

# ANNUAL PROGRESS AND SERVICES REPORT

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, 2021 (pending federal approval)



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## CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>7</b>
<b>CHAPTER 1. Collaboration.....</b>	<b>11</b>
<b>Vision and Practice Principles .....</b>	<b>11</b>
<b>State Agency Responsible .....</b>	<b>12</b>
<b>Collaboration .....</b>	<b>14</b>
<b>Stakeholder Involvement in Implementation of the CFSP.....</b>	<b>19</b>
<b>CHAPTER 2: Update to the Assessment of Performance in Improving Outcomes.....</b>	<b>37</b>
<b>Outcomes and Performance.....</b>	<b>37</b>
<b>Prevention.....</b>	<b>39</b>
<b>Safety .....</b>	<b>40</b>
<b>Safety Data.....</b>	<b>40</b>
<b>Safety Outcome 1. Children are, first and foremost, protected from abuse and neglect. ....</b>	<b>42</b>
<b>Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate. ....</b>	<b>43</b>
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.....</b>	<b>47</b>
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children. ....</b>	<b>50</b>
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.....</b>	<b>54</b>
<b>Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.....</b>	<b>58</b>
<b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.....</b>	<b>59</b>
<b>Statewide Information System .....</b>	<b>62</b>
<b>Quality Assurance System .....</b>	<b>70</b>
<b>Staff and Provider Training (includes Strong and Healthy Workforce) .....</b>	<b>73</b>
<b>Service Array and Resource Development .....</b>	<b>76</b>
<b>Agency Responsiveness to the Community.....</b>	<b>79</b>
<b>Foster Parent Licensing, Recruitment, and Retention .....</b>	<b>81</b>
<b>CHAPTER 3. Update to the Plan for Enacting the State’s Vision and Progress .....</b>	<b>85</b>
<b>Performance Targets for 2020-2024 .....</b>	<b>105</b>
<b>CHAPTER 4. Quality Assurance System .....</b>	<b>109</b>
<b>CHAPTER 5. Update on Child and Family Services Descriptions.....</b>	<b>115</b>
<b>Prevention Programs, A Statewide and Local Collaborative Approach.....</b>	<b>117</b>

Efforts to Track and Prevent Child Maltreatment Deaths.....	120
Populations at Greatest Risk of Maltreatment .....	126
Service Continuum.....	133
Florida’s Child Welfare Practice Model.....	134
<b>Intake - Florida Abuse Hotline (Hotline) .....</b>	<b>136</b>
<b>Child Protective Investigations.....</b>	<b>140</b>
<b>Case Management (Service Coordination, Contacts, Child Visits) .....</b>	<b>143</b>
<b>Caseworker Visit Grant and Standards .....</b>	<b>143</b>
<b>In-Home Protective Services .....</b>	<b>144</b>
<b>Out-of-Home .....</b>	<b>149</b>
<b>Placement Matching.....</b>	<b>153</b>
<b>Florida’s Placement Services array .....</b>	<b>153</b>
<b>Interstate Compact on the Placement of Children (ICPC) and Interstate Compact on Adoption and Medical Assistance (ICAMA) .....</b>	<b>156</b>
Adoption .....	158
John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers .....	161
Youth Involvement and Voice .....	164
Extended Foster Care (EFC) .....	167
Education and Training Vouchers (ETV) and Postsecondary Education Services and Support (PESS).....	168
Aftercare Services.....	170
Housing (Living Arrangements).....	170
U.S. Department of Housing and Urban Development Awards.....	171
Consultation with Tribes for Chafee Program and ETV.....	172
Chafee Program Improvement and Training .....	172
Addressing Needs of Crossover and Multi-Agency Involved Youth .....	174
Human Trafficking.....	181
<b>CHAPTER 6. Consultation and Coordination Between States and Tribes .....</b>	<b>185</b>
<b>CHAPTER 7. Child Abuse Prevention and Treatment Act (CAPTA).....</b>	<b>189</b>
CAPTA Activities and Accomplishments.....	189
Activities and Accomplishments Related to the Plan Requirements .....	190
Collaboration .....	191
Citizen Review Panels .....	191
<b>CHAPTER 8. Financial Information .....</b>	<b>209</b>

**ATTACHMENT 1: Foster and Adoptive Parent Diligent Recruitment Plan Update ..... 1**

**ATTACHMENT 2: Health Care Oversight and Coordination Plan Update..... 1**

**ATTACHMENT 3: Statewide Disaster Plan Update ..... 1**

**ATTACHMENT 4: Staff Development and Training Plan Update ..... 1**

**APPENDIX A. CAPTA Data Report ..... 1**

**APPENDIX B. Educational and Demographics for CPI in Sheriff Offices..... 4**

**APPENDIX C. Child Protective Investigator and CPI Supervisor Position Descriptions ..... 2**

**Duties and Responsibilities ..... 6**

**APPENDIX D. Child Protective Investigator and Supervisor Annual Report..... 1**

**APPENDIX E. Annual Adoption Survey ..... 1**

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## EXECUTIVE SUMMARY

The mission of the Florida Department of Children and Families (Department, DCF) 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 is composed of seven (7) program offices providing a variety of services to individuals, families, and children. These program offices are the Office of Child Welfare, the Office of Substance Abuse and Mental Health, the Office of Economic Self-Sufficiency, Adult Protective Services, Office of Well-Being, Quality Office, and Office of Innovation. Each of these program areas meets the critical needs of those we serve and often attends to families with complex and multiple needs. Due to the prevalence of mutually served customers and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department recognizes the importance of systems integration as a core competency. In order to improve the communication and engagement between offices and to enhance partnerships with state and local stakeholders, the Department developed a three-year Integration Plan that encompasses the Department's priorities for increasing contacts with at-risk families, improving outcomes for mutually served families, and reducing re-entry into the system. This plan also outlines the desired outcomes for each of the statewide priorities and strategies to accomplish each goal.<sup>1</sup>

The Department promotes the use of care coordination to achieve the goal of reducing families in crisis. The care coordination model reinforces the Department's Core Competency of Systems Integration and supports the goal of excellence in achieving quality outcomes for those we serve. Given the complex needs of families entering our system, the Department must coordinate with available resources to maximize outcomes.

Florida statute 394.4573(1)(a) defines care coordination as "the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include the development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations."

When individuals and families deal with health conditions in conjunction with other social determinants of health, there is greater difficulty navigating healthcare systems due to a disjointed system of care.<sup>2</sup> As the Department adopts a "No Wrong Door" approach to individuals entering the system through any of our program offices, care coordination allows for pre-crisis intervention and aims to reduce re-entry into the system. Improved integration of internal program offices and increased collaboration with state and local stakeholders allow for an individual or family's needs and preferences to be identified and communicated to the right parties in order to provide safe and effective care.<sup>3</sup> Targeted care coordination also drives improved outcomes for providers and the Department.

The Department is committed to utilizing pre-crisis contacts to address the full needs of an individual or family, regardless of how they enter the system. This focus requires a cultural shift from leadership and frontline staff, multidisciplinary coordination between program areas to fully comprehend the scope of resources available, and collaboration with partner agencies to provide warm handoffs to services. A care coordination model is approached

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<sup>1</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 5.

<sup>2</sup> Galbreath, L. SAMHSA- HRSA Center for Integrated Health Solutions. (2012). eSolutions: Care coordination: The heart of integration. eSolutions. <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/july-2012>

<sup>3</sup> Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/ncepcr/care/coordination.html>

differently in each program office but ultimately will result in a more thorough assessment of an individual or family's needs, identification of services, and streamlined linkage to those resources.

The Department of Children and Families works with many state agencies through various Data Sharing Agreements and Memorandums of Understandings. The Department also serves on advisory councils and steering committees to promote partnership and a collaborative approach to the needs of the State of Florida. Through these various partnerships, critical stakeholders work together in a coordinated and integrated effort to serve individuals and families that cross multiple systems and achieve common goals.<sup>4</sup>

Local Review Team areas follow judicial circuits and convene monthly to resolve case specific issues that cannot be addressed in an individual's treatment team. In addition to scheduled monthly staffing, additional meetings may be called in the event of a crisis or emergency involving a child. Assistance from a Regional Review Team is requested when the Local Review Team cannot resolve child specific issues. Elevation to the State Review Team is requested if issues cannot be resolved at the Regional Review Team level.<sup>5</sup>

The Department of Children and Families takes the lead in the convening of review teams; however, the implementation, frequency, and participants may vary from circuit to circuit. Additional needs for assistance can include guidance on when to elevate cases and how to address information sharing.

### ***Child Welfare***

Given that families entering the child welfare system can present with multiple needs, there is the opportunity to not only maintain child safety but also provide services that may address additional needs for behavioral health and economic independence. This more comprehensive approach can reduce the families from entering our system in the future and prevent further states of crisis.

Children living in low socioeconomic status households are at significantly greater risk of experiencing maltreatment<sup>6</sup>, making the collaboration between child welfare and economic welfare is vital for families to sustain long-term well-being. While use of incidental and emergency financial assistance are available to families in the child welfare system, linkage to ongoing financial supports are not often made. Additionally, both children and adults entering the child welfare system have behavioral health needs that are addressed more thoroughly in the Child Welfare/Substance Abuse and Mental Health strategies.

From the use of differential response to address concrete needs of families that come to the attention of child welfare to including assessment and connection to benefits as "reasonable efforts" in preserving families, there are significant opportunities for child welfare, economic welfare, and behavioral health to work together to support positive outcomes for families. Differential response offers an opportunity for our system to respond to families that present with needs but are not an immediate safety concern. If families are assessed prior to commencement or as an alternative to commencing an investigation, community supports, and services can be offered upfront. Utilizing multidisciplinary expertise, a family's needs can be assessed from a comprehensive lens, allowing for more well-informed safety decision-making and the linkage to prevention and intervention services.

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<sup>4</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 18.

<sup>5</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 19.

<sup>6</sup> Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress.

Once child welfare professionals are involved in an investigation, information-gathering would include upfront and ongoing multidisciplinary team staffings to ensure appropriate decision-making. The Office of Child Welfare, the Office of Economic Self-Sufficiency, and the Office of Substance Abuse and Mental Health can strengthen partnership and communication to link families to the appropriate economic resources and behavioral health services up-front and during active investigations. Joint planning for stability would include whether families are receiving or eligible for benefits such as Supplemental Nutrition Assistance Program (SNAP) food assistance, Temporary Assistance for Needy Families (TANF) cash assistance, and Medicaid.<sup>7</sup> In Florida, eligibility for these services are available through the Department’s Office of Economic Self-Sufficiency and can provide a step toward economic well-being for families at-risk or involved in the child welfare system. The Office of Substance Abuse and Mental Health also provides funding for behavioral health services for the indigent and underinsured and can provide linkage to the behavioral health provider network.<sup>8</sup>

The Department identified integration of the child welfare and behavioral health systems as a priority to enhance the services and communication regarding parents involved in the child welfare system.

In 2017, parental alcohol or drug use was documented as a circumstance associated with the child’s removal for over 40 percent of all children placed in foster care nationally.<sup>9</sup> Ongoing coordination between child welfare professionals and behavioral health providers allows for more effective collaboration between the systems and results in better outcomes for the family. Joint case planning allows for a family-focused case plan monitored by both systems to reduce conflicts between case plans and treatment plan goals.<sup>10</sup>



Beginning in 2016, the Regional Offices conducted self-studies with key stakeholders from the child welfare and behavioral health systems, followed by peer reviews from statewide partners. Regional goals were developed and plans of action were implemented through December 2018 based on four Practice Expectations and four System Components identified as key components of an integrated system.

As a continued priority of the Department, an Integration Advisory focus group was formed with statewide representatives from the Department and contracted stakeholders that held expertise in best practices and were

<sup>7</sup> Martin, M. and Citrin, A. (2014). *Prevent, Protect and Provide: How child welfare can better support low-income families*. [online] Center for the Study of Social Policy. Retrieved from <https://cssp.org/wp-content/uploads/2018/11/Prevent-Protect-Provide-Brief.pdf>.

<sup>8</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 24.

