the initial family engagement (CFOP 170-9), located on the Center for Child Welfare: <http://centerforchildwelfare.fmhi.usf.edu/DeptOperatingProcedures.shtml>. In addition, a workgroup was established to identify a more efficient means to ensure that caregivers and foster parents are informed of their right to be heard in court and notification of court hearings. The workgroup was chaired by Children’s Legal Services and is in the process of making final recommendations for the best way to ensure proper notification is made. Training was provided at the Department’s Dependency Summit in August of 2017 which is posted on the Center for Child Welfare website. Each community-based care lead agency developed a plan to ensure that all caregivers were able to view the training video. CLS ensured that all of its attorneys viewed the training video as well.

Data reports are also available from FSN that help managers, supervisors, attorneys, and others monitor the status of case reviews and legal status.

**Summary:** 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. Continued improvement 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.

### Quality Assurance System

*Item 25: How well is the **quality assurance system** functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

As described in Appendix A, Florida approaches statewide Continuous Quality Improvement (CQI) activities through a variety of methods: standardized case reviews; weekly and monthly operations data reviews; performance scorecards; quality assurance (QA) case file reviews, Rapid Safety Feedback quality assurance reviews; legal reviews by Children’s Legal Services; annual contract oversight reviews; Critical Incident Rapid Response Team reviews; and lead agency accreditation. This approach ensures a formal statewide system of oversight and accountability that measures child welfare practice for child protective investigations and case management services using qualitative and quantitative data.

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

Florida adopted Results Oriented Accountability (ROA) as its CQI framework. While similar to other frameworks, ROA contains research and evaluation sections to ensure that the best solutions are implemented and those implementations are evaluated to ensure the models are followed with fidelity, and the desired outcomes are achieved. As part of the ROA cycle of accountability, Florida has identified a series of quantitative and qualitative outcome measures around safety, permanency, and well-being, and is in the process of working with the Florida Institute of Child Welfare to validate the measures. In addition, numerous ‘drivers’ to those outcomes have been identified with the help of Annie E. Casey. Though Florida has a well-integrated, broad and intricate approach to quality, in the spirit of CQI there is always room for improvement. Gaps are noted in:

- standards used, particularly between Sheriff and Department protective investigation;
- coordination in the “feedback loop” – use of quantitative and qualitative data to inform improvement in the child welfare system, including formal program evaluation and research.

**Summary:** The state’s Continuous Quality Improvement (CQI) System is intrinsic to its child welfare practice and management. Florida adopted the Results Oriented Accountability process as its framework for CQI. Florida has identified quantitative and qualitative outcome measures and numerous drivers to achieve performance targets. See Chapter IV, Florida’s Improvement Plan, and Appendix A, Florida’s Continuous Quality Improvement Plan.

### Staff and Provider Training

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

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

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

Florida law requires all staff who provide child welfare services (this includes all 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, achieving a passing score on the written pre-service exam, completing the required number hours of on-the-job experience, and receiving the required number hours of direct supervision according to the position. To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

All foster parents receive initial pre-service training as is required by the CBCs' agreement to conduct all licensing tasks in the contracts with the Department. Contract language states:

#### 1.5.5. Licensing Tasks

The Lead Agency shall perform Licensing Tasks, including, but not limited to:

1.5.5.1. Compliance with licensing requirements as described in sections 409.175 and 409.145(2)(e), F.S., Chapters 65C-13, 65C-14 and 65C-15, F.A.C., and 42 U.S.C. §671(a)(20)(B)(i)-(ii).

Section 409.175, F.S., specifies what must be included in foster parent training, but does not specify one type of training that CBCs must deliver. CBCs currently use MAPP, PRIDE, a combination of those two, or curriculum the agency developed that has been approved by the regional licensing office.

Ongoing training is provided by the CBC lead agencies. In addition, Florida has a statewide coordinated training website hosted through the Center for Child Welfare. This is the Quality Parenting Initiative (QPI) "Just in Time Training" site, and offers training for in-service credit on topics requested or suggested by foster parents and child welfare staff. Licensing specialists record foster parent in-service training hours each year in order to have an accurate record of completed training by the time of relicensing. The QPI training site is located at:  
<http://www.jitfl.org/pages/training.html>

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. The Department is on the process of procuring a new pre-service curriculum to be used state-wide; however, in-service training tends to be more localized. See Appendix E, Training Plan, for details related to this assessment. In general, gaps were noted in:

- Need statewide pre-service curriculum;
- Need for trainer credentialing;
- Variable quality of in-service training materials and curricula;
- Updating knowledge about evidence-based practice, through formal review and research;
- Sharing of trainer resources;
- Minimal state level infrastructure;
- Professional development; and
- Assessment of training quality through evaluation of results.

**Summary:** 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.

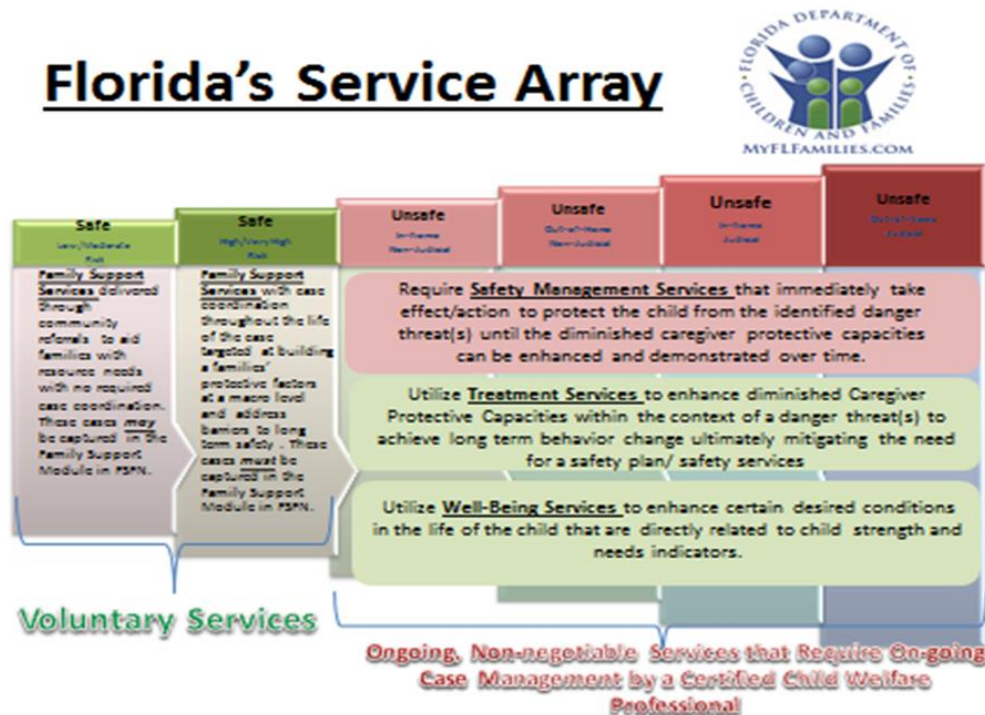
### Service Array and Resource Development

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

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

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

As described in Chapter II, 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.



With the Implementation of the practice model, Florida has taken this opportunity to define and assess Florida's service array. The Department worked with each CBC in each region to complete a self-

assessment of its local service array. The assessments were just completed and the next steps are to develop plans for each CBC based on local gaps in services. In addition, the Department designated service array as one of its Priorities of Effort which was adopted by the Florida Coalition for Children (FCC) as a joint strategic alignment are between the FCC and the Department. There are two strategies, one to develop a full array of services for children and one for parents. Both strategic alignment initiatives are led by joint chairs, one from the Department, and one from the FCC.

Both groups are well underway; however, have not completed their work. The plan is to develop child and parent profiles for each area based on latent class analysis by Casey Family Programs tailored for each area. This will provide regions and CBCs with a starting point to ensure necessary services are included in each area.

The full strategic initiatives can be found at the following website:  
<http://apps.dcf.state.fl.us/profiles/fcc.asp?path=>

Florida's flexible funding waiver demonstration has made possible changes in and an expansion of the community-based service array. (See Chapter VII.) Florida has made great progress with improvements to its service array, particularly around Safety Management Services. Funding was approved by the legislature ensure each CBC had the resources to ensure formal Safety Management Services would be available in each area.

Adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. It is expected that through the work of the joint strategic initiatives, capacity building, system integration, and leveraging the involvement of community resources and partners will yield improvements in the lives of children and their families. Expanded services, supports, and programs may include, but are not limited to:

- 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 factors and capacity; 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 Chapters I and II for more detailed information services at the local level.
- Services can begin once the need is identified and service categories are not mutually exclusive.
- Increase safety management services to ensure availability for ongoing case management cases once the investigation has closed.
- 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.
- 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 improve adherence to immunization schedules and well-child check-ups; and holistically address the physical, social/emotional, and developmental needs of children.

**Summary:** There is a wide array of services available across the state. Florida is experiencing 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. Florida's Plan for Improvement (Chapter IV) will address the findings from the service array survey and include other action as appropriate. Of particular note is the expansion of the model courts evidence parenting initiative. The Department and the Florida Coalition for Children have created joint strategic initiatives to improve the service array for children and parents in the child welfare system.

### Agency Responsiveness to the Community

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

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

As described in Chapter I, the Department's approach to management, planning, oversight, and service delivery is highly collaborative and based on many well-developed relationships with key stakeholders at the state and community level.

Formal relationships such as Memoranda of Understanding are in place with other organizations in key areas, particularly with respect to programs or agencies that share clients with child welfare, such as data sharing with the Department of Education and local school boards; shared client responsibilities with the Department of Health, Juvenile Justice, Department of Revenue/Child Support Program, and others; and service responsibilities with the Seminole Tribe of Florida.

CBCs also have local working agreements in place, and under contract provisions are to work in partnership with local agencies on implementation and management of such agreements, specifically including:

- Local housing authorities
- Workforce agencies,
- Agency performing child protective investigations, whether Department or county sheriff, as well as local law enforcement,

- Federally Qualified Health Care Centers or Rural Health Care Centers,
- Managing Entities for behavioral health, and
- Task forces relating to human trafficking.

Outreach to communities for input in planning and reporting activities is through formation of a workgroup or committee such as the Statewide Child Welfare Task Force (PIP Steering Committee), the Child Welfare, Substance Abuse and Mental Health Integration Team, the Executive Office of the Governor’s Office of Adoption and Child Protection, and the ongoing Child Welfare/ Office of Court Improvement joint meetings. In addition, the Department partnered with the Florida Coalition for Children on strategic alignment initiatives including Service Provision to Children, Parents, and Caregivers, Adequate Service Array of Placement Resources, Planning for Post-Waiver Environment, Practice Alignment – Performance Improvement – Workforce Challenges, and Cross-System Collaboration. The Cross-Systems Collaboration strategic alignment seeks to identify and enhance partnerships with the Department Juvenile Justice, Department of Children and Families, Florida Coalition for Children, Agency for Healthcare Administration, and Agency for Persons with Disabilities. The workgroup is developing surveys to identify key strengths and opportunities and guide discussions with partner agencies on how to best meet the needs of dually served clients.

Details on collaboration around the Annual Progress and Services Report development are found in Chapter I of this report. Chapter I also describes the partnership and collaboration at the region, circuit and local levels.

**Summary:** Florida has a strong history of collaboration in the community, and has many means through which community input is sought and embedded in planning and service delivery. Florida continues to build on these successes through more collaborative initiatives with the Florida Coalition for Children.

### Foster and Adoptive Parent Licensing, Recruitment, and Retention

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

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

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

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



CBC lead agencies' contracts define the compliance requirements for licensing tasks, including an option for an Attestation Model. Florida Statute and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite federal code (sections 409.175 and 409.145(2)(e), F.S., Chapters 65C-13, 65C-14 and 65C-15, F.A.C., and 42 U.S.C. §671(a)(20)(B)(i)-(ii)).

The Department issues licenses to Child Placing Agencies and Child Caring Agencies which are renewed annually. The regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code. In addition, Community-based care lead agencies and their provider complete the licensure of family foster home with oversight from the Department. Samples of files are reviewed to ensure compliance with Florida administrative code. Contract managers review day-to-day compliance of CBCs and the central Contract Oversight Unit conducts thorough reviews of each CBC either on-site (every two years) or through a desk review (years not on-site). These reviews are comprehensive and appear more like an accreditation review than compliance in order to ensure that the CBCs are performing as contracted. The COU incorporates quantitative and qualitative data, surveys, focus groups, and licensing feedback in their annual reviews.

Background checks are a fundamental aspect of licensing and of placement in non-licensed settings. Quarterly Rapid Safety Feedback reviews shows that improvement is needed in the completion and use of background checks.

### **Recruitment**

Recruitment of a diverse, extensive array of foster and adoptive homes is a major focus of the Department and CBCs. Responsibility for these tasks is included in the CBC contracts. A few indications as to the success of this effort are found in the key indicator report on foster parent recruitment reviewed by executive leadership. The Department and Florida Coalition for Children have a joint strategic initiative on the Adequate Array of Placement Resources. The objectives of the workgroup include designing a placement continuum to meet the unique needs of families by cluster. Profiles of children are being developed to not only ensure an adequate service array, but appropriate placements as well, including the recruitment of high quality foster homes. Each region will be conducting a gap analysis and develop placement plans with CBCs to expand necessary placement services.

Recruiting is a very collaborative effort, exemplified by the Department's work with the Casey Family Programs and the Dave Thomas, Wendy's Kids, Foundation. Regular analysis at the state level of the demographic characteristics of children awaiting adoption also provides input to efforts for recruiting homes that fit specific child needs. Currently a special recruitment effort is underway for homes for children with complex medical needs. Perhaps the most telling indicator is that the Department has successfully finalized adoptions for over 3,000 children a year for the past five years, and received federal adoption incentive funding for this success.

See Appendix B for the Foster and Adoptive Parent Diligent Recruitment Plan.

### **Cross-jurisdictional Resources**

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). Chapter II includes a description of how ICPC operates in Florida.

**Summary:** The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. In order to improve child and family permanency and well-being, a broad mix of homes continues to be necessary and a strategic alignment initiative with the Florida Coalition for Children to improve placement resources for children.

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## CHAPTER IV. Florida's Plan for Improvement

### Overview

The Child Welfare Task Force has the responsibility to lead, guide, direct, and advise the statewide implementation of major initiatives. One such major initiative is implementation of Florida's Program Improvement Plan (PIP). The Task Force oversees the implementation of Florida's Program Improvement Plan (PIP) in addition to other responsibilities.

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 and improvements align with the findings identified in Florida's CFSR 2016 final report and Florida's PIP. This update focuses on the activities and tasks during the APSR report period. Refer to Florida's PIP for detail. <http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

- Goal 1: Children are first and foremost protected from abuse and neglect; safely maintained in their homes, if possible and appropriate; and provided services to protect and prevent removal from their homes.
- Goal 2: Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children.
- Goal 3: Families have enhanced capacity to provide for their children's needs, and the well-being of children is improved through services to meet their education, physical health and mental health needs.

The CFSR also defines seven systemic factors that are crucial causal elements for driving results. 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

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.

## GOALS AND STRATEGIES

This chapter contains the goals and strategies that align with Florida's Program Improvement Plan (PIP). This report provides a year four update on the relevant objectives, strategies, and targeted activities for improving child welfare per the CFSP 2015-2019, Chapter V.

### Goal 1

**Children are first and foremost protected from abuse and neglect; safely maintained in their homes, if possible and appropriate; and provided services to protect and prevent removal from their homes.**

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.).

**Strategy A.** Strengthen and Enhance Florida's Child Welfare Practice Model. This strategy affects child safety through increased analysis and the child welfare professional's ability to identify, assess, and make decisions about potentially unsafe children.

There are two key activities to address child welfare professional's accountability for commencement of investigation.

1. Strengthen accountability for commencement of investigations and proper case documentation.

**Update:** All activities were completed 7/2017. For more detail the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

2. Implement amended operating procedure, CFOP 170-5, Child Protective Investigations, which strengthens statewide guidance related to diligent attempts to make face-to-face contact with alleged child victims of an investigation.

**Update:** All activities were completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml><http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

Implementation is being gauged through Florida CQI reviews and Rapid Safety Feedback reviews of children under age 4.

**Strategy B.** Improve families' ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address identified needs. Through family engagement it is anticipated that the quality of assessments will improve and more closely align with case planning. This will result in the child being safer and caregiver protective capacities enhanced.

The key activities to address family engagement and quality of assessments are:

1. Further develop child welfare professionals' skills, knowledge, and abilities relating to safety planning, safety plan management and family assessments through "back-to-basics" in-service training of the Child Welfare Practice Model.

**Update:** This activity target completion date is 12/2018 and all sub-key activities have been completed according to their respective target completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/>

Implementation is tracked using FSN reports and CQI, rapid safety feedback and fidelity reviews.

2. Conduct black belt project to identify root causes of maltreatment in out-of-home care and identify recommendation(s) for statewide implementation.

**Update:** This activity target completion date is 9/2018 and all sub-key activities have been completed according to their respective target completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/>

3. Conduct black belt project to identify root causes of re-entry into out-of-home care and identify recommendation(s) for statewide implementation.

**Update:** This activity target completion date is 9/2018 and all sub-key activities have been completed according to their respective target completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/>

4. Implement CFOP 170-7, Develop and Manage Safety Plans, related to development and management of safety plans to further guide child welfare professionals on safety management.

**Update:** All activities were completed 4/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

Implementation is being gauged through Florida CQI reviews and Rapid Safety Feedback reviews of children under age 4.

5. Continue to support implementation of Safe Babies Court Teams at the 18 sites throughout the state and track select parallel data elements of the Safe Babies Court to Florida's PIP measures for comparison and possible replication.

**Update:** All activities were completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

6. Request legislative appropriation to enhance availability of safety management services statewide.

**Update:** All activities were completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

#### YEAR FOUR UPDATE:

The progress made over the report period regarding the objectives, strategies, and targeted activities (CFSP 2015-2019, Chapter V) to improve safety decisions to ensure children are not re-abused or re-neglected is below. The strategies and targeted activities address increased safety and expanded protection for children involved in child welfare.

A summary of the strategies and year four update for targeted activities follows:

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

The Department 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 implementation of Florida’s child welfare practice model remained the primary focus for the Department of Children and Families. Using implementation drivers, Florida continued the 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 child welfare 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 CBC and case management organizations (CMO) in Florida are continuing to progress in implementation as well. The family functioning assessment (FFA) is the first practice process/tool completed after case transfer to ongoing case management. As of April 18, 2018, 82.3% of the total ongoing services cases under CBC supervision utilize the practice model.

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

**Update:** During this report period, implementation of Florida's child welfare practice remained a focus for the Department. Using implementation drivers, the Department continued the 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 functionality. The Department reached full implementation for investigations in February 2016; implementation continues with ongoing case management.

## **2. Utilization of Secondary Case Reviews and Rapid Safety Feedback to assess safety practices of child protective investigators.**

The Department's Continuous Quality Improvement processes include Rapid Safety Feedback (RSF) case reviews for child protective investigations (CPI). These reviews play a major role in Florida's established child welfare system's CQI/QA process (see Appendix A, CQI). Rapid Safety Feedback is a case review process that targets open investigations of children under the age of 4 where there is at least one prior investigation on any member of the household and the current allegation is for substance misuse and family violence threatens harm. Research has uncovered a number of risk factors or attributes commonly associated with the probability of experiencing maltreatment in households with these factors. The RSF review consists of immediate case consultations within ten days of the intake to ensure accurate assessment of present danger and support upfront safety decisions. The case review occurs again at thirty days to strengthen the safety decisions and assessments made while the investigation is still open.

Rapid Safety Feedback case reviews target open investigations because this affords an opportunity to identify activities that need attention before making final decisions and closing an investigation. Immediate child safety concerns are documented on the Request for Action screen in FSFN for all secondary case reviewers. Critical Child Safety Practice Expert (CCSPE) reviewers use the Rapid Safety Feedback Supervisory Consultation Module in FSFN to capture concerns, identify a worker for notification, and prevent the case closure. The procedure requires an Operations Manager review and confirm all safety issues are resolved.

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 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 CQI/QA system, Rapid Safety Feedback is 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 reviews approximately 3,000 open cases each year. The sample is selected using the business objects report entitled "The Daily V4MK Child Investigations and Special Conditions Listing" 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 of any age;
- (b) 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) or caregiver within the household;
- (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 (CQI) process designed to provide data around child protective investigation activities, as well as to provide immediate skill and knowledge development for investigators and supervisors in the most critical issues for the most vulnerable population. The feedback loop for RSF case reviews include face-to-face and teleconference meetings with regional staff and quality assurance staff across the state.

The Department continued the proficiency process for QA staff members designated as CCSPEs. These staff members must be experts in Florida’s child welfare practice model in order to provide the correct guidance to CPIs and supervisors. The CCSPE proficiency process has four steps which must be successfully completed. Action for Child Protection reviews written reports and observes consultations to determine if the CCSPE candidate successfully completed each step in the process. CCSPE candidates must successfully complete each step with two attempts during their probationary period of employment or be transferred out of the CCSPE 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 attainment of proficiency ensures QA staff members are highly skilled experts in the practice model. QA staff members are a strong support to the CPI and supervisor due to the collaborative approach of the consultation process.

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

**Update:** The Department’s 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.

### 3. Legislative changes: Implementation of the Safe Harbor Act

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

**Update:** In 2017, a workgroup under the leadership of the Department selected the Child and Adolescents Needs and Strengths – Commercial Sexual Exploitation (CANS-CSE) as the assessment tool that will be utilized to determine clinical needs of CSEC-identified youth. An implementation plan is being developed to utilize this tool across the state along with the Human Trafficking Screening Tool and Human Trafficking Placement Tool. The three tools will allow our multidisciplinary teams to determine the services required

to meet the need of a CSEC-identified youth, including whether or not a Safe Harbor placement is required.

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

**Update:** In 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 and characteristics of CSEC-identified youth compared to youth with other maltreatments. RTI published their final report in February 2018 entitled “Human Trafficking and the child welfare population in Florida.” RTI is pursuing additional grant opportunities to study this population further.

In October 2017, the *Screening, Placement and Services for Sexually Exploited Children and Young Adults Reporting Checklist* was updated to capture more information on the number of human trafficking victims screened and served by DCF.

**Goal 1, Objective B.** The focus of this objective is to increase protective factors in focus families to reduce maltreatment.

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.). 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 Child Abuse Prevention and Permanency Plan (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 include statewide and local initiatives, and is heavily collaborative across various state agencies and other partners. For instance, the Department provides technical assistance toward infusing protective factors into local prevention systems; and works with Healthy Families Florida, through the 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.

During the prior reporting period, the Department also issued a solicitation for the development, operation, expansion, and enhancement of community-based, prevention focused programs and activities designed to strengthen and support families, to prevent removal of children from their homes. Seven contracts were awarded to Community-based Care lead agencies. Services are being provided to families whose children have been determined to be safe, but at high or very high risk for future maltreatment based on the Child Protective Investigator’s actuarial risk assessment. Case coordination occurs throughout the life of the case and is targeted at building a family’s protective factors and addressing barriers to long-term safety.

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 development and implementation of the Child Abuse Prevention and Permanency (CAPP) Plan is also part of the Department's Child Abuse Prevention Treatment Act (CAPTA) plan. Continuing this process is an essential part of the CAPTA initiative; see also Chapter VIII.

**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.

**Update:** The modification to this targeted activity captures 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 to identify opportunities to align outcome measures and activities to be included within the state plan.

**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.

**Update:** The framework of the original CAPP Plan provided the foundation to develop the next five-year state plan. Coupled with new research from the Centers for Disease Control and Prevention and from the Center on the Developing Child at Harvard University, the state plan recognizes a child's relationship with others inside and outside the family plays a role in healthy brain development, as well as in the development of physical, emotional, social, behavioral, and intellectual capacities.

**Goal 1, Objective C.** This objective aims to 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). See Goal 3, page 153, for progress update.

## Goal 2

### Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children.

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.

#### GOAL 2:

**Strategy A.** Implement practice initiatives that will improve the permanency and stability of children’s living situations.

The timeliness of achieving permanency and stability of a child’s living arrangements, whether in a permanent or temporary setting, are also important. An additional area of emphasis in Florida’s PIP is further skill development for child welfare professionals, Children’s Legal Services (CLS), and the judiciary on permanency planning, modification of goals, and execution.

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. Family engagement skills of child welfare professionals are equally important. Child welfare professionals must engage with the parents (mother and father) in a positive manner to ensure full partnership while receiving child welfare services.

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. In recent years, Florida has exceeded annual goals for adoption.

Although, the number of licensed foster homes in Florida has increased, there is an inadequate number of homes with capacity for sibling groups and children experiencing significant emotional and behavioral needs. The Department and CBC lead agencies are tailoring recruitment efforts for homes to meet the individual characteristics of children in care. Coupled with this is the need to facilitate improved placement matching.

The key activities focus on practice initiatives to improve the permanency and stability of children’s living situations.

1. Increase the availability of quality placement settings for children in out-of-home care, with a focus on homes for sibling groups.

The target completion date for this activity is 6/2018 and all sub-key activities have been completed according to their respective target completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

2. Seek technical assistance from National Capacity Building Center for States on diligent recruitment of foster family homes, geo mapping and market segmentation, and implement at least one recommendation for improving recruitment of foster families.

This activity was completed 3/2018. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

3. Provide workshop for judiciary and court personnel focusing on timely establishment of appropriate permanency goals at Child Protection Summit.

This activity was completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

4. Collaborate with the Court Improvement Program on joint Continuous Quality Improvement (CQI).

This activity was completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

5. Conduct black belt project to identify root causes of placement instability and identify recommendation(s) for statewide implementation.

This activity target completion date is 12/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

6. Implement newly developed statewide operating procedure related to Child Placement Agreements, CFOP 170-11, Chapter 4, requiring child welfare professionals to work together with caregivers for children with identified behavioral management needs. The new operating procedure also focuses on the need to keep siblings together. The process for developing operating procedures involves extensive collaboration – the workgroup for this specific operating procedure included CBC representation, child welfare professional supervisors, legal, foster parents, and other related stakeholders. This practice modification results from a pilot project conducted between 07/2016 through 12/2016 with five CBCs.

This activity was completed 5/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

Implementation is being gauged through Florida CQI reviews.

7. Strengthen the permanency hearing decision process.

This activity target completion date is 12/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

Implementation is being gauged through a children's legal services quality assurance process which samples and checks permanency review orders for conformance.

8. Ensure that caregivers receive actual notice and a meaningful opportunity to be heard at all court hearings involving a child in their care.

This activity target completion date is 12/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

Implementation is being gauged through Florida CQI reviews and PIP monitored cases.

9. Conduct statewide training on cultural competency in recruitment based on amendment to Chapter 65C-13, F.A.C., Adoptions, which addresses cultural competency and recruitment components.

This activity target completion date is 12/2018. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

10. Implement local practice initiatives, such as Rapid Family Engagement, to assist staff with immediate engagement of parents to discuss conditions for return and start case planning process.

This activity was completed 3/2018. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

**Strategy B.** Implement practice initiatives that will help ensure the continuity of family relationships and connections is preserved for children.

Statewide there continue to be difficulties with ongoing efforts towards engaging parents, especially fathers. When child welfare professionals are not consistently working together with the parents, this impacts successful reunification, as well as other permanency options. Although this strategy focuses on improving family engagement, the knowledge and skillset of child welfare professionals regarding family engagement directly relates to improving safety and well-being outcomes.

There are four key activities addressing continuity of family relationships and preservation of connections for children.

1. Evaluate implementation of the May 2016 issuance of CFOP 170-9, Family Assessment and Case Planning, to guide family engagement regarding family functioning assessments and case

planning throughout the life of the case. The process for developing operating procedures involves extensive collaboration – the workgroup for this specific operating procedure included CBC representation, child welfare professionals and supervisors, legal, and other related stakeholders.

This activity was completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

Implementation is being gauged through Florida CQI reviews and PIP monitored cases.

2. Implement improved and/or expanded kinship search processes or procedures so that more children and sibling groups are placed quickly with relatives, as appropriate.

This activity target completion date is 12/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu>

3. Conduct Just in Time Training/technical assistance on maintaining a child’s connections at quarterly Quality Parenting Initiative (QPI) statewide meeting with foster parents, relatives, non-relatives, child welfare professionals and providers.

This activity target completion date is 6/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

4. Expand capacity for Permanency Roundtables including Youth Centered Permanency Roundtable model. Florida has 12 CBCs conducting Permanency Roundtables with plans to train and involve additional sites.

This activity target completion date is 6/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

**Strategy C.** The state’s child welfare information system, FSFN, will have accurate and timely data that supports child well-being.

FSFN is the state’s official case file and record for each investigation and case, and is the official record for all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered into FSFN within 48 hours/2 days. The FSFN electronic case file is the primary record for each investigation, case and placement provider, including all related financial expenditures and activities.

FSFN supports child welfare practices and the collection of data. Child welfare professionals 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.



The accuracy of quantitative reports is critical to the on-going assessment of Florida's child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accurate use of 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.

The key strategy to monitor compliance of accuracy and timely data entry in FSFN, focusing on placement and living arrangement, addresses the issue of accurate and timely data entry identified during the round three CFSR in 2016.

This activity target completion date is 6/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website. <http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>.

Baseline data was collected from the Florida CQI reviews conducted January through March of 2018 and performance will continue to be discussed at quarterly Quality Assurance Manager's meetings or monthly calls, and shared with the Contract Oversight Unit for CBCs to ensure necessary improvement activities are made.

#### **YEAR FOUR UPDATE:**

The progress made over the report period specific to the strategies and targeted activities (CFSP 2015-2019, Chapter V) to improve placement stability and permanency for children in out-of-home care is below.

A summary of the strategies and update follows:

##### **1. Continued implementation of the child welfare practice model**

The 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.

Targeted Activity: Continued implementation of the child welfare practice model. – Ongoing Update: As of April 18, 2018, 82.3% of the total ongoing services cases under CBC supervision utilize the practice model. See summary of strategies and year four update on page 139.

##### **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.

The QPI design ensures 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 promotes the participation and engagement of foster care parents in the planning, case management, court proceedings, and delivery of services for children who are residing in Florida’s out-of-home care system, while working toward the child’s long-term permanency and other goals.

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. QPI also includes special topic areas for foster parents and, in some cases youth – particularly around their rights to participate in court processes, and facilitating co-parenting with foster and biological parents.

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://qipflorida.cbcs.usf.edu/index.html>)

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

**Update:** Refer to Chapter II, QPI and 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 partnership with Casey Family Programs and with the support of the Department of Children and Families, Community-based Care lead agencies (CBCs) continued to utilize Permanency Roundtables.

The Department continues a close partnership with the Casey Family Programs on the Permanency Roundtable Project. Each new site begins with their PRT process with a review and assessment of all youth with an APPLA goal. 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.

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

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

**Update:** There are 11 CBCs conducting Permanency Roundtables (PRT). Regional and CBC specific initiatives are described in Chapters I and II.

#### **4. Adoption Supports**

Adoption has been a successful outcome for thousands of children in Florida. In order to maintain this success, the Department is focusing activities in support of adoption as a permanency outcome to include recruitment of adoptive parents (see Appendix B) and provision of post-adoption supports.

Post-adoption supports: As described in Chapter II under Adoption Services, the Department continues to place 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.

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

**Update**: The Department annually conducts a comprehensive baseline assessment in the areas listed below:

1. The number of families attempting to adopt children from foster care and the number of families completing the adoption process.
2. The number of children eligible for adoption and the number of children whose adoptions were finalized.
3. The length of time eligible children waited for adoption.
4. The number of adoptions that resulted in disruption or dissolution and the subset of those disrupted adoptions that were preventable by the CBC Lead Agency or the subcontracted provider.
5. The length of time taken to complete each phase of the adoption process.
6. The expenditures made to recruit adoptive homes and a description of any initiatives to improve adoption performance or streamline the adoption process.
7. The results of any specific effort to gather feedback from prospective adoptive parents, adoptive parents, children in the child welfare system, adoptees, and other stakeholders.
8. The use of evidence-based, evidence-informed, promising, and innovative practices in recruitment, orientation, and preparation of appropriate adoptive families; matching children with families; supporting children during the adoption process; and providing post-adoptive supports.

The analysis of the baseline data can be found at

<http://www.centerforchildwelfare.org/kb/LegislativeMandatedRpts/2017%20Adoption%20Incentive%20Report.pdf> .

**CFSP 2015-2019, Chapter V, Goal 2, Objective B** also addresses timely permanency - the state's case review system will support timely permanency with appropriate participation and planning. This activity is captured in Florida's PIP under Goal 2, Strategy A, Key Activities 3, 4, and 7.

### 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. 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, youth, attorneys, judges, and many other partners. Each year, Florida’s Court Improvement Program (CIP)—which works within the Office of Court Improvement—and the statewide Dependency Court Improvement Panel work very closely with the Department to ensure that judicially relevant content is offered at the Child Protection Summit. In addition, in 2018, the statewide Dependency Court Improvement Panel began to focus on Florida’s opioid crisis and created an action plan to address this epidemic. Relevant Department panel members include representation from the Office of Child Welfare, Children’s Legal Services, and Substance Abuse and Mental Health.

Targeted Activity: Annually, convene the Dependency Summit. Ongoing.

**Update:** The 2017 Dependency Summit in Orlando occurred between 8/29 and 8/31/2017 (link to the 2017 Child Protection Summit Summary Report is below); the 2018 Dependency Summit is scheduled to occur the beginning of September, 2018 in Orlando.

<http://centerforchildwelfare.fmhi.usf.edu/kb/FIPerformance/2017SummitSummaryReport.pdf>

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

**Update:** The Office of Court Improvement (OCI) and the Department of Children and Families, Office of Child Welfare continue to meet monthly. The joint monthly meetings focus on child welfare topics such as Program Improvement Plan (PIP), Annual Progress and Services Report (APSR), joint projects, and other issues as they arise.

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

**Update:** The Department of Children and Families has continued to collaborate with the CIP 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 grown this initiative from two participating sites in 2015 to 22 sites in 2018. 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 continue to provide support for the project across sites, along with planning for long-term sustainability.