<sup>9</sup> U.S. Department of Health and Human Services, Children’s Bureau. (2018, November 8). *AFCARS Report #25*. Retrieved from <https://www.acf.hhs.gov/cb/resource/afcars-report-25>.

<sup>10</sup> Osterling, K.L., & Austin, M.J. (2008). Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications. *Journal of Evidence-Based Social Work*, 5(2), pp. 157-189. Retrieved from <https://pdfs.semanticscholar.org/c5c5/5b0d926b77ba381847c79abef89ee044fc7.pdf>.

actively involved in their local integration efforts. This committee met in July 2019 to share the status of integration efforts and shape statewide strategies moving forward.

On March 11, 2020, the World Health Organization (WHO) declared COVID-19, the disease caused by the SARS-CoV-2, a pandemic.<sup>11</sup> Governor Ron DeSantis declared a public health emergency, issuing an Executive Order to restrict activities within the state to those deemed as essential services. The Department began implementing safety precautions and began adjusting daily operations. The Department equipped staff with Personal Protection Equipment, closed store fronts, set up alternative means to meet customer demands, transitioned the workforce to work from home, set forth protocol for continued face to face operations, shifted staffing to meet the demands of the public requesting assistance, and transitioned to allow virtual visits as a means for completing the 30-day face-to-face requirement outlined in the federal and state policy. The State is starting to transition back to normal operations all the while we continue to ensure the ongoing safety of children, families, and our staff. COVID 19 references to action steps, policy allowances, and collaborative efforts are share throughout this report.

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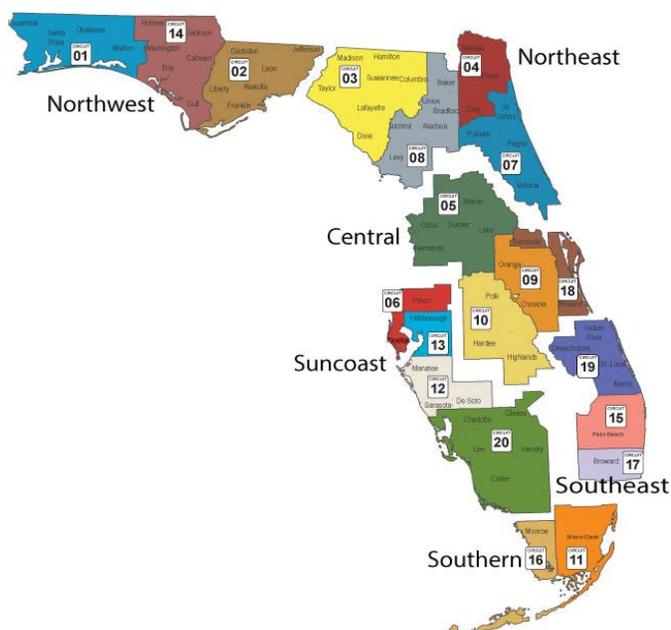
<sup>11</sup> Yale Medicine. <https://www.yalemedicine.org/news/covid-timeline>

## CHAPTER 1. COLLABORATION

### VISION AND PRACTICE PRINCIPLES

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 (section 20.19, Florida Statutes). The Department’s vision is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

Florida has embarked on a transformational journey to move from a crisis-oriented agency to an integrated and prevention-focused system of care where local communities are empowered with tools and services to improve child and family well-being. The Department has become laser-focused on enhancing and expanding Florida’s child welfare approach to reduce the number of children and families in crisis. The Department is working to operationalize and hardwire prevention into the culture and practice of the Department, modernize and create efficiencies in our systems to improve workforce stability and capacity, improve accountability and quality across all systems, and improve financial health by leveraging all revenue sources to improve the service array in Florida’s communities. Partnerships are key to this vision as reflected in the Department’s mission statement: 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.



Florida’s progress with implementing the Child and Family Services Plan 2020-2024 (five-year plan) has been influenced by the Family First Prevention Services Act (FFPSA). The Family First Prevention Services Act (FFPSA) was signed into law on February 9, 2018 as part of Public Law (P.L.) 115-123 and has several provisions to enhance support for families to help children remain at home, reduce the unnecessary use of congregate care, and build the capacity of communities to support children and families. This act challenged states to redesign their child welfare systems, putting the focus on preventing children from entering foster care and, when necessary, ensuring children are cared for in the best, family-like settings when removal is necessary. FFPSA is providing the opportunity for Florida to deepen its commitment to prevention by enhancing the service array in local communities to address mental health and substance abuse needs, proactively reducing the need for crisis intervention services, and building parent and caregiver skills to promote strong, resilient families.

The Department and its stakeholders are engaged in ongoing analysis and planning to facilitate the transition from the Statewide Automated Child Welfare Information System (SACWIS), Florida Safe Families Network (FSFN), to a Comprehensive Child Welfare Information System (CCWIS). FSFN provides a complete record for each child and young adult served; a method for documenting all licensing records; a payment system for foster care providers; and electronic reporting to national databases that track data on the populations served and outcomes. Although the CCWIS transition plan activities are presented in the Advance Planning Document (APD) submitted to the Children’s Bureau on May 1, 2020, these activities and others that are underway within the Department impact the strategies reflected in the CFSP. Some of these include:

- A shift in focus to enterprise planning at the Department and state level,
- A substantial increase in the scope of the Department’s focus on data quality as described in detail in the Data Quality Plan (DQP), which is now required for submission along with the APD,
- A corresponding increase in data clean-up initiatives undertaken, as well as other FSN functionality data quality enhancement initiatives, and
- The launch of a CPI Mobile pilot project that has extended the legacy FSN Child Investigations “Initiating activities’ and made available on a phone, tablet, or computer.

These efforts and the CFSP process will be buttressed by the new Quality Office within the Department and an Enterprise Data Management Team within the Office of Information Technology Services.

The Department and partners throughout the state continued to strive to implement the Program Improvement Plan (PIP) developed in response to findings from Round 3 of the Child and Family Services Review (CFSR). Although the PIP activities have been completed, the Department has yet to meet three of the outcomes (Safety 2, Permanency 1, and Well-Being 1). Florida’s CFSP for 2020-2024 established five strategic initiatives designed to improve outcomes for child safety, permanency, and well-being.

These strategic efforts are continuous and have resulted in important groundwork and a level of collaboration that Florida’s stakeholders plan to sustain. The Department, stakeholders, and multiple partners have engaged in the development of the Annual Progress and Services Report (APSR) to highlight the progress on meeting the strategic goals, initiatives, and activities for the five years outlined-in the CFSP 2020-2024.

## STATE AGENCY RESPONSIBLE

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

### 1. Deputy Secretary

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

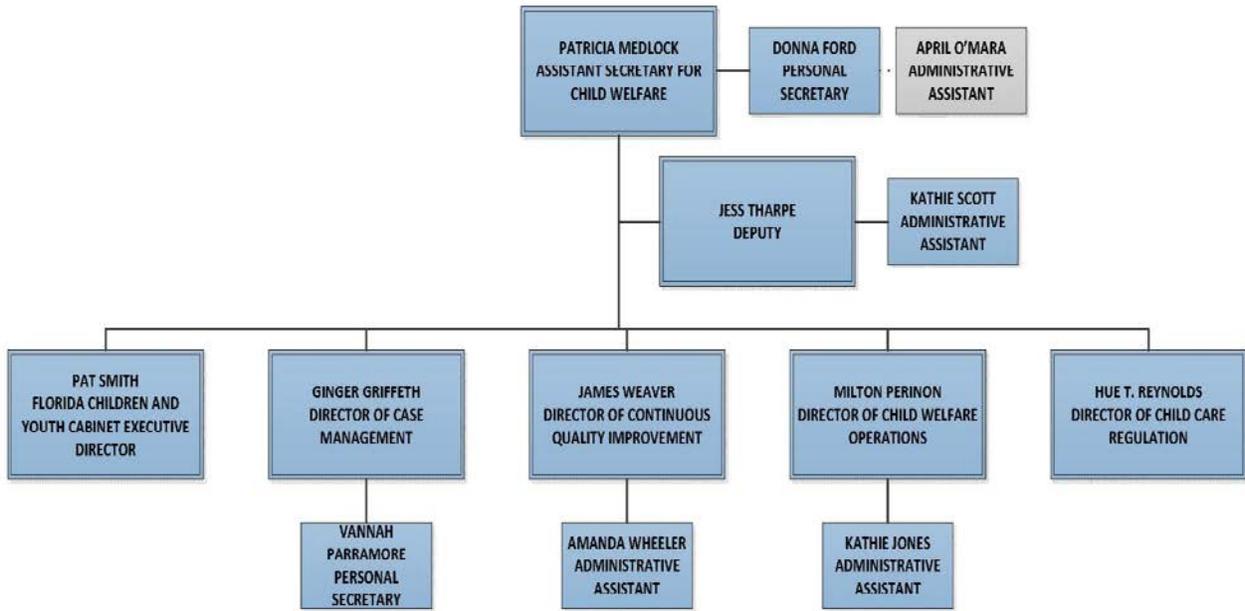
### 2. Office of Child Welfare (OCW)

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

Within OCW are five administrative units:

- Child Welfare Strategic Projects and Planning,
- Child Welfare Practice and Policy,
- Child Welfare Protective and Supportive Services,
- Child Welfare Operations: the statewide Florida Abuse Hotline (Hotline) and the Interstate Compact on the Placement of Children (ICPC), and
- Child Care Regulation.

**OFFICE OF CHILD WELFARE  
FUNCTIONAL TABLE OF ORGANIZATION  
JANUARY 29, 2020**



FTE
OPS
Contract/Temp

### 3. Children’s Legal Services

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

### 4. Office of Operations

The Assistant Secretary of Operations is responsible for administering policy and practices within child welfare, adult protective services, ESS, and SAMH program areas in all six regions statewide. Six Regional Managing Directors (RMDs) serve under this office. RMDs have the responsibility for all child welfare regional operations, Community-Based Care Lead agencies (CBCs), and other child welfare provider contracts.

## COLLABORATION

The Department works with many state agencies through various Data Sharing Agreements and Memorandums of Understandings. The Department also serves on advisory councils and steering committees to promote partnership and a collaborative approach to the needs of the State. Through these various partnerships, critical stakeholders work together in a coordinated and integrated effort to serve individuals and families that cross multiple systems and achieve common goals.<sup>12</sup>

Local Review Team areas follow judicial circuits and convene monthly to resolve case specific issues that cannot be addressed in an individual’s treatment team. In addition to scheduled monthly staffing, additional meetings may be called in the event of a crisis or emergency involving a child. Assistance from a Regional Review Team is requested when the Local Review Team cannot resolve child specific issues. Elevation to the State Review Team is requested if issues cannot be resolved at the Regional Review Team level.<sup>13</sup>

The Department takes the lead in the convening of review teams; however, the implementation, frequency, and participants may vary from circuit to circuit. Additional needs for assistance can include guidance on when to elevate cases and how to address information sharing.

The [Office of Child Welfare](#) (OCW) collaborates with stakeholders through various advisory bodies, workgroups, ongoing information-sharing and solution-focused meetings, and other forms of communication. The following list provides a summary of the various major organizational partners with whom the Department actively engages. This list is not all inclusive in terms of collaborative partners or the description of activities with each partner.

Information about collaboration to inform the development of the APSR is described in the next section of this chapter. Collaboration with Florida’s Native American Tribes is described in Chapter 6.

Additional information about the involvement of these organizations in the Department’s planning and other activities is described throughout the Annual Progress and Services Report (APSR).

- The [Florida Children and Youth Cabinet](#) is charged with promoting and implementing collaboration, creativity, increased efficiency, information sharing, and improved service delivery between and within state agencies and organizations. The Secretary of the Department of Children and Families is a member,

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<sup>12</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 18.

<sup>13</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 19.

along with the agency heads of the Department of Juvenile Justice (DJJ), Agency for Health Care Administration (AHCA), Department of Education (DOE), Agency for Persons with Disabilities (APD), and Department of Health (DOH). Additional members include the executive leadership of the Statewide Guardian ad Litem Office (GAL), Governor's Office of Adoption and Child Protection (OACP), the Office of Early Learning (OEL), and other appointed representatives from various advocacy and specialized groups.

- The [Office of Adoption and Child Protection \(OACP\)](#) was created within the Executive Office of the Governor for the purpose of establishing a comprehensive statewide approach to promote adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect. The duties and responsibilities of the OACP are detailed in section 39.001, Florida Statutes. The Department partners with the OACP to raise the awareness levels of the public and to implement meaningful practice around prevention activities. OACP coordinates Florida's Child Abuse Prevention and Permanency (CAPP) Plan in collaboration with the CAPP Advisory Council and 20 circuit taskforces to implement strategies and initiatives that address the state and local priorities.

OCW provides ongoing technical assistance and supports OACP's many activities, particularly the development and implementation of the state's five-year plan for Child Abuse Prevention and Permanency. Several other agencies, including the Department of Education (DOE), Health (DOH), Juvenile Justice (DJJ), Law Enforcement (FDLE), and the Agency for Persons with Disabilities (APD), are partners.

Department staff from each of the six regions participate on the Local Planning Teams that work under the guidance of OACP. Local Planning Teams are convened in each of the twenty judicial circuits around the state. Representation on these Local Planning Teams are aligned geographically with the judiciary and the Department's operational circuits and is consistent with the make-up of the statewide Advisory Council. The Department continues to develop and participate in public awareness campaigns that target the preventable causes of child death in conjunction with the OACP and other state-level partners.

- The [Child Welfare Task Force \(CJA Taskforce/PIP/CFSP Steering Committee\)](#) guides the administration of the Children's Justice Act (CJA) Grant and is responsible to lead, guide, direct, and advise on statewide implementation of major initiatives. The CJA Grant mandates that a Task Force be created to advise the Department on the spending of the grant funds to improve child protection initiatives in Florida. The Task Force was engaged in the implementation of the CFSP, APSR, and implementation of Florida's PIP. The Task Force members act as vocal and visible ambassadors throughout the state and as representatives of their specific fields of expertise. The Task Force meets quarterly.
- [Agency for Health Care Administration \(AHCA\)](#) is responsible for the administration of the Florida Medicaid program. The Department collaborates with AHCA on implementation and amendments to the Health Care Oversight and Coordination Plan (refer to Attachment 2) to ensure the timely enrollment of eligible children in the Medicaid Managed Care Program and the ongoing delivery of quality health and behavioral health services.
- [Independent Living Services Advisory Council \(ILSAC\)](#) is legislatively mandated under subsection 409.1451(7), Florida Statutes, to review and make recommendations concerning the implementation and operation of independent living transition services. The Department's Secretary appoints members who submit an annual report that summarizes the Council's findings and recommendations. More information about ILSAC is provided under the section on the John H. Chafee Foster Care Program for Successful Transition to Adulthood in Chapter 5.
- [Florida Youth SHINE \(FYS\) \(Striving High for Independence and Empowerment\)](#) is a peer-run, youth-driven organization that engages current and former foster youth ages 13-24 from across the state. Youth members receive leadership and advocacy training in order to address system of care issues and make

recommendations for improvement. Member advocacy spans from speaking directly to the Governor, the media, legislature, and Department leadership to providing educational training to the general public on the needs of this population. Chapters convene for local meetings in their respective communities. During gatherings, the members identify and prioritize system issues that need improvement, collaborate with their peers to develop leadership, public speaking, and advocacy skills, and meet with key stakeholders, such as CBC decision-makers in their communities, to share their experiences in the system.

- [Foster and Adoptive Parent Association \(FAPA\)](#) operates a statewide program of technical assistance and support to twenty local associations. FAPA has been actively involved in the Quality Parenting Initiative (QPI), the Annual Child Protection Summit, ILSAC, and the Dependency Court Improvement Program (DCIP). Members of FAPA, along with the Community International and Domestic Adoption Liaison, are involved in the Adoption Call to Action Initiative. As community stakeholders, member prospective has assisted in shaping Florida's strategies to achieve permanency for waiting children.

OCW has participated in monthly Board of Director calls with FAPA to answer questions and to provide policy updates and support. OCW has participated in statewide FAPA educational meetings to provide training and updates to statutes and policies pertaining to foster home licensure.

- [Adoption Advisory Board](#) is a statewide group with members who adoptive parents, biological parents, adoptees, private adoption attorneys, and private adoption agencies. Current members include the Statewide Adoption Policy & Program Specialist, the past Adoption Managers, and Reunion Registry Specialist. It is the objective of the Adoption Advisory Board to convene members of the adoption community to provide adoption-related policy and procedures consultation and to promote adoption-related initiatives.
- [Quality Parenting Initiative, Florida \(QPI\)](#), focuses on strengthening foster care and excellent parenting for all children in Florida's child welfare system. QPI is "a philosophy and a network of sites that share information and ideas about how to improve parenting as well as recruit and retain excellent families. It is an effort to rebrand foster care, not simply by changing a logo or an advertisement, but by changing the expectations of and support for caregivers." The Department collaborates at all levels with QPI to expand the network and embed the approach in day-to-day practice. OCW has contracted with QPI to implement new statutory requirements as a result of 2020 legislation. QPI has developed statewide trainings related to the following topics: Comfort Calls, Collaborative Relationships and Transitions Planning. Through the training, QPI will conduct train-the-trainer sessions throughout the state in an effort to educate the child welfare professionals (including foster parents and community stakeholders). In addition, QPI has created regional plans to develop protocols for the implementation of comfort calls and partnership working agreements.
- [Florida Coalition for Children and Families \(FCC\)](#) is a membership organization of CBCs, Case Management Organizations, the Foster and Adoptive Parent Association, group care, and other child welfare providers. The FCC maintains a committee structure to study various challenges faced by the child welfare system and to develop solutions. FCC advocates for legislation and funding to improve child welfare outcomes. The Department and FCC developed and maintain a statewide strategic planning process, monthly leadership meetings, and multiple ways of collaborating to improve child welfare outcomes.
- [Office of Substance Abuse and Mental Health \(SAMH\)](#) continues to be a significant partner with the child welfare system to develop policies for the integration of child welfare and behavioral health services, implement innovative programs and approaches, and contract with Managing Entities (ME) that includes contract standards and provisions for services involving child welfare clients.

- [Florida Institute for Child Welfare \(FICW, Institute\)](#), located in the School of Social Work at Florida State University (FSU), was established by the Florida legislature in section 1004.615, Florida Statutes. FICW operates under a strategic plan that describes how the Institute is governed and includes its mission and vision. Researchers from across the state dedicated to improving the safety, permanency, and well-being outcomes for children in Florida's child welfare system are [Institute Affiliates](#) to help the Institute achieve its goals. The Institute provides ongoing support to the Department on multiple issues, including the child welfare workforce, the Results-Oriented Accountability program, human trafficking, pre-service and in-service training evaluation, and parental behavioral health services integration. In addition, FICW serves as the Department's contracted evaluation provider for two statewide Kinship Navigation Providers.
- [Dependency Court Improvement Program \(DCIP\)](#), located within the Office of Court Improvement (OCI), provides training and technical assistance to dependency judges, magistrates, and court staff and provides staff support to the multidisciplinary Dependency Court Improvement Panel (Panel). The Panel plays a pivotal role in advancing promising dependency court practices throughout the state on issues such as Early Childhood Courts, transitions, placement stability, visitation, and child safety. Currently, the Panel is addressing quality legal representation, quality hearings, and best practices within problem-solving courts. The Deputy Secretary of the Department of Children and Families, the Assistant Secretary for Child Welfare, and the CLS Director serve on this Panel. OCW meets monthly with the DCIP team.
- [Florida Guardian ad Litem \(GAL\)](#) is supported by a Program Office within the Justice Administration Commission, which has oversight responsibilities and provides technical assistance to all GALs and attorneys ad litem programs in Florida's twenty judicial circuits. The GAL represents the best interests of children involved in court proceedings, advocating for what the law says the child is entitled to and working to ensure child-centered decisions are made by having a thorough understanding of the facts and the child. The Department collaborates with the GAL on a statewide and local basis to promote teamwork, transparency, and communication.
- [Florida Children's First, Inc. \(FCF\)](#) is a non-profit organization whose mission is "Dedicated to advancing the rights of at-risk children and youth; the organization seeks full representation of children and youth and meaningful and sustainable improvement in Florida's child-serving systems using a range of strategies including public policy development, ongoing training, and technical assistance, and where necessary, strategic litigation." The Department involves FCF on numerous statewide workgroups, task forces, and planning initiatives such as the Child Welfare (Children's Justice Act) Task Force.
- [Florida Center for Prevention and Early Intervention Policy \(CPEIP\)](#) operates under the administrative arm of Florida State University's Institute for Science and Public Affairs. CPEIP focuses on vulnerable infants and toddlers who can be positively affected through nurturing relationships, strong maternal and child health, and quality early childhood care and education. CPEIP leads the state's development and implementation of infant mental health services, including training for infant mental health specialists who provide evidence-based infant mental health services, such as Child-Parent Psychotherapy.
- [Ounce of Prevention Fund of Florida, Inc. \(The Ounce\)](#) identifies, funds, supports, and tests innovative programs to improve the life outcomes of children, preserve and strengthen families and promote healthy behavior and functioning. The Ounce is one of 50 state chapters of Prevent Child Abuse America (PCA America). The Department continues to contract with The Ounce through funding from the federal Community-Based Child Abuse Prevention Program (CBCAP) grant for activities related to the annual child abuse prevention campaign, family support services, and parent support services.
- The Florida Department of Health (DOH) is a partner with the Department across the full continuum of child welfare services that include outreach to families, infants affected by substance use, statewide prevention campaigns, [Child Protection Teams](#), and an array of other programs under [Children's Medical Services](#) for

children in foster care. The current major collaborative efforts with DOH include the following programs under their purview.

- [Child Abuse Death Review Committee \(CADR\)](#) operates under the purview of DOH. CADR, established in [section 383.402, Florida Statutes](#), provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Florida Abuse Hotline (Hotline). CADR's duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. More information about CADR and collaboration with the Department is in Chapter 5, Update on Services Continuum.
- [Florida's Office of Early Learning/Early Learning Coalitions \(OEL\)/\(ELC\)](#) administers federal and state funding and partners with 30 local early learning coalitions and the Redlands Christian Migrant Association to deliver comprehensive early learning services statewide. OEL oversees three programs: school readiness, the Voluntary Prekindergarten Education Program, and Child Care Resource and Referral services.<sup>14</sup> The Department and ELCs collaborate on an ongoing basis to develop and implement policy to provide "at-risk" child care as a safety management service for parents with children under protective supervision, as well as "at-risk childcare subsidies" to eligible relative caregivers.
- [Department's Office of Child Care Regulation](#) is accountable for the statewide licensure and training of Florida's child care facilities, specialized child care facilities for the care of mildly ill children, large family child care homes, and licensure or registration of family day care homes. The purpose of the program is to ensure a healthy and safe environment for children in child care settings and to improve the quality of their care through regulation and consultation. The Department ensures that requirements are met through ongoing inspections of child care facilities and homes.
- [Department of Children and Families/Department of Juvenile Justice \(DJJ\) Crossover Team and Local Champions](#). One Department and one DJJ Crossover Champion serves in each circuit as the point of contact for crossover-related matters to champion local collaboration efforts and education of staff and community partners. The Crossover Champions develop local collaboration plans to address the needs of crossover youth and their families. Department/DJJ Headquarters' Team holds quarterly calls with Crossover Champions, develops specialized training, and disseminates information through a SharePoint Crossover Page. More information is provided in Chapter 5, Description of Child and Family Services Continuum.
- The Department of Education, Agency for Persons with Disabilities, Department of Juvenile Justice, Agency for Health Care Administration, Department of Health, Guardian ad Litem, Office of Elderly Affairs, and the Department of Children and Families collectively developed an [Interagency Agreement to Coordinate Services for Children Served by More Than One Agency that is in effect 2017 through 2022](#). The coordination of services and supports across agencies ensures necessary local and statewide resources for children being served by more than one agency.
- The Department participates in several workgroups and committees within DOE, including the State Secondary Transition Interagency Committee for students with disabilities, the Now is the Time Project for Advancing Wellness and Resiliency in Education, (AWARE) State Management Team for student mental health services, and Every Student Succeeds Act (ESSA). The Department also collaborates on an ongoing basis with DOE, the Florida College System, State University System, and the Board of Governors regarding campus-based coaching initiatives to improve postsecondary outcomes for former foster youth. In addition, the Department continues to collaborate with DOE to discuss any barriers that impact children in

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<sup>14</sup> Florida's Office of Early Learning. <http://www.floridaearlylearning.com/about-us/office-of-early-learning-overview>

Florida's child welfare system on a statewide level. The local school districts and Community-Based Care lead agencies have educational liaisons in each county. The liaisons collaborate to address educational concerns that are specific to their area regarding children in the child welfare system.