### Goal 3

**Families have enhanced capacity to provide for their children's needs, and the well-being of children is improved through services to meet their education, physical health and mental health needs.**

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.

Florida shows strength with accurately assessing children's educational, physical, dental and mental/behavioral health although further efforts are necessary to ensure the provision of services meets the identified needs of the children. The round three final CFSR report identified meeting children's educational needs as an area where Florida has shown significant improvement.

#### GOAL 3 STRATEGIES:

**Strategy A.** Implement practice initiatives that will improve families' capacity to provide for their children's needs through quality family assessments, family engagement and appropriate supports to address identified needs.

The child welfare practice model focuses on safety and emphasizes quality assessments and engagement of children and their parents. By improving family assessment, more closely aligning assessment with case planning and improving decision-making about the needs of children and their families, the child welfare professional helps the child to be safer and families to become stronger and more capable of maintaining and enhancing their well-being. Once service needs are identified, the child welfare professional's efforts should be concentrated on timely referrals, encouraging participation in services and assisting with the receipt of services, identifying barriers to service provision and appropriate follow-up after implementation of services. The ongoing assessment of service availability within each community will lead to an enhanced array of services to meet the identified needs of children and families.

Insufficient family engagement, particularly around case planning and achievement of case plan goals, negatively impacted timely permanency. The case plan is to be developed and updated jointly with the child's parents, the child (if age appropriate), 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. Improving the child welfare professional's engagement skills is anticipated to enhance and support quality family assessments and collaborative case planning throughout the life of the case.

Child welfare professionals must regularly meet with the mother and father of children in out-of-home care with the same sense of priority as seeing the child. Increased visitation with parents (mother and father), including those who are incarcerated, is essential. Additional focus on the quality of contacts with children, particularly in face-to-face, private contacts every month which include case plan discussion in an age appropriate manner is also addressed.

The six key activities focus on ensuring child welfare professionals make concerted efforts to continually assess needs of children, parents, and caregivers to identify services necessary to achieve case plan goals, adequately address the issues relevant to the agency's involvement with the family, and provide services.

1. Improve availability and access to the child welfare service array within each community.

This activity was completed 12/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

2. Publish a statewide life skills progress guide for child welfare professionals, focusing on assessing independent living skills, social, self-esteem, and coping skills.

This activity target completion date is 6/2019. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

3. Ensure children placed with relatives receive Relative Caregiver Program benefits (Priority of Effort), as appropriate.

This activity was completed 8/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

4. Modify and implement CFOP 170-10, Providing Services and Support for Children in Care and for Caregivers, to providing support for relative caregivers.

This activity target completion date is 9/2018. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

5. Develop and implement best practice tool for child welfare professional's quality visits with children and their mothers and fathers based on workgroup research and recommendations. Although children are visited at least once every 30 days, the visits are not of consistent quality. This key activity relates to quality of visits.

This activity target completion date is 6/2019 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>

Implementation is being gauged through Florida CQI reviews and PIP monitored cases.

6. Obtain technical assistance, as appropriate at the local level, from national experts in the state's child welfare practice model to facilitate improvement in assessments, family engagement, safety planning, supervisory consultation, and case planning.

This activity was completed 12/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

**Strategy B.** Implement practice initiatives to assure that children receive appropriate services to meet their educational needs.

Through the statewide efforts for normalcy, there is emphasis on parents, foster parents, and caregivers becoming more engaged in the child's education. Child welfare professionals must improve the consistency in making concerted efforts to assess the educational needs of the children in out-of-home care and addressing these needs in case planning. Florida does a better job at assessing needs than ensuring that services to meet the specific need are engaged. The key activities to address educational needs of the child follow:

1. Establish a memorandum of understanding (MOU) between the Department of Children and Families and the Department of Education specific to educational needs of children in out of home care.

This activity was completed 12/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

2. Update local working agreements between local school districts and CBCs.

This activity was completed 10/2016. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

3. Assess practice using the Florida CQI and PIP monitored case reviews.

This activity was completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

4. Provide quarterly feedback to management (Department leadership, CBC leadership, OCW specialists, child welfare professionals) on findings to inform practice changes or training as needed.

This activity was completed 9/2017. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/CFSRHome.shtml>

**Strategy C.** Implement practice initiatives to assure children receive adequate services to meet their physical health, dental health, and mental health needs.

The findings from the Florida CQI Reviews show that providing services to address a child's physical health and mental/behavioral health needs continues to be a challenge. Addressing the mental and behavioral health of children requires engaging families, working toward educational success, and ensuring physical and behavioral health activities are a priority. Case managers must constantly identify needs and provide services to meet those needs, assess whether goals are achieved or conditions improved, and revise approaches to meet changing needs.

The key activity focusing on ensuring children receive appropriate services to meet their physical and mental health needs involves an initiative to integrate child welfare and substance abuse and mental health service systems for child welfare families to enhance families' access to services and ensure appropriate assessment to inform services.

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. The key activity to assure children receive adequate services to meet their physical health, dental health, and mental health needs follows.

1. Integrate child welfare and substance abuse and mental health service systems for child welfare families to enhance families' access to services and ensure appropriate assessment to inform services.

This activity target completion date is 12/2018 and all sub-key activities have been completed according to their respective targeted completion dates. For more details the PIP progress report is posted at the Florida Center for Child Welfare website.

<http://centerforchildwelfare.fmhi.usf.edu/>



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# Attachment A

Florida’s Annual Progress and Services Report  
June 30, 2017

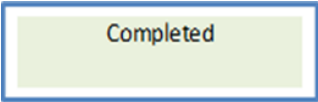
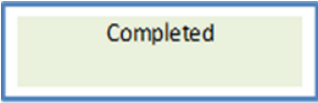
## Plan for Improvement: Summary Matrix



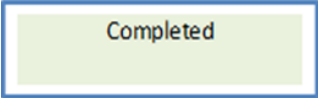
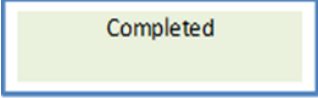
### FLORIDA’S CHILD WELFARE SYSTEM FIVE YEARS FROM NOW

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		
<p>Measures of progress shifted to Florida’s Program Improvement Plan – Measurement Plan; federal Child and Family Services Review outcomes and items. CFSR 3 Data Profile (May 2017) Recurrence of Maltreatment – national performance 9.5% Maltreatment in Foster Care – national performance 9.68%</p> <p>Effective July 2015, Florida utilizes the federal Online Monitoring System (OMS) for QA/CQI reviews. Safety 1: Children are, first and foremost, protected from abuse and neglect.</p> <p>The Children's Bureau suspended publication of the federal CFSR Data Profile.</p>	<p>Actuals:</p> <p>CFSR VI. 10.7% (FY14-15) CFSR VI. 12.61 (FY2015ab)</p>	<p>Targets (to be achieved by end of year five): CFSR VI. 9.5% (national performance) CFSR VII. 9.68 (national standard)</p> <p>Florida met the national standard for recurrence of maltreatment.</p>

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	Interventions	Benchmarks
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, 2017: Initial Implementation Statewide  <b>Year Four:</b> 100% of child protective investigations utilize the Child Welfare Practice Model.  As of 4/2018, 82% of CBCs utilize the ongoing family functioning assessment (Child Welfare Practice Model).  December, 2018: Full Operation
	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.  Quarterly Summaries by Region:  <b>Year Four:</b> Completed. Refer to Monthly Key Indicator Reports <a href="http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/ChildWelfareKeyIndicators.shtml">http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/ChildWelfareKeyIndicators.shtml</a>
	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.)  Year Two: Completed

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	Interventions	Benchmarks
Objective B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.	1. Protective Factors Prevention Strategy	<p>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.</p> <p><b>Year Four: Ongoing.</b></p>
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  <div style="border: 1px solid blue; background-color: #d9ead3; padding: 5px; display: inline-block;">Completed</div>	<p>By June 30, 2015:</p> <p>Five on-line courses relating to behavioral health for child welfare will be in use.</p> <p>Year One: Completed.</p> <p>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.</p> <p>Year One: Completed.</p> <p>QA/CQI results and feedback: annually in October</p> <p>Year One: Completed.</p>
	2. Domestic violence and Child Welfare Collaboration  <div style="border: 1px solid blue; background-color: #d9ead3; padding: 5px; display: inline-block;">Completed</div>	<p>Quarterly meetings with the FCADV, child welfare, and other partners</p> <p><b>Year Three: Completed.</b></p>

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	Interventions	Benchmarks
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
	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. Deployed in January 2015  Analyze QA/CQI results and feedback  <b>Year Three:</b> Completed. See the monthly Key Indicators Report and final CFSR report for round 3.  <a href="http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/ChildWelfareKeyIndicators.shtml">http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/ChildWelfareKeyIndicators.shtml</a>  <a href="http://centerforchildwelfare.fmhi.usf.edu/qa/CFSRtools/2016%20CFSR%20Final%20Report.pdf">http://centerforchildwelfare.fmhi.usf.edu/qa/CFSRtools/2016%20CFSR%20Final%20Report.pdf</a>

<b>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.</b>		
<b>Measures of Progress:</b>	<b>Actuals:</b>	<b>Targets (to be achieved by end of year five):</b>
Measures of progress shifted to Florida's Program Improvement Plan – Measurement Plan; federal Child and Family Services Review outcomes and items.		
Permanency in 12 months (entries): National Performance – 40.5%	41.3%	Sustain
Permanency in 12 months (12-23 mos.): National Performance – 43.6%	54.0%	Sustain
Permanency in 12 months (24+ mos.): National Performance – 30.3%	45.2%	Sustain
Re-entry to care in 12 months: National Performance – 8.3%	11.2%	Informed PIP Activities for Goal 1 (Safety) and Goal 2 (Permanency)
Placement Stability: National Performance- 4.12 ** data from last federal fiscal year, Oct 2016 – Sept 2017	4.4	

<b>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.</b>		
<p>Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.</p>	<p>1. Practice Model (formerly known as Safety Methodology)</p>	<ul style="list-style-type: none"> <li>December, 2017: Initial Implementation Statewide  <b>Year Four: 100% of child protective investigations utilize the Practice Model. 82% of cases with approved Family Functioning Assessment – ongoing as of April, 2018</b></li> <li>December, 2018: Full Operation</li> <li>See Goal 1, Objective A: Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter.</li> </ul>
	<p>2. Quality Parenting Initiative</p>	<p>Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions.</p> <p><b>Year Four: Completed for report period. Refer to Appendix B, Foster Parent Diligent Recruitment Plan.</b></p>
	<p>3. Local Permanency Initiatives</p>	<p>Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle.</p> <p><b>Year Four: Completed for report period. Refer to Chapter II.</b></p>
	<p>4. Adoption Supports</p>	<ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Year Four: Ongoing.</b></p>

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.		
<p>Objective B. The state’s case review system will support timely permanency with appropriate participation and planning. [systemic factor]</p>	<p>1. Collaboration with the Court System and Children’s Legal Services</p>	<ul style="list-style-type: none"> <li>• Annually: Convene the Dependency Summit</li> </ul> <p><b>Year Four:</b> Completed for this report period. Planning underway for the 2018 Summit, 9/5 – 9/7/2018.</p> <ul style="list-style-type: none"> <li>• Monthly: Continue Monthly OCI/OCW meetings</li> </ul> <p><b>Year Four:</b> Completed for this report period.</p> <ul style="list-style-type: none"> <li>• Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle</li> </ul> <p><b>Year Four:</b> Completed for this report period.</p> <ul style="list-style-type: none"> <li>• Annually: Review CQI Plan and analyze results &amp; feedback for improvements</li> </ul> <p><b>Year Four:</b> Refer to CQI Plan update in Appendix A</p>
<p>Objective C. Staff and provider training will support skill development in practice areas of emphasis.</p>	<p>1. Implement the Practice Model and the Training plan.</p> <div data-bbox="553 1465 841 1556" style="border: 1px solid blue; padding: 5px; text-align: center; background-color: #e1f5fe;"> <p>Completed</p> </div>	<p>Inclusion of timely establishment of permanency goals in pre-service training curriculum in year one.</p> <p>Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015).</p>
<p>Objective D. Foster and adoptive parent licensing, recruitment, and retention will support permanency</p>	<p>1. Implement the Foster and Adoptive Parent Diligent Recruitment Plan</p>	<p>Annually: report and summarize status of state and local initiatives for the Annual Progress and Services Report cycle.</p> <p><b>Year Four:</b> Completed for report period. Refer to Appendix B, Foster Parent Diligent Recruitment Plan.</p>

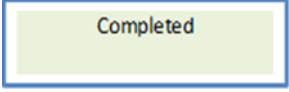


<b>GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.</b>		
<p>Objective E. Service array will emphasize proven, effective approaches to avoiding disruption.</p>	<p>1. Expand quality and availability of supports through the Title IV-E Foster Care Demonstration Waiver</p>	<p>Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report</p> <p><b>Year Four:</b> In progress. Florida continues to assess the service array. The Department and Florida Coalition for Children (FCC) are engaged in a joint strategic initiative. There are two strategies, one to develop a full array of services for children and one for parents. Both strategic alignment initiatives are led by joint chairs, one from the Department, and one from the FCC.</p>

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

<b>Measures of Progress:</b>	<b>Actuals:</b>	<b>Targets (to be achieved by end of year five):</b>
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	Baseline set during Round 3 CFSR: Item 12: 51.3% Item 13: 63.6% Item 14: 72.5% Item 15: 43.5.5 Item 16: 92% Item 17: 85% Item 18: 72%	WB 1: Item 12. 58.4% Item 13. 70.7% Item 14. 78.9% Item 15. 51.1% WB2: Item 16. >92% WB3: Item 17. >85% Item 18. >72%
		Year 4: Implemented Florida's Program Improvement Plan.

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 -	<ul style="list-style-type: none"> <li>December, 2016: Initial Implementation Statewide</li> <li><b>Year Four:</b> 100% of child protective investigations utilize the Practice Model. 82% of cases with approved Family Functioning Assessment – ongoing as of April, 2018</li> <li>December, 2018: Full Operation</li> </ul>
	2. Local well-being initiatives	<p>Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle.</p> <p><b>Year Four:</b> Completed for the report period. Refer to Chapter II</p>
	3. Expanded service array through the Title IV-E Foster Care Demonstration Waiver	<p>Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report.</p> <p><b>Year Four:</b> Refer to Chapter IV update to Objective E and Chapter VII.</p>
Objective B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs	1. Implement Health Plan.	<p>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</p> <p><b>Year Four:</b> Completed for report period. See Appendix C, Health Care Oversight and Coordination Plan.</p>

<b>GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.</b>		
<b>Objectives</b>	<b>Interventions</b>	<b>Benchmarks</b>
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. <b>Year Four:</b> 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. <b>Year Four:</b> 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. 	<ul style="list-style-type: none"> <li>During SFY 2015/16, develop data integrity approach.</li> </ul>

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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 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 decreased from 41 in 2015 to 25 in 2017. 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): 74
  - Of the 74<sup>15</sup> children referenced above, the number who have at least one tribal affiliation is: 74
  - Of the 74 children referenced above, the number who have at least two tribal affiliations: 2
- The number of children in out-of-home care identified as ICWA eligible: 39
  - Of the 74 children referenced above, number who are placed in an ICWA compliant placement: 25

The Department seeks tribal representation to assist with training development and other discussions (see Appendix E, the Training Plan). The Department's core pre-service curriculum includes the mandates of the Indian Child Welfare Act. The Department will continue to involve the tribes in training activities, as described in Appendix E.

The case planning services of the Seminole Tribe of Florida (STOF) Family Services Department handles credit reports for tribal children. The Miccosukee Tribe provides case planning services to its own children; the Department has not received specific information as to whether that includes credit reports. The Department requires the lead agencies to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group.

Florida continues to work 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 continues outreach efforts that are respectful of the tribes' cultures and preferences. The Miccosukee Tribe recently welcomed the Department's invitation to participate in the statewide ICWA Forum conference calls. The Miccosukee Tribe is reviewing their schedule to see if accommodations can be made to participate.

<sup>15</sup> Data source: FSFN ICWA Data 057\_Annual Progress and Services Report

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).

The Department maintains ongoing collaboration, both statewide and locally, with Florida's recognized tribes. The Department's point of contact, Jessica Johnson, along with Special Projects Administrator of the Seminole Tribal Court, Jaqueline Gonzalez, convenes regularly scheduled conference calls every two months to discuss issues, such as upcoming trainings, training needs, data needs, plans to identify statewide compliance, and review of complex cases from a statewide perspective. There is broad participation during the bi-monthly conference calls to include DCF regional staff, Florida Court Improvement Team, DCF General Counsel, DCF Children's Legal Services, and Tribe Liaisons. Further, all three tribes are invited to participate in the annual statewide Dependency Summit.

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.

Pending the signing of the MOA, the Department provides, at the STOF's request, child abuse and neglect investigations and certain case management functions on the Seminole reservations. The STOF is developing a tribal court system and regulations for handling child welfare cases in the tribal court system. In the interim, Florida's courts hear dependency court cases resulting from investigations conducted by the Department or its contracted agencies on Seminole reservation in Hollywood. The progress and outcome of the cases being heard on the reservation is positive and resulted in having all future ICWA cases heard on an on-going basis.

The Department's Southeast Region, Broward County Sheriff's office, and the Seminole Tribe of Florida developed and executed a local Memorandum of Understanding which ensures effective and efficient collaboration with the Department and Tribes within the Southeast Region.

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

**Miccosukee Tribe of Indians of Florida**

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

**Seminole Tribe of Florida**

Designated Tribal Agent for ICWA  
 Attention: Shamika Beasley, Tribal Family & Child Advocacy Compliance & Quality Assurance Manager  
 Center for Behavioral Health  
 3006 Josie Billie Avenue  
 Hollywood, Florida 33024

Telephone: (954) 965-1314 ext. 10372 FAX: (954) 965-1304

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

Additionally, the representative from the Alabama tribe:

#### **Poarch Band of Creek Indians**

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

#### **Updates /Accomplishments:**

- Provided joint statewide training in partnership with the Seminole Tribe regarding the amended Indian Child Welfare Regulations during the 2017 Dependency Summit.
- Continued efforts to engage the Miccosukee Tribe. The Miccosukee Tribe identified a new point of contact for child welfare.
- Developed protocol specific to the Seminole Tribal Court in Hollywood hearing ICWA dependency cases on the local Seminole reservation.
- Shared information from the Department of Health and Human Services on Tribal Title IV-E block grants with the Seminole Tribe's and Miccosukee Tribe's points of contact.
- Shared information regarding CFCIP and ETV programs and the Department's Independent Living Services Annual Report with STOF in continued efforts to explore the need for an agreement to administer or supervise services to transitioning youth and young adults.

#### **Future Plans**

- Provide co-trainings in collaboration with the STOF to child welfare professionals, the courts, and communities across the state.
- Continue regularly scheduled conference calls between the Tribes, the Department, and contracted providers to enhance collaboration and information sharing.
- Continue efforts to engage the Miccosukee Tribe by extending invitations to the Dependency Summit, and statewide ICWA forum calls.
- Update the statewide operating procedure to reflect the Memorandum of Agreement between the Department and the Seminole Tribe of Florida.
- Continue to work with the Seminole Tribe of Florida to solidify the statewide Memorandum of Agreement and if requested, include language relevant to CFCIP and ETV programs.



- Establish connection with the Miccosukee Tribe to share information regarding CFCIP and ETV programs, in efforts to develop an agreement, if requested, to administer or supervise services to transitioning youth and young adults.

## 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 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.

The data for Florida Caseworker visits for FFY 2017 is below. As reported in December 2017, 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 monthly by caseworkers to children in foster care: 97%.

The percentage of visits that occurred in the residence of the child: 99%.

### Update/Accomplishments

- Established a statewide work group for the development of a standardized home visit tool that provides guidance and elements to capture quality information during home visits with caregivers, children, and parents.
- Published the updated findings from the Department funded "Florida Study of Professionals for Safe Families." This project with the FSU Institute on Child Welfare is a five-year, longitudinal study that focuses on worker orientation, supervision, and mentoring for those transitioning from the pre-service training to investigations and case management positions.

### Future Plans

- Implement the quality home visit tool for use by child welfare professionals during visits with children, parents, and caregivers.

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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. On January 31, 2014, the State of Florida (the State) was granted waivers under Section 1130 of the Social Security Act to extend operation of the child welfare waiver demonstration project. As the only state with such a broad federal waiver, Florida dedicated resources to keeping more families together and helping parents change their lives and make their homes safe so they can keep or reunify 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 Waiver Demonstration Project continues 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.

The design of Florida's waiver demonstration project is 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 basis of the theory of change is 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, the expectation is 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 because of waiver demonstration implementation.

The context for Florida's waiver demonstration renewal is the continued implementation of the child welfare 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 welfare professionals (child protective investigators, child welfare case managers and their supervisors), 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 child welfare practice model will enhance the skills of child welfare professionals 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.

Florida's IV-E Waiver Demonstration continues to facilitate reductions in out-of-home care, reduction on reliance of facility-based care, and redirection of resources to services to prevent unnecessary removal of children from their families, all of which support attainment of the overall goals of the Demonstration.

- The number of children in out-of-home care was lower in the initial Demonstration period and Demonstration extension compared to the pre-Demonstration period. The children served in out-of-home care has reduced by 14.5% since implementation of Florida's IV-E Waiver Demonstration. Findings from the initial Demonstration period demonstrated that children placed in out-of-home care represented a reduction of 27%. In October 2006, there were 28,634 children in out-of-home care; in October 2017, there were 24,485 children in out-of-home care.
- Children, ages 0 to 17, placed in facility-based care has decreased by 23.6% since October 2006. In October 2006, there were 2,699 children placed in facility based care; in October 2017, there were 2,183 children in facility care. The most significant reduction, 72.6%, occurred for children ages 0 to 3 placed in facility care. In October 2006, there were 186 children ages 0 to 3 in facility care; by October 2017, the number of children ages 0 to 3 in facility care was 51.
- The flexibility afforded by the IV-E Waiver Demonstration supports redirecting resources to services to prevent unnecessary removal from the family home. In October 2006, 1,843 children entered care. As of October 2017, 21.2% fewer children (1,452) entered out-of-home care than at the beginning of the initial Demonstration period.

Consistent with the CBC model, each lead agency uses the flexibility differently, 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 necessary 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, the challenges related to the service array are consistent statewide:

- Lack of safety management service array for duration of intervention with the family. While most areas identified safety management service providers for the investigation portion of safety management, 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 providers continued to provide the same service previously identified as a diversion, prevention, or treatment

service without shifting the service provision to match the need for safety management. This is especially present in the treatment services funded through providers other than the CBC.

To address this, the Department and CBCs are completing a thorough service array assessment that will evaluate the service array of each CBC. The assessment includes availability of services for child welfare providers in each larger service domain and whether the service is evidence-based and who is the target population for each service. The Department and CBC Lead Agencies established a workgroup to include CBCs and community stakeholders to inform the assessment and expansion of treatment and well-being services for children and to enhance the availability of evidence-based and promising practices services within the service array continuum. Casey Family Programs and a Harvard fellow serve as support to this Priority of Effort (POE). Through the POE, the Department established a baseline rating for each CBC for each large service domain. At this time, the Department determined a baseline for safety management services and prevention based family support services.

The baseline rating for each service array domain is integrated into the contract monitoring of each CBC. The contract monitoring includes on-site information gathering around the service array and updates, when appropriate, to the rating.

A statewide executive oversight committee guides and oversees the implementation of the waiver demonstration renewal 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 renewal 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**

- Held a statewide conference with eligibility specialists in May 2017 included topics such as best practices; eligibility and the IV-E waiver demonstration; and finance, eligibility, and Florida's Safe Families Network (FSFN).
- Held a statewide Eligibility and Finance conference in May 2018 that focused on the Path Forward, post waiver.
- Continued to collaborate with various partners and consultants concerning strategies to sustain the waiver interventions following the end of the Demonstration period. A Path Forward workgroup comprised of senior leadership, program experts, and consultants oversees and leads the initiative. The Path Forward workgroup meets weekly, to review progress and address issues.
- Implemented the Path Forward Project Plan. The Department in consultation with the Path Forward workgroup analyzed all state and federal funding sources for child welfare, developed and reviewed legislative requests, and identified activities and ways to leverage state and federal resources for long-term sustainability. The 2018 Florida Legislature passed legislation for the state to implement

Title IV-E options for programs such as candidacy, Guardianship Assistance, and extended foster care. These Title IV-E options provide the necessary leverage to re-invest IV-E funds.

- Submitted a request for a one-year extension of the IV-E Waiver Demonstration. The one-year extension will provide the additional time necessary as Florida implements its Program Improvement Plan, completes the complex planning necessary to implement Title IV-E Guardianship Assistance Program (GAP) and IV-E Extended Foster Care Program (including adoption subsidy) up to age 21, and aligns fiscal models to better support improved outcomes for children and families that are sustainable over time.

### **Future Plans**

- Continue to address the recommendations from the Florida Title IV-E Waiver Demonstration Evaluation Interim Evaluation Report (10/01/2013 – 3-31-2016). Refer to the Phase 3- Florida’s Title IV-E Demonstration Waiver Interim Evaluation Report and the March 2018 Semi Annual Progress Report (9-1-2017 through 3-31-2018). The link to these reports is: <http://centerforchildwelfare.fmhi.usf.edu/DataReports/IVERReport.shtml>
- Continue to educate Community-based Care (CBC) lead agency executives about the demonstration waiver ending and importance of ongoing eligibility.
- Increase the availability and access to child welfare services. The Department will work with the CBC lead agencies through a joint strategic initiative in an effort to address service gaps at the local level.
- Participate and coordinate in concert with the Children’s Bureau a mock Title IV-E eligibility review. This review will assist the state with moving forward following the end of the waiver demonstration period.

## 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. The 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 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.

Florida's Early Steps Program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 month of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services will include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support.

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, and this represents one of the more critical partnerships for young children for the Department of Children and Families.

#### 2017-2018

The FICCIT plays a very important role in managing and coordinating services 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**

By working with the FICCIT, the Department has established a stronger relationship with DOH enabling them to better meet the needs of both parents and children with disabilities.

**Collaboration**

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

**Program Support**

Three agency staff are appointed to the FICCIT to support that all potentially eligible children are identified and 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)****2017-2018 Update****2017 Child Protection Summit****\$240,448 (Scholarships to attend for Investigators, Children's Legal Services, and Law Enforcement)**

The Summit provides support and technical assistance to those on the front end of child welfare, offering an opportunity to attend sessions designed to improve and strengthen the knowledge base and specialties of child protective investigators and their supervisors.

The Summit has in previous years been attended by over 2,500 child welfare professionals and offers opportunities for collaboration and learning. Learning opportunities include: Human Trafficking; Court Testimony and Evidence Gathering; Domestic Violence; and many others. The Summit is a critical learning opportunity for Child Protective Investigators. Multiple task force members participate in workshop vetting, selection, summit planning and attend the Summit.

**Florida Justice Technology Center (FJTC)****\$131,000**

A pivotal event in an abused child's life is the court case where the child's future is determined. Too often, the judges, attorneys, and others involved lack the tools, resources, and training necessary to achieve the best outcome for the child. Increasing use of *FLORIDA for Children and Families* as well as other FJTC portals will result in more positive outcomes for abused and neglected children by providing resources and important information to parents, Guardians ad Litem, attorneys advocating for children in the courtroom, and more judges making decisions in their cases.

CJA funds provide a content expert for the Florida Justice Technology Center to develop content for *FLORIDA for Children and Families* ([www.F4CF.org](http://www.F4CF.org)), as well as fund its license. The Task Force will continue its partnership with FJTC.

**University of South Florida, Florida's Center for Child Welfare****\$105,713**

The Center for the Advancement of Child Welfare Practice (The Center) was established to provide information and support to Florida's professional child welfare stakeholders. Funding is provided through a contract with the University of South Florida's College of Behavioral and Community Sciences, Louis de la Parte Florida Mental Health Institute (FMHI). The Center serves child protective

investigation and child welfare professionals from the Department and various Sheriffs' Offices, Children's Legal Services, and community-based care lead agencies.

The Center's mission is to support and facilitate the identification, expansion, and transfer of expert knowledge and best practices in child welfare case practice, direct services, management, finances, policy, and organizational development to child welfare and child protection stakeholders throughout Florida.

Topical web pages were added into The Center's knowledge resource, for ready access by any interested stakeholders to training and reference materials, reports, "best practice" links, and other supports of excellence in child welfare practice. The primary objectives of The Center are to:

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

The Center supports Florida's child welfare professionals in achieving practice excellence and helping to keep children safe, by providing immediate access to relevant, accurate, and consistent information to Florida's child welfare community.

The Center has provided significant benefit to the child welfare community by serving as the host site for numerous webinars to disseminate vast amounts of information on any number of important topics quickly and efficiently to a statewide audience of trainers, investigators, case managers, supervisors, executive staff and other interested agency personnel. The Center may be accessed at: [www.centerforchildwelfare.org](http://www.centerforchildwelfare.org).

### **Human Trafficking Training**

**\$12,900**

Training provided specialized child protection training for investigators and other child welfare professionals who work with children who are victims of human trafficking. This project sought to improve child welfare practice related to the investigation and prosecution of cases of child sexual abuse and exploitation. Attendees learned techniques to assess for and identify human trafficking victims, techniques for identifying and for responding to gang led trafficking.

**Printing and Binding of Chapter 39 of the Florida Statutes for Child Welfare Professionals  
\$31,838**

Child Protective Investigators, Children’s Legal Services and Guardian ad Litem need to have quick and immediate access to Florida State Statute. With the printing and binding of statute relevant to child welfare procedure staff are now able to carry this information with them to court, home visits, schools and other frequently visited places. It is essential for staff to be knowledgeable in statute and have quick and immediate access. This successful printing and distribution throughout the state was appreciated by front line staff.

**Florida State University, Child Protective Investigator Review  
\$100,500**

A workforce study was previously identified as a significant need. The Department continues to seek a reduction in Child Protective Investigator turnover. This study consists of a 5-year longitudinal study of newly hired Child Protective Investigators (CPIs). The study focuses on research questions about retention and child/family outcomes including:

- Do educational differences at the time of hiring impact family and child outcomes along with retention?
- At what point do investigators start to consider leaving their positions?
- How long does it take front-line staff to leave once they begin considering alternative options?
- If they chose not to leave, what made them stay?
- Once someone has stated an intention to leave their employment, are there any strategies that could prevent that from occurring?
- How does child welfare work affect personal lives and does this influence decisions around leaving?
- What management practices influence decisions around leaving or staying?
- What workload issues most impact job satisfaction and do those change over time?
- Do investigators who leave their positions also leave the profession of child welfare?
- What do they do instead of child welfare?
- What investigator or organizational characteristics influence turnover as compared to retention?

**2017 Crimes Against Kids Conference  
\$21,050**

The Crimes Against Kids Conference is attended annually by nearly 300 professionals including law enforcement personnel, child protective investigators, attorneys, therapists, counselors and social workers. This year’s conference will offer nearly fifty sessions, addressing topics such as, interviewing children with disabilities, child victims of human trafficking, cyber-crimes, and child sexual abuse.

**Human Trafficking Training  
\$10,000**

Judge Bob Bauman, Circuit Court Juvenile Delinquency and Crossover Judge and Judge Laura Ward, Juvenile Dependency Judge, both of the Thirteenth Judicial Circuit, Hillsborough County, Florida, attended the National Judicial Institute on Domestic Child Sex Trafficking sponsored by the National Council of Juvenile and Family Court Judges in San Diego, CA from June 5 – 7, 2017. This conference

consisted of a highly interactive training which included topics such as: victim demographics; risk factors; recruitment and control tactics; trafficking legislation; complex trauma; historical/intergenerational trauma; cultural considerations; standards of care and services; placement issues; and, judicial leadership. Locally, judges consistently handle cases involving victims of human trafficking and child victims of sex abuse. There is a need to become more knowledgeable on this issue so that the courts can better identify and meet the needs of victims of child sex trafficking and child sex abuse.

**Statewide Child Abuse Death Review Committee Joint Conference**  
**\$22,000**

The Statewide Child Abuse Death Review Committee will hold a joint conference/meeting between the members of the Statewide Child Abuse Death Review Committee, the Chairs and Co-Chairs of the twenty Local Child Abuse Death Review Committees, and the County Health Department Directors. This meeting was structured around the critical appraisal and review of existing child fatality review procedures and processes in the efforts of exploring and developing recommended best practice standards for reviews in Florida that will enhance the capacity of the state and local review system to better fulfill their statutory purpose 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.

**Sex Trafficking in Florida's School Symposium**  
**\$3,500**

One-day symposium on prevention, identification and response to sex trafficking of minors in Florida's schools. The targeted audience is school officials, administrators, school resource officers, school health educators, PTA presidents and counselors from all over the State of Florida. The goal is to educate school officials and staff on recognizing victims of human trafficking, how to best respond to a victim of human trafficking and the need for awareness and prevention programs within the schools.

School boards and school personnel from across the State of Florida will be introduced to the prevalence of human trafficking among minors in Florida and recognize that educators are frontline caregivers who are in a unique position to identify human trafficking in a population vulnerable to this often over-looked and misunderstood form on child abuse. They will understand the reporting process to the Florida Abuse Hotline, the importance of multi team disciplinary staffing and the need for multiagency collaboration on all human trafficking cases to best serve the minor victim.

### **Collaboration**

- Through the Task Force and the Department’s leadership, the training content for the 2017 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 received.
- Through the Task Force, and the Department’s leadership, the statewide work to reach fidelity and sustainability 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 CBC lead agencies and child welfare 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)***

#### **2017-2018 Update**

Florida received a Federal Fiscal Year (FFY) 2017 Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award of \$ 1,542,784 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, family support services and parent support.

Statewide and regional projects focus on public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention. CBCAP funds will continue to 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, service delivery, and take action to address them.

During the reporting period, funded programs provided direct services to more than 9,960 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 statewide prevention workgroup is in place, linking various state agencies ensuring; 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 in service array and availability are identified and are 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, state and local leaders and advocates.

### ***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 three entities as Citizen Review Panels. Each of these meets the requirements of the Child Abuse Prevention and Treatment Act.