- [The Florida Department of Law Enforcement \(FDLE\)](#) is a long-standing partner to develop and update methods to obtain background criminal history information. The Department provides a co-located position in the FDLE Missing and Endangered Persons Information Clearing House to ensure that all children missing from the care and supervision of the state are properly reported with local and state law enforcement and the National Center for Missing and Exploited Children. FDLE also partners on human trafficking strategies and task forces throughout the state along with local law enforcement and federal agencies.
- [Department of Revenue \(DOR\), Child Support Program](#) is a partner with the Department to develop and implement policies for the use of the Parent Locator Service to find absent parents or to locate relatives for potential child placements and child support in child welfare cases.
- [Children's Services Councils \(CSCs\)](#) are established by a county commission through a local ordinance. Voters approve taxing authority or other funding for a Children's Services Council. Section 125.901, Florida Statutes, governs the creation and operation of CSCs. Florida is the only state in the nation with laws that allow local county leaders and the residents of those counties to create a special government entity that's sole purpose is to invest in the well-being of children and families. In the counties where CSCs are currently established (Alachua, Broward, Duval, Hillsborough, Manatee, Martin, Miami-Dade, Palm Beach, Pinellas, and St. Lucie), the CSC and the CBC often collaborate to provide special studies and evaluations, various types of outreach, and interventions and other innovative initiatives that are locally designed and driven.

## STAKEHOLDER INVOLVEMENT IN IMPLEMENTATION OF THE CFSP

OCW and regional liaisons engaged in different collaborative efforts with stakeholders and partners to establish a foundation for the annual report. Stakeholders and partners included, but were not limited to, staff from other divisions within the Department, CBC providers, local sheriff liaisons, members of the FCC who provide leadership for multiple strategic initiatives and workgroups, youth from Florida Youth SHINE, parents, relative caregivers, Florida foster parents, members of the QPI, GAL, and the Dependency Court Improvement Program.

Region liaisons collaborated with various stakeholders and partners to implement the CFSP and provided updates with input from across the local child welfare spectrum.

### Suncoast Region:

The SunCoast Region is comprised of eleven counties along Florida's southwest gulf coast. There are four Community Based Care (CBC) lead agencies, four counties where sheriff's offices conduct child abuse investigations, and seven additional counties where child abuse investigations are conducted by the Department. Each of the four circuits (6, 12, 13, and 20) serves a diverse population. Circuits 6 and 13 are the most populated areas serving the most children and families. The CBCs are responsible for in-home services, foster care, and adoption services.

In Circuit 6, child protective investigations are completed by the Pinellas County Sheriff's Office (PiCSO) and the Pasco County Sheriff's Office (PaCSO). The State Attorney's Office (SAO) provides legal representation. Eckerd Connects is the CBC lead agency with oversight of case management services.

In Circuit 12, child protective investigations are divided between the Department in Sarasota and Desoto Counties and the Manatee County Sheriff's Office (MCSO). Children's Legal Services (CLS) provides legal representation, and the Safe Children Coalition (SCC) is the CBC lead agency charged with overseeing the system of care.

Circuit 13 child protective investigations are completed by the Hillsborough County Sheriff's Office (HCSO) and the Office of Attorney General (OAG) provides legal representation. Eckerd Connects is the CBC lead agency providing case management oversight.

In Circuit 20 all child abuse investigations are completed by the Department. Children's Legal Services (CLS) is responsible for legal representation, while the Children's Network of Southwest Florida (CNSWFL) provides case management oversight.

To engage the judiciary and our legal partners, the region has several collaboratives in progress. The region continues to have regular brown bag lunches to discuss issues and solutions to problems and engages with the Dependency Court Improvement Committees. Parent attorneys, citizen review panel members, and the GAL representatives also attend these meetings. These meetings have continued throughout the pandemic utilizing online platforms such as Microsoft Teams or Zoom. In addition, several areas of the region have continued with Early Childhood Court programs to work with families who have children age 0 to 3 who have been removed from their care. The goal is to work with the family therapeutically and to expedite services to help these children achieve permanency in a timely manner.

The judiciary and CLS partners also attend the various community alliance meetings and have created multiple workgroups to help solve community specific issues such as placement stability and disproportionality. Other attendees in the alliance meetings include the Department, CBC, case management organizations, local service providers, law enforcement, GAL, schools, and various other state agencies who work in partnership with the Department. This fiscal year, the region has worked diligently to improve attendance at some of the alliance meetings by including partner agencies who had not previously been attending and by focusing on the community needs.

The region has recently been working diligently with partner agencies, including licensing, case management, CPI, legal, GAL, foster parents, behavioral health providers, birth parents, kinship, and our youth, to develop protocols for the Quality Parenting Initiative. The protocols will help to engage foster parents, biological parents, and children at the time of initial placement after removal using a comfort call. These calls will allow the biological parent to be the expert on their child and to inform the out of home caregiver of information that will assist in caregiving and to comfort the child during this traumatic transition period. These protocols will also help ease transitions for children in care and align system partners in the care of our youth.

Foster and adoptive parent associations exist throughout the region and meetings occur frequently that include representatives from the CBC and case management. These meetings serve as information sharing sessions as well as to encourage foster parents to discuss challenges and work together to find solutions. Support groups for adoptive parents also exist in the region.

The CBCs also engage local school systems and have liaisons who work directly with the social work Departments. They focus on assisting our youth with school enrollment, notifications of traumatic events in the life of a child, school assessment needs and any other education related needs. Hillsborough County schools have an employee dedicated to foster youth, and she is currently working on a community-wide workgroup to assist in stabilizing youth by getting them engaged with some form of schooling. Throughout the pandemic, we have also engaged the schools due to the extensive need to enroll children in virtual schools.

In addition to engaging the youth voice in the development of QPI protocols, in foster parent training, and in staffings and court attendance, we are working on engaging youth in our areas experiencing placement challenges which will be ongoing through next year.

Finally, this year the pandemic has created challenges for child welfare staff, specifically CPIs and Case Managers. Through close collaboration and ongoing communication with all the provider agencies, we have been able to continue providing services to meet the needs of our children and families. Investigations continued to be

commenced timely and victims continued to be seen at above target rates. Staff were and continue to be provided with all necessary PPE, strict protocols were in place to mitigate potential exposure, children in care continued to be seen face to face whenever safely possible and visits between children and parents continued face to face whenever safely possible. Pre-service training for child welfare staff blended into online and in-person hybrid models to allow for proper safety of staff.

Circuit 6 continues to utilize the innovative approach to serving high-risk teenagers in out-of-home care provided by SailFuture. Youth placed in the SailFuture program receive mental health services, job training services, and attend a technical high school and participate in multi-month sailing journeys throughout Central America and the Caribbean. The technical high school engages high-risk teenagers in a small group, hands-on and rapid learning modules designed to meet their unique academic and emotional needs.

A teen case management unit was created in Pinellas County in early 2020 through the subcontracted provider SailFuture, through Eckerd's subcontracted provider Lutheran Services Florida in Pinellas, to address challenges in working with the teen population. A CMO Pilot Program strategy planned for the fiscal year 2021-22 is to expand upon this existing teen unit in Circuit 6. If pilot funds are renewed during the 2021 legislative session, Eckerd will seek out and secure a provider for this specialized case management unit, with an expected start date during the first quarter of the fiscal year 2021-22. A teen unit is also planned in Circuit 13, modeled after the unit in Pinellas County. The expected impacts would be increased stability and permanency among these teens, which would ultimately provide relief to the rest of the system, allowing additional focus on performance.

Placement stability continues to be a challenge due to a high number of youth refusing placements or exhibiting behavior challenges which make long-term permanent placements difficult to find, resulting in night-to-night placements. The need to develop unique placement options for this population continues. Staffings continue to be held in both circuits engaging the CMO, the child's professional team, and the child to develop child-specific outside-the-box placement ideas for these challenging youth. A Stability Staffing Coordinator position was created in Circuit 6 to implement staffings and efforts to stabilize high end youth, youth on interim placements, or youth who have a pending disruption notice from their placement, prior to the disruption. The Staffing Coordinator has the responsibility of following up on recommendations from staffings to ensure appropriate service implementation. Additionally, in Circuit 13, the Out of Home Care team, CHN placements, and each CMO have a weekly call to discuss all youth who currently do not have a permanent placement option, with a focus on efforts to identify permanent placements for these specific youth in either a licensed or non-licensed setting.

Through community partnerships, Circuit 13 has access to three services designed to engage our challenging teen population and work to build a support team around them. We work with the CANEI program (Constant And Never Ending Improvement), under NYAP, Success 4 Kids, and have a team trained in the ResWrap methodology. These programs work with youth who have not had stable placements and help them to identify their current and future goals and then plan their success toward those goals in a team centered approach. The programs will meet with our youth in their placement, at the CMO office, or in the community to ensure that these young men and women feel supported and encouraged to change their lives for the better.

- Success For Kids (S4KF) & Eckerd have partnered to provide the Juvenile Assessment and Intervention System (JAIS™) assessment to youth identified by Eckerd. S4KF staff are trained, certified, and participate in staffing these youth by sharing the outcome and scoring of this assessment, helping to identify and provide information to better serve the needs of the youth. JAIS™ provides specific supervision strategies based on a youth's underlying motivation for behavior. JAIS™ is a one-on-one conversation that focuses on who the young person is, particularly their underlying motivations for behavior. The model weaves together a gender-specific risk assessment and a strength and needs assessment, helping workers identify behaviors and issues to expect during supervision. It also recommends programs and interventions most likely to produce success. The JAIS™ assessment is not designed to help with placements, but to help understand the motivation of underlying behaviors, which could assist in identifying behaviors and issues to expect.

Using this information can assist with strategies, and supervision, as well as identify what options may present the best fit for youth.

- Eckerd has partnered with Hillsborough County to create the Hillsborough County Collaborative through which we are contracting with NYAP (National Youth Advocacy Program), who will be recruiting and training foster parents specifically for this population. Currently, NYAP has successfully recruited 3 families who are in various stages of training and should have their first family ready to accept a child by the end of April 2021. NYAP also offers the Constant and Never-Ending Improvement program (CANEI). This program is an Evidenced-Promising comprehensive program with evidence-based treatment modalities. CANEI utilizes a strength-based approach that helps youth identify and develop personal strengths and then build on those strengths. The CANEI program targets youth who are exhibiting aggressive, defiant, and/or antisocial behaviors at home or school. Including youth who are at risk of non-traditional entry into the dependency system. The CANEI program specifically engages youth who have otherwise been unsuccessful with existing community resources and services by providing wraparound services and family engagement. CANEI offers family support and specialized services for high-risk youth, ages 11 -17. Services (offered 3x/week minimum for 5-7 months) include: Child and Family Team meetings based on Wrap Around Theory, Individual counseling utilizing Cognitive Behavioral Therapy approaches, Group Therapy Sessions, and Family counseling and parent skills building.
- The ResWrap model (a promising practice) approach is designed to serve children and youth placed in, or at risk of placement in residential group care. ResWrap reduces the length of stay while stabilizing youth with complex behavioral health needs and maladaptive behaviors associated with trauma. ResWrap employs high fidelity wraparound to divert entry into residential care and to achieve a planful and sustainable stepdown process for youth in residential placement, with the goal of expediting the return of youth to their homes and communities. ResWrap ensures that the step-down plan created by the child and family team is child and family centered, individualized, culturally relevant, strength, needs, and community based and tailored to the changing needs of the child and family. The ResWrap model from initial contact with the child and family focuses upon identifying what it will take to plan fully, expeditiously, and safely step the child down into a family setting. ResWrap embraces the inclusion of the identified child and his/her family in all aspects of the planning process and works with the child and family team to identify and eliminate any barriers that may exist. ResWrap builds upon the individual strengths and needs of the child in a well-coordinated manner. The goal of ResWrap is to provide intensive, customized services and supports wrapped around the child and family to enable children to live and grow up in a safe, stable, permanent family environment. The program started working initially with twelve families initially and twenty children, and since the program started providing services in February 2020, ResWrap services have been instrumental in assisting with three reunifications and the placement stabilization of one child. The average length of time a child is involved in ResWrap services is six months to a year.

### **Southeast Region:**

The Southeast Region (SER) is comprised of three circuits (Circuits 15, 17 and 19) covering six diverse geographic counties, including urban, suburban, rural, and agricultural communities. The Department conducts child protective investigations in Circuits 15 and 19. Broward County Sheriff's Office conducts child protective investigations in Circuit 17. The Department contracts with two community-based care lead agencies to provide child welfare and related services in the Southeast Region. ChildNet, under separate contracts with the Department, serve Circuits 15 (Palm Beach) and C17 (Broward). Communities Connected for Kids, provides serves C19 (Martin, St. Lucie, Indian River, and Okeechobee counties).

The Southeast Region's strength lies in strong collaborations and partnerships committed to providing quality services within our system of care and community. The collaboration through committed professionals and advocates, cultural and geographic diversity, and generous funders and resources creates a comprehensive,

successful system of care. Staff in the Department's Southeast Region work closely ChildNet, Communities Connected for Kids, the Broward Sheriff's Office's Child Protective Investigative Services (CPIS), the judiciary, law enforcement, and the region's Children's Services Councils, which fund many of the primary prevention programs and services that benefit the children and families served by the child welfare system of care. The Department and contracted providers in the Southeast Region partner effectively with a vast network of domestic violence victim advocates, community advocates for the homeless, faith-based organizations, county and municipal governments, physical and behavioral health providers, school districts, the Guardian ad Litem Program, the Early Learning Coalition, the Department of Health, the Department of Juvenile Justice and numerous other stakeholders to best serve children and families in the region's communities.

Regional leadership recognizes that a strong workforce provides the foundation for solid child welfare practice and continually explores opportunities to support and strengthen the workforce. Circuits 15 and 19 have recurring monthly leadership meetings which offer training, policy guidance, strategic vision, and performance data review to the CPI Supervisor Team. The region has developed internal workgroups as well as had strong representation on statewide workgroups which review practices (FFA, technology, career development, LE partnership, Supervisory Consult, Policy) and working conditions (Safety, Specialized Rotation)—all to support and invest in the workforce. In addition, the SER lead the state in effective piloting and implementation of new mobile applications this fiscal year.

The Southeast Region has continued its steadfast commitment to serving the community despite many challenges faced this year. Through the pandemic, changes in meeting platforms the Department of Children and Families and its partners use, already strong partnerships and collaborations have only been amplified and strengthened. Many of the existing groups have had spin-off ad hoc committees set up to look at both short-term, immediate issues that need to be addressed to adapt to a virtual environment and remote services, but also to look at meaningful, long-term system changes that might result. The Department participated in workgroups to identify gaps that have arisen specifically during COVID – with technology for students, Wi-Fi access, supervised visitation center needs to cover all geographic areas in Palm Beach County, collecting best practices through the Birth to 22 Alliance, and sharing information with local funders and philanthropic groups who want to support behavioral health, domestic violence, and child safety.

Departmental staff participates on JDAI's **Youth Reentry Task Force and RED/DMC** committee, which focuses on data review and systems recommendations to eliminate bias and reduce racial disparity and disproportionate minority contact. The committee includes sharing of lived experiences by young adults who have reentered the community after juvenile justice system involvement. The committee is embarking on an effort to implement restorative justice practices for youth on probation in Palm Beach County.

The Region has increased the utilization of Subject Matter Experts (SME). Circuits 15 and 19 each have co-located SMEs in the fields of Substance Abuse, Mental Health and Domestic Violence that are available for case consultation to aid investigators with an accurate assessment of family conditions, helping them identify safety concerns and service needs. As an example, during the period of September 2020 through February 2021, the 3 Behavioral Health Consultants received 861 investigation referrals, 97% of which were responded to jointly between the CPI and the BHC to conduct an on-site assessment. This practice greatly supports reducing the need for out of home placements through effective navigation of potential safety issues and linkage to needed stabilization services. The Region will continue to utilize this process to reduce removals and set families up to succeed.

Circuits 15 and 19 both have robust Substance Abuse/Mental Health/Child Welfare integration Efforts as well as recurring Joint Operational Meetings (Department, CBC, CLS, Service Provider Leadership) to review the effectiveness of circuit operations. In these forums, the teams regularly review local service array, monitor utilization, and identify service gaps throughout the system of care. These meetings enhance partnerships and foster collaboration between the system counterparts. Further, as noted previously, the Department has strong partnerships with local DV service providers and accommodates co-location of advocates in both circuits whose main job is to provide consultation to the CPI team and support clients in linkage to services.

## **Southern Region:**

The Southern Region is comprised of two counties, Miami-Dade County is Circuit 11, and Circuit 16 covers Monroe County in the Florida Keys. The Child Protective Investigators handle all investigative activities, and the contracted Community Based Care Lead Agency, Citrus Family Care Network (hereinafter Citrus FCN), provides all child welfare case management related services. Citrus FCN provides direct services to youth that reach 18 years of age while in foster care, as well as monitoring and providing technical assistance and support to its network of subcontractors. Citrus Family Care Network subcontracts with four Full Case Management Agencies (FCMAs). FCMAs provide protective supervision and coordination of services for children referred by the Florida Abuse Hotline and Child Protective Investigators. Services may be provided in the family's home or in out-of-home placements with relatives, non-relatives, or in licensed foster homes, as appropriate. Case Managers conduct ongoing assessments and monitoring to ensure the safety and wellbeing of the children they serve. The Full Case Management agencies are: Center for Family and Child Enrichment, Children's Home Society, Family Resource Center, Wesley House Family Service in the Florida Keys/Monroe County. Because the Region is fully aware that an entire system of care is necessary to appropriately serve our families and community, a strong partnership with other stakeholders is maintained and fostered. The Region's Partners include Miami Dade and Monroe CBC Alliance, The Children's Trust, Department of Juvenile Justice, the Managing Entity in Miami Dade County, Thriving Mind (formerly known as South Florida Behavioral Network), Dependency Court System, Guardian Ad Litem, Miami- Dade Juvenile Services Department, Foster and Adoptive Parents Associations, prevention providers, and the Child Protection Team. The Region maintains open communication and ongoing collaboration with the Courts through monthly meetings, work groups to address challenges, and direct contact with Administration. The Dependency Court has a specialized program in its system, G.R.A.C.E. (Growth Renewed through Acceptance Change and Empowerment) Court for those youth identified as Human Trafficking victims, providing the support services necessary for this high- risk population by a team of professionals knowledgeable of the challenges. Communication and virtual meetings have been continued this year, and the information obtained has been used to shape and inform this document. Information shared has included performance and outcome of CFSR reviews during monthly leadership meetings that include SAMH, GAL, full case management agencies, well as in meetings with the CBC Alliance attended by internal and external stakeholders. A Quality Parenting Initiative project has been implemented this year, with representatives from the Department, Citrus FCN, FAPA, and the Case management agencies participating in work groups that are shaping the way supports are provided to caregivers as well as reviewing expectations. Work and communication with Tribes continue, with the identified point of contact from the Department introducing to every pre-service class on the Indian Child Welfare Act mandated research, documentation, and how to proceed when a child on an investigation is identified as a possible tribal member. This Point of Contact is also our liaison with the Tribes that ensures timely communication and connection to early services if needed. The Point of Contact attends any meetings and trainings happening during the year and will attend the National Indian Child Welfare Association 39th Protecting Our Children Conference this April. The work to support and enhance the response of investigators to cases involving allegations of substance abuse, mental health, and/or behavioral health disorders continues through the Child Welfare Integration Support Team (CWIST) program that consists of a Clinician and a Family Navigator that provide timely screening, consultation, possible joint response, and an assessment by a Clinician. They also provide linkage, support, and follow up to the family by a Family Navigator. This process provides the investigator with information that aids the determination of safety and quickly engages the family in the appropriate services. The child protective investigations started a monitoring program where all substance abuse reports are identified on a weekly basis for Program Administrators to review, and the reviews ensure a subject matter expert has been consulted on each case and a plan of safe care has been addressed. Partnership with hospitals are well established, with investigators co-located at Jackson Memorial Hospital and working on collocating with Nicklaus Children's Hospital in the near future. This year the Department started an initiative to partner with Law Enforcement agencies and enter into an MOU allowing for the coordination of investigations with allegations of sexual abuse, sexual molestation and missing children; the Southern Region has met with almost all Law Enforcement agencies and local jurisdiction and all agencies have either entered the MOU by signing the

agreement or are in the process of vetting through their legal departments. The agreement also calls for coordinated training opportunities on these investigative protocols.

While the pandemic has tested the resiliency of partnerships and the ability to continue serving our community, the entire system had to adapt and grow during this time. While the first few months of quarantine were challenging, especially for the judicial system, the teams were quick to adapt to working remotely, virtual meetings and court hearings, and even virtual visits for children and families. The Courts started holding virtual hearings, and after a few months of inactivity, have picked up and hearings are back to normal schedules. Communication with Judges and other partners in the judicial system has switched to virtual and continues to happen with Children Legal Services and Administration from Citrus FCN and the Department keeping the lines of communication open through this forum. Collaboration and attendance to the CBC Alliance meetings continue, with the Quality Assurance Department from both Citrus FCN and the Department having presented and trained the members on Florida Safety Practice Model, Safety Plans, Foster Parent recruitment and other topics being updated by our external partners. The region was faced with new challenges due to children entering the system of care COVID positive as well as children becoming positive while in care. The Southern Region partners worked together to maintain consistency for children and the majority of foster parents quarantined with the children in their home to reduce replacements. His House Children's home collaborated with Citrus FCN and the Department to open a "care home" designated for children that were COVID positive that were required to isolate while maintaining 24-hour staff to meet their needs.

Citrus FCN has a robust Youth Advisory Council (YAC) that is constructed of former foster care youth as the leaders and members and has the largest transitioning youth population in the state of Florida. They YAC lead certain initiatives and advise and assist with the development of programs within Citrus FCN as well as mentor youth currently in foster care. The Youth Advisory Council serves as a model for other CBC's in Florida and has proven to be a needed addition to the Child Welfare community. The Transitioning Youth Services department, in conjunction with the YAC have been able to identify areas that needed enhancements for youth aging out of foster care. Some of those enhancements have been piloting life coaches for youth 17 years old +, expanding the housing options for former foster youth by Page 4 (continued) expansion of HUD's FUP and awarded FYI grants, selected to launch the Life Skills Reimagined virtual pilot program, created a redesigned system of care workgroup to improve service delivery for youth 13+, created a life skills for youth 13+ policy and procedure, developed new guidelines for mentoring by nonpaid volunteers and organizations, and trained former foster youth to be co-facilitators in Adoptive and Foster parent preparation classes. The TYS department and YAC have been busy this last year, but with all the enhancements, there was an identified need for data collection to determine if the implemented enhancements were making a difference. Due to this shift in mindset, a Youth Services and TYS QI Specialist position was created to monitor internal processes, effectuate change, and collect/analyze data to promote better outcomes.

During this year, the Department had to transition all trainings for child protective investigators, preservice and in-service, into virtual platforms. While it felt different and challenging at first, the training team quickly adapted and kept a high passing rate for all trainees. They also sought out and engaged several outside providers that embraced the virtual platform and delivered trainings to staff in the areas of family engagement, motivational interviews, and topics related to supervision to enhance supervisory capacity.