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.

For additional information, activities, recommendations, and the Department responses to these three panels, please refer to the annual reports included as Attachments A-C1 to this Chapter.

### **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.

### **2017-2018 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/reports>.

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, 2017. The Annual Report is the Council's primary work product.

### **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 Jeff DeMario, the ILSAC chairperson, the Council works closely with the Department and the Community-based Care lead agencies 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. The committee is comprised of a statewide appointee panel and locally developed multi-disciplinary teams charged with reviewing, the facts and circumstances surrounding cases in which child fatalities occurred directly as a result of verified maltreatment. 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.

Since the inception of the Child Abuse Death Review Committee (CADR) system, changes in statutory requirements have gradually widened the scope of child fatality cases committees are expected to review. In 2016 local committees began reviewing all child fatalities reported to the Florida Abuse Hotline, not just child protective investigation with verified findings. 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.

### **2017-2018 Update**

Throughout 2017, the death review system conducted case reviews on over 348 child fatalities that occurred in 2016. Analysis of the 2016 case review data reveal that Florida's youngest children continue to be the most vulnerable to child abuse and neglect fatalities. Children under five had the highest risk for all forms of death. Additional findings identify three primary preventable causes of child deaths, which remain consistent from prior years.

- Drowning continues to be a primary cause of preventable death among children in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to child safety.
- Asphyxia, often the result of unsafe sleep practices, claims the lives of younger children.
- Trauma/wounds caused by a weapon, primarily the use of firearms or bodily force (e.g., fists or feet) to inflict harm, also ranks in the top, three causes of child deaths.

### **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**

Florida's child welfare system is continuously evolving to meet the needs of a diverse and dynamic population. Years of research showing consistent correlation between child maltreatment and poor health outcomes later in life bring child maltreatment to the forefront as a serious public health issue. As challenges continue to surface, the CADR system has renewed its focus on the need to move beyond data collection and to act on findings at both state and local levels. This trend is evident throughout the state as progressively more local, circuit-based committees actively collaborate with community partners to develop and implement multi-sector strategies to further prevention initiatives. During the past year, all 20 local committees developed and implemented community-based action plans to employ a wide array of prevention strategies. Action plans are continuously informed by local child abuse death review data as well as other data sets. Public awareness campaigns, improvements in community-based systems of care, enhancements in staff training and programmatic policy, and many other impact-based activities continue to be shaped and informed by CADR findings and recommendations.

### **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.

#### **2017-2018 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 codified 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.

The Advisory Council website can be found at: [www.flgov.com/fbcb](http://www.flgov.com/fbcb).

#### **Accomplishments**

The Office worked diligently throughout 2017 to advance the efforts of the Advisory Council. The following workgroups were established to advance the work of the Advisory Council:

- Annual Conference
- Child Welfare
- Criminal Justice
- Disaster Planning
- Family Initiatives
- Legislative

Child Welfare Workgroup – The Child Welfare Workgroup assisted to advance efforts to enhance and improve the welfare of children in Florida. The workgroup focused on increasing awareness of

prevention, child maltreatment, foster care, adoption, independent living, human trafficking, health and well-being, youth with disabilities, and education. The workgroup coordinated efforts with state agency liaisons and various faith-based and community-based organizations to identify needs, gaps in services, and propose solutions in order to facilitate a more collaborative and coordinated approach to improving outcomes for children and families.

**Criminal Justice Workgroup** – The Criminal Justice Workgroup supported efforts of the Department of Corrections and Department of Juvenile Justice to improve outcomes for their populations. The workgroup focused on identification of best practices and effective strategies to include prevention, early intervention, diversion and re-entry or reintegration of adults and juveniles from jail and juvenile facilities, substance abuse, mental health, and persons with disabilities. The workgroup will bring together state agency liaisons and various faith-based and community-based organizations to identify needs, gaps in services, and propose solutions in order to facilitate a more collaborative and coordinated approach to working with state government agencies.

**Disaster Planning Workgroup** – The Disaster Planning Workgroup assisted to further engage faith and community-based organizations in the state’s efforts to effectively prepare, respond, and recover from natural and man-made disasters. The workgroup assisted in facilitating connections of organizations and groups to existing state/regional/local teams and networks to enable communities to come together before and after a disaster.

**Family Initiatives Workgroup** – The Family Initiatives Workgroup assisted in advancing efforts to improve family preservation, healthy marriage, fatherhood, single parent families, and other family related issues such as employment and homelessness.

**Legislative Workgroup** – The Legislative Workgroup works closely with all Advisory Council workgroups to research and identify recommendations to refine, improve, and strengthen policies and legislation affecting Advisory Council workgroup focus areas and faith-based and community-based organizations.

### **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 limited state resources, 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.

In addition to the three state plan program areas, gains in other program areas are briefly described. Note: In this section, the CAPTA program areas are numbered consistent with the structure in Section 5106a of the Act.

#### **(1) Intake, assessment, screening, and investigation of reports of abuse and neglect.**

The Department is responsible for conducting child protective investigations in 61 of 67 Florida counties. Sheriff's offices in the remaining six counties (Broward, Hillsborough, Pasco, Pinellas, Manatee and Seminole counties) conduct child protective investigations through grants. A seventh county sheriff office, Okaloosa County in the northwest panhandle, will also be responsible for conducting child protective investigation in July, 2018. Child protective investigations involve three types of settings. Intra-familial, In-Home investigations with a parent or legal guardian as the alleged perpetrator with the child residing in the caregiver's household comprise the largest share of investigations. A second, much smaller subset of investigations involve alleged maltreatment by a caregiver outside the child's immediate family (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 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, assessing risk of subsequent harm and how to engage caregivers in achieving change. The Abuse Hotline initially first gathers information related to the presence of Present Danger and the nature and extent of the alleged maltreatment. The child protective investigator validates the initial information received and obtains additional information 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 in which the child is determined to be safe. All 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 during the provision of {case management services}. Additional information collection continues for the Family Functioning Assessment – Ongoing and Progress Updates to inform case planning and the identification of family conditions and behaviors that must change to ensure child safety, improve child well-being and obtain permanency.

### **The Florida Abuse Hotline**

The single-entry point to child welfare services in Florida is the Florida Abuse Hotline. The centralized Florida Abuse Hotline located in Tallahassee operates 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 response times (Immediate or 24-hour) to reports based upon the assessment that the child's immediate safety or well-being is threatened. In addition, Hotline staff provide child protective investigators important criminal and child welfare history prior to their arrival at the home to improve safety assessments and front-end decision-making.

### **Assessment, Screening, and Special Conditions**

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Department do not allege abuse, abandonment or neglect and are more appropriately addressed by the provision of resources or services outside of the child protection system.

For example, 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."

There are two positions within the Office of Child Welfare to provide support to Hotline Operations. The first is 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. Similarly, there is a Continuous Quality Improvement Specialist responsible for reviewing and assessing the handling of calls by Hotline counselors and the decision to screen out or accept a report based upon the sufficiency of the information obtained by the counselor.

Within Hotline Operations, the management team has been updated to include a Fidelity Team and a Practice Team. The Fidelity Team encompasses Quality Assurance, Training and the Hotline Specialists. The Practice Team has responsibility for 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 is based on the program requesting the information as well as the purpose of the request (subjects of the investigation or individuals being considered for placement of children). 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 option for a child upon removal from his or her home, they must contact the Florida Abuse Hotline, Background Screening Unit, and request criminal history record information on potential caregivers.

For placement checks, fingerprint submissions must be obtained by the investigator or case manager 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.

By adding statutory language (Chapter 39) on criminal background screening for investigations and placement, the federal requirements are more clearly defined for screening for adoptive parents, relative and non-relative placements.

**(2) Multidisciplinary teams and interagency, interstate, and intrastate protocols to enhance investigations; and improve legal preparation and representation**

- Following initial Office of Child Welfare on-site visits, each Community-based Care provider completed a self-assessment of their Family Support and Safety Management service array. Data collected was used to provide a baseline with the specific focus on family support services for safe children and to gain a better understanding of the formal and informal safety management services currently being provided. Based on the preliminary results of the service array survey, the Department identified a need for additional Family Support Services throughout the State, including services provided to families who have been identified as at-risk for abuse or neglect

through community referrals, assessments, or calls received by the Florida Abuse Hotline. Updated assessments are on-going.

- Considerable work was accomplished during this time converting practice guidelines and combining existing Family Safety operating procedures into a cogent, comprehensive set of new Child Welfare Practice operating procedures. Here is a list of the more substantive work, by order of release date:
  - Children and Families Operating Procedure (CFOP) 170-10, Providing Services and Support for Children in Care and for Caregivers was updated April 18, 2017.
  - CFOP 170-13 Child Support in Welfare Cases was published December 15, 2017.
  - CFOP 170-12, Adoptions, was updated to include a new chapter, Yearly Adoption Targets. Chapter 5 was revised for the community-based incentive program established by section 409.1662, Florida Statutes.
  - CFOP 170-1 was revised effective February 15, 2018. The revisions revised Chapter 9 specifically, Newborns, or Other New Children in Households with Active Investigations or Ongoing Services, has been revised to reflect changes that are in accordance with section 39.701, Florida Statute. Chapter 13, Confidentiality of Records, was revised to reflect 2017 Florida Statute requirements.
  - CFOP 170-7 was revised March 15, 2018, this revision included updates to Chapter 2, Chapter 4, and Chapter 12.
  - CFOP 170-8, Chapter 1, Plans of Safe Care for Infants Affected by Prenatal Substance Use, was written to incorporate the requirements of the CAPTA/CARA legislation. The policy was written and reviewed by field staff, final publishing May 2018.
  - CFOP 170-8, Chapter 2, Procedures for Monitoring Referrals and Service Provision, was written and reviewed by field staff, final publishing May 2018.
  - CFOP 170-8, Chapter 3, Annual Data and Reporting Requirements, this chapter describes the procedures developed to track and measure the annual data reporting requirements under CARA for infants affected by prenatal substance exposure, final publishing May 2018.
- Additionally, the Department collaborated with the Institute for Child Welfare and Action for Child Protection.
- Recruitment and retention of a stable and knowledgeable workforce continue to be problematic for the Department and Community-based Care Lead Agencies, and service providers. High turnover puts vulnerable children at greater risk for recurrence of maltreatment and impedes timely intervention and ultimately permanency. In an effort to address retention issues, Florida's Institute for Child Welfare is leading a five-year longitudinal study of 1,000 newly hired CPI's and case managers to study the individual conduct and organizational influences on child welfare employee retention. The Florida Study of Professionals for Safe Families has been funded in part with CJA funds. The study was identified as a need through ongoing discussion at quarterly Task Force meetings and research efforts will continue to be supported.



**(3) 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 child welfare practice emphasizes the least intrusive approach with the family while keeping the safety of the child as the paramount concern.

The Office of Child Welfare continued to implement operating procedure, CFOP 170-9, Family Assessment and Case Planning, which provides comprehensive statewide standards for family engagement during every stage of a child welfare case transferred to the CBC lead agency. The standards provide for the on-going assessment of caregiver protective capacities and child well-being indicators, whether the case involves in-home protective services or out-of-home care. The standards for family engagement include child and family assessment, identifying family change strategies and barriers to change, co-constructing case plans and collaborating in the on-going assessment of progress.

A significant portion of the Department’s safety management service array for families under in-home protective supervision 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.

CFOP-7, Chapters 2, 4, and 12 have been updated. Chapter 2, Develop Present Danger Safety Plans, has been revised to reflect changes in accordance with the Child Protective Investigations efficiencies work group and align with CFOP 170-5. The major changes made include:

- Clarifies the requirements for child welfare supervisors to review the effectiveness of the Present Danger Safety Plan, determine if the child welfare professional is managing the Safety Plan, and gathering sufficient information to inform the next required assessment.
- Changes the requirement for “follow-up” consultations with provisionally certified workers to every 14 days (instead of weekly) until the completion of the Family Functioning Assessment – Investigation (Child Protective Investigators), or completion of the Family Functioning Assessment – Ongoing or Progress Update (Case Management).

Chapter 4, Safety Plans When there is Intimate Partner Violence, has been revised to reflect changes that are in accordance with s. 39.301, Florida Statutes. The major change includes:

- Adds the requirement for conducting and ending a diligent search for a perpetrator of intimate partner violence when the child welfare professional is unable to locate the alleged perpetrator.

Chapter 12, Implement Reunification and Post-Placement Supervision, has been revised to reflect changes that are in accordance with s. 39.521, Florida Statutes. The major changes include:

- Adds the requirement for achieving reunification when conditions for return have been met and an In-Home Safety Plan can be implemented.

- Adds language requiring that the recommendation for reunification not endanger the child’s physical, mental, and emotional health.
- Adds the requirement for post-placement supervision for each of the parents from whom the child was removed.

The Guidelines for the Release of Children’s Foster Care Records was updated in December of 2017. The purpose of these guidelines is to provide guidance on the release of child records. Key components include:

- maintenance of complete and accurate records
- minimum standards for record content
- individuals authorized to request and receive the record
- provision of record at no cost to certain individuals
- exemptions for releasing specific information

The guidelines are specifically intended to be responsive to children currently in, or formerly in the Department’s care and their need to explore and maintain connections with their past. It is anticipated that these guidelines will assist the Department, Community-Based Care Lead Agencies, and provider staff in achieving that outcome.

#### 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 have 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.

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.

#### Substance Abuse and Mental Health Integration Information:

##### The Integration of Child Welfare and Behavioral Health

Integration of Child Welfare and Behavioral Health is critical to the successful outcomes for children and families served by the Department. Parental substance use and/or mental health conditions are evident in over 60% of the cases of child maltreatment and are represented at a higher percent for children in out of home care. For these parents, access to quality treatment and recovery support is essential. Children and youth, due to exposure to trauma and other factors, are at a high risk for behavioral health disorders as well. Over the last year, the Department has strengthened working relationships between child welfare and the substance abuse and mental health programs both at the headquarters and regional levels.

Children in these families are more vulnerable to instances of maltreatment, as diminished parental capacities may contribute to child safety concerns. To successfully support families with mental health and substance use disorders the system is realigning 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.

The Integration of Child Welfare and Behavioral Health is one of the Department’s Priority of Efforts since 2014. Last year the Department developed a detailed framework for Child Welfare and Behavioral Health Integration for Parents in the Child Welfare System. This framework defines, in actionable terms, how integration will function in Florida and how behavioral health services will align with Florida’s Practice Model. Using a process guide based on the framework, a Self-Study was completed in each region, with a follow-up Peer Review, Peer Review report and subsequent Plans of Action addressing the components of screening, behavioral health assessment, family focused treatment, aligned planning and teamwork and leadership.

Building off last year’s work, the regions have continued to refine and work on their Plans of Action. Several of the regions are redefining their procedures for parental screening for behavioral health disorders, referral for behavioral health assessments and developing communication protocols to enable aligned planning and progress reporting. One region is developing specialized behavioral health units to provide services to parents in the child welfare system. All the regions have developed leadership teams consisting of child welfare and behavioral health Departmental leaders as well as executives from the Community-based Care lead agencies, and the Substance Abuse and Mental Health contracted Managing Entities. These Managing Entities are directly responsible for contracting and managing the Substance Abuse and Mental Health funded behavioral health network. The close working relationships that have developed between the Managing Entities and the Community-based Care lead agencies strengthens the services system and facilitates the mutual development goals and service provision for the children and families. Several of the Managing Entities have child welfare liaisons.

Other system improvements that have occurred or are underway are as follows:

- Each region received a Behavioral Health Consultant to be housed with child welfare funded through the state targeted response grants. Additional Behavioral Health Consultants have been funded in certain regions by the Managing Entities. This resource has proven to be extremely helpful to the Child Protective Investigators in determining the behavioral health needs for the parents.
- Working through a set of strategic initiatives with the Florida Coalition of Children, the Department is working on the following projects:
  - The need for a better system to referral for and receipt of behavioral health assessments was identified by every region during the Self-Studies and Peer Reviews. As a result, a statewide project is underway to develop recommendations for statewide practice. The workgroup is identifying what information is needed by child welfare practitioners to address parental behavioral health disorders and their potential impact on child safety. Semi-structured interviews have been conducted with all the regions child protection investigations related staff and semi-structured interviews are being completed with behavioral staff. Recommendations for statewide practice will be completed in the summer of 2018.
  - The Array of Services for Parental Treatment and Parenting Interventions was initiated as a Priority of Effort in July of 2017. Through this project, a team of professionals representing the Department, the Community-based Care lead agencies, Managing Entities, case management organizations and behavioral health providers are identifying the array of service needs for parents. The University of South Florida and Casey Family Programs are assisting with the project.

Medicaid is the primary funder of behavioral and physical health services for children in the child welfare system. Additionally, about 40% of the parents in the child welfare system have Medicaid at entry into the child welfare system. Therefore, Medicaid is a major partner in the provision of services. In Florida, the vast majority of Medicaid services are provided through a managed care program with Managed Medical Assistance Health Plans responsible for the services through a network of providers. To improve the working relationships of child welfare programs with the managed care companies at the local level, a Medicaid workgroup has been formed to address critical issues that are impacting the delivery of Medicaid services to the target population. This is a three year project. The first goal is to identify the necessary Medicaid funded services for parents which will be based primarily on the findings from the array of services workgroup.

In addition to the efforts above, there are several significant, long-term initiatives that will affect the overall ability of the child welfare program to achieve the broad goal of increasing safety for children that relate to integration.

On February 7-8, 2017, the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Children, Youth and Families (ACYF), Children's Bureau (CB) held the 2017 Policy Academy: *Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers* in Baltimore, Maryland. Florida was one of ten states selected to attend the Policy Academy. Selected states convened teams of cross-systems partners with the goal of enhancing their capacity to meet the needs of pregnant and postpartum women with opioid use disorders (OUDs), their infants born with and affected by prenatal substance exposure, and other family members or caregivers. Participation in the 2017 Policy Academy

provided state teams with federal guidance, subject matter experts, and technical assistance through the National Center on Substance Abuse and Child Welfare (NCSACW).

The Florida team, was led by the Director of Integration, Department of Children and Families, with other members representing the Office of Substance Abuse and Mental Health, the Office of Maternal Health and Child Health, Healthy Start, Florida Hospital Association, Medicaid, University of Florida Department of Obstetrics and Gynecology, Department of Children and Families/Child Welfare. A state action plan was developed with the following goals:

- Develop a statewide leadership group to coordinate the multiple systems involved in the care of these infants and their families.
- Develop best practices for implementation of the CAPTA/CARA requirements to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum
- Determine and implement best practices for the completion of the Plan of Safe Care and determine under what circumstances specific agencies would have the responsibility to develop and monitor the plan.
- Create a uniform way for active surveillance of NAS.
- Strengthen the behavioral health providers' ability to work effectively with pregnant women.
- Improve the amount and quality of screening for substance use during pregnancy.

Following the 2017 Policy Academy the Florida team focused primarily on the goals related to the 2016 Child Abuse Prevention and Treatment (CAPTA) amendments related to infants born with and affected by prenatal substance abuse, withdrawal and Fetal Alcohol Spectrum Disorders (FASD). As a result of the Florida team's progress with their Policy Academy goals they were encouraged to participate in ongoing technical assistance with the NCSACW to continue to work on other goals related to pregnant and parenting women with substance use disorders, their infants with prenatal substance exposure and their families.

In January 2018 the Florida Department of Children and Families (DCF): Office of Child Welfare, Substance Abuse and Mental Health (SAMH), and Office of Deputy Secretary/Director of Service Integration in collaboration with the Department of Health (DOH) was approved for 18-24 additional months of In-Depth Technical Assistance (IDTA) through the NCSACW. The IDTA application requires state teams to identify Implementation or innovation counties or regions in which to develop and test policies, practices and strategies. Florida's innovation regions are the DCF's Northwest Region including Escambia and Bay Counties and the Northeast Region where work will focus on Duval County. The state and local teams are working on the following goals, which are intended to improve outcomes for pregnant and parenting women, their infants, families and caregivers.

1. To assure that women who are pregnant and in a substance use disorder (SUD) program during their pregnancy will be prepared for Healthy Start and Department of Children and Families (DCF) involvement at the hospital, will enter the hospital with an initial plan of safe care and these actions will be coordinated with the hospital and Healthy Start, Managed Medical Assistance (MMA) plans and/or Child Welfare as appropriate.

2. To assure that any mother in SUD treatment with an infant (under the age of 1) has a plan of safe care and is working that plan including referrals to early intervention. Actions will be coordinated with Healthy Start, MMA plans and/or Child Welfare as appropriate.
3. To assure that women who give birth to infants who are identified as substance affected, have entry into behavioral health treatment and services are coordinated with Healthy Start, MMA plans and/or Child Welfare as appropriate.

These goals also support the State Department of Children and Families implementation of their CAPTA policies on infants with prenatal substance exposure.

### **Florida's State Targeted Response (STR) to Opioid Crisis Initiative**

Under Florida's STR contract, the Department is working with an opioid subject matter expert (SME) contractor JBS International to develop training modules, toolkits, a judicial bench guide to help family court judges, judicial staff and child welfare staff work more effectively with opioid-involved parents in the child welfare system.

Overarching Florida goals:

- Increase access to treatment;
- Reduce unmet treatment need; and
- Reduce opioid overdose related deaths.

Overarching judicial system goals:

This opioid training and resource development initiative will help dependency courts:

- Understand key information about opioids to inform judicial decision making at different stages of the court process
- Improve effectiveness of the court process in addressing opioid-affected parents
- Improve dependency court effectiveness is addressing the needs of children affected by the opioid crisis

The STR opioid training/resource development initiative is working with the Office of the State Courts on topics and needs they deem most needed to help Florida's dependency court judges address the opioid crisis.

### **Human Trafficking Information:**

On a national level, DCF has partnered with multiple states to share information developed, lessons learned, and tools developed. Numerous phone conferences occurred with Tennessee, Texas, North Carolina, Washington D.C. and California, to name a few, to share Florida's Human Trafficking Screening Tool (HTST) and to discuss the evolution of its response model. DCF hosted both Texas and Ontario, Canada for site visits throughout our continuum of care. Florida continues to participate in the Region IV, Administration for Children and Families Human Trafficking work group and continued work on the Shared Hope International Expert Panel, drafting policy recommendations for national application. Shared Hope International put out a report on sex trafficking victim/offender intersectionality while the Region IV ACF Workgroup developed a guiding principles document for working with trafficking victims. Florida also participates in the Colorado Compendium, a national group of anti-trafficking experts from over 20 states.

The Region IV Workgroup and the Colorado Compendium both maintain Dropboxes in which members can put useful information that may benefit the group.

Secretary Mike Carroll continues to serve as the Vice Chair for the Florida Statewide Human Trafficking Council as well as chair of the Services and Resources Committee of the Statewide Council. The Council was created in 2014 by 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

- Attorney General,
- Secretary of the Department of Children and Families or designee,
- Secretary of Department of Juvenile Justice or designee,
- State Surgeon General or designee,
- Secretary of Health Care Administration or designee,
- Executive Director of Law Enforcement or designee,
- Commissioner of Education or 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, ending with transition and resiliency. A report from the Services and Resources Committee submitted to the Florida Legislature in October 2016 outlined 15 specific tasks to address in order to strengthen state-level anti-trafficking initiatives around services and resources. Eleven of the 15 tasks were specifically assigned to DCF to address in collaboration with the Department of Juvenile Justice. A report submitted to the Legislature in October 2017 outline the progress achieved over the previous year on those tasks.

The DCF Statewide Human Trafficking Prevention Director maintains close collaborative working relationships 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 continuing to build and implement agency strategic plans in human trafficking prevention and a coordinated statewide response. Examples of collaborative projects include: school human trafficking awareness trainings for both school personnel and students; evaluation of human trafficking as a public health issue through review of national conversations around the topic; and participation on the Interagency Workgroup on Human Trafficking. In fall 2018, DCF provided an agency strategic plan to Florida State University to

update their statewide strategic plan for state agencies. The Department continued on-going trainings for a wide variety of state and private entities, as well as DCF's child welfare staff. In addition, DCF human trafficking unit staff has coordinated with the United States Institute Against Human Trafficking (USAIHT) to open one of the first homes for male juvenile CSEC victims in the nation as well as other prospective female safe houses. This has included connecting these entities with providers and experts in licensing, cultural competency, and service delivery for CSEC victims, as well as how to build capacity. DCF Human Trafficking Unit staff also provides continual support to service providers providing CSEC-specific services, such as the six (6) safe houses throughout the state.

The Department participates in all human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some are county level and some are regional task forces. These taskforces 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 personnel to have a true statewide understanding of the unique regional needs, flavor and responses, as well as recognizing gaps in continuum of care. In September 2016 and January 2018, DCF hosted human trafficking training symposiums in Northwest Florida and the Florida Keys, respectively, in order to reenergize the task forces in those areas. Both trainings included information for law enforcement, prosecutors, child welfare and juvenile justice staff. Law enforcement and prosecutors, in particular, report needing training to fully understand how to identify and respond to victims of human trafficking.

The Department worked to implement 2017 legislation (effective October 1, 2017) around multidisciplinary team staffings regarding youth with suspected human trafficking victimization. The Department updated its operating procedures around serving human trafficking youth in order to include specific information on staffings to determine services for suspected victims. Standardized staffing and reporting forms were created and human trafficking unit staff completed trainings throughout the state to ensure understanding of the new changes. The Department also continues to monitor execution of statutory mandates originating in legislative language from the 2014 session.

DCF utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. As shared in the prior APSR, DCF utilizes both a collaboratively developed Human Trafficking Screening Tool and a Level of Care Placement Tool to determine victimization and service needs to address the victimization. The Department of Juvenile Justice utilizes the same Human Trafficking Screening Tool to identify potential trafficking victims within their system. In 2016, the Department created five separate work groups, consisting of experts across the state, to complete five specific tasks to identify:

1. assessment tool for adoption or creation;
2. array of treatment interventions the state would like to approve for victims of commercial sexual exploitation;
3. metrics and outcomes for safe houses and safe foster homes;
4. curriculum for mental health professionals treating human trafficking victims; and



5. 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.

The workgroups provided recommendations on the above topics in December 2016. The Department analyzed the findings of these workgroups and initiated meetings with the SAMH office within the Department to implement some of the recommendations.

In addition, the Department continues to host meetings with providers who provide residential services to human trafficking victims. DCF connects the residential providers with licensing and placement staff in regional offices and CBC lead agencies. DCF also connects prospective residential providers with current providers for mentorship. 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, a volunteer advisory group comprised of Florida survivor leadership provides feedback to DCF on a variety of issues as requested. The Department has also completed initial meetings with DJJ, the OAG and a young survivor on the development of a volunteer youth survivor advisory group made up of survivors between the ages of 18 and 24.

**(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.**

Florida continues to assess and evaluate the functionality of tools and protocols related to its practice model. 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 child welfare practice model and to assist in ensuring implementation of the practice model with fidelity.

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.**

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) ensures protection and services to children placed across state lines. The need for a compact to regulate the interstate movement of children was recognized over 40 years ago. Since then the Department has worked with the Association of

Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the Interstate Compact such as the time it takes to place children in the dependency system in safe homes across interstate lines.

The ICPC office collaborates 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 Interstate Compact System (ICS), and through daily emails. Additionally, the Compact Administrator participates in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) and currently services as the association's president. The Compact Administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC central office staff as well as local staff from other states. The Compact Administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year.

The Compact Administrator works with CLS, case managers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida 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. Furthermore, the Compact Administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Modernization of the ICPC processes is an ongoing technology effort. 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, accessed by the courts, Community-based Care lead agencies, Guardians Ad Litem, and department attorneys, allows view of the master ICPC file and case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Florida's ICS system served as the basis for the National Electronic Interstate Compact Enterprise (NEICE), a national web-based program through which states can exchange ICPC cases and information. Florida served as one of the six pilot states for the NEICE system in 2014 and served as part of the technical advisory team on the project. The results of the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in June 2015, with the ultimate goal of onboarding all states by 2018.

#### **(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.

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. 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.

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. 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.
- 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).

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.

**(7) Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.**

The Child Protection Summit provides support and technical assistance to those on the front end of child welfare, offering an opportunity to attend sessions designed to improve and strengthen the knowledge base and specialties of front line staff and their supervisors. In addition to the summit, the Department and Community-based Care lead agencies offer training to enhance the skill base of staff serving Florida's most vulnerable citizens.

The Child Abuse and Neglect Conference focuses on the medical aspects of child physical abuse, sexual abuse and neglect. The conference content provides an understanding of the mechanisms that inflict injury and the scientific basis for medical determinations as to whether abuse has or has not occurred.

Florida's Center for Child Welfare, "The Center," operating within the University of South Florida's College of Behavioral and Community Sciences, Department of Child and Family Studies, works in collaboration with the Department to ensure information contained on the site is timely, accurate, and useful to child welfare professionals and others. The Center is funded by the Department. Information and training resources are available 24 hours a day.

Vital to information sharing and education is the partnership between the Department and the University of South Florida's Center for Child Welfare (Center). The Center provides a plethora of information to front line staff, partners and stakeholders. Included on the Center's website are Florida Statutes, Administrative Rule, Florida Department of Children and Families Operating Procedures, training and educational opportunities. The Center's site is mobile friendly and an invaluable resource to those staff who often need correct, timely information quickly.

Key areas include:

- A comprehensive resource library by subject area
- A comprehensive video training library
- Frequently asked questions

- Live web events and other web conferencing services on various subjects. Interactive web events such as training, meetings, workgroup events, etc.

The Center is also home to “Just in Time Training” (part of the Quality Parenting Initiative). This service responds to requests from foster parents for training topics and provides live and recorded training for foster parents, related caregivers and child welfare professionals.

**(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 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.

**(9) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.**

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.

**(10) 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.

**(11) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.**

**Florida Circle of Parents Network**, a self-help parent support group program model, is managed by Prevent Child Abuse Florida affiliated with the Ounce of Prevention Fund of Florida, Inc. and is an additional contracted activity funded through the CBCAP grant. Florida's network is modeled after the evidence-based Circle of Parents® national program. It has expanded the number of support groups to nearly 60 statewide, and currently provides technical assistance and training to the local groups. It is continuously working to expand and support groups statewide.

**Program Activities**

Florida Circle of Parents Network, in partnership with the Ounce of Prevention and the Department:

- Provides facilitation skills, support group dynamics and parent leadership training to all Florida network members;

- Offers technical assistance and parenting resources to local providers that conduct the Florida Circle of Parents meetings;
- Has the opportunity to provide training to other state PCA chapters, such as their Circle of Parents Train-the Trainer Training (T-3);
- Is based on a framework of shared leadership, mutual respect, shared ownership and inclusiveness;
- Provides social support, reduces isolation, and builds self-esteem within parents;
- Does not charge for participation, is confidential and non-judgmental;
- Practices shared leadership among facilitators and parents in order for participants to both receive and provide help to others;
- Serves a diverse population which provides the opportunity to apply “field” setting experiences structured to include the diverse profile of families in collaborative planning, designing, and evaluating of prevention programs;
- Maintains information on the Florida Circle of Parents® support groups on the Ounce of Prevention Fund’s website [www@ounce.org](http://www@ounce.org) for parents to access dates, times and location of group meetings; and evaluate to what degree the support groups are meeting the objectives of the Circle of Parents program.

**(12) 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.

This collaboration included continuing to work on developing 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.

**(13) Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs.**

**The Office of Adoption and Child Protection**

The Office of Adoption and Child Protection was created, within the Executive Office of the Governor (The Office), for the purpose of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. The duties and responsibilities of the Office of Adoption and Child Protection are detailed in Section 39.001, Florida Statutes, entitled *Proceedings Relating to Children*.

The Office of Adoption and Child Protection are the Governor's liaison with agencies, governments and the public on matters that related to the promotion of adoption, support of adoptive families, and child abuse prevention.

Partnering with the Office of Adoption and Child Protection assists the Department's efforts to raise the awareness levels of the public and to implement meaningful practice around prevention activities. The Office coordinates the state's Child Abuse Prevention and Permanency (CAPP) Plan in collaboration with the CAPP Advisory Council and 20 circuit taskforces to implement strategies and initiatives that address the state and local priorities in these areas. The central focus of the state plan 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.

Local planning teams were convened in each of the twenty judicial circuits around the state. Aligned geographically with the judiciary and the Department's operational circuits, representation on these local planning teams is consistent with the make-up of the statewide Advisory Council.

While progress has been made, more work must take place through multi-sector and multi-level approaches to strengthen families to prevent incidents of child abuse, abandonment, and neglect.

**(14) Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies.**

Children who are exposed to domestic violence in the home are also victims. The highest reported child maltreatment categories in Florida each year alternate between domestic violence and substance abuse.

The DCF Domestic Violence Program serves as FCADV's primary partner to end domestic violence in Florida. To that end, the DCF Domestic Violence Program's primary responsibilities include oversight of funding, initial certification of newly formed domestic violence centers, and annual renewal of certifications for existing centers. As a result of the implementation of the Statewide Child Protection Investigation (CPI) Project, DCF and FCADV continue to work collaboratively to revise policy and training programs to address the complexities associated with the needs of families involved in the child welfare system that are experiencing domestic violence.

**Relation of CAPTA to the Program (Quality) Improvement Plan**

The five year CAPTA plan supports the activities outlined in Florida's Program Improvement Plan (PIP); the Department's Strategic Plan, and the agency's Long Range Program Plan for Fiscal Years 2017 – 2018 as well as a number of other meaningful reform efforts.

As a result of changes in federal legislation and the guidance learned from a review of sample cases involving substance exposed newborns, the Departments Child Maltreatment Index (CFOP 170-4) was updated on December 23, 2016 as follows:

- Added a maltreatment specific to substance-exposed newborns.
- Enhanced the definition of substance-exposed newborn to more clearly articulate when parental substance abuse poses a threat of harm to young children.
- Provided additional guidance in Factors to Consider for the maltreatment.



Florida Safe Families Network (FSFN) functionality for the additional maltreatment for substance-exposed newborn was updated to ensure alignment with the current maltreatment index.

Also updated was CFOP 170-5, Chapter 11, Substance Abuse Consultations. For the purposes of child protection assessment and interventions, it is important to accurately identify substance abuse disorders in order to determine child safety and inform parents of the comprehensive array of services available to achieve or maintain recovery. Out-of-control conditions in substance abusing families can be particularly challenging for investigators to assess because family and individual dynamics, such as denial and co-dependency issues, minimize if not outright deny that alcohol or substance misuse are problematic or are active in the family. These aspects associated with the dynamics of addiction emphasize the need for the investigator to consult with substance abuse professionals in order to assist in an accurate assessment and identification of any substance misuse or dependency problem.

CFOP 170-8, Chapters 1, 2, and 3 were written in consultation with field staff to address the needs of infants and their families that have been affected by substance use. The updated chapters ensure clear, concise guidance and policy when dealing with the needs of infants and families affected by substance use.

CFOP's were updated to incorporate and address the requirements of CARA. These CFOP's outline the action steps and engagement efforts needed to serve families affected by substance use. Components of the Plans of Safe Care will be addressed and incorporated into assessments and work products addressing the infant's, mother's and family's needs.

The Department was selected to attend the 2017 Policy Academy: Improving outcomes for pregnant and postpartum women with opioid use disorders and their infants, families and caregivers. Work with the policy academy was extremely beneficial, the work brought statewide partners together and produced valuable movement in Florida's efforts to meet the needs of this complex population.

The Department identified a statewide leadership group to coordinate the multiple systems involved in the care of these infants and their families. Through this group ongoing policy review and revisions are occurring.

Included on the statewide leadership group are the Department of Children and Families' Offices of Child Welfare and Substance Abuse and Mental Health, Department of Health, Agency for Health Care Administration, Healthy Families, Healthy Start, MIECHV, Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of Florida.

As part of these leadership contacts, ways in which partner agencies can leverage internal policies and messaging are being maximized. The pathway and processes for notifications and response continue to be explored. As needs in practice or needed revisions in policy come to light, this information is shared and problem-solved. Florida's statewide work has incorporated the pre-pregnancy, pre-natal, and neonatal periods and the needs of the mother, infant and family.

The Florida Abuse Hotline will remain the common intake point for notifications, a record of those notifications either "screened in" or "screened out" is available. Those notifications to the hotline which

were “screened out” will be addressed through partner agencies, including but not limited to, Healthy Start, Healthy Families, MEICHV programs or through the caregivers own doctor or medical provider. Those screened in may be provided needed services through family support services or through case management.

The Office of Child Welfare continues dissemination of a quarterly tip sheet, *Trends in Investigative Practice*. The tip sheet is intended to provide information to front line staff on the most recent developments in the field of child protection while addressing issues facing staff and the families that are served. Prior tip sheets have addressed maternal opioid drug use and neonatal abstinence syndrome.

Partner agencies, continue to address the needs of infants and families affected by substance use, such as:

The Florida Department of Health, Agency for Health Care Administration and Florida Hospital Association hosted a joint Opioid Summit on December 1, 2017 which brought together stakeholders to discuss the opioid crisis and strategies to address the problem in Florida. As part of the summit, one health system shared the work they are doing to prevent NAS through their Mothers in Recovery. By early intervention and efforts to get pregnant women who were substance abusers into recovery, 91% of the babies are being born drug-free.

### **Maternal and Child Health (MCH)**

With funding from the MCH block grant, the MCH Section within the Department of Health (DOH) has contracted with the Florida Perinatal Quality Collaborative (FPQC), at the University of South Florida, to develop and implement a Neonatal Abstinence Syndrome (NAS) quality improvement initiative. In 2018, FPQC will assemble an expert multidisciplinary advisory group to begin the process of developing the NAS initiative. The goal of the initiative is to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Data from the 2012 Census Bureau shows Florida has a NAS rate of approximately 7 cases per 1,000 live births. Florida’s rate is higher than the national rate of 5.8 cases per 1,000 live births for the United States. Infants with NAS have longer hospital stays than healthy newborns without NAS. Mean hospital charges for NAS increased from \$39,000.00 in 2000 to \$53,400.00 in 2009.<sup>16</sup> Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability and seizures. Information about the NAS project will be posted on FPQC’s website at: [http://health.usf.edu/publichealth/chiles/fpqc/proposed\\_projects](http://health.usf.edu/publichealth/chiles/fpqc/proposed_projects).

The MCH Program is also contracting with the FPQC to implement a Postpartum Long-Acting Reversible Contraceptives (LARC) quality improvement initiative. The purpose of the initiative is to work collaboratively with maternal health care providers and hospitals to develop and implement policies to improve the use of LARC methods at delivery among postpartum women to reduce the number of unintended pregnancies. Recent evidence has shown that providing LARC methods during the immediate postpartum period is safe and is supported by clinical evidence and guidelines. Unintended pregnancies can result in delayed initiation of prenatal care and poor pregnancy outcomes for mother and baby. LARCs include copper or hormonal intrauterine devices (IUDs), and the progestin arm implant; they are safe and highly effective in preventing unintended pregnancies and can be given to women immediately after

<sup>16</sup> 1 Patrick, S., Schumacher, R., Benneyworth, B., Krans, E., McAllister, J., Davis, M. (2012). Neonatal abstinence syndrome and associated health care expenditures. *Journal of the American Medical Association*, 307(18), 1934-1940.

delivery. The American Academy of Pediatrics (AAP) and the American Congress of Obstetricians and Gynecologists (ACOG) both recommend that mothers have a postpartum care visit within at least four to six weeks after delivery. The postpartum care visit is important because it provides an opportunity to assess the well-being of the mother, both physical and psychosocial, as well as discuss desires and methods of family planning. Women who do not receive prenatal care or who currently use, or have a history of substance abuse, may not attend their postpartum check-up and receive family planning counseling. More information about the LARC project can be found on FPQC's website at: <http://health.usf.edu/publichealth/chiles/fpqc/larc>.

In 2010, the Pregnancy Associated Mortality Review committee began reviewing all pregnancy associated deaths (PADs) dating back to 2005 to identify deaths due to substance use. These deaths are classified as illicit drugs or prescription/over the counter (OTC) medication. During the period 2005-2016, a total of 2,434 PADs have been reviewed and 300 (12%) of these deaths had substance use listed as either the primary cause or underlying cause of death. The PAD ratio from substance use (illicit drug) increased 517% from 2005 (1.8) to (11.1) in 2016. The PAD ratio due to prescription/OTC increased 485% from 2005 (1.3) to (7.6) in 2016. Overall the total PAD ratio due to substance use increased 503.2% for the period 2005-2016. As result of these findings, the PAMR committee has initiated the review of substance abuse deaths that occurred during the pregnancy and are developing recommendations for providers.

The state Healthy Start Program, administered by the MCH Program, is implementing a new inter-conception education curriculum with a goal to improve women's health between pregnancies. Women participating in Healthy Start during their third trimester will complete a *Show Your Love Steps to a Healthier Me* plan. The Show Your Love plans were developed by the CDC and include 14-15 goals in which the participant will choose her three top health goals. Of these goals, two focus on alcohol and drug use: "Will not use street drugs or take other people's prescription medicines" and "Reduce my alcohol intake." Based on the three goals chosen by the participant, education using a statewide inter-conception curriculum will be provided along with referrals as needed. Along with this focused education, participants will be encouraged to keep their six-week postpartum visit and will be linked to a family planning and primary care provider.

The MCH Program, the Maternal, Infant and Early Childhood Home Visiting program, CityMatch and the Florida Association of Healthy Start Coalitions (FAHSC) piloted a coordinated intake and referral (CI&R) system in ten coalition catchment areas. Florida's unique network of community based Healthy Start Coalitions is providing a foundation for the development of local systems of care with a goal of linking at-risk families with services that best meet their preferences and needs.

The CI&R system is leveraging the Department's established universal prenatal and infant screening process to facilitate access to an array of home visiting programs that focus on maternal and child health, prevention of abuse and neglect, and school readiness. The universal screening process began in 1992, and is primarily used to identify pregnant women and infants at risk and are referred for services through the Department's state Healthy Start program.

To expand from lessons learned during the pilot, the Department has contracted with the 32 coalitions to establish a CI&R system in every county in Florida. The goal is for all referrals for pregnant women, infants and young children to go to one place, the local CI&R team to minimize duplication of services and for families to have choice. The team will contact the person referred, obtain information, determine

which maternal-child programs she is eligible for and assist her in selecting a program of her choice to participate. Substance using pregnant women and exposed newborns are priority populations for auto inclusion in the state Healthy Start program and most medical providers and hospitals automatically refer for services. Healthy Start offers education, support and encourages women to obtain treatment and refers to partner organizations with specialized programs and services to meet the needs of this population. Some Healthy Start coalitions allocate funds specifically for substance abuse treatment and counseling for pregnant women and new mothers and have multi-disciplinary engagement specialist in the community.

DOH is partnering with the Department of Children and Families (DCF), to focus on behavioral health disorders, including mental illness and substance use as a priority of the State Health Improvement Plan. Goals include decreasing the number of infants born with NAS and to reduce the number of opioid overdose deaths among individuals with opioid use disorders. Strategies to reach these goals include increasing the number of pregnant women in treatment for opioid disorder and increasing access to naloxone kits to first responders, including law enforcement, and emergency room personnel.

#### **Florida Birth Defects Registry (FBDR)**

Recognizing the public health importance of the increasing trend in the prevalence of opioid prescription drug abuse and increasing incidence of NAS, the Florida Department of Health (DOH) added NAS to the List of Reportable Diseases/Conditions on June 4, 2014.

The Florida Birth Defects Registry (FBDR), is currently conducting enhanced surveillance of NAS, which in addition to multi-source passive case finding efforts, incorporates trained abstractor review of maternal and infant hospital medical records in order to capture all relevant clinical information to classify potential NAS cases, determine specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue.

Based on data collected by the FBDR, the rate of NAS in Florida increased dramatically from 1998 to 2010, followed by a slower rate of increase from 2011 to 2013 (66.7 and 69.2 per 10,000 live births, respectively). However, in 2014, the rate of NAS increased to 76.6 per 10,000 live births, an 11% increase from 2013. In 2014, NAS rates (per 10,000 live births) were substantially higher among non-Hispanic (NH) white infants (156.2) compared to NH black (26.6) and Hispanic (20.2) infants.

Despite limitations, the use of FBDR and other existing surveillance systems allows community leaders to obtain a more complete understanding of this important public health issue, respond to local concerns and provides insight into the epidemic of prescription drug abuse and its effects on babies.

Following the Centers for Disease Control and Prevention (CDC) declaring a national opioid epidemic, Governor Rick Scott signed Executive Order 17-146 directing a Public Health Emergency across the state. In addition to declaring a Public Health Emergency, Surgeon General Dr. Celeste Philip issued a standing order for Naloxone, an emergency treatment for opioid overdose. The order ensures first responders have immediate access to this lifesaving drug to respond to opioid overdoses.

The complexity of this issue is daunting, actions must be strategic in order to have maximum impact and address this enormous issue in a thoughtful, well planned manner. While there is still a great deal of work to be done, Florida has navigated a large state with many moving parts to bring decision makers and

front line personnel to the table with many innovative and exciting ideas. The issue of substance misuse and its impact on Florida's families is a foremost priority and it is our hope through diligent efforts to address plans of safe care that positive momentum is achieved leading to safe infants and healthy families.

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

Florida continues to implement CFCIP and ETV by providing an array of services to current and former foster care youth, designed to assist in their journey toward independence and transition to self-sufficient young adults.

Currently, the Department provides services, supervision, and case management to an estimated 4,556 youth between the ages of 13 and 17 who are residing in out-of-home care. Approximately 1,621 of those youth are residing in relative and non-relative out-of-home care settings. Additionally, there were an estimated 945 youth who turned 18 while in out-of-home care, 123 youth age 16 and older who were adopted, and 318 youth age 16 and older whose cases were closed to guardianship in State Fiscal Year (SFY) 2016-2017.

The Department, through 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. All CBC contracts include requirements to administer all services in accordance with federal guidelines, Florida Statutes, and Florida Administrative Code. Florida has highly structured statutory requirements for Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), Road to Independence (RTI), and Aftercare Services establishing client eligibility, standards of progress, payment disbursement, and payment amounts, as well as due process and appeals. Requirements in Florida Administrative Code further detail the framework for how the array of independent living services is administered, including application and discharge procedures, transition planning, and documentation requirements.

### Programmatic and Oversight Requirements

Florida codified all programmatic and general oversight requirements associated with the CFCIP within Florida Statutes. 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 39.4091, F.S., Participation in childhood activities
- 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 program approach based on the legislation is included in the remainder of this chapter. EFC requirements are included in s. 39.6251, F.S., continuing care for young adults. PESS, 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 Road-to-Independence Program prior to Florida’s redesign of independent living services in 2014. Specifically, youth age 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 began upon the effective date.

### Requirements Related to Case Management and Caregiver Activities and Judicial Oversight

Section 409.145, 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 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<sup>17</sup>) 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 39.4091, F.S., empowers caregivers to make decisions and use a reasonable and prudent parent standard when considering age-appropriate extracurricular, enrichment, and social activities for the children in their care. Liability for harm has been removed for caregivers using this standard, weighing potential risk factors and acting in the best interest of the child. The Department and community-based care lead agencies, along with their subcontracted agencies providing out-of-home care services are to promote and protect children’s ability to develop through normal childhood activities.

Section 39.6035, F.S., requires development of specific transition plans for 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. These plans may be as detailed as the child

<sup>17</sup> 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.

chooses. The plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within these plans must provide specific options for the child to use in obtaining specific services and required items that must be covered by the plan include housing, health insurance, educational attainment, a driver license, 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 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 in the legal custody of the Department have the option to enter Florida's non-Title IV-E funded Extended Foster Care (EFC) program. Section 39.6251, F.S., details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Section 39.701(4), F.S., contains the judicial oversight requirements that require the engagement of young adults in case planning and life skill development. Young adults who have chosen to participate in extended foster care are required to have their case reviewed by the court a minimum of once every 6 months.

For Postsecondary Education Services and Support (PESS), under 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. <sup>18</sup> Section 409.1451(3), F.S., defines eligibility and assistance for aftercare services.

Section 409.1452, F.S., establishes 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 provide a comprehensive support structure that help 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., establishes a statewide program to pay specified costs of driver education, licensure and costs incidental to licensure, and motor vehicle insurance for eligible youth and young adults between the ages of 15 to 21. A driver 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 license. The program reimburses youth and caregivers for costs associated with driver education, obtaining driver's licenses, and motor vehicle insurance.

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<sup>18</sup> Chart 8 System, OCAs for PESS, including EFPES



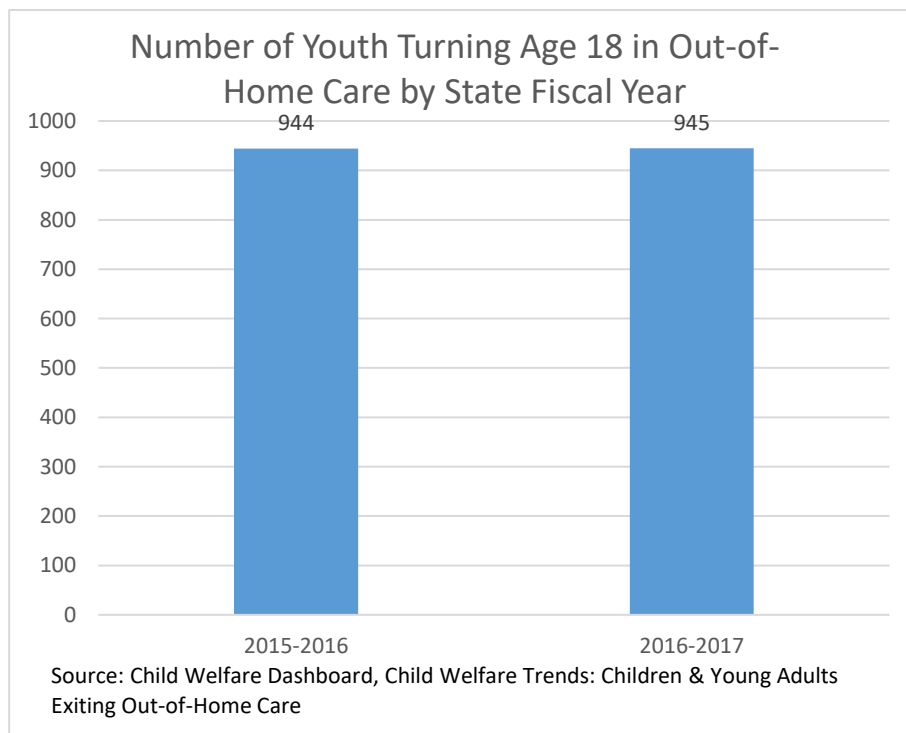
## Delivery of Services to Former Foster Youth

As described in Chapter I, the Department contracts with CBC lead agencies that have administrative responsibility for all independent living services and receive the relevant funding per contract. The CBC with 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 young adult resides currently.

CBCs are able to access technical assistance related to programmatic and financial activities through the Department's Office of Child Welfare and the Office of Financial Accountability. The Department also monitors overall CBC performance related to the delivery and administration of CFCIP and ETV services through the Contract Oversight Unit.

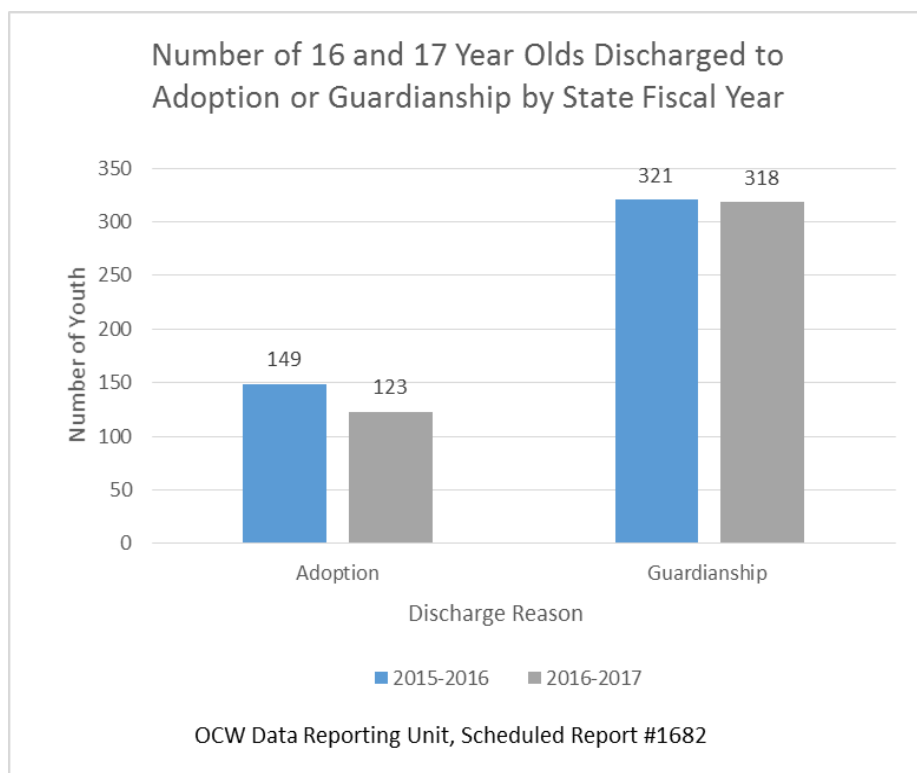
### Youth Exiting Out-of-Home Care at age 18

The chart below depicts the number of youth turning 18 years old in out-of-home care in SFY 2015-2016 and 2016-2017 without taking into account the placement type or the youth's legal custody status at the time of discharge. As shown, the number of youth exiting out-of-home care has increased by one.



### Youth Potentially Eligible for Independent Living Services

The chart below depicts the number of youth that became potentially eligible for PESS based on their discharge from care at ages 16 and 17 to Adoption or Guardianship and having lived in licensed care for at least six months within the 12 months preceding their placement or adoption over the last two SFYs. This year’s report totals for this category reflect a method of calculation that represents only those youth assigned to a CBC. This change accounts for any variation in data previously published. Since SFY 2015-2016 there has been a decrease in potentially eligible 16 and 17 year- old youth adopted or discharged to permanent guardianship.



### EFC

In support of the development of more permanent bonds for Florida’s former care youth, s. 39.6251, F.S., requires the Department to implement EFC for eligible youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program does not utilize Title IV-E funds but instead uses a combination of CFCIP funds and state funds. One of the key components of the program is that eligible young adults who wish to remain in foster care should have their placement at the time of reaching the age of majority viewed as the preferred placement for the young adult. Should the young adult’s placement not be available or practical, it is the responsibility of the CBC service provider and the young adult to identify an alternative placement that may, or may not be licensed and that offers a degree of supervision to best meet the immediate and long-term needs of the young adult.

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

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

By offering young adults the option to enter extended foster care, it is believed that the development of necessary permanent connections, will be more available to Florida's former foster youth. Direct care providers in collaboration with the caregiver provide a more collaborative living environment that takes into consideration the "level of care and agreements" that should 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. These agreements have provided direct care providers with the opportunity to assist young adults in utilizing skills such as positive relationship development, community resource utilization, and effective communication and conflict resolution.

### **PESS**

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 approximately 20 remaining grandfathered young adults in 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.

PESS is available to:

- Young adults who turned 18 while in the legal custody of the Department and who have spent a total of six months in licensed out-of-home care;
- Or
- Who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption;
- And
- Have earned a standard high school diploma, or its equivalent;
  - Enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution;

- Submitted a Free Application for Federal Student Aid;
- Has applied for other grants and scholarships;
- Signed an agreement to allow the Department access to school records.

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

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 directly 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. 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 postsecondary 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. Federal ETV payment amounts are set by a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance. However, the monthly payment for PESS is fixed at \$1,256 per month so any payments in excess of a student's estimated cost of attendance or the \$5,000 federal ETV limit are covered by state funds. In addition, students remain eligible for participation in the program up to their 23rd birthday so students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds.

Students receiving the PESS stipend may also opt into EFC. The method of the payment depends upon whether the young adult is residing in a foster home or group home or is temporarily residing away from the home.

Students must maintain a reasonable standard of academic progress in order to remain enrolled in this program. 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 former foster youth to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many former foster youth struggle just to complete secondary education; others need to work to supplement the financial assistance; and others are parenting one or more children. Florida defines "full time" for this program as nine credit hours, providing additional flexibility for the young adults served, however, a young adult may enroll in additional credit hours. Any young adult with a recognized

disability or who is faced with another challenge or circumstances that would prevent full-time attendance, i.e., nine credit hours or the vocational school equivalent, may continue receiving PESS provided the academic advisor approves the student's completion of fewer credit hours.

A student is eligible to remain in PESS, or to reenroll in PESS, at any time until the 23rd birthday. Participation in the program is approved on annually, based on the enrollment date of each individual.

In addition to the federal ETV and state aid packages listed above, Florida's public postsecondary institutions also offer Florida's eligible former foster youth a tuition and fee exemption, remaining valid up to the young adult's 28th birthday.

### **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 the legal custody of the Department on their 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 enrollment (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

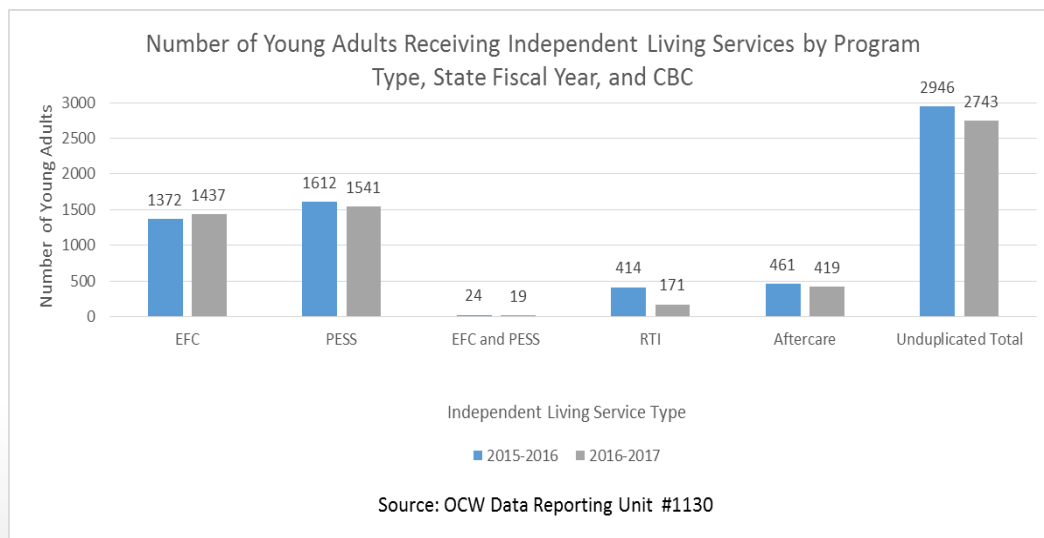
needs assessment, provide documentation that they continued to be enrolled, and that their academic program considered them to making adequate academic progress.

These supports are still available for young adults “grandfathered” after the implementation of 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.

By moving young adults away from a direct payment program associated with secondary school attendance toward that of more supportive living arrangements, the percentage of young adults formerly in foster care between the ages of 18 and 19 years of age completing secondary education should improve. In addition, it gives the case management provider the opportunity to work with the youth on preparing for independence. 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 group of young adults could continue to receive services and payments through the old RTI until they’ve aged out in 2018.

### Young Adults Receiving Independent Living Services

The chart below illustrates the number of young adults who received an independent living service, by program, and in total, during the SFY reporting periods. To be counted in this report, a young adult must have received an independent living service payment generated through Florida Safe Families Network (FSFN), the statewide automated child welfare information system. This category reflects counts for SFY 15-16 from a different report source from last year’s report, which accounts for the increase in numbers of young adults receiving services for SFY 2015-2016 in the 2016 Annual Report published. Some young adults may have been served in more than one program and/or received more than one service payment within a program during the year; therefore, a count reflecting an unduplicated total is also shown to better gauge the total number of young adults served. While there is an overall decrease in young adults served across programs, there was a five percent increase in EFC. As projected, there was a decrease in RTI recipients as those numbers will decline through attrition.



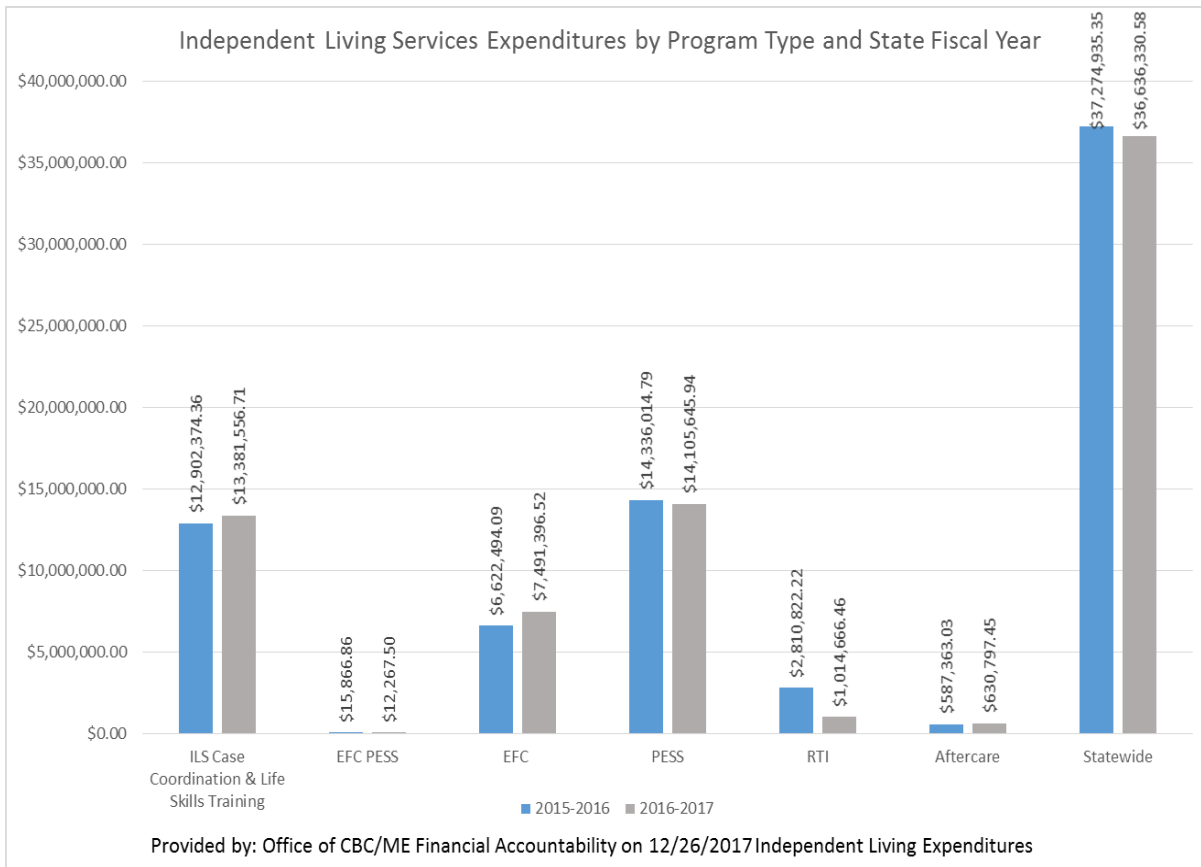
## Financial Accountability

During the SFY 2016-2017, the Department's Office of Financial Accountability provided technical assistance and oversight to DCF contract managers and CBC financial staff throughout the state to ensure accurate recording of payments in FSFN. A monthly review of Independent living services payments occurred for the following:

- payment amounts adhere to the amounts pursuant to Florida Statutes and Florida Administrative Code;
- young adult's eligibility within each program is appropriately documented in FSFN; and
- federal and state funds are paid only to eligible young adults based on age for the program in which the young adults have been approved.

In addition to technical assistance provided and monthly payment reviews, quarterly reviews were performed by selecting payment records by each CBC where the CBC provides all supporting documentation used to populate eligibility information in FSFN and the amount of financial assistance determined by the CBC to ensure correct application of eligibility and financial requirements were completed; thereby, ensuring the payments made were allowable. At the beginning of the SFY, each CBC was evaluated for its agency's financial accountability of the funds provided by the Department, including actual expenditures recorded for the prior SFY, any carry forward funds available, as well as the agency's submitted Cost Allocation Plan. The Cost Allocation Plan identifies how the funds for each program will be spent during the year. As needed, any identified fiscal issues were discussed with the CBC and adjustments made accordingly.

The Florida Legislature appropriates approximately \$29 million each SFY for independent living services. The total appropriation includes the cost of the case management associated with the delivery of services to young adults as well as the supplemental room and board payment to foster care parents for providing independent life skills and normalcy supports to youth ages 13 through 17. The chart below displays the actual amount spent in each program by SFY. As indicated on the SFY 2016-2017 statewide bar, total expenditures have exceeded the amount appropriated by over \$7 million.



Florida utilizes the ETV to support the educational success of young adults enrolled in PESS or those who meet the PESS requirements other than attendance at a Florida Bright Futures eligible institution that reside out of state. CBC lead agencies administer ETV funds. Florida currently utilizes ETV funds for programs that could also be funded using CFCIP and state funds. Both the availability and payment amount for ETV is contingent on the availability of funds.

	Total ETVs Awarded	Number of New ETVs
<b>Final Number: 2016-2017 School Year</b> (July 1, 2016 to June 30, 2017)	934	147
<b>2017-2018 School Year*</b> (July 1, 2017 to June 30, 2018)	848	141

Comments: The Data Source for the number of ETV awards is FSN OCA Summary and Detail Report. For the 2017-2018 School Year, the date parameters that the report was run was from June 1, 2017 through May 29, 2018. The Department also included in the total number projected ETV awards from May 29, 2018 through June 30, 2018.



## Program Accountability

### System-Driven Data

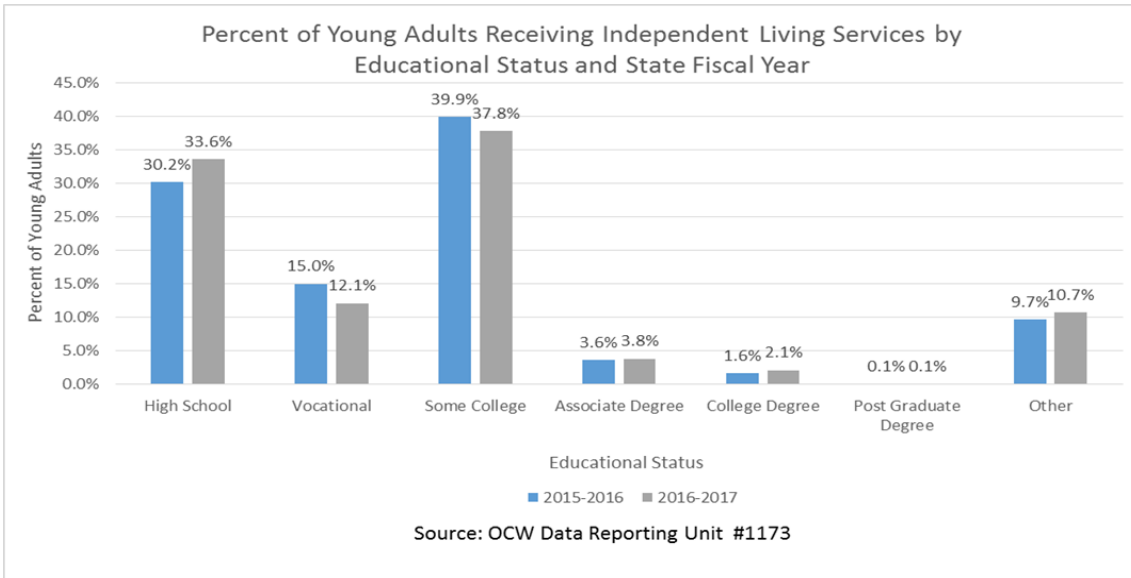
#### Florida Safe Families Network

The Department uses Florida Safe Families Network (FSFN), the statewide automated child welfare information system, to develop data reports to assist in ongoing analysis of gaps and trends. Gathering facts and statistics around Florida's youth and young adults participating in services are critical in determining program effectiveness and measuring outcomes. To maintain data accuracy, the Department and CBCs monitor relevant independent living services data elements by accessing On Demand reports in FSFN. The Office of Child Welfare Data Reporting Unit (OCWDRU) creates reports to assist in monitoring such focus areas as: education, employment, and housing. CBC staff responsible for managing independent living services complete data integrity checks. Additionally, the Department develops guidance for CBCs to utilize when completing data entry specific to youth in transition. Recognizing that accurate data entry is critical to accurate reporting, a recent revision to the National Youth in Transition Database (NYTD)-FSFN Desk Reference was distributed in September 2016 to all fiscal staff, case managers, independent living and other specialists. In the Desk Reference, an overview about the mandatory data collection system is provided, along with the purpose, a description of the population whose outcomes are being tracked, and a step by step guide on what information needs to go where in the system.