The Opioid Unit continues to respond to investigations of substance exposed children, and to serve as subject matter experts to other investigators. The reviews conducted by the Program Administrator on all substance misuse investigation ensure that proper referrals are made, and that Plans of Safe Care are reviewed and taken into consideration when conducting investigations. The Interagency staffing also identifies those cases that need services to prevent removal and engages all members of the system of care in looking for solutions to the family conditions. In all investigations where children are deemed to be safe, but the family request and would benefit from services, the investigators are making referrals to community providers. A community guide had been used in years past, but investigators have been training in the use of the Aunt Bertha/Community Care Portal and are now fusing it to provide those referrals or source of information to clients. Those cases that are safe, but present with high or very

high-risk scores are served through family support services; the agencies providing family support in the Region are: Citrus FTT, New Horizons, Family Central, The Village, Federation of Families, and Wesley House Prevention. Family Support Services delivers a Family Services Plan that is behaviorally based and SMART (specific, measurable, attainable, reasonable, timely). These provisions prevent the entry of children into the system. For those cases that are in-home, non-judicial but deemed unsafe, Safety Management Services are implemented. Citrus FCN has contracted with one provider, Center for Family and Child Enrichment, to provide Safety Management Services as they have developed a specialized unit that focuses on the immediate, intense needs of these families to prevent the cases from becoming judicial cases and/or out of home cases.

The collaboration and work with the Department of Juvenile Justice continues, local agreements that foster collaboration are in place. There are identified Points of Contact to work through issues with children are being dually served and to prevent cases from coming into the system by working out early interventions and facilitating family services. Joint trainings to both agencies are coordinated quarterly to make sure new staff is aware of consistent collaborations and delivery of services to our clients. Citrus FCN's goal is to increase pre-crisis contacts and reduce reentry by Identifying/Assessing Strengths and Needs (NCFAS-G w Trauma and Wellbeing), Utilization of screening measures, facilitating multi-agency staffing's in an effort to engage community partners prior to the Department involvement. They also, provide linkage to community resources through MyFloridaMyFamily.com/Aunt Bertha. In order to form relationships between Child Welfare prevention and community providers, community providers are invited to participate in monthly child welfare meetings to establish a reciprocal relationship between the two.

#### **Central Region:**

The Central Region is comprised of Circuits 5, 9, 10, and 18 and spans 12 counties. The structure remains consistent, with Child Protective Investigations being performed by Department staff in 11 of 12 counties, and Seminole Sheriff conducting investigations in Seminole County, and all other Child Welfare and related services provided by contracted Community Based Care (CBC) providers. The CBCs in the Region include: Kids Central Incorporated (Circuit 5—Citrus, Hernando, Lake, Marion, and Sumter counties); Embrace Families (Circuit 9—Orange, Osceola, and Seminole counties); Heartland for Children (Circuit 10—Polk, Hardee, and Highlands counties); Brevard Family Partnership (Circuit 18—Brevard county).

Each Circuit has a bimonthly System of Care meeting where all key stakeholders—the Department, CBC Lead Agency, Case Management Agencies, Children's Legal Services, Guardian Ad Litem, Substance Abuse and Mental Health office, Department of Juvenile Justice, and other community providers—gather together to discuss the key priorities within that respective system of care, identify and solve any system barriers, provide updates as to policy changes, and allow for open discussion to ensure that all stakeholders are aligned. The meetings are essential to the development of the Annual Progress and Services Report as it ensures and allows for consistent and collaborative engagement of all stakeholders.

The Family and Community Services Director (FCSD) holds weekly meetings with the Family Safety Program Manager, the Region Program Manager, and all CPI Operations Managers to discuss the performance of both CPI staff and CBC Lead Agencies. A monthly performance report is completed for each CPI service center in the region which captures the following data: timely commencement of investigations, timely completion of present danger assessments and safety plans, and timeliness of supervisory consults being completed. The CBC monthly performance report captures all statewide indicators and breaks down the performance by CBC.

As the CBC Lead Agency for circuit 5 Kids Central helps create brighter futures for children and families in Citrus, Hernando, Lake, Marion, and Sumter Counties (Circuit 5) by developing and managing a comprehensive, community-based system-of-care for abused, neglected, and abandoned children and their families. Kids Central is committed to promoting the welfare of expectant mothers, babies, children, families and young adults through prevention services, in-home care, foster care, and adoption. The commitment of Kids Central is furthered by

increasing the quality, efficiency, and accountability of in-home and out-of-home child welfare services. In this capacity, Kids Central accepts accountability for achieving the federal and state outcomes and performance standards for safety, permanency, and child well-being. Through a network of providers (partners), Kids Central coordinates a comprehensive continuum of both formal (contractual) and informal (non-contractual) services, including family engagement, health, mental health, family safety, case management, foster care, family support, and community referral. Some of Kids Central's major partners include the Department of Juvenile Justice (DJJ), Guardian ad Litem (GAL) program, school system, and community mental health providers, such as The Centers and Life Stream.

Kids Central and Circuit 5 community partners collaborate and meet regularly to resolve challenges and address issues as they arise. To support these efforts, several standing meetings have been established including:

- 1) Kids Central and Department Leadership Meeting,
- 2) Kids Central/Department/CLS Monthly Meeting,
- 3) Kids Central/Department/GAL Monthly Meeting,
- 4) System of Care Meeting,
- 5) SA/MH Integration Meeting,
- 6) Joint Meetings with the School System. These meetings provide the framework for the development of working partnerships which allows for the establishment of clear lines of communication and overall enhancement of the local system of care.

Working agreements or memorandums of understanding are maintained with local service providers, stakeholders, and partners with which we collaborate to establish a system of care that is responsive to the needs of families and children in the service area. Such agreements include, but are not limited to:

- The Florida Department of Children and Families,
- The Florida Department of Juvenile Justice (DJJ)
- The Florida Area 13 Agency for Persons with Disabilities (APD),
- Lutheran Family Services (ME),
- Healthy Start providers,
- County School Boards,
- County Sherriff's Offices,
- County Commissioner's Offices, and
- Domestic Violence Centers.

As the lead agency, Embrace Families holds the agency contract for Seminole, Orange, and Osceola Counties. The Department of Children and Families performs the Child Protective Investigations function in Orange/Osceola Counties (Judicial Circuit 9), and Seminole Sheriff's Office/Child Protective Services Division performs the Child Protective Investigations function in Seminole County (Judicial Circuit 18). In both circuits (9 &18) Children's Legal Services (CLS) performs the legal representation of the State in dependency proceedings. In Osceola & Seminole Counties, CLS is co-located with Embrace Families subcontracted case management agencies in service centers leased by Embrace Families. Child Protective Investigations is also co-located in the service center in Osceola County; within a ½ block in Orange County to the Orange West Service Center; and 2.2 miles from the Seminole County Service Center. The CPI office for East Orange is located at the State Office downtown and the East Service Center is currently located approximately 13.2 miles away, in East Orange County. (Note: the East Orange Service Center closed in October 2020 and will be re-locating to the Embrace Families Administrative Office, 12.2 miles from

Department offices. Embrace Families contracts with 3 case management providers (Seminole County: Children's Home Society; Osceola County: Gulf Coast Jewish Family and Community Services; and Children's Home Society (East Orange) and One Hope United (West Orange); kinship services are contracted to Children's Home Network in all three counties; licensed foster home support is contracted to Gulf Coast Jewish and Family Services in Osceola, Children's Home Society in Seminole and West Orange, and Children's Home Inc. for east Orange County.

HFC was selected as the lead agency for Community Based Care in Polk, Hardee, and Highlands counties. As the lead agency, HFC assumed the responsibilities for System Administration of a comprehensive child welfare service provider network that included protective services, foster care, adoptions, independent living, prevention, family preservation, family support services and other related services. HFC's focus is to be a performance focused and results-oriented system. HFC is an engaged, fully mature system administrator with strong leadership and partnership with diverse agencies across Florida. HFC is committed to safety, quality, consistency, and accountability in all endeavors. HFC is accredited by the Council on Accreditation (COA).

### **Northeast Region:**

The Northeast Region is comprised of circuits 3, 4, 7, and 8 with major partners throughout our 20 counties include: County Health Departments (and the Department of Health), School Boards, County Social Services, Clerks of Court, County Sheriffs and Police Departments, Guardians Ad Litem, Early Learning Coalition, Agency for Persons with Disabilities (APD), Children's Medical Services (CMS), Child Protection Team (CPT), Department of Juvenile Justice (DJJ), Veteran's Services, local Housing Authorities, Service Providers, the Judicial System/Dependency Court, Children's Legal Services, the Managing Entity - LSF Health Systems, case management organizations, local visitation centers, local domestic violence shelters, foster and adoptive parent associations, faith-based organizations, and community services providers.

The Department's Child Protective Investigations units and our CBC partners remain co-located in many of our counties in each circuit, along with many of our service providers so we can serve families jointly. Some of these service providers include Behavioral Healthcare Intervention Specialists and Coordinators, Domestic Violence Advocates, and mental health and substance abuse providers. During this review period, we've maintained the practice of holding Partnership and Barrier Breaker meetings, conducting a variety of reviews and staffings, and enhancing or expanding special initiatives with our CBC providers, case management agencies, foster parents, caregivers, families, youth, and community partners.

Additional specialized services programs, teams, and initiatives in the Region that contribute greatly to our systems of care and service delivery include:

- QPI (Quality Parenting Initiative) – The NER CBCs have established QPI practices in place; this review period the Region is completing training for all staff, including Guardian Ad Litem, Children's Legal Services, Family Services Counselors, Child Protective Investigations, and Program staff. The training is also being integrated into pre-service to introduce the concepts with the 3-hour training occurring during wrap around to capture all new investigations staff.
- SEN (Substance Exposed Newborn) and Safe Babies initiatives – ongoing in the Region with meetings occurring in each county; this review period, a Regional protocol is under development which will include the integration of the mandatory Behavioral Health Consultant staffing for all SEN cases
- Transitional Trauma Therapy - Trauma Focused Cognitive Behavioral Therapy to reduce the emotional impact related to a child's removal from the home and placement changes, provided to the child, caregiver and family at removal, through the adjustment of the child in the out-of-home care setting and during placement changes.
- Youth Law Center Quality Parenting Initiative - improves 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

children and work with their families by changing the approach to recruiting and retaining high quality caregivers who provide excellent care to children

- Pre and Post adoption services - including counseling and core adoption classes, in-home therapy and parenting, parenting classes, and supervised and therapeutic visitation
- Family Service Planning Team (FSPT) - teams that 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.
- Partnership Meetings – Quarterly reviews of trend data, performance, actions for improvement, and special initiatives are discussed with our CBC partners
- Barrier Breaker Meetings – The Department and CBC Management, Child Protective Investigations, Children’s Legal Services, Case Management Program Directors, Provider staff, and Managing Entity staff attend Barrier Breaker Meeting. 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.
- Level I/Kinship units - responsible for level 1 licensing and ensuring that relatives and fictive kin have necessary supports in place to care for children placed in their homes. Monthly newsletters are provided to families via email regarding trauma tips, services available, reminders regarding level 1 licensing requirements, and other topics as needed.
- Children’s Week: During Children’s Week each year, 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.
- Media and community outreach: article publications, brochures providing information about the CBCs’ mission/goals and different programs, radio ads promoting adoption and foster parenting, and collaboration with the faith-based community for foster and adoption recruitment, mentoring, and donations for children in care
- Foster and adoptive parent supports – NER CBCs have foster parent liaisons and post adoption support specialists who work closely with the foster and adoptive parents to ensure needs are met. Information regarding training opportunities is shared monthly with foster parents, and pre and post adoptive families. Foster and adoptive parent support groups are held at least quarterly, with various guest speakers throughout the year, and quarterly newsletters are also shared via email.
- Early Childhood Courts (ECC) in Volusia County provide more oversight to families with infant and toddlers than typical dependency court to expedite permanency. The Judges in each courtroom hold Dependency Court Improvement Program meetings with court personnel, CLS, Department, 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. This was impacted during the pandemic, with the courts closing in March 2020. Small dockets were implemented in April 2020 via Zoom, with full dockets taking place in May 2020 for all hearings except trials.
- FSS has an established alliance with Sulzbacher and the Partnership for Child Health to ensure that children have a medical home and that their medical and mental health needs are addressed immediately once they enter their system of care. This alliance or partnership also opened the door for children regionwide this review period. During the pandemic, CBCs struggled with being able to meet the dental needs of children in care due to providers not being available for services. Our Regional Managing Director and FSS worked out an agreement with Sulzbacher to provide access to dental services for all children in out of home care in the NE Region.