#### Education

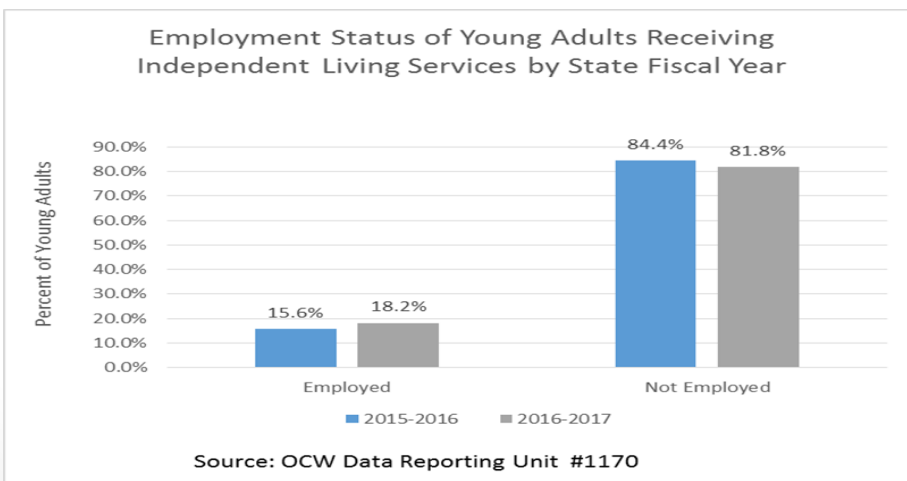
Improving educational (academic or vocational) attainment is one outcome area that the Department monitors through FSFN system data. Although educational attainment is a goal for all independent living programs, PESS is the only service category that requires enrollment and academic progress as a condition for continued eligibility. EFC allows young adults to choose a qualifying activity other than attaining an education. Two of the five qualifying activities for eligibility in EFC require young adults to be enrolled in school.

The chart below illustrates the percentage of young adults who received funding for an independent living service and their highest recorded educational achievement during the reporting period. The Other Category represents those young adults whose education entries reflected None, Non-Graded, Not Applicable, Special Education, Secondary or Unknown. There was a 3.4% increase in young adults attaining a high school diploma in SFY 2016-2017 compared to SFY 2015-2016.



### Employment

Increasing financial self-sufficiency is another outcome that the Department monitors through FSFN data. Financial self-sufficiency can be achieved by taking steps to create a stable income, building a savings account, and staying out of debt. Employment is one step toward increasing self-sufficiency and is a qualifying option for eligibility in EFC. The Department supports employment for all transitioning youth, and encourages employment and career opportunities as appropriate, based on the skills and abilities of each young adult. The Department acknowledges that there are multiple pathways to success and allowing young adults to choose work or school or a combination of both potentially allows for a more natural transition to adulthood as their non-former foster youth peers. The chart below portrays an increase in percentage of young adults who had received an independent living service and had a recorded period of employment entered in FSFN during SFY 2015-2016 and 2016-2017.

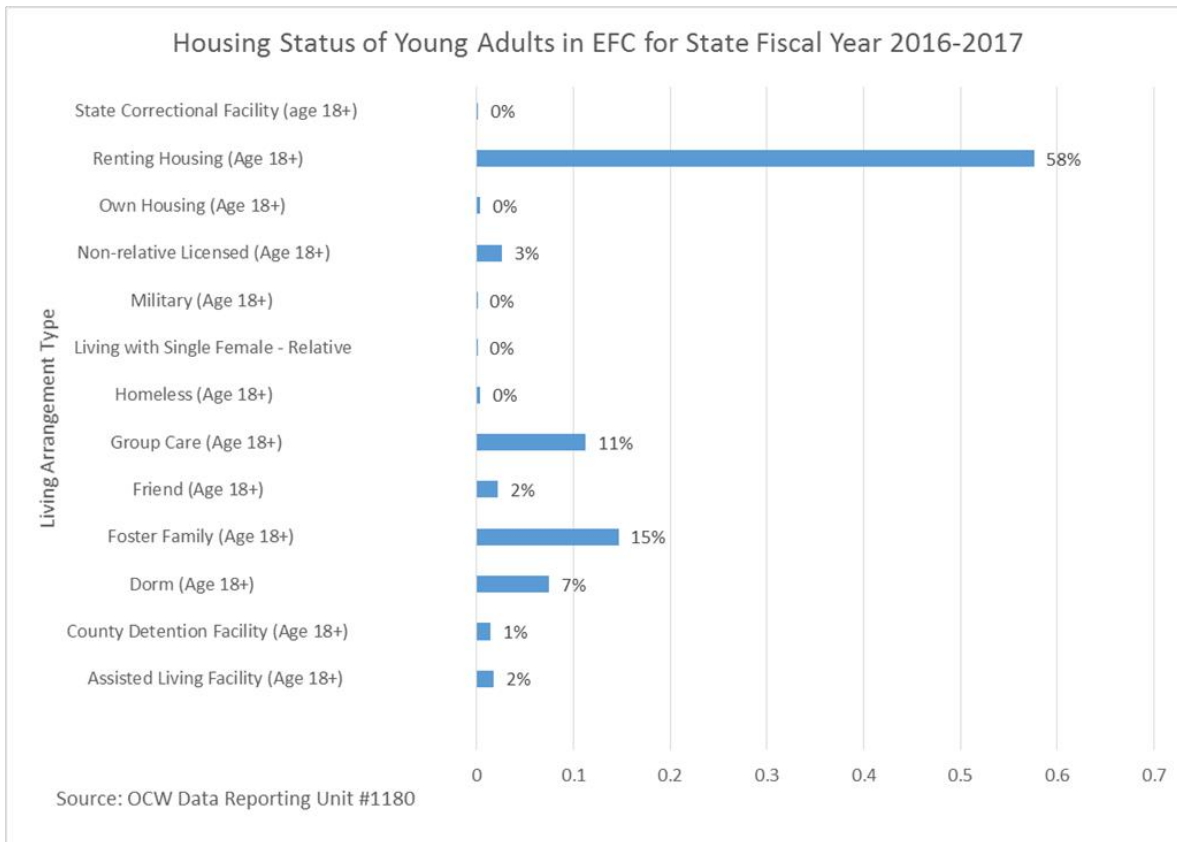


### **Housing (Living Arrangements)**

The Department and the CBCs also track and monitor the data relevant to housing for young adults receiving independent living services. The Department and the CBCs strive to ensure that every young adult served has an appropriate living arrangement and the necessary supports needed for the young adult to become successful. EFC is the only service category that requires an assessment of the young adult's living environment as an eligibility factor. Assessment of each young adult's life skills and abilities helps CBC lead agencies determine what level of supervision is needed.

FSFN currently offers a multitude of different living arrangement documentation options. Living arrangements range from a less restrictive setting like Own Housing to a more restrictive setting like Assisted Living Facility or State Correctional Facility. A FSFN Living Arrangement Guide provides direction to CBCs for selecting the appropriate documentation option. For example, the Renting Housing (Age 18+) documentation option is used when a young adult is renting a home, apartment, or room. The Foster Family (Age 18+) option is chosen when a young adult is living in a "host home" or unlicensed foster home while the Non-relative Licensed (Age 18+) denotes a home with a licensed foster parent. The Dorm (Age 18+) represents both a dorm living environment as well as a transitional living program and Group Care (Age 18+) signifies an actual licensed group home. The Friend (Age 18+) selection is used when a young adult is living in a home with a friend but is not paying rent.

As depicted in the chart below, just over half, at 58 percent, of young adults in EFC are reported as renting housing while approximately 14 percent are in licensed placement settings. All living arrangement types showing zero percent reflects each having four or less reported entries.



### Current and Former Foster Care Youth Surveys<sup>19</sup>

Florida's use of self-report questionnaires along with ongoing analysis of system-driven data assists with oversight and accountability of independent living services. The surveys are a tool to engage current and former foster care youth in providing necessary feedback for evaluation of program effectiveness. Responses may demonstrate how effectively statute, rule, policy, and case management activities have been implemented and whether those services meet the needs of our clients. Florida has worked diligently with contractor, Cby25<sup>®</sup> Initiative, Inc. (Cby25<sup>®</sup>) to develop a comprehensive survey system.

### National Youth in Transition Database

The NYTD survey is administered each year by Cby25<sup>®</sup> to current and former foster youth in predetermined cohorts of 17, 19, and 21 years for data collection. The Department recognizes the significance of utilizing the longitudinal model for assessing how former foster youth are moving towards achieving the goal of adult self-sufficiency and accessing independent living services. In October, 2016, the Department began a new baseline year in which all youth turning 17 years of age in out-of-home care during the 2016-2017 federal fiscal year were invited to take a voluntary survey comprised of 20-22 federally mandated questions pertaining to areas such as: employment, education, homelessness, high

<sup>19</sup> Survey results are posted on the Department's internet site, <http://www.myflfamilies.com/service-programs/independent-living/reports-and-surveys>.

risk activities, adult connections, and health insurance. Those 17 year olds surveyed will become Cohort 3 and will be surveyed again at 19 and 21 years of age. Currently, the 21 year olds from Cohort 2 are being surveyed and will continue through the end of September 30, 2018, concluding the results of Cohort 2.

### **Florida NTYD Plus and My Services**

In an effort to ensure that all 18-22 year olds receiving independent living services have a voice, Florida made the decision to have Cby25<sup>®</sup> administer a similar version of the federal survey. Florida NYTD Plus survey is administered on an annual basis to former foster youth. The survey can be completed on-line, on paper, or by telephone. Survey answers are private and each young adult has a unique log-in password that is issued by the Department. This survey was administered between April 15 and June 17, 2017. Over 887 young adults provided responses to questions related to transition planning, education, employment, housing, financial, transportation, connections, and health and well-being. A full report on the survey responses is located on the Department's website. CBC specific survey data is available through a DCF data portal link.

My Services is a 200+ question online survey that is administered by Cby25<sup>®</sup> at a minimum of annually that attempts to survey all youth (ages 13-17) in licensed care. 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 provided by the foster care system. The survey period launched April 15 and ended June 17, 2017. Over 1039 youth participated. Due to the length of the survey, youth are encouraged to complete the survey on-line in modules. Based on feedback from the past two survey administration periods, Florida has begun the process to streamline the survey. The goals for this upcoming year is to reduce the number of questions, engage more youth, and increase the rate of participation. In addition to the service delivery information learned from survey feedback, other aspects of service delivery are analyzed using the data available in FSFN. Currently, 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

### *Sample Survey Results*

The following survey responses are a sample of the over 200 questions that youth have an opportunity to answer in a number of categories. There has been an overall decline in survey participation over the past five years.

### Normalcy

Source: My Services Survey - Responses by youth ranging in ages 13-17.

Youth ages 15-17 that have a learners permit	Year	Spring 2013	Spring 2014	Spring 2015	Spring 2016	Spring 2017
	Percentage Yes	9%	12%	12%	14%	20%
	Number Yes	88	97	99	101	88
	<b>Total</b>	<b>930</b>	<b>842</b>	<b>847</b>	<b>712</b>	<b>446</b>

Youth ages 16-17 that have a driver's license	Year	Spring 2013	Spring 2014	Spring 2015	Spring 2016	Spring 2017
	Percentage Yes	3%	2%	5%	3%	4%
	Number Yes	20	13	29	13	9
	<b>Total</b>	<b>687</b>	<b>591</b>	<b>582</b>	<b>470</b>	<b>232</b>

### Court Hearings and Transition Planning

Source: My Services Survey - Responses by youth ranging in ages 13-17.

Youth ages 13-17 that attend foster care court hearings (at least sometimes)	Year	Spring 2013	Spring 2014	Spring 2015	Spring 2016	Spring 2017
	Percentage Yes	83%	81%	75%	74%	89%
	Number Yes	1092	1020	973	814	165
	<b>Total</b>	<b>1,319</b>	<b>1,272</b>	<b>1,300</b>	<b>1,102</b>	<b>186</b>

Source: My Services Survey - Responses by youth ranging in ages 13-17.

Youth ages 17 that reported having signed an IL Transition Plan and that it was filed with the court	Year	Spring 2013	Spring 2014	Spring 2015	Spring 2016	Spring 2017
	Percentage Yes	48%	43%	46%	37%	39%
	Number Yes	184	110	130	88	73
	<b>Total</b>	<b>387</b>	<b>286</b>	<b>284</b>	<b>235</b>	<b>186</b>

### Health & Well Being

Source: FL NYTD-Responses by young adults age 18-22.

Received family planning counseling or services during the past two years	Year	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015	Florida NYTD 2016	Florida NYTD 2017
	Percentage Yes	7%	11%	7%	7%	6%
	Number Yes	123	144	83	72	51
	<b>Total</b>	<b>1,852</b>	<b>1,424</b>	<b>1,288</b>	<b>1,206</b>	<b>887</b>

Given birth or fathered any children	Year	Florida NYTD 2013	Florida NYTD 2014	Florida NYTD 2015	Florida NYTD 2016	Florida NYTD 2017
	Percentage					
	Yes	27%	30%	26%	17%	10%
	Yes	474	274	318	188	90
<b>Total</b>		<b>1,852</b>	<b>1,424</b>	<b>1,288</b>	<b>1,206</b>	<b>887</b>

### Collaboration, Committees, 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 organizations that help to provide a voice to youth and make them aware of the needs of transitioning young adults. 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.

#### Florida Youth SHINE

Florida Youth SHINE (FYS), a youth run, peer driven organization, continues to engage current and former foster youth ages 13-24 across the state of Florida. Youth members receive leadership and advocacy training in order to address system of care issues and make recommendations for improvement. Their advocacy spans from speaking directly to the Governor, the media, and legislature to provide educational training to the general public on the needs of this population. In 2017, all 14 FYS chapters convened for monthly meetings in their respective communities. During their gatherings the members identify and prioritize system issues that need improvement, collaborate with their peers to develop leadership, public speaking, and advocacy skills, and meet with key stakeholders, such as CBC decision makers in their communities to share their experiences in the system. On a statewide level FYS members gathered four times throughout 2017 where they shared their local issues and voted on statewide priorities. Members of the group participated in Children's Week, an event held at the state capital in Tallahassee, meeting over 80 legislators and sharing statewide FYS priorities to address identified issues affecting current and former foster youth ages 13-24. While visiting Tallahassee members also dined with the Department's Secretary and several staff members where they discussed the importance of FYS membership and demonstrated the power of their youth voice. Additionally, 25 FYS members attended the Department's Child Protection Summit in September, 2017 and several members presented during two workshops. Additionally, FYS digital stories were featured during the preliminary session at the conference. FYS was recognized nationally this year with the Activists Award by NACCAC and by Foster Youth in Action with the Nancy O'Connell Award for Outstanding Youth Leadership, and the Janet Knipe Outstanding Youth Alli Award. For more information on FYS, visit [www.floridayouthshine.org](http://www.floridayouthshine.org).

### **The Florida Youth Leadership Academy**

The Florida Youth Leadership Academy (FYLA) is a leadership and mentorship program for youth involved in the child welfare system. FYLA's mission is to inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging within their communities. The Class of 2017 was comprised of 20 youth from across the state, who received extensive communication, strategic sharing, and public speaking training throughout the course of the 8-month program while paired with an adult mentor. The skills FYLA youth develop help them leverage their unique and challenging life experiences as they transition into adult members of our community. The program activities included camping, college tours, a visit to the State Capitol, attending PeaceJam, and a graduation ceremony. The most recent class graduated at the Child Protection Summit in August of 2017. The 2018 leadership class was selected in December 2017 and has 21 youth. The program sponsored by DCF is in its eleventh year.

### **Florida Youth Challenge Academy (FLYCA)**

The Department continues to work with Department of Military Affairs (DMA) through an Interagency Agreement to provide educational vocational and job training services to eligible participating youth between the ages of 16 and 18 years of age. The agreement outlines the facilitation and operation of FLYCA, a residential program designed to reclaim the lives of high school dropouts, producing program graduates with the values, life skills, and self-discipline necessary to be productive citizens. The program promotes academics, leadership development, personal growth, and physical fitness for qualifying at-risk youth.

### **Positive Pathways Program (Positive Pathways)**

During SFY 2016-2017, the Department contracted with Educate Tomorrow Corporation (ET), a 501(c)(3) organization, for the purposes of purchasing services to coordinate, develop, and maintain a network of postsecondary supports in efforts to improve outcomes and career transitions for former foster youth eligible for the Department's Tuition and Fee Exemption. There are approximately 66,211 former foster youth that have not yet reached 28 years of age that are potentially eligible based on the eligibility criteria set forth in s. 1009.25, F.S. This work is a continuation of support, networking, and collective impact that began in 2013 with the establishment of Florida Reach and in response to s. 409.1452, F.S, relevant to the collaboration with the State University System (SUS), Florida College System (FCS), and Department of Education.

Although there are designated foster care liaisons at every SUS and FCS campus, there are very few dedicated campus coaches. One of Positive Pathways' main objectives to date is to identify the colleges and universities where there is not only a need for dedicated coaches, but also for campus-based coaching programs due to higher attendance of former foster youth. Through identification, research, technical assistance, and training, Positive Pathways hopes to establish a Florida model of postsecondary supports and advising for this student population, one that could be easily replicated at all educational institutions. For more information, visit <https://www.positivepathwaysflorida.org>.

### **Keys to Independence Program (K2I)**

As noted in Chapter II, legislative changes during this report period allowed the once pilot project K2I to become a permanent program and expanded eligibility to serve a broader foster youth and former foster



youth population. Currently, all youth in out-of-home care qualify for program benefits. In addition, youth who have achieved permanency and youth who turn 18 years of age in out-of-home care may continue for up to six (6) months after the date they reach permanency. Young adults in EFC also may qualify for benefits as long as they have a documented barrier of transportation to work or school. Costs that may be covered under the program include but are not limited to:

- 4-hour traffic law & substance abuse course
- Learner's license fee
- Driver's license fee
- Testing fees (knowledge or skill re-tests)
- Comprehensive driver's education course
- Auto insurance
- Deductible (in the case of an accident)

As of April 1, 2018, approximately 1,045 licenses (learner and driver) were earned during the life of the program. As of April 15, 2018, 1,911 young people ages 15-21 were enrolled in the program. For more information, visit <http://www.keystoindependencefl.org>.

### **Independent Living Services Advisory Council**

The Department continues to engage a wide range of state agencies and key stakeholders 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.

The Independent Living Services Advisory Council (ILSAC) was created in 2002 by the Florida Legislature and 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 issues or barriers as well as successes. 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 2017, 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>.

### **Florida Department of Health -Teen Pregnancy Prevention**

The Florida Department of Health (DOH), Adolescent Health Program continues to administer 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. Selected providers will continue to improve the health of Florida adolescents through skill building, goal-setting, and providing sexual risk avoidance education. DOH received a new grant award in 2017 in the

amount of \$4,085,985. DOH has worked with public health professionals to identify counties of need for program implementation. The counties selected demonstrate high rates of teen birth and births to unwed mothers.

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 continue to hold working agreements with county health departments, allowing youth to access pregnancy prevention services and other services available to improve their health and wellbeing.

### **Florida Department of Agriculture and Consumer Services - Fostering Success Project: Employment and Professional Development Training**

Fostering Success is a joint program between the Florida Department of Agriculture and Consumer Services (FDACS) and the Department which provides young adults, who are either currently or formerly in the foster care system, with an opportunity to gain professional work experience in a supportive environment. Through the Fostering Success Program, the Department administers employment readiness and professional life skills training, as well as job placement services within different state agencies. Each participant is given a part-time, paid position for a year, and starts the year off attending an on campus, overnight, full time training for a week. After the participants start their internships they attend monthly training workshops on a variety of topics which include: Microsoft office; financial literacy; resume building and interview preparedness; communication techniques; networking; conflict resolution; mindfulness; and self-love and respect. The participants also attend one on one sessions for individualized training as well as team building socials. The program has also provided its participants with additional services, such as transportation assistance (free bus passes from a local non-profit), professional work attire (donated by individuals in the community), networking and volunteer opportunities, and food and housing referrals. The goal for next year is to find employment for at least 30 youth at FDACS, Florida Fish and Wildlife Conservation Commission (FWC), DCF, DOH, DJJ, and DEO. Since last year, other state agencies are hiring Fostering Success Youth utilizing their own funding sources. Since the programs implementation, 3 youth have transitioned into full-time positions within their respective agencies.

### **Independent Living Services Statewide Calls and Training**

The Department will continue to work in partnerships with the CBC lead agencies, establishing connections with other agencies as needed, and develop training to improve skills and knowledge. The Department hosts monthly statewide independent living conference calls and provides face to face training bi-annually. Office of Child Welfare provides training for staff specialized in independent living services, topics include but are not limited to: transition planning, CFCIP and NYTD related FSFN requirements, best practice for employment and housing, how to access additional funding, improving permanency outcomes for older youth and young adults, introduction to restorative justice for youth, and peer to peer sharing.

### **Updates/Accomplishments**

- Reviewed transition plans utilized around the state in order to address the need for a more uniformity across the agencies. The mission was to improve and standardize the planning process in collaboration with CBC independent living subject matter experts through a statewide workgroup.

Through the culmination of review, two forms were created in conjunction with relevant policy development. The draft documents are still in the Policy Development and Review Process.

- Collaborated with Florida Institute for Child Welfare at Florida State University (Institute) on the development of a guide for child welfare professionals working with pregnant and parenting youth and young adults. The genesis of this work began as one of the Institute's pilot projects called Preparing Teens and Protecting Futures...Preventing Teen Pregnancies within the Child Welfare System. The project's Principal Investigator was the CEO of Heartland for Children, a CBC lead agency in central Florida.
- Signed an agreement March 1, 2017 with the Urban Institute (Institute) to support national research on the characteristics of youth who receive ETV. A list of categorical AFCARS data elements were provided to the Institute for the purpose of the study. Florida looks forward to learning more about the young adults that utilize the vouchers and their educational outcomes.

#### **Future Plans**

- Complete Children and Families Operating Procedures for the delivery of services for transitioning youth and young adults, providing detailed instruction to CBCs on best practice and as applicable, continue standardizing forms and incorporate into procedures.
- Review and refine all EFC policies and procedures to improve service delivery and accountability, providing for Title IV-E reimbursable program. As applicable, standardize relevant processes across the state for assessing supervised independent living and developing agreements with participating youth and young adults.
- Revitalize Florida surveys provided to this population by redefining the scope of work for contracted services. Survey questions will be fewer with an overarching focus on assessing wellbeing outcomes as it relates to transitional services.

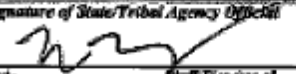
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## Chapter X. Fiscal and Statistical Information

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

Attachment B  
OMB Approval #0570-0426  
Approved through January 31, 2021

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV and Reallocation for Current Federal Fiscal Year Funding**  
For Federal Fiscal Year 2019: October 1, 2018 through September 30, 2019

1. Name of State or Indian Tribal Organization: FLORIDA		2. EIN: 69-3468483		
3. Address: (insert mailing address for grant award notices in the two rows below) 1317 Wilkeswood Blvd., Bldg. 2, Rm. 404 Tallahassee, FL 32309-0700		4. Submodule Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REALLOTMENT <input type="checkbox"/> AMEND		
a) Email address for grant award notices: Diane.Suedes@myflfamilies.com				
<b>REQUEST FOR FUNDING for FFY 2019:</b> Hardcode all numbers; no formulas or linked cells.				
5. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		\$15,384,708		
a) Total administrative costs (not to exceed 10% of the CWS request)		\$87,084		
6. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	% of Total	\$18,917,164		
a) Family Preservation Services	23%	\$4,575,221		
b) Family Support Services	33%	\$6,526,927		
c) Time-limited Family Reunification Services	20%	\$4,084,636		
d) Adoption Promotion and Support Services	24%	\$4,730,381		
e) Other Service Related Activities (e.g. planning)	0%	\$0		
f) Administrative costs (APPLICABLE TO STATES ONLY; not to exceed 10% of the PSSF request)	0.2%	\$30,000		
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTER: Displays the sum of lines six-6f</i>	100%	\$19,917,164		
7. Requested Monthly Caseworker Visit (MCV) funds: (FOR STATES ONLY)		\$1,255,065		
a) Total administrative costs (FOR STATES ONLY; not to exceed 10% of MCV request)		\$0		
8. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)		\$1,285,831		
9. Requested Child Foster Care Independence Program (CFCIP) funds:		\$6,786,860		
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		\$1,374,807		
10. Requested Education and Training Voucher (ETV) funds:		\$2,200,600		
<b>REALLOTMENT:</b>				
Complete this section for adjustments to current year (FFY 2018) awarded funding levels.				
11. Identification of Surplus for Reallocation:				
a) Indicate the amount of the State's/Tribe's FFY18 allotment that will not be utilized for the following program:				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
12. Request for additional funds in the current fiscal year, should they become available for re-allocation:				
CWS	PSSF	MCV (States only)	CFCIP Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official 		Signature of Federal Children's Bureau Official Joseph Book for Jerry Milner		
Title: Staff Director of Revenue Management		Title:		
Date: 5/19/2018		Date: 11/6/2018		

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

SERVICES/ACTIVITIES	Name of State or Indian Tribal Organization: FLORIDA										For FFY 2019: OCTOBER 1, 2018 TO SEPTEMBER 30, 2019									
	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CFRIP	(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	\$ 5,327,970			\$ -			\$ 51,254,982	25,081		All regions states	Regions									
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)		\$ 4,575,221		\$ -			\$ -	11438		All regions states	Regions									
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 6,526,927		\$ 1,285,831			\$ 71,000	82084		Regions of Alaska/Alaska	Regions									
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ 6,535,520	\$ 4,054,635		\$ -			\$ 61,038,432	8067		All regions of states	Regions									
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 3,434,152	\$ 4,730,381		\$ -			\$ 36,873,548	4055		All regions of states	Regions									
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. Housing)	\$ -	\$ -		\$ -			\$ -	-												
7.) FOSTER CARE MAINTENANCE:																				
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 19,801,776	7317		All regions states	Regions									
(b) GROUP/INSTIT. CARE	\$ -						\$ 38,546,459	2320		All regions states	Regions									
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 92,198,072	35757		All regions states	Regions									
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ -	-												
10.) INDEPENDENT LIVING SERVICES	\$ -			\$ 6,795,860			\$ -	1303		Regions 18-19	Regions									
11.) EDUCATION AND TRAINING VOUCHERS	\$ -			\$ -	\$ 2,280,693		\$ -	824		Regions 18-19	Regions									
12.) ADMINISTRATIVE COSTS	\$ 87,064	\$ 30,000	\$ -				\$ 1,528,616	18,965,470												
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -	\$ -				\$ 29,918	53,481												
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -	\$ -				\$ 278,772	417,875												
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -	\$ -				\$ -	-												
16.) STAFF & EXTERNAL PARTNERS' TRAINING	\$ -	\$ -	\$ -				\$ 18,315,481	10,695,695												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,255,055				\$ -	418,355												
<b>(18.) TOTAL</b>	\$ 15,384,706	\$ 19,917,164	\$ 1,255,055	\$ 1,285,831	\$ 6,795,860	\$ 2,280,693	\$ 319,978,096	583,185,707												
<b>19.) TOTALS FROM PART I</b>	\$ 15,384,706	\$ 19,917,164	\$ 1,255,065	\$ 1,285,831	\$ 6,795,860	\$ 2,280,693														
<b>20.) Difference (Part I - Part II)</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00														

\* 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.

21.) Population data are included in the AFPSR/CFSP narrative, rather than above in columns I - L.  YES  NO

Division of  
Child Welfare Services  
September 30, 2018

Division of  
Child Welfare Services  
September 30, 2018

**CFS-161, PART III: Annual Expenditures for Title IV-E, Subpart 2 and 3, Child Foster-Care Independence and Education and Training Voucher Reporting for Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2017**

1. Name of State or Indian Tribal Organization: **FLORIDA**

2. EIN: **61-3409453**

3. Address: **19-17 Wilmwood Blvd, Bldg 2, Rm. 404 Tallahassee, FL 32308-0700**

4. Submission Type:  New  Update

5. Description of Funds	(A) Estimated Expenditures for FFY 18 (FY 17)	(B) Actual Expenditures for FFY 18 (FY 17)	(C) Number of Children Served	(D) Number of Families Served	(E) Population Served	(F) Geographic Area Served
6. Total Title IV-E, subpart 2 (CWS) funds at Administrative Costs	\$ 1,788,419	\$ 280,000				
7. Total Title IV-E, subpart 3 (FCS) funds at Family Information Services	\$ 8,491,027	\$ 5,481,027				
8. Total Title IV-E, subpart 3 (FCS) funds at Family Support Services	\$ 3,451,830	\$ 3,811,830				
9. Total Title IV-E, subpart 3 (FCS) funds at Adoption Incentives and Support Services	\$ 4,056,269	\$ 4,056,269				
10. Total Title IV-E, subpart 3 (FCS) funds at Other Services (Adoption (Ag. Planning))	\$ -	\$ -				
11. Total Title IV-E, subpart 3 (FCS) funds at Administration Costs	\$ -	\$ -				
12. Total Title IV-E, subpart 3 (FCS) funds at Family Support Services	\$ 18,866,412	\$ 12,866,412				
13. Total Monthly Careworker Voucher (CWS) (CWS)	\$ 1,158,000	\$ 1,158,000				
14. Total Monthly Careworker Voucher (CWS) (CWS)	\$ 113,478	\$ -				
15. Total Title IV-E, subpart 3 (FCS) funds	\$ 2,254,787	\$ 5,224,787				
16. Total Title IV-E, subpart 3 (FCS) funds	\$ 688,846	\$ 608,846	108			
17. Total Title IV-E, subpart 3 (FCS) funds	\$ 2,023,207	\$ 2,023,207	80			

18. Certification by State Agency or Indian Tribal Organization: This State Agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Indian Agency Official: *[Signature]*

Signature of Federal Child Welfare Agency Official: **Joseph Boock for Jerry Milner**

Date: **11/6/2018**

1992 Comparison to 2016 for State and Local Funds  
Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

Period	Family Preservation Services	Family Support Services	Time-Limited Reunification	Adoption Promotion	Total
2016	\$ 396,240,113	\$ 343,821,654	\$ 1,104,415	\$ 12,127,238	\$ 753,293,420
1992	\$ 85,737,000	\$ 311,374,000	\$ -	\$ -	\$ 397,111,000
Diff 2016 from 1992	\$ 310,503,113	\$ 32,447,654	\$ 1,104,415	\$ 12,127,238	\$ 356,182,420

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

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State Share (MOE)  
to verify no Supplantation

State Fiscal Year	Family Preservation	Family Support	Time-Limited Reunification	Adoption Promotion	Total State Share
1992-93	85,737,000	311,374,000			397,111,000
1993-94	89,683,000	308,635,000			398,318,000
1995-96	102,734,000	306,787,000			409,521,000
1996-97	102,590,000	334,424,000			437,014,000
1997-98	124,226,000	402,301,000			526,527,000
1998-99	N/A	N/A			
1999-00	212,523,589	294,346,482			506,870,071
2000-01	289,717,496	360,844,036			650,561,532
2001-02	307,322,358	313,008,601			620,330,959
2002-03	319,416,329	236,847,274			556,263,603
2003-04	272,524,635	271,865,884			544,390,519
2004-05	328,146,128	283,185,887			611,332,015
2005-06	281,122,688	300,453,611			581,576,299
2006-07	257,220,980	345,495,146			602,716,126
2007-08	360,971,684	323,522,062			684,493,746
2008-09	329,768,367	311,966,459			641,734,826
2009-10	325,476,156	297,103,746			622,579,902
2010-11	342,517,176	295,846,645			638,363,821
2011-12	321,598,115	276,823,942			598,422,057
2012-13	290,890,344	279,328,784			570,219,128
2013-14	351,849,429	276,314,954	1,616,125	33,927,768	663,708,276
2014-15	406,340,825	329,740,315	2,351,253	35,196,541	773,628,934
2015-16	396,240,113	343,821,654	1,104,415	12,127,238	753,293,420

ESTIMATED EXPENDITURES: State Fiscal Year 2015-2016  
PROMOTING SAFE AND STABLE FAMILIES

Program/Service	Funding Source			Family Support Services			Time-Limited Family Reunification Services			Adoption, Pre-adoption and Support Services		
	STATE	FEDERAL	FEDERAL	STATE	FEDERAL	FEDERAL	STATE	FEDERAL	FEDERAL	STATE	FEDERAL	FEDERAL
Associated Marine Institute-DUJ	12,042,282	40,063										
Child Sexual Abuse Treatment Program - DCF	3,799,657											
Child Protection Teams - DOH	3,444,648	5,330,384										
Child Care and Development Fund-OEL			166,216,460									
Children's Mental Health and Substance Abuse	43,045,656	10,186,107										
DCF - CMH and SA Block Grants, State Funds, and SAMHSA period grant funds	116,702,272	30,038,166										
CINSEPNB Runaway Shelter	34,304,877	750,000										
Comm-Based Family Resource			296,450		1,193,801							
Community Food & Nutrition					283,463,687							
Community Food & Nutrition Grant					2,390,178							
Comm Quality Improvement					9,616,496							
Day Care Resource & Referral			856,001		3,627,907							
Day Care Resource & Referral			22,149,692		18,216,237							
Domestic Violence												
Family Violence Prev STOP TANF Encourage Arrest and State Funds												
Early Intervention Services	451,630		40,724,710		11,240,431							
Epilepsy					3,056,794							
Family Planning	4,245,435	6,146,373										
Family Safety												
Full Service Schools	106,181,676	75,062,869			29,627,332		5,660,654		1,104,415		3,644,427	12,127,238
Healthy Families					6,000,000							
Improved Pregnancy Outcome					19,412,600		7,663,314					
Interstate Compact/ISS	308,610				19,436,051		4,381,510					
Local Services Program												
Local Services Program							56,811,042					
Local Services Program					1,717,938							
Local Services Program					17,956,099							
Local Services Program					895,062		2,336,383					
Local Services Program												
Local Services Program					41,488,703							
Local Services Program					124,686,764							
Local Services Program												
Local Services Program					162,635							
Local Services Program					9,710,700		11,625,848					
Local Services Program							321,686,306					
Local Services Program												
Totals by Program AREA & FUND SOURCE	396,240,113	266,079,216	343,921,654	710,711,726	1,104,415	3,644,427	12,127,238					10,938,417

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

Source: IDS Grants

COBJ	COA 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	10,931,006.81	8,188,254.96	2,732,751.85
PCW05	<b>IV-B CHILD WELFARE OHC MAINT-CBC</b>	<b>PR046</b>	<b>513,148.45</b>	<b>384,861.34</b>	<b>128,287.11</b>
PCW05	IV-B IN HOME	PR126	3,728,406.04	2,780,304.53	932,101.51
PCW05	IV-B CHILD WELFARE IH-CBC	PRA26	1,325,379.83	984,034.87	331,344.96
PCW05	IV-B CHILD WELFARE ADOPT ADMIN-CBC	QACM0	90,284.12	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	559,869.77	419,752.33	139,917.44
PCW05	PROTECTIVE SVCS FOR CHILDREN	WH000	1,328,079.23	986,059.42	332,019.81
PCW05	<b>FOSTER CARE PRG ADMIN</b>	<b>WO004</b>	<b>320,317.47</b>	<b>240,238.10</b>	<b>80,079.37</b>
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
	<b>TOTAL TITLE IV-B, PART I FFY 2005</b>		<b>20,874,301.33</b>	<b>15,655,726.00</b>	<b>5,218,575.33</b>

COBJ	COA Title	OCA	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
	<b>Title IV-B FC Maintenance Payments for FFY 2005</b>		<b>833,465.92</b>	<b>625,099.44</b>	<b>208,366.48</b>

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

Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005

Amount State Share  
87,963,633.35

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**Appendix A.**

# **Florida's Continuous Quality Improvement (CQI) Plan**

## Florida's CQI System

Florida's Continuous Quality Improvement (CQI) 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>

Florida's CQI system was fully implemented on July 1, 2015 and remains in effect. The CFSR Onsite Review Instrument (OSRI) and Online Monitoring System (OMS) continue to be utilized for Florida CQI reviews in addition to the cases reviewed for Florida's Program Improvement Plan (PIP). Florida CQI case reviews completed in the OMS system during the report period totaled 450. Data from these reviews helped to guide the statewide assessment on many items. During this same period, CBC QA staff also completed Rapid Safety Feedback (RSF) reviews of 1289 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 3274 case reviews and consultations between October 2015 and September 2017. 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.

The Department engaged national child welfare experts to conduct reviews of cases to ensure fidelity to Florida's practice model; 438 CPI cases were reviewed, 115 case management cases and 134 investigations were reviewed for fidelity to the risk assessment portion of the model.

Florida created its Program Improvement Plan (PIP) based on the findings from the CFSR conducted April through September of 2016. Please see Chapter IV as the PIP has been incorporated into Florida's Plan for Improvement. Key activities were developed in each region of the state which were used to create the statewide PIP. Progress on regional key activities continues to be reported to the Office of Child Welfare on a quarterly based and improvements made based on findings from ongoing reviews continue to be reported during Quality Assurance Managers meetings, conference calls, and PIP Steering Committee meetings. Many regions are focusing on family engagement activities, placement stability, timely achievement of permanency, foster parent recruitment and retention, kinship navigator programs, collaboration with Juvenile Justice, and ongoing training with national experts.

Part of the ongoing development of the state's Continuous Quality Improvement (CQI) process based on the Results Oriented Accountability cycle is to assess the state's capacity to conduct CQI activities. The state partnered with one of its primary stakeholder and provider organizations, the Florida Coalition for Children (FCC), to create joint strategic initiatives. One part of one of these joint initiatives is to work with the Capacity Center for States to develop and administer a CQI capacity assessment for community-based care lead agencies and the local regions of the state. A workgroup was initiated comprised of regional department personnel and representatives from FCC. FCC is comprised of community-based care lead agencies and their local provider networks.

The workgroup developed an instrument to assess CQI capacity along with the Capacity Center for States and conducted a cognitive pilot of the instrument to ensure the questions were well understood and measured the intended items. The next step is to pilot the assessment at a community-based care lead

agency, make any needed revisions and conduct additional pilots with community-based care lead agencies and regional offices of the department before the state-wide assessment is conducted.

Please refer to Appendix A, Florida's Five Year CQI Plan for 2015-2019.

**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 50% being adopted by relative caregivers, 26% by foster parents and 24% 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 800. Florida Safe Families Network data November 2, 2017 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: 58.5% are male and 41.5% are female
- Age: 7.4% are 0-8 years of age; 23.7% are 9-13 years of age and 68.9% 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:
  - 21.2% % have been in care less than 12 months since TPR
  - 27.7% have been in care between 12-24 months since TPR;
  - 17.3% have been in care between 24-36 months since TPR;
  - 32.9% have been in care more than 36.-

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), continues to be 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 uses 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 four of this five-year grant. The participating CBCs currently include:

- Kids Central, Incorporated
- Heartland for Children
- Big Bend Community-Based Care

The recruitment efforts in Florida have three main levels of focus. Section 39.523 of Florida Statutes (F.S.) established the requirement for Community-Based Care Lead Agencies to develop strategies to recruit train and support an adequate number of foster families to provide home based care. The CBCs are also required to share their strategies with the Department and that information will be displayed on the department’s Placement in Out-of-Home Data webpage. CBCs are required to share recruitment plans with the DCF regional office. The Office of Child Welfare hosts a quarterly Quality Foster Parent Recruitment and Retention conference call in which the regional offices share the effective strategies from the CBCs. These CBC strategies will 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 shared and communicated via ongoing 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 the workgroups for review and input.
- Statewide solutions include continued improvements to the Unified Home Study process, and combined all purposes of home studies into one electronic format that changes parameters depending on the type of home study selected.
- The Department and CBCs also identify needs for recruiting for certain populations.
  - Homes for Teens – recruitment materials and media plan for recruiting foster and adoptive homes for teens.

The Department continues to build to the efforts of Fostering Success, to increase the number of 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 adoptive home goals are developed through a process that begins in April-May of each year. For adoptive home recruitment, the Office of Child Welfare Data Reporting Unit continues to develop preliminary recommendations for goals based on prior year out-of-home care information (see Adoption Targets FY-2015-16 on page 227). 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, at each CBC, using the out-of-home care trends from the prior year. The Department has provided a public facing dashboard which allows users to access data related to newly licensed or closed foster homes. The dashboard also has data to monitor the bed capacity of foster homes, and the number and percentage of children in various placement types. The information on the dashboards initially displays data on a statewide level, then users can drill down to each region and CBC. The dashboard is located on the following link: <http://www.dcf.state.fl.us/programs/childwelfare/placement.shtml>. This information can assist CBCs in creating data driven recruitment strategies.

The Department, CBCs, and Children's Medical Services continues to 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.

The regional licensing offices establish what annual targets foster home goals will be, and monitor monthly as part of the statewide tracking of foster home licensing. See Counts of Licensed Foster Care Providers and Newly Licensed Providers on page 301.

### **Outreach and Dissemination Strategies**

The Department continues to use 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: [myflfamilies.com/fosteringsuccess](http://myflfamilies.com/fosteringsuccess), [adoptflorida.org](http://adoptflorida.org), [qipiflorida.com](http://qipiflorida.com), [jitfl.com](http://jitfl.com), and [centerforchildwelfare.fmhi.usf.edu/](http://centerforchildwelfare.fmhi.usf.edu/).

The first two websites, [myflfamilies.com/fosteringsuccess](http://myflfamilies.com/fosteringsuccess), and [adoptflorida.org](http://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 as well as dispel common myths that often are barriers to people thinking about fostering or adopting.

The other two websites, [qipiflorida.com](http://qipiflorida.com) and [jitfl.com](http://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.

### **Quality Parenting Initiative**

The Quality Parenting Initiative (QPI) continues to provide training and strategies to improve child safety, permanency, and well-being for children placed in Florida’s out-of-home care system. It is designed to ensure that placement of children in an out-of-home care setting is 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 CBC lead agencies 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 promotes the participation and engagement of foster care parents in the planning, case management, and delivery of services for children 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, once in January and once in May. Nationally recognized adoption experts such as Loryn Smith, Pat O’Brien, and Dr. Wayne Dean conduct the training sessions. Each training contains a general information and question and answer session, conducted by the state’s Adoption Policy Specialist.

The Department continues to collaborate with the Florida Association of Heart Galleries to provide general awareness 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](http://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 association has partnered with the National Foster Parent Association to provide a joint training and conference here in Florida. This joint training and conference will take place in Orlando June 28 to July 1, 2018.

The Department continues to collaborate with One to One Child of Florida and has as new partnership with Family’s First and All Pro Dads 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 in the state's SACWIS system and relicensing processes.
- Quarterly mini-conferences and annual Educational Conference 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 host statewide in-service adoption trainings, one in January and one in May. Nationally recognized adoption experts such as Loryn Smith, Pat O’Brien and Dr. Wayne Dean conduct the two-day training. The attendees include adoption case managers, adoption supervisors, Guardians ad Litem, private adoption agency staff, and Children’s Legal Services’ attorneys.

The 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.

The pre-service curricula is based on the key practices outlined in the 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 increases 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.

In addition to “culture” being woven throughout, the 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 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 issues that cause these families to become involved with Florida’s system of care.

**Strategies for dealing with barriers to communication**

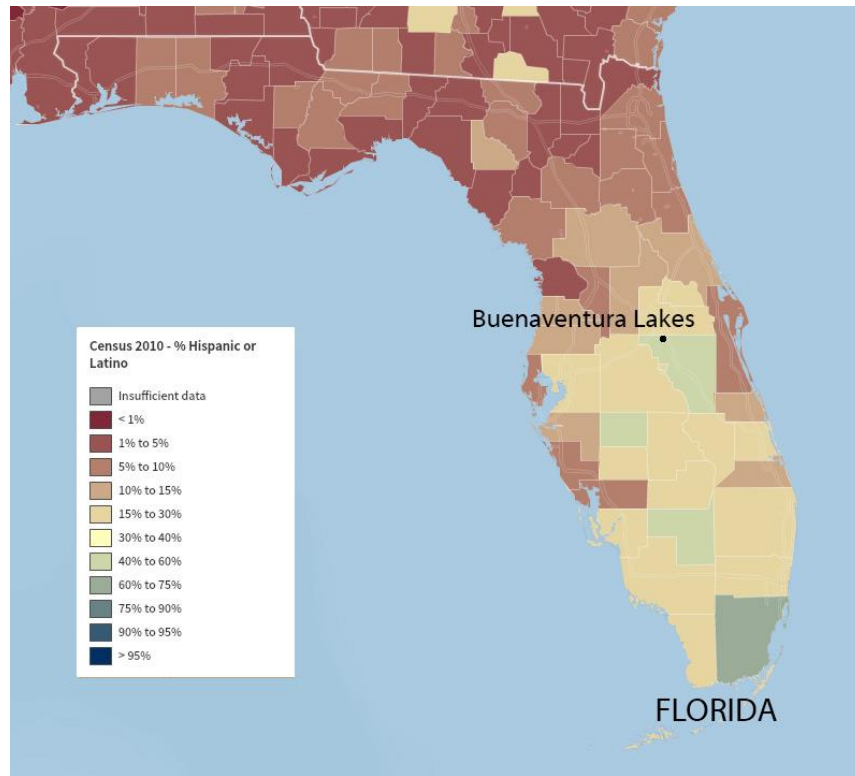
One strategy the Department will continue to use in order to address linguistic barriers is hiring staff from diverse backgrounds to ensure native speakers of Spanish, Creole, and other languages are available. Child welfare materials are available in Spanish and Creole, the two languages most used by 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 will continue to ensure 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 model during the next five years. 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 new Community-based Care Agency. A monitoring component is in place to ensure fidelity to the model. Each new Community Based Care Agency begins 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 CBC lead agencies will develop an implementation plan that begins with a training plan and identification of one staff person from an experienced CBC assigned as a mentor. For additional information refer to Chapter II under Out of Home Care, APPLA and 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 utilized.

The Department will continue to collaborate with One Church One Child in efforts to recruit adoptive families for 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 are 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, is shown each day in November, December and February on the statewide website at [www.adoptflorida.org](http://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 are 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 generated 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 CBCs. Wendy's Wonderful Kids in collaboration with the Department will be conducting a Post Adoption Study with children adopted through the recruitment efforts of Wendy's Wonderful Kids.

The Department's Adoption Specialist will continue to collaborate with the staff of Children's Medical Services and establish a written protocol that will allow the local Heart Gallery photos and videos of children with medical challenges to 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 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.

2. Once a month, the Department pulls 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 continue to 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 to apply the "best practices" for foster parent recruitment that were produced through the Fostering Success effort.

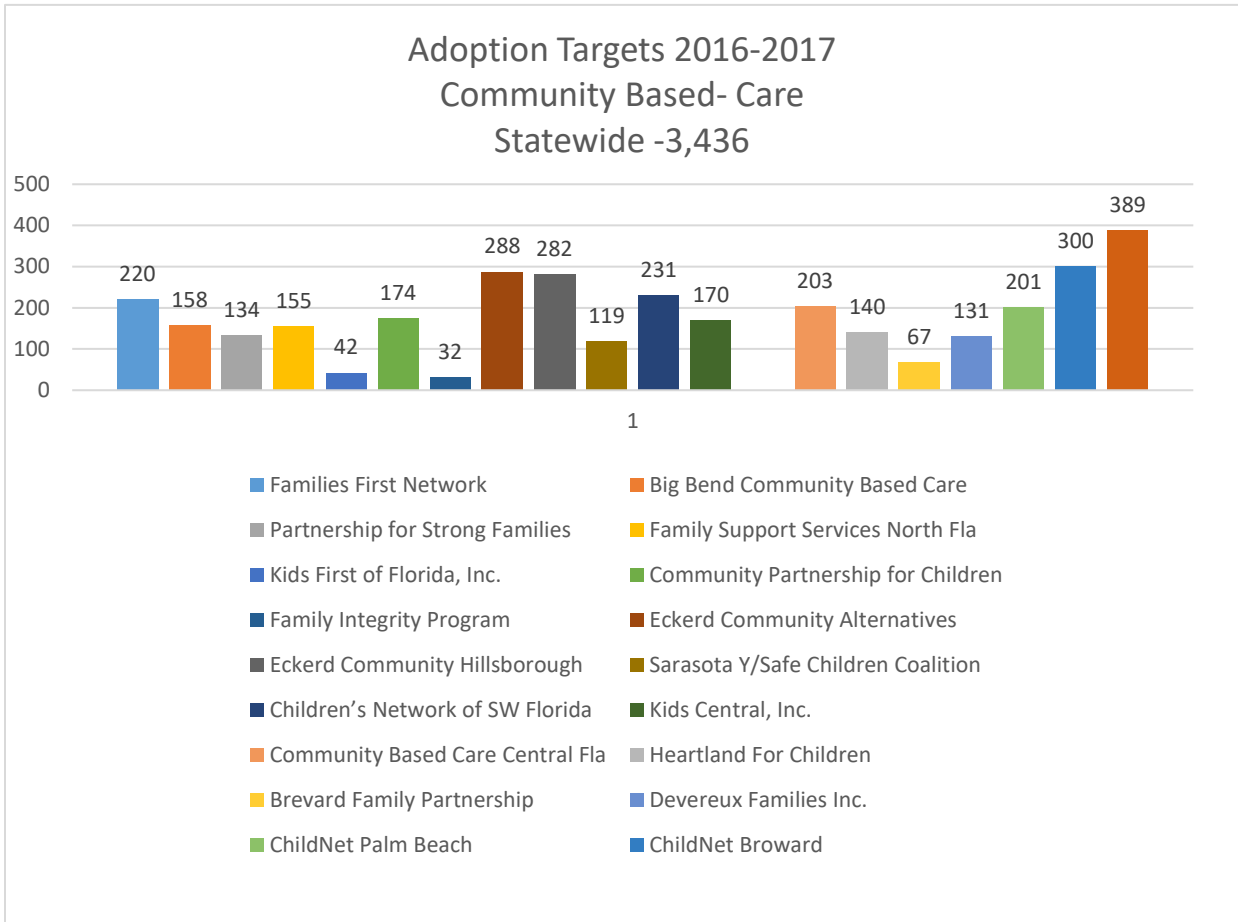
2. Work collaboratively with Community-based Care lead agencies and Department's Regional Managing Directors to analyze each local geographic region. Allow each CBC the ability to establish innovative strategies to establish foster home goals that are relevant for each community's system of care.

3. Continue to partner with the Quality Parenting Initiative and the FSFAPA to continue to support and provide resources for the quality foster parents around the state.

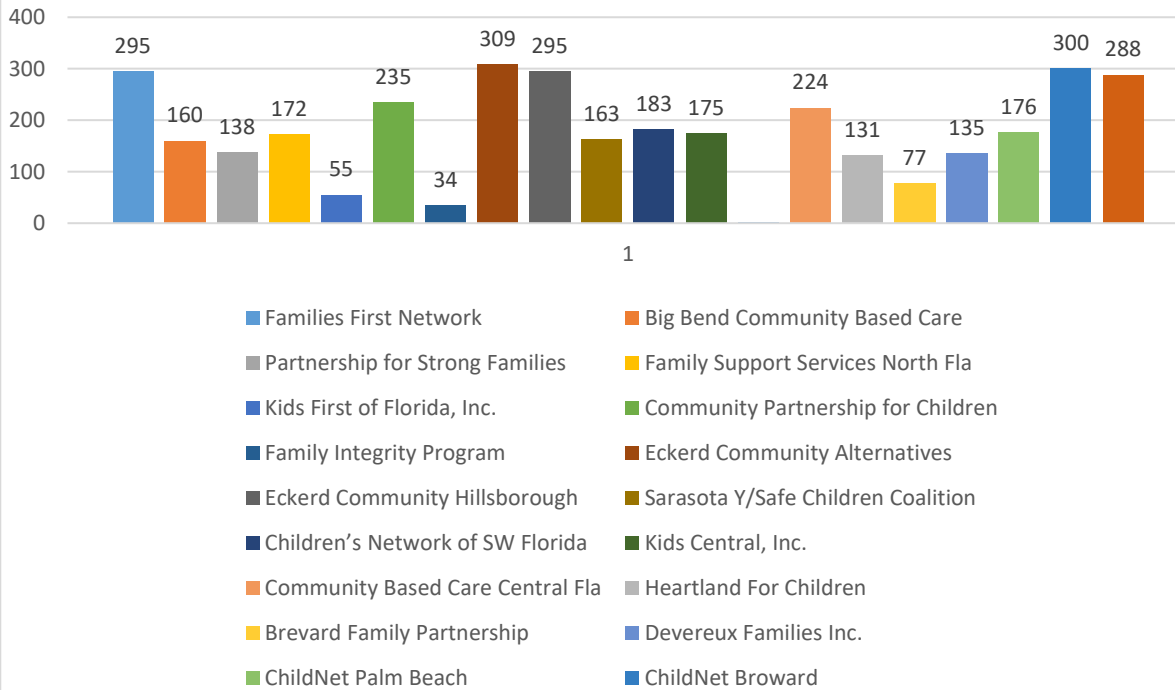
4. Continue making changes to Florida's administrative rule for foster home licensing to reduce barriers and unnecessary regulatory processes.

The Department and its community-based care partners goal is 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**



### Adoption Targets 2017-2018 Community Based- Care Statewide -3,545

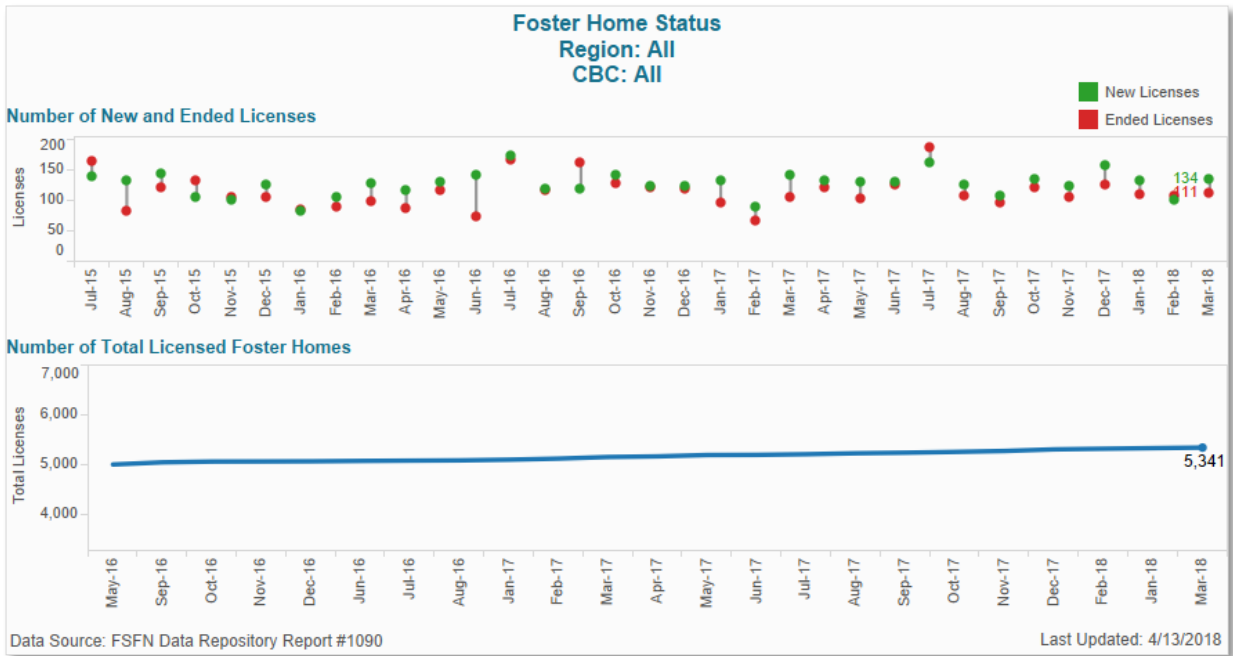


### Counts of Licensed Foster Care Providers and Newly Licensed Providers

Table 1

(Source: ad hoc analysis of FSFN data)

Number of Licensed Foster Care Providers Statewide & Turnover	
Number licensed on 6/30/2016	5072
Number licensed on 6/30/2017	5194
Number licensed on 9/30/2017	5238
Number of Licenses Ended in SFY 2017/2018 as of 9/30/2017	389
Number of "newly licensed" in SFY 2017/2018 as of 9/30/2017	394



## Number of Licensed Providers, by CBC

Table 2

(Source: ad hoc analysis of FSN data)

CBC	6/30/2016	6/30/2017	9/30/2017	Net Change from 6/30/2016 - 6/30/2017
Big Bend CBC	209	189	178	-20
CBC of Brevard	132	140	140	8
CBC of Central Florida	235	255	246	20
CBC of Central Florida (Seminole)	96	94	89	-2
ChildNet, Inc.	566	520	521	-46
ChildNet Palm Beach	306	288	285	-18
Children's Network of SW Florida, Inc.	377	385	381	8
Community Partnership for Children	193	209	214	16
Devereux CBC	172	190	179	18
Eckerd Community Alternatives	452	436	442	-16
Eckerd Community Hillsborough	419	447	470	28
Families First Network	298	287	296	-11
Family Integrity Program	47	62	62	15
Family Support Services of North Florida	363	376	369	13
Heartland for Children	180	187	184	7
Kids Central, Inc.	205	263	272	58
Kids First of Florida, Inc.	88	84	88	-4
Our Kids of Miami-Dade/Monroe, Inc.	425	462	483	37
Partnership for Strong Families	148	130	139	-18
Sarasota Family YMCA, Inc.	150	184	192	34
Unknown	11	6	8	-5
<b>Total</b>	<b>5072</b>	<b>5194</b>	<b>5238</b>	<b>122</b>



## Number Newly Licensed between 7/01/2016 and 9/30/2017, by CBC

Table 3

(Source: ad hoc analysis of FSN 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 West	54	92	44	81%
CBC of Brevard	52	87	36	69%
CBC of Central Florida	149	241	115	77%
CBC of Central Florida (Seminole)	97	156	78	80%
ChildNet, Inc.	109	200	83	76%
ChildNet Palm Beach	69	115	53	77%
Children's Network of SW Florida, Inc.	29	46	24	83%
Community Partnership for Children	75	141	59	79%
Devereux CBC	81	111	64	79%
Eckerd Community Hillsborough	117	177	95	81%
Eckerd Youth Alternatives, Inc.	162	255	134	83%
Families First Network	97	175	80	82%
Family Integrity Program	27	46	25	93%
Family Support Services of North Florida	117	216	78	67%
Heartland for Children	46	101	36	78%
Kids Central, Inc.	99	195	82	83%
Kids First of Florida, Inc.	25	48	15	60%
Our Kids of Miami-Dade/Monroe, Inc.	120	219	95	79%
Partnership for Strong Families	38	70	26	68%
Sarasota Family YMCA, Inc.	70	116	55	79%
Unknown	2	3	2	100%
<b>Total</b>	<b>1635</b>	<b>2810</b>	<b>1279</b>	<b>78%</b>

## 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)	<p><b>Project Kickoff</b></p> <ul style="list-style-type: none"> <li>• Execute and maintain contract with ACF / Children’s Bureau</li> <li>• Convene project partners, clarify roles and responsibilities, execute sub-contract with Kids Central as Managing Partner</li> </ul> <p><b>Year One Specific Tasks</b></p> <ul style="list-style-type: none"> <li>• Participate in scheduled project partner meetings</li> <li>• Collaborate in the development of project plan and communication plan</li> <li>• Review and approve revised project plan for years 2 – 5</li> <li>• Provide access to needed data for development of Strategic / Targeted Marketing research and planning</li> </ul> <p><b>Ongoing Project Responsibilities Years 2 - 5</b></p> <ul style="list-style-type: none"> <li>• Submit semi-annual reports compiled by Kids Central and project partners</li> <li>• Review and submit annual budget completed by Managing Partner (Kids Central)</li> </ul>

Entity	Responsibilities and Timeframe (Task or Activity)
	<ul style="list-style-type: none"> <li>• Monitor annual project plan and reported outcomes and make recommendations for changes to schedule, activities, or</li> <li>• Identify and provide recommendations related to project implementation and progress in relation to statewide initiatives, strategic goals and objectives</li> <li>• Identify and mitigate potential barriers to dissemination at the statewide level</li> <li>• Integrate and communicate project work and findings state wide through <i>Fostering Florida's Future</i> workgroup and meetings</li> <li>• Integrate findings into statewide Child and Family Services Plan</li> <li>• Provide access to child services data (via SACWIS) in accordance with each Community Based Care Lead Agency contract</li> <li>• Provide necessary staffing and associated funding required to complete project activities.</li> </ul>
<p>Kids Central, Inc.  (Project Managing Partner)</p>	<p><b>Managing Partner Responsibilities:</b></p> <ol style="list-style-type: none"> <li>1. Provide all aspects of grant management including,</li> <li>2. Develop annual project plan including activities, work schedules, key deliverable due dates, and outcome expectations,</li> <li>3. Monitor adherence to work plan</li> <li>4. Establish annual budget</li> <li>5. Schedule and facilitate project meetings</li> <li>6. Initiate project communication</li> <li>7. Maintain project communication forums (web, blog, written communication)</li> <li>8. Compile materials and tools developed for project tasks</li> <li>9. Establish and maintain website for project documentation</li> <li>10. Develop, monitor and amend project annual budget as necessary</li> <li>11. Collect and compile documentation from each project partner pertaining to work activities, budget expenditures, progress towards project activities, goals and objectives</li> <li>12. Work collaboratively with project partners to refine and implement project plan for years 2 - 5</li> <li>13. Compile semi-annual reports and provide to DCF for submission</li> <li>14. Monitor evaluation activities and outcomes, amend project plan, activities and schedule as appropriate</li> <li>15. Provide all necessary oversight and communicate feedback to project partners</li> <li>16. Coordinate attendance and presentations at annual Grantees Meeting</li> <li>17. Collaborate with and provide project information, data, and findings to DCF</li> </ol> <p><b>Project Kickoff</b></p> <ul style="list-style-type: none"> <li>• Convene project kick off in partnership with DCF</li> <li>• Develop project charter in cooperation with partnering entities</li> </ul> <p><b>Year One Specific Tasks</b></p> <ul style="list-style-type: none"> <li>• Work collaboratively with Gold and Associates to develop market data collection tools, collect data, compile data, and interpret results</li> <li>• Revise years 2 – 5 project plan based on year 1 findings and outcomes</li> <li>• Provide oversight of project subcontractors, <i>Gold and Associates</i> and <i>J.K. Elder &amp; Associates</i></li> <li>• Develop and execute project communications plan with partnering entities</li> <li>• Review specific geographic and programmatic areas of need for children in care</li> <li>• Provide Gold and Associates and J.K. Elder &amp; Associates with required circuit-level (via SACWIS or internal tracking systems)</li> </ul>

Entity	Responsibilities and Timeframe (Task or Activity)
	<ul style="list-style-type: none"> <li>• Collaborate with external evaluator to develop evaluation plan and IRB application</li> <li>• Develop circuit-specific strategic targeted marketing plan in cooperation with, and in consideration of recommendations and findings made by Gold and Associates</li> <li>• Submit revised Years 2 – 5 Plan for ACF review and approval</li> </ul> <p><b>Ongoing Project Responsibilities Years 2 - 5</b></p> <ul style="list-style-type: none"> <li>• Provide required staffing to implement strategic targeted marketing plan</li> <li>• Implement strategic targeted marketing plan</li> <li>• Re-allocate CBC contractual funding to fund media campaign created in collaboration with Gold and Associates</li> <li>• Attend project meetings</li> <li>• Maintain local project communication plan with key stakeholders</li> <li>• Modify circuit-level project activities in response to evaluation findings and project outcomes</li> <li>• Attend all project meetings</li> <li>• Designate project staff to attend annual grantee meetings</li> <li>• Provide necessary staffing and associated funding required to complete project activities.</li> </ul>
Big Bend CBC, Inc.  Heartland for Children, Inc.  Our Kids of Miami-Dade / Monroe, Inc.	<p><b>Project Kickoff</b></p> <ul style="list-style-type: none"> <li>• Attend project kickoff meeting</li> <li>• Collaborate with project partners to develop project charter, communication plan and work plan</li> </ul> <p><b>Year One Specific Tasks</b></p> <ul style="list-style-type: none"> <li>• Review specific geographic and programmatic areas of need for children in care</li> <li>• Work collaboratively with Gold and Associates to develop market data collection tools, collect data, compile data, and interpret results</li> <li>• Revise years 2 – 5 project plan based on year 1 findings and outcomes</li> <li>• Develop and execute project communications plan with partnering entities</li> <li>• Provide Gold and Associates and J.K. Elder &amp; Associates with required circuit-level (via SACWIS or internal tracking systems)</li> <li>• Develop circuit-specific strategic targeted marketing plan in cooperation with, and in consideration of recommendations and findings made by Gold and Associates</li> <li>• Provide required staffing to implement strategic targeted marketing plan</li> </ul> <p><b>Ongoing Project Responsibilities Years 2 - 5</b></p> <ul style="list-style-type: none"> <li>• Implement strategic targeted marketing plan</li> <li>• Re-allocate CBC contractual funding to fund media campaign created in collaboration with Gold and Associates</li> <li>• Attend project meetings</li> <li>• Maintain local project communication plan with key stakeholders</li> <li>• Modify circuit-level project activities in response to evaluation findings and project outcomes</li> <li>• Attend all project meetings</li> <li>• Designate project staff to attend annual grantee meetings</li> </ul>
Gold and Associates, Inc.	<p><b>Project Kickoff</b></p> <ul style="list-style-type: none"> <li>• Attend project kick off meeting</li> </ul>

Entity	Responsibilities and Timeframe (Task or Activity)
	<ul style="list-style-type: none"> <li>• Work collaboratively with all partners to establish project work plan</li> </ul> <p><b>Year One Specific Tasks</b></p> <ul style="list-style-type: none"> <li>• Review specific geographic and programmatic areas of need to establish data collection process</li> <li>• Prepare strategic targeted marketing process overview and present to project partners</li> <li>• Develop forms, questionnaires, focus group protocols and interview protocols to collect demographic, geographic, and lifestyle data from current foster parents</li> <li>• Prepare a statistical research questionnaire</li> <li>• Prepare outreach materials explaining data collection purpose and process for distribution to foster / adoptive resource families</li> <li>• Execute market research plan / statistical study</li> <li>• Present findings</li> <li>• Coordinate and cross-reference data using proprietary systems to identify market-specific trends for successful outreach in each distinct market area</li> <li>• Develop strategic targeted marketing plan with recommendations for messaging, media, formatting, and frequency (as appropriate)</li> </ul> <p><b>Ongoing Project Responsibilities Years 2 - 5</b></p> <ul style="list-style-type: none"> <li>• Work collaboratively with CBC Lead Agencies to implement and execute marketing plans</li> </ul>
<p>J.K. Elder &amp; Associates, Inc. (External Evaluator)</p>	<p><b>Project Kickoff</b></p> <ul style="list-style-type: none"> <li>• Attend project kick off meeting</li> <li>• Work collaboratively with all partners to establish project work plan</li> </ul> <p><b>Year One Specific Tasks</b></p> <ul style="list-style-type: none"> <li>• Design project logic model</li> <li>• Review and refine appropriate control group</li> <li>• Design and implement project evaluation plan</li> <li>• Review project work plan, charter, and other documentation for compliance with project objectives, intent and desired outcomes – provide recommendations to project partners</li> <li>• Communicate data needs, timeframes and submission requirements to project partners</li> <li>• Develop evaluation tools, questionnaires, surveys, focus group questions, protocols, process documentation, formats and data bases to capture project data to evaluate implementation and outcomes</li> <li>• Submit IRB Application and annual updates</li> </ul> <p><b>Ongoing Evaluation Tasks Years 1 - 5</b></p> <ul style="list-style-type: none"> <li>• Implement data collection protocols</li> <li>• Compile project data from each partnering CBC Lead Agency</li> <li>• Document project qualitative and quantitative changes for process and outcome aspects of evaluation</li> <li>• Data analysis and reporting</li> <li>• Provide monthly status report and related recommendations</li> <li>• Complete semi-annual project evaluation reports and submit to project partners for review and submission to ACF</li> </ul>

Entity	Responsibilities and Timeframe (Task or Activity)
	<ul style="list-style-type: none"> <li>• Compile and communicate project findings with each partnering agency, statewide workgroup (via DCF), and provide recommendations for integration into Child and Family Services Plan</li> <li>• Attend annual grantee meeting</li> <li>• Provide staffing required to execute and implement project evaluation tasks and objectives.</li> </ul>

**Target Analysis:** CBC Lead Agencies serve more than 5,200 children who have been in out-of-home care for more than 12 months. The project is specifically designed to respond to the most challenging of these cases; those who are from nine (9) to fifteen (15) years old. The project continues to cover 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. The following charts provide a breakdown of these youth by CBC Lead Agency in 2016:

CBC Lead Agency	Total # of Youth in Target Population	Average Time Since Removal (Years)	Average Time Since TPR (Years)
BBCBC	47	4.0	2.7
HFC	23	4.8	3.4
KCI	51	4.4	2.9

**Projected Need:** Given existing removal, placement and recruiting trends, the project team projected potential needs for each Lead Agency partner. Additionally, CBCs were initially asked to independently project their targeted recruitment goals based on their perceived need. Although Our Kids, Inc. is represented in the table below as a CBC in the IRP collaborative, they discontinued their participation in September 2016. The following table provides the initial 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

**Project Status:** The participating CBC partners have intensified implementation of customized marketing plans which were developed through a stratified marketing and recruitment approach base. The project evaluators, J. K. Elder and Associates, Inc., evaluated the data and found that there continues to be positive outcomes with regard to IRP youth. The evaluators noted that there were

some minor reversals of data findings during the last reporting period, but attributed some of those reversals to Hurricane Irma which heavily impacted Central Florida, home to two of the three project sites. The project workgroups developed a toolkit and curriculum on customer service and provided policy analysis on concurrent planning. The customer service information has been shared with the IRP partners to implement in their systems of care. The customer service material has also been disseminated to the department and other CBCs outside of the collaborative. The concurrent planning workgroup made policy recommendations, based on its analysis, to the Office of Child Welfare for consideration in statewide policy.