- FSS is also expanding their work for pre-crisis intervention in the community, which will bring about additional collaboration and new partnerships with the City of Jacksonville, Kids Hope Alliance, Hope Street, and many more.
- PSF has participated in the Florida Child Welfare and Behavioral Health Integration initiative for the purposes of improving outcomes for families with behavioral health conditions served by child welfare by focusing on improved integrative practices for parent screening, assessment, family focused treatment, and aligned planning and teamwork. System components are also addressed around shared outcomes, information sharing, and data systems, training, and programs. PSF continuously works on improving communication and alignment between child welfare and behavioral health providers, as well as providers and case management, including focusing on reports, sharing of information, and provider processes.
- The Department and CBC information is collected and shared electronically using multiple mediums such as Florida Safe Families Network (FSFN), Department Information Portal, Department FSFN Business Objects Reports, Department Scorecard Reports, Department Child Welfare Key Indicators Monthly Reports, Data Systems, meetings, email, Power Point presentations, Excel spreadsheets, etc. While the Department and our CBCs work together for continuous quality improvement, the CBCs also work 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 served.

While the COVID-19 pandemic forced many drastic changes in service delivery, the Department and each of our CBCs worked together to ensure adequate PPE for staff, and when needed our CBCs provided PPE for some of their local agencies within the system of care to ensure they were able to continue to safely serve children and families. Some of our agencies received PPE donations also. FSS, for example, had over 34,000 units of PPE for staff donated from four local agencies.

The NER staff and CBCs continued to engage community partners, stakeholders, and families through Zoom, Microsoft Teams, or other electronic means. These interactions included monthly meetings between agencies and with foster parents, caregivers, and families. Court hearings, staffings, trainings, and support groups, were also held in this way. Additionally, providers began delivering telehealth services. For a few months, there were only two known substance abuse providers in Circuit 7 who continued to offer in person treatment for those that needed it. Just recently, providers have started going back into the homes and conducting in-person appointments.

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Home visiting practices were adjusted early in the pandemic. Pre-screening interviews, aligned with CDC guidelines, were implemented before any face-to-face contact and potential exposure from family, children, transport workers, and other members of a placement's family. Any medical, dental, and therapeutic service that could be moved to a virtual platform did so, but there remained many services that could simply not be provided without physical contact such as urinalysis screening. As a result, there has been a decrease in the efficacy of substance abuse and mental health interventions which were only offered virtually or simply services that were no longer offered. This has also

contributed to a delay in permanency to children due to a lack of interventions, or fully effective interventions, during this time.

Schools transitioned to remote education in March of 2020 to reduce the spread of the Corona Virus. Child welfare professionals had to quickly learn to manage the safety of children and families in the community while simultaneously managing their own children's educational needs all from their own homes. Further, children in the child welfare system are already at an educational disadvantage so child welfare professionals spent additional time and resources ensuring the children in care had sufficient technology and as many supports as available to reduce the negative impacts of at-home education.

Foster parents and relative caregivers who had to manage their own jobs as well as the various special needs of the children in their care were significantly impacted by the pandemic. This was challenging as the traditional outlets and supportive services routinely used were shut down or had substantially reduced capacity because of the quarantine. Often, Department Investigations, CBC and case management staff became the primary support system for these caregivers and routinely assisted them with additional needs that arose during this time (ie: groceries, furniture, technological equipment, rent payments). Of the services that remained available, costs increased due to the need to keep groups small, children separated, and staff safe.

#### **Northwest Region:**

The Northwest Region is comprised of circuits 2 and 14 and maintains strong partnerships and ongoing collaboration with agencies, providers, and local community partners. The Northwest Region sought input/contributions specific to the implementation of the Child and Family Services Plan for 2020-2024 (CFSP) and progress during the reporting period through virtual meetings, telephonic, electronic, and email avenues. The collaborators included the two CBC lead agencies, managing entity, substance abuse/mental health, Department Investigative staff, and Sheriff Office investigation and training teams. The CFSP closely aligns with ongoing region-wide strategies and objectives. The plan for the upcoming year is to continue the ongoing discussion, collaboration, leadership, alliance, and system of care meetings.

**Walton County Sheriff's Office Child Protection Unit** – Child abuse investigations in Walton County are worked through the Walton County Sheriff's Office Child Protection Unit. The Sheriff is committed to the success of the program and has expanded the investigative positions and supervisory positions within the team during the last fiscal year.

**Northwest Florida Health Network (NWFHN)** 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 12 counties of Circuit 2 and Circuit 14. Additionally, in 2013, NWFHN became the Managing Entity for Substance Abuse and Mental Health Services for Circuits 1, 2, 14, and Madison and Taylor Counties. As a network-managing agency, NWFHN'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. NWFHN's approach to collaboration is inclusive of the Department, subcontracted service agencies, formal and informal providers, key community stakeholders, and the individuals, families, and communities served. Engagement with individuals served includes peer representation among provider programming, service satisfaction surveys, and interviewing children in foster care. Families are an essential component of early engagement activities, ongoing permanency planning, and service delivery.

Through this collaboration, NWFHN 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.

**FamiliesFirst Network (FFN)** serves Escambia, Santa Rosa, Okaloosa, and Walton Counties in the Northwest Region. The Agency served between approximately 2,216 and 2,318 children each month during FY 19-20. While the number of children served each month remained relatively steady compared to the previous fiscal year, the Agency has seen a dramatic increase in the number of unduplicated children served. For the current fiscal year, FFN internal tracking shows that the Agency has served between approximately 2,179 and 2,294 children each month.

Child Protection Services provided by FFN include case management for out-of-home placements, including adoption; in-home supervision; foster home recruitment and licensing; child placement; revenue maximization; Young Adult Services (YAS) for youth over 18; and independent living services for youth under 18. The Agency does not sub-contract case management services to external partners. Safety Management Services are provided by FFN In-Home Non-Judicial Services Units.

As FFN is the case management provider, primary case management functions are managed internally. However, partnerships are key to success. Partners include subcontracted providers, domestic violence shelters, additional placement resources, Guardians ad Litem, foster/adoptive families, Children's Legal Services, the Judiciary, Child Advocacy Centers, Early Learning Coalitions, School Systems, Behavioral Health providers, Department of Juvenile Justice, Healthy Start, Healthy Families, Economic Services, Children's Medical Services, visitation centers as well as community businesses, agencies, and individuals which support the needs of our children and families.

Sub-contracts are utilized for family support services, in-home support services, intensive family preservation/reunification, adoption support, traditional and behavioral foster home development, emergency shelter, and residential group care, supervised visitation centers, children's mental health wraparound support services, child welfare pre-service training, and other related system of care service needs.

FFN leadership attends a monthly leadership meeting with the Department, CLS, Walton County Sheriff Office, and GAL leadership. This meeting allows collaboration between the agencies and provides opportunities for any issues or concerns to be addressed and for resolutions to be reached. Because communication with stakeholders was identified as an opportunity for improvement, this has been added to the meeting agenda as an ongoing topic of discussion at partnership meetings. As a result of the pandemic, meetings are held via video/telephone conference.

Foster and Adoptive Parent Association (FAPA) meetings are held across the circuit and are very active in working with FFN leadership to effect positive change. FFN also continues to partner with the Quality Parenting Initiative (QPI) to assist in recruiting and retaining our foster parents and guide them through the licensing process. The goal of the initiative is to ensure that all children are afforded the right to be placed in homes that provide quality parenting versus just a placement. QPI has a steering committee comprised of community partners. Partners include, but are not limited to, foster parents, Child Protective Investigations, adoptive parents, case management, licensing, placement, GAL, CLS, Department community liaisons, FFN policy, training, national QPI representative, and Children's Medical Services. The purpose of the steering committee is to identify gaps, make recommendations, and solve presenting problems as they relate to foster parents and the ability to work with the agency. There are approximately 6 foster parents, in conjunction with an FFN licensing specialist, who are part of a Quality Parenting Initiative sub-group.

The Agency also has a Foster Parent Assistance Program, which is the equivalent to an Employment Assistance Program (EAP). Foster Home Development has highlighted this initiative by posting it on the foster parent's Facebook page and ensuring information on how to utilize the program is in every newsletter. The Agency has also increased the frequency of communication with foster parents and obtained their input regarding key decisions during the viral pandemic.

A Foster Parent Mentor Program meets quarterly. This group is chaired by the Licensing/Kin Caregiver Team Manager. The focus of this group is on foster parent retention and engagement. This is also a Quality Parenting Initiative steering committee. Input from this group is used to inform Agency activities and address concerns.

Florida Intelligent Recruitment Project. NWFHN is also one of three CBC's participating in the Florida Intelligent Recruitment Project. This project is funded by a Federal Grant designed to improve both recruitment efforts and the quality of recruited foster homes to improve permanency, strengthen/improve training for newly recruited perspective resource families, and quality matching. While Project activities faced pandemic-related delays in 2020, they are anticipated to resume as soon as normal activities resume.

Foster Parent Mentoring. NWFHN's Foster Parent Mentoring Project pairs experienced foster parents with new foster parents as mentors. Foster Parent Mentors assist newly licensed foster parents as they navigate their first placements. Feedback from mentored parents continues to be extremely positive; NWFHN has exceeded State placement stability targets for the last three quarters and foster parent retention is consistently high.

An Early Childhood Court (ECC) Program exists in Escambia, Okaloosa, Bay, Gulf, Jackson, Calhoun, Holmes, Leon, Wakulla, and Gadsden Counties. This program serves children in the zero-to-three target population where the danger threat includes substance use. The program utilizes existing community resources to provide a coordinated and integrated approach to address the underlying issues of abuse and neglect while enhancing the parent-child relationship and improving permanency outcomes, safety, and well-being of the children enrolled in the program. The program is unique in that it intervenes at the family level rather than the individual family member level. Every member of the family is offered the services that they need to enhance family stability and child wellbeing. The ECC Team consists of Dependency Judges, CLS, Parent Attorneys, GAL, Court Administration, Dependency Court Resource Facilitators, Child Protective Investigators, Child Welfare Case Managers and Unit Managers (FFN), Community Mental Health, Substance Use and Domestic Violence treatment, Agency service providers, Community Prevention and Early Intervention Providers, Early Learning Coalition (ELC), and Healthy Start. Monthly stakeholders' meetings are held to assess program strengths and needs and to address any barriers to achieving positive outcomes.

The Agency holds an annual child welfare service training in May; the Agency invites and encourages other stakeholders and community members to attend this event. Attendees include CBC, the Department, GAL team members and volunteers, local service providers, DJJ employees, and local school system employees. Unfortunately, due to the global pandemic, the 2020 Child Welfare Service Training was cancelled. FFN is planning a virtual conference for May 2021.

FFN is currently part of a research and development project with the University of Washington School of Social Work and the following partners: Spaulding for Children, the North American Council on Adoptable Children, Child Trauma Academy, National Council for Adoption, and The Center for Adoption Support and Education. This is a 5-year agreement with the goal being to develop and evaluate a training program for foster and adoptive parents to parent children exposed to trauma and to provide on-going skills for these same families. The Agency has reached the required number of participant hours, and now the research project will evaluate the successes for those parts of the pilot project, as well as those that took part in serving as a control group. In 2020 and 2021, all foster parent pre-service trainings were provided under this model with the hope that this change in educational opportunity will provide our children with placement stability and will retain our foster parents for longer terms of service.