In previous reporting periods, IRP data indicated a decrease in average number of years since TPR. However, from September 2017 to March 2018 the average number of years since TPR increased from 2.9 to 3.0.

FL-IRP Population Quick View as of: 04/18/18

All FL-IRP Partner Locations	Semi-Annual Period Ending								Project Total As of 4/18/18
	9/30/14	3/31/15	9/30/15	3/31/16	9/30/16	3/31/17	9/30/17	3/31/18	
Population (N) at Start of Period	-	104	117	209	185	202	205	210	
<b>Demographics of Youth Entering Population</b>									
# Youth Entering Population During Semi-Annual Period	107	32	119	35	60	46	35	37	471
Average Age of Youth Entering Population	13.24	12.84	12.25	12.03	12.43	12.18	11.63	12.23	12.47
Gender of Youth Entering Population: # and % (M / F)	67 (62.62%) / 40 (37.38%)	18 (56.25%) / 14 (43.75%)	61 (51.26%) / 58 (48.74%)	21 (60.00%) / 14 (40.00%)	35 (58.33%) / 25 (41.67%)	27 (58.70%) / 19 (41.30%)	18 (51.43%) / 17 (48.57%)	20 (54.05%) / 17 (45.95%)	267 (56.69%) / 204 (43.31%)
Youth Entering Population with Multiple Removals	42 (39.25%)	12 (37.50%)	54 (45.38%)	13 (37.14%)	25 (41.67%)	18 (39.13%)	12 (34.29%)	10 (27.03%)	186 (39.49%)
Youth Entering Population Prescribed Psy Meds	50 (46.73%)	16 (50.00%)	39 (32.77%)	10 (28.57%)	23 (38.33%)	23 (50.00%)	15 (42.86%)	21 (56.76%)	197 (41.83%)
<b>Demographics of Youth Achieving Permanency</b>									
# Achieving Permanency	3	19	27	59	43	43	30	60	284 (60.30%)
Average Age at Time of Permanency	11.99	13.79	12.67	12.20	12.93	13.38	13.92	14.28	13.26
Gender of Youth Achieving Permanency: M/F (# & %)	2 (66.67%) / 1 (33.33%)	10 (52.63%) / 9 (47.37%)	14 (51.85%) / 13 (48.15%)	35 (59.32%) / 24 (40.68%)	21 (48.84%) / 22 (51.16%)	20 (46.51%) / 23 (53.49%)	17 (56.67%) / 13 (43.33%)	35 (58.33%) / 25 (41.67%)	154 (54.23%) / 130 (45.77%)
Youth with Prior Removals Achieving Permanency (# & %)	0 (0.00%)	7 (36.84%)	12 (44.44%)	26 (44.07%)	22 (51.16%)	14 (32.56%)	12 (40.00%)	17 (28.33%)	110 (38.73%)
# & % of Youth Achieving Permanency Prescribed Psy. Meds	2 (66.67%)	3 (15.79%)	10 (37.04%)	14 (23.73%)	14 (32.56%)	15 (34.88%)	15 (50.00%)	25 (41.67%)	98 (34.51%)
Average Years from Removal to Permanency	2.53	3.95	4.18	3.16	3.82	4.49	4.67	6.90	4.55
Average Years from TPR to Permanency	5.33	3.29	2.37	4.31	3.00	3.08	3.17	3.71	3.44
Average Years from Population Entry to Permanency**	0.00	0.21	0.46	0.34	0.79	0.93	1.07	1.60	0.84
<b>Demographics of Population at End of Semi-Annual Period</b>									
# Youth in Population at End of Period	104	117	209	185	202	205	210	187	
Average Age of Youth in Population at End of Period	13.32	13.53	13.19	13.83	14.05	14.26	14.35	14.49	
Gender of Youth in Population at End of Period: M/F (# & %)	65 (62.50%) / 39 (37.50%)	73 (62.39%) / 44 (37.61%)	120 (57.42%) / 89 (42.58%)	106 (57.30%) / 79 (42.70%)	120 (59.41%) / 82 (40.59%)	127 (61.95%) / 78 (38.05%)	128 (60.95%) / 82 (39.05%)	113 (60.43%) / 74 (39.57%)	
# and % of Youth With Prior Removals Remaining in Population	42 (40.38%)	47 (40.17%)	89 (42.58%)	76 (41.08%)	79 (39.11%)	83 (40.49%)	83 (39.52%)	76 (40.64%)	
# & % Youth Prescribed Psy Meds Remaining in Population	48 (46.15%)	61 (52.14%)	90 (43.06%)	86 (46.49%)	95 (47.03%)	103 (50.24%)	103 (49.05%)	99 (52.94%)	
<b>Youth Entering this Period who have Achieved Permanency</b>									
# of Youth Entering this Period Achieving Permanency	74	27	84	19	29	30	17	4	
% of Youth Entering this Period Achieving Permanency	69.16%	84.38%	70.59%	54.29%	48.33%	65.22%	48.57%	10.81%	
Average Age at Time of Permanency	15.08	13.85	12.76	12.10	12.33	12.44	11.59	11.74	
Average Years from Removal to Permanency	6.63	3.70	3.49	3.02	7.22	2.90	2.59	3.03	
Average Years from TPR to Permanency	5.23	2.65	4.05	1.70	2.08	1.80	1.45	1.59	
Average Years from Population Entry to Permanency*	1.46	1.03	0.73	0.45	0.46	0.45	0.31	0.22	

**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/Accomplishments**

During the reporting period, CFOP 170-11, Child Welfare Placement, Chapter 5, Residential Placements, was updated to reflect a process of when a Qualified Evaluator makes a recommendation for a SIPP placement, and the CBC does not concur with the recommendations, there is a new notification process to resolve the conflict. The draft is in the process of being finalized.

### **Continuity of Care and Coordination of Services**

#### **Health Care and Behavioral Health**

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 2016 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
6. Children's Dental 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**

Performance indicators for psychotropic medication and dental services in the last 7 months is provided monthly through the Monthly Key Indicator Report.

[http://centerforchildwelfare.fmhi.usf.edu/ga/cwkeyindicator/KI\\_Monthly\\_Report\\_APRIL\\_2018.pdf](http://centerforchildwelfare.fmhi.usf.edu/ga/cwkeyindicator/KI_Monthly_Report_APRIL_2018.pdf)

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.

### **Mental Health**

The Department's initial assessment process begins with a referral for a Comprehensive Behavioral Assessment within 7 calendar days after removal per 65C-30, F.A.C. If a recommendation for a mental health assessment is identified, the child is referred to the appropriate licensed clinician to diagnosis and medically treat the child if necessary. Upon receiving a documented diagnosis, s. 39.407, F.S., authorizes child welfare professionals to obtain second opinions and complete consultations with the University of Florida's med consultation line. In addition, if a child in out-of-home care age 0-17 years has been prescribed two or more psychotropic medications, 65C-35, F.A.C., requires that a pre-consent review be completed. In addition, referrals for assessment are to be made any time a need has been identified.

### **Psychotropic Medication Oversight and Monitoring**

There are several 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 effectiveness 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.

### **Updates and Accomplishments**

- Reconvened the psychotropic medication workgroup to identify additional needs for the older population of youth who are prescribed psychotropic medications along with additional needs for child welfare professionals, caregivers, and healthcare providers.
- Finalized recommendations from the psychotropic medication workgroup to include expansion of the consultation line, strategies on notifying the different populations such as child welfare professionals, practitioners, relative, and non- relative caregivers regarding the administration of psychotropic medication to children in out-of-home care.

- Identified changes in Chapter 65C-35, Florida Administrative Code, to align with Department of Health's changes to specific practitioners who can prescribe psychotropic medications to children under the age of 18. The changes involve in- depth oversight and additional efforts from child welfare professionals, Children's Legal Services, and prescribing practitioners.
- Updated the Psychotropic Medication contract with the University of Florida to expand pre-consent reviews for children 0-17 years of age who are prescribed two or more psychotropic medications, previously the Med Consult line was only allocated for children under the age of 11. This update was made to ensure all children receiving Psychotropic Medication had their treatment plans reviewed by University of Florida (UF) child psychiatrist to ensure medications prescribed is in accordance with the best practice.

### **Future Plans**

- Update operating procedure to ensure policies and procedures surrounding the administration of psychotropic medication are consistent with Florida Administrative Code (F.A.C.).
- Develop a training curriculum upon the adoption of the amended 65C-35, F.A.C that consists of:
  - An overview of the use and effects of psychotropic medications
  - An overview of evidenced-based interventions and treatment options
  - Names and uses of commonly prescribed psychotropic medication
  - Medication Management, roles and responsibilities
  - Monitoring for side effects of psychotropic medications
- Provide statewide training on the changes to 65C-35, Florida Administrative Code, upon adoption, as well as overview of administration of psychotropic medications to caregivers, child welfare professionals, and health care professionals.
- The Department plans to update current operating procedures and policies to provide additional guidance regarding children who have been recommended to receive a mental health assessment. Guidance will include ensuring clinicians have the appropriate credentials, licensures, and expertise to diagnosis and treat children being referred to them. In addition, if a child has received multiple assessments over a period of time, the child welfare professional must request a review of the assessments by a clinician with specialized expertise in assessing children with complex mental health needs.

### **Sharing Medical Information, With the Option for an Electronic Health Record**

In FY 17-18, the Florida Legislature appropriated \$350,000 to maintain 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. The system is available to all CBCs. Currently three CBC lead agencies have implemented the JumpVault program to varying degrees to store electronic records. For FY 18-19, \$100,000 was appropriated for this system. The Department is currently assessing how the change in funding will affect the service.

### **Healthcare Transition Planning for Youth Aging Out of Foster Care**

### **Update/Accomplishments**

- In April 2016, a statewide memorandum addressing Medicaid coverage for Young Adults Ages 18-26 being served by the Department was sent to child welfare professionals. The focus of the memorandum was on Medicaid coverage for young adults, reaching age 18 while in licensed care and receiving Medicaid, as eligible for Medicaid up to age 26. Youth exiting foster care at age 18 should continue to receive child in care Medicaid coverage until reaching age 21.

During the May 2018 Eligibility Conference, child welfare professionals and stakeholders received training on Medicaid eligibility for child welfare youth including, ICPC, transitioning young adults, non-citizens, and crossover youth with DJJ.

### **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 discrete plan within Florida's Child and Family Services Plan (CFSP) 2015-2019. The link for the CFSP and full Child Welfare Disaster Plan on Florida's Center for Child Welfare is:

<http://www.centerforchildwelfare.org/DisasterPlanning/DisasterPlanningHome.shtml>

### Update

During the October 2016 through September 2017 reporting year, there were two hurricanes, Matthew and Irma, which impacted the State of Florida. On October 3, 2016, Governor Scott signed Executive Order 16-230 declaring a state of emergency for every Florida county due to the severity and magnitude of Hurricane Matthew. Hurricane Irma made landfall, in Florida, on September 10, 2017. Governor Scott declared a state of emergency (Executive Order 17-235) and directed all state agencies closed in all 67 Florida counties, on Friday September 8, 2017, in preparation for Hurricane Irma. Agency closures remained in place for longer periods of time in areas that were greatly impacted from the storm. Executive Order 17-287 extended the state of emergency declared in Executive Order 17-235 for 60 days. The Department implemented the Disaster Plan during both hurricanes. Overall the plan was effective.

In response to Hurricane Irma, the Department requires all Child Caring Agencies (Group Homes) to have disaster preparedness and evacuation plans. Effective January 2, 2018, 65C-14.004, F.A.C. requires group home providers to include a disaster preparation and evacuation plan as a part of their licensing application packet. Revisions were also made to 65C-14.010, F.A.C. to specify language that shall be included in each disaster and preparedness and evacuation plan, how often plans shall be updated, and the requirement to follow the directives of local emergency management centers.

The Office of Child Welfare and the Office of General Services continue 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. The Department also reminds 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 created Community-based Care lead agencies in each of the state's 20 judicial circuits. Each lead agency has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. The disaster plans address how the lead agency and 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' Office of General Services and Regional Contract Managers, and are 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 who care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.

- The case manager will explore with the family the expected duration of interruption, alternative service providers, transportation considerations, etc. Local agencies make determinations of the extent of damage and interruption of services. If the agency identifies that certain services to children may be interrupted (such as speech therapy, mental health services, tutoring or other educational supports, etc.), the agency will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors inform staff of the alternative services available.

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

- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information about service needs and will request that the assigned local case manager make contact with the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to initiate continued services to address the child's previously identified needs as well as any new needs identified based on the case manager's contact with the family.

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 help ensure the safety of clients and staff prior to, during, and after any disaster that Florida may experience.

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**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, beginning on page 303.

### Section 3:

The description of the initial training for new Child Welfare Professionals provides updated curriculum information on the Foster Parenting Licensing training beginning on page 306.

Additions were made to the Children's Legal Services New Hire Orientation training beginning on page 304. The anticipated implementation dates for new or updated Pre-Service tracks for Core, Adoptions, and Child Protective Investigations Pre-Services trainings have been updated beginning on page 308.

### Section 4:

Training Tracking, provides information on how the tracking of training events and courses has been updated, starting on page 314.

## Florida's Staff Development and Training Plan

Florida's Staff Development and Training Plan is located:

<http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml>

### **Florida's Title IV-E Social Work Student Stipend Training Program**

The Title IV-E Student Stipend Training Program leverages 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. 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 was designed to ensure when students graduate with a degree in Social Work at one of the 14 public/private universities, they were 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. When this program was created the turnover rate for community-based care case managers was 30% (Source: Florida and Other States' Child Welfare Systems, Office of Program Policy Analysis and Government Accountability); the turnover rate for child protective investigators was 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 consisted of three parts. First and foremost was the stipend itself. The stipends were not to exceed \$6,000 for a full-time student or \$4,000 for a part-time student. Stipends were to be used by the student while attending a semester of school. Each student could 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 was designed to 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 were 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 completed a course of study that aligned with the five-week core child welfare pre-service curriculum as a part of their education through the Schools of Social Work.

Competencies emphasized included 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, would 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 would 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 decreased significantly (five weeks) for the stipend recipients. The end state was to have a qualified and talented staff that possessed the required skill set for a child welfare professional upon graduation.

The second part of the program was the faculty who were involved with the stipend training program. Faculty were hired to work 100% for the stipend training program. Their job duties included working with the students, developing curriculum in conjunction with the Department and the Florida Institute for Child Welfare that addressed 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 made up the third part of the program. Two full-time employees, one program lead and one administrative assistant, guide implementation, oversaw, and validated the program's required eligibility checks, reviews, screenings, federal requirements, and fulfillment of work commitments for the program.

The Department contracted with the University of Central Florida (UCF) as the coordinator for this program. This lead university coordinated with the 13 other participating schools of social work through sub-contracts. UCF had two full time and two part-time positions to administer the statewide program and coordinate among the other universities.

The full-time administrative coordinator was responsible for coordinating UCF's stipend program and oversaw the subcontracts with the other 13 universities. The position required 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 was also needed to develop, monitor, and account for all costs and expenditures of the project statewide.

Each university developed and implemented a recruitment plan to identify students who had expressed interest in child welfare. Each university selected stipend recipients based on standardized selection criteria developed in consultation with the Department. The universities awarded the stipends to selected students in both the bachelor's and master's social work programs.

Each university designated staff (one position for large institutions and part-time positions for the smaller

institutions) to provide guidance to the students as they completed their required coursework and supplemental coursework, as necessary, to expand their knowledge specifically in the area of child welfare. These employees coached, mentored, and guided the students throughout their field placements (internships) to demonstrate links between theory and practice. Part of this took place in the recruitment and teaching of the students. Once in the program, the student's needs and progress determined the amount of time needed to coach, mentor, and guide the student through their field placement. In addition, the university employees facilitated the development of the field placement learning contracts and had weekly contact with the students while they were placed in the child welfare agencies.

The Department and the universities worked 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 had these core competencies and bypassed 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 met to review the program, the ongoing progress of the students, and the statewide performance measures. Based on the semiannual review necessary adjustments to the program were made.

In addition, the Department monitored the hiring of the graduates to ensure they met federal guidelines for being hired within two months of graduation, their commitment to work, and the recruitment and hiring standards.

This program provided 168 stipends during the Spring 2016 semester. Since then no further stipends have been given out and this program has been suspended due to lack of funds.

The Department staff had planned to develop and negotiate a contract with a third party to conduct an evaluation of the program. The evaluation was to include, but was not limited to, ascertaining whether the program contributed to a more stabilized workforce and determining the performance of the stipend recipients. This has not been completed since the program is currently suspended.

### **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 expands 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 plans to begin using federal IV-E dollars to augment training opportunities for judges on issues such as: Florida's opioid crisis, concurrent planning, co-parenting, visitation, caregiver engagement, and placement stability.

## 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.<sup>20</sup>

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

<sup>20</sup> 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.

## 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 reporting time period, the training unit was disbanded, reorganized, disbanded again, and most recently reorganized in November 2014 with the current staffing configuration. Since then the unit has steadily grown in size and expertise to meet the needs for training across the state. Currently the unit consists of one supervisor, two subject matter and training specialists, two curriculum developers, two specialists in Title IV-E training funding, and one administrative assistant. The above positions are dedicated to training initiatives, training funding, and curriculum development.

Programmatically, the training unit is responsible for ensuring that all training and staff development activities are in direct support of Florida's practice model and Florida's goals for prevention, safety, permanency, and well-being. Specifically, the training unit ensures 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 are 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 AND CERTIFICATION FOR NEW CHILD WELFARE PROFESSIONALS

Pre-Service 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 and ongoing. During this time, extensive reviews and revisions have been made to the overall framework of the curriculum plan. The newly revised Pre-Service curriculum now consists of Core training and separate specialty curricula. A 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.

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.

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

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

A provisionally certified Child Welfare Professional must meet the following requirements to earn full certification:

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

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

### 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.

No changes have been made to the content of this curriculum since the last reporting period. Since its release in 2014 there have been updates to statutes, policies and practices. In addition, a workgroup was conducted with Pre-Service Trainers to acquire recommended edits and improvements. Updates to the Core Curriculum are currently underway and are expected to be released by December 2018.

### Child Protective Investigators (CPI) Pre-Service Curriculum

The CPI Specialty Track follows Core and includes three weeks of classroom, labs, and courtroom testimony experiences. No changes have been made to the content of this curriculum since the last reporting period.

The CPI Specialty Track needs to be updated to incorporate new statutes, policies, and practices, in addition to feedback obtained from Pre-Service Trainers during a 2015 workgroup. The Department is currently pursuing a contract with an outside provider to update this curriculum.

### Case Management Pre-Service Curriculum

This three-week specialty track follows Core training. All case management staff including Independent Living Case Managers and Adoptions Counselors complete this curriculum. This curriculum was released in July 2016. No changes have been made to the content of this curriculum since the last reporting period.

### Adoptions Pre-Service Curriculum

The curriculum for the Adoptions pre-service specialty track is not yet completed. The following information includes a draft outline of planned curriculum. Until the specialty track is completed all Child Welfare Professionals specializing in adoptions will complete the Case Management Specialty track. The first stages of development of the Adoptions Pre-Service Curriculum has begun and there are plans to finish the curriculum in 2019.

#### 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 six-day specialty track follows the Core Pre-Service training. This curriculum was released in April 2017. Since the release there have been significant statute and rule changes that impact the content. These are being assessed and there are plans in the in 2019 to update this curriculum.

#### **Module 1: Overview of Licensing**

This module provides an overview of the purpose and goals of foster care licensing and the role of the Licensing Specialist. As this module serves as a foundation for the licensing course, we will cover many of these elements in greater detail in upcoming modules.

##### **Unit 1.1: Introduction to Licensing**

The purpose Unit 1.1 is to provide an overview of the role of foster care licensing in child protection, the importance of understanding the children we serve, and partnership expectations supported by Florida's Child Welfare Practice Model.

##### **Unit 1.2: Licensing Laws**

The purpose of Unit 1.2 is to give an overview of the licensing laws designed to protect children in licensed care.

#### **Unit 1.3: The Role and Skills of Assessment**

The purpose of Unit 1.3 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 and Partnership for Children**

The purpose of this module is to provide an overview of several important roles a foster parent plays and the steps a Licensing Specialist should take to support foster parents. These roles include participating as a professional member of the team, working with birth parents, trauma-sensitive care, creating and maintaining normalcy, and preparing for transitions. A major focus of the module will be on the behaviors and needs of children and youth in out-of-home care. By understanding behaviors and needs of children and youth, we gain a deeper understanding of the qualities we seek in foster parents, how the team can support foster parents, and how foster parents can be best matched with children and youth.

#### **Unit 2.1: The Support Team**

The purpose of Unit 2.1 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: Co-Parenting and Partnership with Birth Parents**

The purpose of Unit 2.2 is to explain to participants how to support foster parents by facilitating their relationships with birth parents.

#### **Unit 2.3: Working with Foster Parents to Manage Children's Behavior and Meet their Needs**

The purpose of Unit 2.3 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.

### **Module 3: Recruiting and Licensing Foster Parents**

The purpose of this module is to provide an overview of the licensing process and how to respond to issues related to licensing approval.

#### **Unit 3.1: Recruitment, Inquiry, and Pre-licensing**

The purpose of Unit 3.1 is to explore the recruitment and inquiry process, 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 Unit 3.2 is to explain to participants the requirements and process for initial licensing of foster homes.

#### **Module 4: Placement, Retention and Re-Licensing**

The purpose of this module is to provide an overview of the placement, retention and re-licensing processes.

##### **Unit 4.1: Placement, Retention and Re-Licensing Process**

The purpose of Unit 4.1 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 Unit 4.2 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**

The purpose of this module is resolve concerns identified in a foster home and to address foster parent concerns and motivation.

##### **Unit 5.1: Reporting and Responding to Concerns in Foster Homes**

The purpose of Unit 5.1 is to review the primary events and elements of reporting and responding to concerns in the foster home including calls to the Florida Abuse Hotline which lead to investigations and foster care referrals.

##### **Unit 5.2: Techniques to Manage Challenges**

The purpose of Unit 5.2 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.

#### **Florida Abuse Hotline Counselors Pre-Service Curriculum**

This following curriculum is completed by Child Welfare Professionals who assess reports at the Florida Abuse Hotline.

##### **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) New Hire Orientation Training**

Within the first three months of employment, all new attorneys receive the CLS New Hire Orientation training. This training is a minimum of one full month and up to three months depending on the experience level of the attorney and opportunity to shadow and observe trials.

#### **Overview of Training Contents:**

1. The dependency court process, including the attorney's role in preparing and reviewing documents prepared for dependency court for accuracy and completeness. The Supervisor should review every pleading, order or other writing:
  - New Attorneys: Minimum of two months or until satisfied
  - Experienced Attorneys: Minimum of one month or until satisfied
2. Preparing and presenting child welfare cases, including shadowing an experienced attorney during preparation and handling of cases for at least two weeks (experienced attorney) and 1 month minimum (for attorneys with less than two years' experience) including:
  - Staffings: Legal staffings, Child Protection Team staffings, mediation
  - Court: Judicial reviews, evidentiary hearings, arraignment and advisory hearings
  - Trial: Co-chair at least one trial with attorney (more if needed)

- Trial Advocacy Discussion Trial Guide shall be completed with new attorneys for up to one year depending on skill level
3. Florida Practice Model including reviewing all Training Videos, handouts, Judges and Attorney Guide by the ABA, Reference Guide, Practice Manuals, etc. This training is ongoing throughout at least 2 months of hire.
  4. Staffings and Legal Staffing Decision Form including:
    - How to staff a case (regular and baby born into care)
    - How to develop information presented by Child Protective Investigators and Case Managers to support a request for Court action
    - Discussion and preparation of Legal Staffing Decision form
  5. Shadowing experienced Child Protective Investigators and Case Managers per statute. Eight hours for each must be documented and provided to training team.
  6. The New CLS Attorney live training is a four-day intensive National Institute for Trial Advocacy Training that references the substantive law and focuses the discussion via practice, workshops and feedback. Included in this training is a Dependency Overview, Professionalism and Ethics, Trial Skills (Direct, Cross, Evidence, Impeachment, Opening, Closing), Legal Writing, Permanency, Termination of Parental Rights Case Plans, Judicial Reviews, Shelter, Legal Staffings, the Children, and Vicarious Trauma.
  7. Continuing Legal Education (CLE): Virtually all trainings have Florida State Bar Juvenile Law CLE credits. A CLE folder on the CLS website has the CLE course numbers and credit hours for each training video.

**Training Schedule (flexible time line provided all must be completed):**

**Day One: Policies and Procedures for Department of Children and Families**

Receipt of equipment, books, materials and manuals - complete online DCF trainings for new employees.

**Day Two: Policies and Procedures for CLS**

Review CLS New Attorney Training Materials Chapter 1-2 (on CLS website)

Review CLS organizational chart

Review CLS Performance Measures and Metrics with Supervisor

Acknowledge Performance Measures Expectations via People's First

Introduction to database Systems: Westlaw, FSFN, CCIS, CLS Website, Center for Child Welfare website, DCF Website, People's First, Clerk of Court and e-filing.

Begin review of Chapter 39 Statute Book

Begin review of Trial Advocacy for the Child Welfare Attorney

**Days Three and Four: Continue review of materials and video**

Review New CLS Attorney Training Materials Chapter 15 – It is All about the Children

Review Training Video: Top 20 Tools for You Dependency Law Toolbox

Continue review of Chapter 39 Statute Book, New Attorney Training Materials, Trial Advocacy for the Child Welfare Attorney.

**Days Five and Six: Staffing and Legal Staffing Decision Forms**

Review New CLS Attorney Training Materials, Chapter 3 and Chapter 4

Review Staffing Forms and Determining Legal Action with Supervising Attorney

Observe staffing with Senior Attorney/Supervising Attorney

Continue review of Chapter 39 Statute Book, New Attorney Training Materials, Trial Advocacy for the Child Welfare Attorney. Continues daily until completed.

**Days Seven through Nine: Florida Practice Model (FPM) Training**

Review Training Videos: Florida Practice Model/Safety Methodology for CLS

- How to Prevail at Shelter on Impending Danger Cases
- What Now, Taking Impending Danger Cases to Court
- Conditions for Return at Statewide Collaborative Training

Review Florida Practice Model Materials on CLS website. This is just the beginning of the training on the Model. Once the Training Video has been viewed and handouts reviewed, the Supervisor must continue to work with the attorney as cases are staffed and files reviewed.

**Days Ten and Eleven: Shelters, begin shadowing experienced attorney, draft pleadings**

Review New CLS Attorney Training Materials, Chapter 4

Review Training Videos: Paternity from Statewide Collaborative Training

Shelters- Review shelter statutes and rules, attend Staffing, Drafting Petition, Hearing and discussion and debrief with Supervising Attorney and Managing Attorney

**Days Twelve and Thirteen: Pleadings and analysis of dependency.**

Review Training Video/materials on CLS Website:

- Pleadings Top Ten Tips
- Without Harm, Your Allegations Have No Charm
- Review New CLS Attorney Training Materials Chapter 5
- Draft dependency petition with Supervising Attorney/MA
- Review New Attorney Training Materials Chapter 6-7, Case plans, Arraignment through Disposition
- Shadow Settlement Conferences and Case Plan conferences

**Days Fourteen through Seventeen: Preparing a case for trial**

Review New CLS Attorney Materials Chapter 8-14 (Litigation Skills)

Finish NITA Book, Trial Advocacy for the Child Welfare Lawyer

Review Training Videos on CLS Website:

- Evidence 2014 and Evidence from Advanced Litigation Academy
- Objections from Advanced Litigation Academy
- Witness Bootcamp
- Witness Preparation the Beginning of a Winning Formula

- Child Hearsay and Interviewing the Child Witness
- Facilitate settlement conferences/case plan conferences  
 Redact Discovery/Provide Response to Discovery  
 Trial Preparation  
 Prepare Witnesses

**Days Eighteen and Nineteen: Judicial Review Process**

- Review New Attorney Training Materials Chapter 16-17 JR/Permanency Review  
 Review New Attorney Training Materials Chapter 22 Psychotropic Meds  
 Review Training Videos: 2014 Changes to Independent Living/Extended Foster Care
- The Master Trust and Basics of Surrogate Parents
  - 2016 Summit Guardianship/Guardian Advocate Post Regis Little
- Read JRSSR (Judicial Review Social Study Report)  
 Attend Judicial Review  
 Attend Dispositions  
 Review Case Plans

**Days Twenty through Twenty-Two: Complete Review**

Complete review of Chapter 39 Statute Book, New Attorney Training Materials, Trial Advocacy for the Child Welfare Attorney.

**Days Twenty-Three through Twenty-Five: Termination of Parental Rights Process**

- Review CLS Training Video: Termination of Parental Rights Best Practices*  
*Review New Attorney Training Materials Chapter 18*  
 Attend permanency staffing  
 Draft a Termination of Parental Rights Petition for Supervising Attorney/Managing Attorney review and comments  
 Review Chapter 39, Termination of Parental Rights and Rules

**Four Day New CLS Attorney Training:**

The training requires advance preparation.

**Office time must be provided.** There are case materials to review then preparation of a direct examination, cross examination, admit evidence and closing argument.

**Months Two and Three: Chair/Co-chair Trial - First or Second Chair Trial.**

- Receive caseload. Continue shadowing as needed, and reviewing materials.  
 Supervisor to use time to strengthen attorneys' skills  
 Complete review of New Attorney Training Materials  
 Review Training Videos on CLS Website –
- Snack Pack, Indian Child Welfare Act and Interstate Compact on the Placement of Children
  - Youthshine Panel – We shall be heard
  - Ethics: The Good, The Bad and The Ugly
  - Risk Factors Associated with Maltreatments by *Dr. Lambert, CPT*

**Books, Materials and Practice Pointers Used:**



- *Chapter 39 Statute Book*
- Chapter 39 Case Law Notebook (on CLS website)
- New CLS Attorney Training Materials and Training Videos (on CLS website)
- *Trial Advocacy for the Child Welfare Lawyer*, NITA Book (in office for use)
- *Florida Trial Objections* (by Ehrhardt) (in office for use)
- *Dependency Bench Book* (on CLS website)
- Florida Practice Model Materials and Reference Guides (on CLS website)
- Practice Pointers by CLS Appellate Team (on CLS website):
  - Child Victim Hearsay
  - Constructive Consent
  - Incarcerated Parents and Reasonable Efforts
  - Trial Counsel's Withdrawal
  - Use of Mental Health Evidence to Establish Harm

**Other Recommended Resources to continue training:**

- Various Training Videos on CLS Website
- Center for Child Welfare Website (no password req.) <http://www.centerforchildwelfare.org/>
- Book: *Child Welfare Law and Practice (Representing Children, Parents and State Agencies in Abuse, Neglect and Dependency Cases)* by Duquette, Haralambie, Sankaran, NACC
  - Abuse, Neglect and Dependency Cases)
- Review Admin Code and DCF CFOPs
- Review Statutes: 61, 63, 119, 409, and other statutes related to ancillary issues)

**SECTION 4: TRAINING TRACKING**

Training events and courses are tracked two ways: 1) quarterly training reports from the community-based care providers, Sheriff Offices, Department of Children and Families regions, and CLS; and 2) the training tracking module in the SACWIS system.

**Quarterly 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 community-based care providers, and the sheriffs' offices based on their individualized needs. Four times a year, the regions, the community-based care providers, CLS, and the sheriffs' offices submit a summary of all training courses they have conducted. In an effort to strengthen reporting updates to the Quarterly training reports were made in July 2017 and implemented with the community-based care providers. The updated training report template is easier to use and has an added data element for training descriptions. These updates have been successful and will be implemented with the Sheriff offices and DCF regions beginning in July 2018.

See Appendix E2: *Overview of Training*

Detailed spreadsheets of individual training available on request:

- *Quarterly Reports October 2016 to December 2016*
- *Quarterly Reports January 2017 to March 2017*
- *Quarterly Reports April 2017 to June 2017*

- *Quarterly Reports July 2017 to September 2017*
- *Quarterly Reports October 2017 to December 2017*

**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 using this system is directed to self-report the training he or she has received. Several community-based care providers have purchased Learning Management Systems to provide additional training tracking capacity.

## 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 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 submit quarterly training reports.

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 state 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 now be claimed for allowable training activities including In-service, Pre-Service, and field training performed by the Department, sheriff offices, and CBC’s.

Beginning in October 2016 Title IV-E federal FFP stopped being actively claimed for training conducted by Sherriff Offices or Department of Children and Families regions to Child Welfare Professionals specializing in child protective investigations.

Training Plan Appendices:

- Appendix E1 Florida’s Training Plan Matrix
- Appendix E2 Overview of Training
- Appendix E3 2016-2017 Training List

**Appendix E1.**

# **Florida's Training Plan Matrix**

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
<p><b>Initiative 1.1: Annual Needs Assessment, Planning and Budget</b></p> <p>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.</p> <p>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.</p> <p>Supporting information and data:</p> <ul style="list-style-type: none"> <li>According to the 2013 <i>State of the Industry Report</i> issued by the American Society for Training and Development, as a percent of payroll, direct</li> </ul>	<p>A fully funded training system based on the state's child welfare training needs.</p> <p>Training dollars are spent in a purposeful way, leveraging the amount available to achieve the greatest impacts in the areas of greatest need.</p>	<ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>Year one.</b> Needs assessments completed</p> <ul style="list-style-type: none"> <li>Clearly define training activities to be able to accurately capture training expenditures at headquarters, regional offices, community-based care providers, and sheriffs' offices.</li> </ul> <p><b>Year one.</b> 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.</p> <p><b>Year two:</b> See below.</p>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
<p>expenditure on learning was 3.6% in 2012, with an average of \$1,195 spent per employee.</p> <ul style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>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.)</li> </ul> <p>See Appendix A1, CBC Training Expenditures and Appendix A2, Training Allocation CPIs</p>		<p><b>Year three:</b> In year two a quarterly report was developed to track trainings and expenses. This report has continued to be used in year three.</p> <p><b>Year four:</b> The Quarterly report continues to be used to track the trainings conducted by headquarters, regional offices, community-based care providers, Children Legal Services, and Sheriff offices. This, along with the use of clearly defined cost pools has led to a better system of identifying how training funds are spent.</p> <ul style="list-style-type: none"> <li>Develop statewide and local 2-year training plans and training budgets; adjust annually as needed.</li> </ul> <p>Year two and ongoing.</p> <p>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.</p> <p><b>Year three:</b> The development of a two-year training plan and training budget has been delayed as the issues with the usage of Title IV-E training funds and training tracking are improved. The work done on solving these issues will help guide the development of statewide and local training in year four and five.</p> <p><b>Year four:</b> The process of tracking trainings and the usage of Title IV-E training funds continues to improve. A headquarters training plan that</p>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
		<i>addresses statewide training needs has been developed. Further work is needed at the local level to implement a consistent process for training plans that addresses local training needs.</i>

Training Plan Page 3

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
<p><b>Initiative 1.3: Professionally Developed Curricula</b></p> <p>The new pre-service curricula was developed using professional instructional designers. In-service training for Child Welfare Professionals may come from any source.</p> <p>The state does not have standards for curriculum development.</p> <p>Supporting information and data:</p>	<ul style="list-style-type: none"> <li>Provide clear presentations and well organized lectures.</li> </ul>	<p><b>Year three.</b> Statute changes must be made to allow the Department to make changes to administrative code regarding trainer credentialing. Legislation has been drafted and is currently being considered by the legislature.</p> <p><b>Year four:</b> Florida Statute 402.20, was successfully changed and now provides the Department with rule making authority to set standards for a child welfare trainer certification. These standard are being embedded into the Child Welfare Training and Certification rule, 65C-33.</p> <p>3. <b>Administer the program.</b>  <b>Year two and ongoing.</b> This goal is being moved to year three and ongoing</p> <p><b>Year three.</b> Since the contracting process is still being completed this goal is moving to year four and ongoing.</p> <p><b>Year four.</b> A contract was executed with the Child Welfare Consortium at the University of South Florida in February 2018. The program is in the beginning stages of implementation.</p>
	<p>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 &amp; problem-solving); and 2) effectively use instructional techniques, such as demonstration, practice, feedback, and structured transfer activities,</p>	<ol style="list-style-type: none"> <li>Request budget allocation for three full-time degreed curriculum developers to be housed at the headquarters office.  <b>Year one.</b> Budget allocation was requested but funding will not be available until year two. Completed.</li> <li>Recruit and hire for the new positions.  <b>Year one.</b> Funding not available until year two.</li> </ol>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
<p>In a survey that allowed trainers (138 respondents) to select all responses that applied:</p> <ul style="list-style-type: none"> <li>Seventy-six percent indicated that the trainers themselves develop curricula (staff who do not hold degrees in instructional design).</li> <li>Fifty-six percent responded that training is developed in-house by professional curriculum developers.</li> <li>Forty-four percent reported that some training development is through contractual arrangement.</li> <li>Thirty-nine percent reported they use training that is "off-the-shelf" and available for public use.</li> </ul> <p>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 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).</p>	<p>to reinforce the application of that new information.</p> <p>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.</p> <p>The instructional designers provide technical assistance to staff, who develop courses based on local training needs.</p> <p>The curricula is posted to the web-based Training Resource Clearinghouse (see 1.5 below) and available to all credentialed trainers.</p> <p>Training developers in the regions, community-based care agencies, and sheriffs' departments use basic statewide standards when designing curriculum.</p> <p>Curriculum is routinely shared with the Seminole Tribe of Florida.</p>	<p><b>Year two.</b> One full-time degreed curriculum developer and one specialist are devoted to curriculum development.</p> <p><b>Year three.</b> One full-time degreed curriculum developer and one specialist remain on staff and are devoted to curriculum development with a goal of hiring additional staff that specialize in curriculum design.</p> <p><b>Year four.</b> One full-time degreed curriculum developer and one curriculum specialist remain on staff and are devoted to curriculum development. There are two additional content specialists on staff who also assist with the development of curriculum. Completed.</p> <p>3. Develop standards for curriculum development.</p> <p><b>Year one.</b> Legislative Budget Request submitted and approved for additional staff to develop curriculum standards.</p> <p><b>Year two.</b> Standards are in the process of being developed.</p> <p><b>Year three.</b> Standards are still in the process of being established for the curriculum produced at headquarters.</p> <p><b>Year four.</b> Standards have been established for the curriculum developed at headquarters. Completed.</p> <p>4. Develop curricula as identified by the formal statewide needs assessments and in support of the CFSP goals.</p>



GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
		<p><b>Year two.</b> 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.</p> <p><b>Year three.</b> Curriculum development has continued to focus on the Pre-Service training. The Case Management Pre-Service curriculum was finalized, the Foster Care Licensing Pre-Service curriculum is in development, and the Core Pre-Service curriculum is being updated. In-Service curriculum development has been limited due to time constraints and has been focused on supporting statewide policy and practice enhancements.</p> <p><b>Year four.</b> Pre-Service and in-service training that supports policy and practice enhancements continues to be the primary focus for curriculum development from headquarters. Additional training needs are met by contracting out with outside providers. For example, a need for cultural competency training was identified. To meet this need, the Department contracted with a trainer who specializes in cultural competency for Child Welfare Professionals, to develop and deliver two train the trainer sessions in March and April of 2018. The contracting process will continue to be used to address curriculum needs that the Department cannot meet internally. Ongoing.</p> <p>5. Post curricula to the Training Resource Clearinghouse for the network of 150 trainers to use.  <b>Year two.</b> After development all curriculum is posted to Florida's Center for Child Welfare for the network of trainers to use.</p>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
<p><b>Initiative 1.4: Research and Policy Development</b></p> <p>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.</p>	<p>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.</p> <p>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.</p>	<p><b>Year three.</b> After development, curriculum continues to be posted to Florida's Center for Child Welfare for the network of trainers to use. Ongoing.</p> <p><b>Year four.</b> Training materials continue to be posted on the Florida's Center for Child Welfare for the network of trainers to use. This process will continue as new curriculum is developed and/or purchased. Complete.</p> <ol style="list-style-type: none"> <li>1. Create a research workgroup. Engage universities. <b>Year one.</b> 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. Completed.</li> <li>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. <ul style="list-style-type: none"> <li><b>Year three.</b> Florida State University's Institute for Child Welfare continues to be mandated by law to conduct research on policy and practice standards. The Department is working with the Institute to use the research they have conducted. Currently research on training is not being conducted by the Department.</li> <li><b>Year Four.</b> Same process as described in year three. Per statute, beginning in 2014, Florida State University's Institute for Child Welfare was mandated to evaluate the scope and effectiveness of pre-</li> </ul> </li> </ol>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
		<p>service and in-service training for child protection and child welfare employees. The Institute is performing a phased evaluation of child welfare trainings, beginning with the preservice training. The first phase of the evaluation was completed in 2017. Its focus was on high-level information gathering around the Core preservice curriculum delivery including who was delivering and receiving the training. Recommendations were made based on this evaluation.</p> <p>3. Draft research briefing papers and circulate for workgroup review and internal review. Year three and ongoing. <b>Year three</b>, see above. <b>Year four</b>. The Florida Institute for Child Welfare produces an annual report which includes the results of their evaluations and recommendations. This report is disseminated through the trainer network.</p> <p>4. Publish research briefings. Year three and ongoing. <b>Year three</b>, see above. <b>Year four</b>, see above.</p> <p>5. Monitor action taken in response to the recommendations, specific to training. Year three and ongoing. <b>Year three</b>, see above. <b>Year four</b>. Recommendations from the first phase of the Florida Institute for Child Welfare evaluation are being reviewed to determine next action steps needed.</p>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
<p><b>Initiative 1.5: Training Resource Clearinghouse / Peer Network</b></p> <p>Sharing of trainer resources and networking among the trainers varies throughout the state.</p> <p>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.</p> <p>Trainers at a local level may or may not network and share.</p> <p>Supporting information and data:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<p>Across the state, certified trainers view themselves as members of a network of professional child welfare trainers.</p> <p>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.</p> <p>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).</p> <p>Finally, trainers meet face-to-face at least semi-annually for their own professional development, to address issues, and to plan for the future.</p> <p>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.</p>	<p>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.</p> <p><b>Year one.</b> The Office of Child Welfare continuously reviews curriculum and resources that will be posted on the Center for Child Welfare's website.</p> <p><b>Year two.</b> The Office of Child Welfare continues to review curriculum and resources that will be posted on the Center for Child Welfare's website.</p> <p><b>Year three.</b> The Office of Child Welfare continues to review curriculum and resources that will be posted on the Center for Child Welfare's website.</p> <p><b>Year four.</b> Process is the same as described in year three above and will continue. Completed.</p> <p>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.</p> <p><b>Year one.</b> The peer network has been developed; however a web-based technical assistance venue</p>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	Future State	5-Year Action Plan
		<p>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.</p> <p><b>Year two.</b> The peer network remains in place as does the formalized process for the Office of Child Welfare to receive questions from the field. All training managers in the trainer network are invited to a quarterly web based Q&amp;A training meeting to share training information.</p> <p><b>Year three.</b> The peer network remains in place as does the formalized process for the Office of Child Welfare to receive questions from the field. All training managers in the trainer network are invited to web based Q&amp;A training meetings to receive training information.</p> <p><b>Year four.</b> The peer network remains in place as does the formalized process for the Office of Child Welfare to receive questions from trainers. All training managers in the trainer network are invited to web based Q&amp;A training meetings to receive training information. The Seminole tribe is included in this peer network and is invited to training meetings.</p> <p>3. 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.</p> <p><b>Year three.</b> This has not been completed yet, but there are plans for a trainer meeting in October 2017.</p>

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE			Future State	5-Year Action Plan
<p><b>Current State</b></p> <p><b>Initiative 1.6: Leadership and Guidance</b></p> <p>The current training unit has one supervisor solely dedicated to training and two specialists, each partially dedicated to training.</p> <p>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 effective staff development and training programs. Currently, there are 12 "competency clusters" recommended for effective child welfare training infrastructure:</p> <ol style="list-style-type: none"> <li>1. Administration</li> <li>2. Communications</li> <li>3. Course design</li> <li>4. Evaluation</li> <li>5. Group dynamics/process</li> <li>6. Instructional techniques</li> </ol>			<p><b>Future State</b></p> <p>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 FSN training). The unit provides:</p> <ul style="list-style-type: none"> <li>• technical assistance to the Department's regions, the community-based care agencies, and the sheriff offices</li> <li>• staff statewide training workgroups who assist with the five-year plan goals</li> <li>• communication to the field to apprise trainers of current trends in training practices</li> <li>• annual meetings for the statewide network of trainers</li> <li>• review of the annual training reports to ensure alignment with the practice model and the CFSP goals</li> <li>• development and administration of the annual needs assessments</li> </ul>	<p><b>Year four.</b> The first in-person annual training manager meeting was conducted in October 2017. This meeting will continue to be conducted on a yearly basis, in addition to the quarterly web-based training meetings.</p> <p>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.</p> <p><b>Year Two.</b> 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.</p> <p><b>Year three.</b> The training unit continues to consist of a training manager, a curriculum designer, and two specialists. There are plans to add additional curriculum design staff in year four.</p> <p><b>Year four.</b> The training unit has grown and now consists of a training manager, two curriculum design specialists, two training specialists, and two training funding specialists. There is no longer a plan to add a third curriculum designer and training specialist. Completed.</p> <p>2. Recruit and hire for the new positions. Year three.</p>

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	Future State	5-Year Action Plan
<p>All certified staff must have 20 hours of ongoing education each year (content and topics not specified).</p> <p>Supporting information and data:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p>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)</p>		<p>advanced practitioner level within a chosen track) and specialty tracks.</p> <p><b>Year two.</b> Move to year three.</p> <p><b>Year three and four.</b> This will be further explored after a child advisory committee is established.</p> <p>3. Identify a variety of the best recruitment tools and strategies and offer them as examples for use at the regional level.</p> <p><b>Year two.</b> Move to year three.</p> <p><b>Year three and four.</b> This will be further explored after a child advisory committee is established.</p> <p>4. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child protective investigators and case managers in Florida.</p> <p><b>Year three and four.</b></p> <p><b>Year Four.</b> This has not been completed and this is a request is to remove it from the plan. Although this may be pursued at a later time, more work is needed on developing consistent training plans and an advisory committee before legislation is pursued.</p> <p>5. Pursue legislation mandating skills and policy training specific to child abuse and neglect investigations within the first years of employment.</p> <p><b>Year three and four.</b> Move to year four.</p> <p><b>Year Four.</b> This has not been completed and is being requested to be removed from the plan. Although this may be pursued at a later time, more work is needed on developing consistent</p>

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	Future State	5-Year Action Plan
		<i>training plans and an advisory committee before legislation is pursued.</i>

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	Future State	5-Year Action Plan
<p><b>Initiative 2.2: Supervisor Professional Development</b></p> <p>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.</p> <p>Supporting information and data:</p> <ul style="list-style-type: none"> <li>Survey responses from 138 trainers indicates that 37% of the training entities statewide offer supervisor-specific training very frequently (over 6 times per year); 23% offered them frequently 4-6 times per year; and 33% offered them less than frequently (1-3 times per year).</li> <li>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</li> </ul>	<p>Supervisors are the linchpin of practice.</p> <p>The instructional designers in the training unit develop advanced supervisor training for experienced staff.</p> <p>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:</p> <ol style="list-style-type: none"> <li>common issues in supervising child welfare staff</li> <li>using data to improve the child welfare unit's effectiveness</li> <li>effectively providing performance feedback to employees</li> <li>recognizing strengths and improvements made</li> </ol>	<p>1. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child welfare supervisors in Florida.</p> <p><i>Year three and four.</i></p> <p><b>Year three.</b> <i>This has not been completed and we would like to remove it from the plan. The proficiency process has been implemented 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. A proficiency process for case management staff is planned.</i></p>



<p>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).</p>	<p>e) coaching for improvement</p>	
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GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	Future State	5-Year Action Plan
<p><b>Initiative 3.1: Continuous Improvement of Training</b></p> <p>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.</p> <p>The current training tracking system is under-utilized and incomplete.</p> <p>Supporting information and data: When asked to check all that apply regarding how the effectiveness of training programs are evaluated, 137 trainers reported:</p> <ul style="list-style-type: none"> <li>• 63% checked “some courses have pre- and post-tests</li> <li>• 35% reported “trainees and supervisors are interviewed after the training program”</li> <li>• 88% use evaluation forms</li> <li>• 32% indicate “practice measures are captured before and after the training program</li> </ul>	<p>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.</p> <p>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.</p>	<p>1. Increase capacity and reporting capabilities of existing training tracking system. Amend provider contracts to include mandatory usage of the system by each employee. <b>Year one and two.</b> Dismantling ancillary systems has encouraged the increased use of the FSFN tracking system. <b>Year three.</b> The training tracking system in FSFN allows users to input completed trainings, but does not have the capability to provide a statewide report on the trainings received. This has led many agencies to depend on other learning management systems. A better way to track and report trainings is being explored. <b>Year Four.</b> Child Welfare Professionals continue to track the trainings they have completed using FSFN and other Learning Management Systems. An Excel training report of Pre-Service and In-Service trainings is required from each agency on a quarterly basis.</p> <p>2. Establish quality criteria for training programs.</p>

**GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS**

Current State	Future State	5-Year Action Plan
		<p>Year three.</p> <p><b>Year three:</b> <i>The Florida Institute for Child Welfare is developing an evaluation method for the Pre-Service curriculum to use in the Fall of 2017.</i></p> <p><b>Year four:</b> <i>The Florida Institute for Child welfare is completing a phased approach to evaluate child welfare training in Florida, beginning with Pre-Service.</i></p> <p>3. Establish criteria for determining whether trainings support the CFSP goals and objectives. Year two.</p> <p><b>Year three:</b> <i>This has not yet been developed.</i></p> <p><b>Year four:</b> <i>This has not been developed yet. The evaluation of trainings is beginning with Pre-Service.</i></p> <p>4. Initiate the bid process to identify potential university partners to conduct evaluations of large-scale curricula. <b>Year one:</b> <i>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. Completed.</i></p> <p>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</p>

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	Future State	5-Year Action Plan
<p><b>Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance</b></p> <p>Only pockets of the state have processes for systematically using quality assurance review findings and other assessment data to inform training.</p>	<p>Established statewide processes for systematically using quality assurance findings and other assessment data to inform training.</p>	<p>1. Examine practices around the state.  <b>Year one and two.</b> 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.  <b>Year two:</b> 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.  <b>Year four.</b> Practices around the state are now easier to identify using the recently released tableau dashboards that provide visualizations of statewide performance in Continuous Quality Improvement (CQI), Rapid Safety Feedback (RSF) case reviews, and practice model fidelity reviews.</p> <p>2. Identify promising practices.            Year two. Move to year three.  <b>Year three and four.</b> A systematic process for identifying promising practices has not yet been established, however, will be completed as a structured approach to developing a statewide training plan and local training plans are implemented.</p>

		<p>3. Share and promote promising practices. <i>Year two and ongoing. Move to year three and ongoing</i> <b>Year three and four. See above.</b></p>
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**Appendix E2.**

# **Overview of Training**

## Appendix E2 OVERVIEW OF TRAINING

This overview summarizes training data submitted by all Community-Based Care lead agencies, Sheriff's Office grantees, Children's Legal Services and the Department of Children and Families for the period of July 1, 2016 to December 31, 2017. During the year, the Florida Department of Children and Families and its partner agencies offered approximately 13,237 training activities or events to 129,374 attendees. This included approximately 401 Core and Specialty track Pre-Service trainings. Between October 1, 2016 through September 20, 2017 this time period a total of 15,526,579 Title IV-E and Title IV-B funds were spent on training.

The population of trainees included foster and adoptive parents; child protective investigators; foster care and adoption case managers; licensing and independent living specialists, children's legal services staff, services providers and other staff of state or local agencies administering the Title IV-E State Plan. The tables below show In-Service data broken down by audience, course type and training settings. Totals vary across tables because of missing data.

**Table 1: Description of Audience**

Audience Group	Number of Participants	Percentage
Case Management	92,281	71.33 %
Child Protective Investigations	8,893	6.87 %
Children's Legal Services	4,626	3.58 %
Foster and Adoptive Parents	8,616	6.66 %
Licensing Staff	652	0.50 %
Mixed	202	0.16 %
Service Providers	7,761	6.00 %
Undetermined	6,343	4.90 %
<b>Grand Total</b>	<b>12,9374</b>	<b>100 %</b>

Table 1 shows the numbers of individuals who received training by stakeholder groups. As in the past, the case management group was the largest consumer of trainings offered, followed by service providers and child protective investigators. The raw number for case management grew from 50359 to 92281. It is important to note that service providers group includes several categories of trainees. So, one could say that child protective investigation was, once again, the second largest consumer group.

**Table 2: Trainee Participation by Title IV-E Function**

Title IV-E Admin Function Category	Number of Trainees	Percentage
Assessment	11,142	8.61 %
Child Abuse and Neglect Issues	14,684	11.35 %
Child Development	2,644	2.04 %
Communication Skills	7,191	5.56 %
Cultural Competency	1,919	1.48 %
Domestic Violence	1,882	1.45 %
Effects of Separation	459	0.35 %
Ethics Training	4,448	3.44 %
Foster and Adoptive Parents Training	5,755	4.45 %
Independent Living	917	0.71 %
Mental Health	5,117	3.96 %
Not 75% Eligible Training	28,800	22.26 %
Permanency Planning	4,429	3.42 %
Preserving Families	2,704	2.09 %
Referrals to Services	1,495	1.16 %
SACWIS	6,270	4.85 %
Social Work Practice	26,065	20.15 %
Substance Abuse	2,181	1.69 %
Title IV-E Policies	1,054	0.81 %
Visitation/Family Time	213	0.16 %
<b>Grand Total</b>	<b>12,9374</b>	<b>100 %</b>

Table 2 shows the distribution of trainees by Title IV-E function category. In this reporting period, the functions with the most participation were, in order of importance, (1) trainings that were not covered with Title IV-E funds at the 75% FFP rate; (2) social work practice; (3) child abuse and neglect issues; (4) assessment; (5) communication skills; (6) SACWIS; (7) foster and adoptive parents; (8) Mental Health; (9) Ethics; and (10) Child Development.

**Table 3. Training Events Offered by Audience Groups**

<b>Audience Groups</b>	<b>Number of Trainings</b>	<b>Percentage</b>
Case Management	9,639	75.09 %
Child Protective Investigations	630	4.91 %
Children's Legal Services	81	0.63 %
Foster and Adoptive Parents	526	4.10 %
Licensing Staff	157	1.22 %
Mixed	13	0.10 %
Service Providers	773	6.02 %
Undetermined	1,017	7.92 %
<b>Grand Total</b>	<b>12,836</b>	<b>100 %</b>

Table 3 shows the distribution of In-Service training events by audience group. For this reporting period, case management had the highest number of trainings, followed by service providers and child protective investigations.

Overall, these training data show higher numbers of training events and trainee participation compared to previous report. However, patterns in attendance of trainee groups have not changed. One notable change has been in the distribution of trainees by type of training subject. In addition, the Department continues to believe that foster and adoptive parents are receiving more trainings than are being tracked and reported. The Office of Child Welfare plans to meet with Community-Based Care lead agencies and their Case Management Organizations to address this situation.



## Training Expenditures

IV-E, IV-B Training  
FFY 2017

OCA	Title LOCA	COBI	GRP	QTD_EARN_TOT_1 231160_SUM	QTD_EARN_TOT_0 331170_SUM	QTD_EARN_TOT_0 630170_SUM	QTD_EARN_TOT_0 930170_SUM	TOTAL FFY 2017	GTN	FFP
ZJTR1	CLS IV-E TRAINING	PNV17 TG	TG	22,117.88	24,785.57	10,877.64	36,067.58	93,848.67	C003	75
ZJTRN	CHILDREN'S LEGAL SVC REGION SALARY IV-E TRAINING	PNV17 TG	TG	76,758.46	0.00	168,062.52	0.00	244,820.98	R004	75
BTTR1	PROGRAM ADMINISTRATION IV-E TRAINING	PNV17 TG	TG	42,293.53	43,444.75	47,258.34	58,048.30	191,044.92	C003	75
CWSTG	CHILD WELFARE STAFF TRAINING	PAD17 AD	AD	2,430.87	483.80	1,516.13	1,233.22	5,664.02	C007	50
CWSTG	CHILD WELFARE STAFF TRAINING	PCW16 AA	AA	83.41	16.72	0.00	0.00	100.13	C003	75
CWSTG	CHILD WELFARE STAFF TRAINING	PCW17 AA	AA	0.00	0.00	50.10	35.39	85.49	C003	75
CWSTG	CHILD WELFARE STAFF TRAINING	PNV17 AF	AF	3,945.90	787.03	2,363.56	1,677.41	8,773.90	C007	50
CWTR1	CHILD WELFARE IV-E TRAINING	PNV17 TG	TG	-2.61	32,234.76	-29,610.19	2,362.10	4,984.06	C003	75
CWTRN	CHILD WELFARE IV-E TRAINEE	PNV17 TG	TG	151,738.68	52,647.91	153,073.45	184,305.16	541,765.20	C003	75
CWTTG	C P TRANSFORM PROJECT - CW TRAINING	PAD17 AD	AD	1,200.90	2,405.14	5,724.73	3,942.43	13,273.20	C007	50
CWTTG	C P TRANSFORM PROJECT - CW TRAINING	PCW16 AA	AA	41.16	82.56	0.00	0.00	123.72	C003	75
CWTTG	C P TRANSFORM PROJECT - CW TRAINING	PCW17 AA	AA	0.00	0.00	188.28	113.07	301.35	C003	75
DCTRN	CBC IV-E TRAINEES	PNV17 AF	AF	1,949.44	3,913.42	8,925.01	5,362.43	20,150.30	C007	50
DCTRN	CBC IV-E TRAINEES	PAD17 AD	AD	0.00	0.00	0.00	101,595.05	101,595.05	R011	50
DCTRN	CBC IV-E TRAINEES	PCW17 AA	AA	0.00	0.00	0.00	88,693.02	88,693.02	R004	75
DCTRN	CBC IV-E TRAINEES	PNV17 PI	PI	0.00	0.00	0.00	46,488.92	46,488.92	R011	50
DCTRN	CBC CASE MANAGEMENT SALARY IV-E TRAINING	PNV17 TA	TA	0.00	0.00	0.00	228,661.70	228,661.70	R011	50
DCTRN	CBC IV-E TRAINEES	PNV17 TG	TG	450,106.48	850,811.06	699,029.73	0.00	1,999,947.27	R004	75
DCTRN	CBC IV-E TRAINEES	PNV17 TG	TG	0.00	0.00	0.00	3,981,387.21	3,981,387.21	R004	75
KTRRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV17 TG	TG	626.66	4,752.54	3,326.43	707.81	9,413.44	R004	75
TRCOR	CBC IV-E TRAINING	PNV17 TG	TG	3,417,699.38	4,358,744.67	1,952,503.77	-1,515,114.91	8,213,832.91	R004	75
TRDCM	CBC - TRAINING ADMIN COSTS	PAD17 AD	AD	0.00	0.00	0.00	12,990.63	12,990.63	R004	75
TRDCM	CBC - TRAINING ADMIN COSTS	PAD17 AD	AD	81,773.33	57,859.15	35,593.66	0.00	175,226.14	R011	50
TRDCM	CBC - TRAINING ADMIN COSTS	PCW16 AA	AA	65,586.33	45,588.40	0.00	0.00	111,174.73	R004	75
TRDCM	CBC - TRAINING ADMIN COSTS	PCW17 AA	AA	0.00	0.00	27,479.94	2,777.95	30,257.89	R004	75
TRDCM	CBC - TRAINING ADMIN COSTS	PNV17 TA	TA	0.00	0.00	0.00	11,101.16	11,101.16	R004	75
TRDCM	CBC - TRAINING ADMIN COSTS	PNV17 TA	TA	174,731.55	121,454.25	73,210.53	0.00	369,396.33	R011	50
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	PAD17 TG	TG	0.00	-290,203.47	0.00	0.00	-290,203.47	R004	75
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	PNV17 TG	TG	0.00	-688,319.88	0.00	0.00	-688,319.88	R004	75
				4,493,081.35	4,621,488.38	3,159,573.63	3,252,435.63	15,526,578.99		

OCA  
IV-E, IV-B Training FFY 2017

OCA	OCA TITLE	Purpose	Cost Allocation Methodology	FFP	Title IV-B Child Welfare (Part 1)	Title IV-E Adoption Assistance	Title IV-E Foster Care	TOTAL 10/1/16-9/30/17
2JTR	CLS IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%	0	0	93,849	93,849
2JTRN	CHILDREN'S LEGAL SVC REGION SALARY IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%	0	0	244,821	244,821
BTTR1	PROGRAM ADMINISTRATION IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%	0	0	191,045	191,045
CWSTG	CHILD WELFARE STAFF TRAINING	Child Welfare Administrative Training Costs	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on FSN In-home, Out of Home, and Adoption groups eligibility rate.	75% and 50%	186	5,664	8,774	14,624
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	Child Welfare Administrative Training Costs	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on FSN In-home, Out of Home, and Adoption groups eligibility rate.	75% and 50%	425	13,273	20,150	33,849
CWTR1	CHILD WELFARE IV-E TRAINING	Staff development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on FSN Out of Home Care group eligibility rate.	75%	0	0	4,984	4,984
CWTRN	CHILD WELFARE IV-E TRAINEE	Title IV-E Eligible training Pre-service core curriculum training, field training, and in-service training	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%	0	0	541,765	541,765
DCTR	CBC CASE MANAGEMENT SALARY IV-E TRAINING	Foster parent short-term training and National and State Foster Parents and State Conferences	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%	88,693	101,595	6,256,485	6,446,773
KITRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	Staff administrative support functions related to Title IV-E eligible training	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on FSN In-home, Out of Home, and Adoption groups eligibility rate.	75% and 50%	0	0	9,413	9,413
TRCOM	CBC - TRAINING ADMIN COSTS	Staff development personnel assigned to Title IV-E training functions	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%	141,433	188,217	380,497	710,147
TRCOR	CBC-IV-E TRAINING			75%	0	(290,203)	7,525,513	7,235,310
<b>TOTAL</b>					<b>230,796</b>	<b>18,546</b>	<b>15,277,297</b>	<b>15,526,579</b>

OCA IV-E, IV-B Summary  
FFY 2018

OCA	OCA TITLE	Purpose	Cost Allocation Methodology	FFP	Title IV-B Child Welfare (Part 1)	Title IV-E Adoption Assistance	Title IV-E Foster Care	PROJECTED TOTAL 10/1/17- 9/30/18
ZITRL	CLS IV-E TRAINING	Self development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on ISFN Out of Home Care group eligibility rate.	75%	0	0	139,102	139,102
ZITRN	CHILDREN'S LEGAL SVC REGION SALARY IV-E TRAINING	Self development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on ISFN Out of Home Care group eligibility rate.	75%	0	0	94,208	94,208
BITR1	PROGRAM ADMINISTRATION IV-E TRAINING	Self development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on ISFN Out of Home Care group eligibility rate.	75%	0	0	280,998	280,998
OTR1	OFFICE OF COURT IMPROVEMENT IV-E TRAINING	Self development personnel assigned to Title IV-E training functions	Direct charge to Title IV-E Foster Care for eligible Title IV-E training.	75%	0	0	62,500	62,500
CWTTG	OP TRANSFORM PROJECT - CW TRAINING	Child Welfare Administrative Training Costs	Costs are allocated to Title IV-E Foster Care, IV-B Child Welfare, and Title IV-E Adoptions based on a weighted number of child related reports based on ISFN (in-home, Out of Home, and Adoption groups eligibility rate.	75% and 50%	328	8,931	25,298	34,557
CWTR1	CHILD WELFARE IV-E TRAINING	Self development personnel assigned to Title IV-E training functions	Costs are allocated to Title IV-E Foster Care based on ISFN Out of Home Care group eligibility rate.	75%	0	0	474,116	474,116
CWTRN	CHILD WELFARE IV-E TRAINEE	Title IV-E Eligible training	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%	0	0	851,632	851,632
DCTRN	CBIC CASE MANAGEMENT SALARY IV-E TRAINING	Pre-service core curriculum training, field training, and in-service training	Direct charge to Title IV-E Foster Care for the time period the employees participate in eligible Title IV-E training.	75%	727,120	762,487	2,987,797	4,477,404
KITRN	FOSTER CARE & RETENTION IV-E TRNG	Foster parent short-term training and National and State Foster Parents and State Conferences	Direct charge to Title IV-E Foster Care based on training activities approved in the State of Florida's State Plan and Title IV-E Training Plan.	75%	0	0	35,531	35,531
TRCOR	CBIC-IV-E TRAINING	Self development personnel assigned to Title IV-E training functions	Direct charge to Title IV-E Foster Care for eligible Title IV-E training.	75%	0	0	9,305,853	9,305,853
<b>TOTAL</b>				<b>771,418</b>	<b>771,418</b>	<b>14,257,095</b>	<b>15,755,902</b>	

**Appendix E3.**

# **2016-2017 Training List**