The **Substance Abuse and Mental Health (SAMH)** office remains focused on creating safe and connected communities through continued education and support of the Recovery Orientated System of Care (ROSC) framework, through ensuring substance abuse providers uphold a quality of services that is dictated in statute, and through ensuring community members have access to services when needed.

The Recovery Orientated System of Care (ROSC) is a framework that supports the self-directed needs of the individual to support what recovery means to that person/family. This mindset teaches individuals/families involved with the mental health, substance abuse, or child welfare systems how to navigate the system to meet the needs that they have identified. This framework utilizes several evidenced-based practices to include Mental Health First Aid (MHFA), Wellness Recovery Action (WRAP), Wraparound, and Parent Child Interactive Therapy (PCIT). The two

certified peers and three Behavioral Health Consultants that are employed with the SAMH regional office are actively involved with finding ways to divert individuals from entering the child welfare system, prevent relapse, and prevent re-incarceration. The Certified Peers partner with National Alliance on Mental Illness (NAMI), peer coalitions, Recovery Community Organizations, community jails, community stakeholders, probation officers, parole officers and other recovery focused agencies to ensure the community's needs are identified, and tasks can be developed to build the community. There are ten peer networks up and coming throughout the region. We have increased the number of peers in the region and are creating sustainability with Wellness Recovery Action Plan training throughout the region. Northwest Florida Health Network has employed a Certified Peer Specialist, allowing the regional peers to work alongside the managing entity to assist in building peer capacity and peer employment. The peers continue to work with headquarters to get regular shipments of Narcan into the region to be given out and accessible to the community. The Behavioral Health Consultants (BHC) continue to work closely with child welfare investigators staff to help in making safety decisions and recommendations. The BHC's also provide training on the signs and symptoms of mental health challenges, substance abuse challenges, domestic violence, trauma, and other related topics.

The region SAMH staff participate in regularly scheduled leadership/collaboration meetings with SAMH, Region Child Welfare partners, the managing entity, Children's Legal Services, sheriff offices, and other community stakeholders. During many of the meetings, the focus remains on prevention and diversion. SAMH region office continues to work with the Northwest Region Managing entity, Northwest Florida Health Network, to have adequate utilization of funding available to providers. SAMH currently monitors forty-three Substance Abuse providers and four Baker Act Receiving Facilities. There is a continued goal to ensure the rules and laws align with services and community needs.

The Florida Law Advisory Group (FLAG) has participation from Circuit 1 staff and the Walton County Sheriff's Office Child Protection Unit. This group works with the judicial system to develop the most effective means by which interrelated legal and non-legal family matters can be addressed to produce results that promote public trust and confidence and trust in the judicial system, minimize conflict, and improve family functioning; and, the primary goal to advance communication and collaboration among stakeholders serving children and families in the courts.

Guardian Ad Litem is a significant partner in the region. In Circuits 2/14, they support relative placements by providing immediate necessities to caregivers. They have also partnered to help provide support of children in the hospital as well as upfront staffing involving any family where a report is received on an open report. In Circuit 1, the GAL serves on the Early Childhood Court teams, and across the entire region, the GAL program attends meetings, court events, collaborate with investigators on an open investigation, and many other activities as it relates to the children they are assigned.

Domestic Violence is addressed within the region through a wide variety of service providers and training. Some of the providers include Favor House, Shelter House, Refuge House, and Salvation Army. There are co-located advocates in many counties that provide collaboration to investigative staff on investigations where violence may be occurring. The region also contracts with Dave Mandel to provide subject matter expertise training as it relates to the components, behaviors, risks, and assessments of families with domestic violence components. Elements of this training are required of all Investigative staff within their first year of hire and is open to all other staff and partners as needed.

The emergence of **COVID-19** and the subsequent implementation of the stay at home order in the state of Florida resulted in numerous changes and adaptations to service delivery for the entire system of care in the region, not unlike the rest of the state and nation. Telehealth services were implemented across the spectrum of services to preserve the continuity of care for children and families. Providers transitioned rapidly to this new technology to ensure seamless contact in a variety of programs. Additionally, providers incorporated social distancing techniques and the use of PPE for those services requiring in-person activity.

- In-home services: Subcontracted providers of in-home services utilized a triage system for prioritizing face-to-face interaction based on the needs and preferences of the families. Telehealth appointments were conducted whenever possible provided technology and equipment were available for the families to access. For those receiving in person visits, COVID screenings were conducted prior to the visits and adjustments were made accordingly. FFN was also able to secure Personal Protective Equipment for sub-providers that had a need. Open air, in person visits, were conducted whenever possible.
- Supervised visitation centers: Center-based supervised visitation utilized a combination of telehealth and reduced census on site services. Families visiting more than once weekly received telehealth for subsequent visits to accommodate more families.
- Foster home development: Virtual preservice classes for prospective foster parents began in response to COVID creating many new efficiencies to that process. As a result of the added convenience and frequency, more foster parents have been able to access preservice training from across the circuit. Feedback on the process has been very positive from both staff and foster parents.
- Residential care: Services have continued uninterrupted for our group care providers. Separate quarantine areas were utilized where possible, and several homes had to implement a temporary moratorium on new placements during specific outbreaks.
- Children's mental health: Behavioral health services under contract routinely implemented telehealth services for assessment and therapy.
- Preservice training: Preservice child welfare certification training was conducted via online platforms for all investigators and community-based care partners. Staff have been able to maintain uninterrupted onboarding activities, training, and testing.
- Investigations through the Department and Walton County Sheriff's Office used Personal Protective Equipment, but many frontline investigative activities remained unchanged.

Circuit 1 staff and the Walton County Sheriff's Office Child Protection Unit participates in the **Florida Law**.

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### OUTCOMES AND PERFORMANCE

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

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

Florida’s Child Welfare Results-Oriented Accountability Program (ROA) was established in [section 409.997, Florida Statutes](#), to provide a comprehensive framework for evaluating the achievement of child welfare outcomes by the Department, Community-Based Care lead agencies (CBCs) and their subcontractors. With the passage of SB 1326 during the 2020 legislative session, the Quality Office was established effective July 1, 2020. During the 2020-2021 reporting period, the Quality Office hired Quality Reviewers, Data Scientists, Performance Improvement Managers, and consolidated the program training units using existing positions from within the Department. New and improved accountability metrics were developed for regions, circuits, contracted sheriff offices and Community-based Care Lead Agencies, including for the first time, qualitative data from file reviews. The Quality Office began migrating the file review instruments previously used into a new Life of Case review tool using a process in which reviews are conducted over prescribed intervals throughout the life of the case, starting with Child Protective Investigations and continuing throughout ongoing services until a child reaches permanency. Full implementation is targeted for July 2021.

The Department developed and maintains many quantitative and qualitative resources. [Florida’s Child Welfare Statistics](#), shown on the Department’s child welfare dashboard, provides a broad range of data that can be used to create and view historical trends by state, region, or CBC and other information, such as child ages, gender, and race. The data on the dashboard and in other reports posted is derived from Florida Safe Families Network (FSFN) and the Department’s quality assurance activities. Primary documents used for analyses in this chapter were the PIP progress reports, Florida Continuous Quality Improvement review data from the Online Monitoring System (OMS), Life of Case reviews for Child Protective Investigations, the Federal Data Profile, and Rapid Safety Feedback (RSF) review results for ongoing services

The Department’s Contract Oversight Unit (COU) conducts administrative reviews of CBC contracts to address requirements in [section 402.7305, Florida Statutes](#), for monitoring CBC contracts. The Quality Office will monitor and evaluate performance on quantitative and qualitative outcomes, and leading indicators are reviewed with each region, circuit, contracted sheriff’s offices, and community-based care lead agency during the newly implemented Quarterly Quality events. The Quarterly Quality events, which began this year, are intended to facilitate participation from the Department, CBCs, and stakeholders for each community. The events were originally planned to be in person; however, they were held virtually due to the pandemic. The Department will have held three quarterly events during this reporting period.

The Department worked extensively with its regions on updating the local improvement plans with the participation of stakeholders that includes frontline caseworkers, foster parents, as well as youth and parents as much as possible. Although the PIP ended December 31, 2020, the stakeholder participation and engagement will continue through the Quarterly Quality Events.

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

- [Program Improvement Plan \(PIP\)](#) is the plan created by the state in collaboration with child welfare stakeholders to address areas needing improvement that were identified in the CFSR review conducted from April to September 2016. [Florida's PIP](#) was approved in May 2017 and ended on December 31, 2020.
- Florida Continuous Quality Improvement (CQI), as noted in the data tables of this section, refers to qualitative case review ratings determined by Florida quality assurance staff using the CFSR case review tool on a sample of cases to assess performance.
- PIP Monitored Cases are cases that CBC and Department Quality Assurance staff jointly review which receive secondary oversight by the Quality Assurance team within the Department's Office of Child Welfare (OCW) and a portion receive additional oversight by the CB CFSR team (PIP monitored cases). This partnership and process ensures fidelity to the CFSR case review tool.
- Rapid Safety Feedback (RSF) case reviews involve a case review process that targets open in-home cases of children under the age of four where there is at least one prior investigation on any member of the household and the current allegation is for substance misuse and family violence threatens harm.
- Life of Case Reviews for Child Protective Investigations are conducted at the beginning of the investigation, then around day 30, and again at closure to ensure sufficient feedback is provided to the field to correct any deficiencies noted and improve child safety. The Life of Case Review incorporates the prior RSF items for investigations, applicable Child and Family Services Review (CFSR) items, fidelity to the practice model items, and other items from special targeted reviews such as substance misuse and Plans of Safe Care. The target population expands the RSF criteria to include a sample of all children aged 0 – 3 years with any substance misuse maltreatment including substance exposed newborn with a primary focus on those children under one year of age.
- In-depth reviews similar to the Child and Family Services Review (CFSR) have been conducted by the Community-based Care Lead Agencies using the Children's Bureau Online Monitoring System (OMS). These case reviews mirror the CFSR and include case participant interviews. Every CBC conducts two reviews per quarter as the PIP has ended. The process is being revised next year to include a joint review between the CBC and the Department's Quality Office as was done with the PIP monitored cases; doubling the number of cases to review to four per quarter per CBC.
- Targeted Reviews – the Quality Office has developed a schedule of targeted reviews to ensure that special populations or circumstances such as domestic violence cases and cases involving youth in extended foster care are reviewed. Examples of reviews that occurred over the past year include institutional investigations involving allegations of sexual abuse by foster parents and placement moves after termination of parental rights.

The Department engages in a highly collaborative process to conduct case reviews of children in the child welfare system using one standard case review tool for the Florida CQI and PIP monitored cases. Florida's Windows Into Practice and the PIP [Measurement Plan](#) describes the joint process of case reviews in detail. Both include the number of cases reviewed each quarter, how cases are selected for review, and the process of second-level reviews. The PIP monitored cases ended December 31, 2020; however, in-depth reviews will occur in their place, and it is planned to double the number of in-depth reviews in the upcoming year. The Florida CQI reviews continue for now and will be incorporated into the Life of Case reviews for ongoing services beginning next fiscal year. The Department maintains transparency with stakeholders by posting all CFSR reports on the Center's website, including a link on the Department's website.

Regions and CBCs have been submitting annual performance reports and plans for improvement based on the quantitative data and results from qualitative case reviews. The local improvement plans were constructed with

input from local stakeholders, including representatives from Child Protective Investigations, Case Management, Guardian ad Litem, Children's Legal Services, and service recipients such as foster parents, youth, and biological parents. Many CBCs conduct surveys of service recipients which are used in the development of improvement activities. The plans are posted on the Center's website under Results-Oriented Accountability.

<http://centerforchildwelfare.fmhi.usf.edu/QualityManagementPlans.shtml>. The region circuit, contracted sheriff's offices and CBC performance has been incorporated into the Quarterly Quality Events, and as that process matures, the improvement activities included will make the submission of annual plans and reports obsolete. The Quality Office is in the process of developing its own web page to display the states' performance on qualitative data.

The key activities in the state's PIP were all completed by June 30, 2019; however, Florida did not meet all of its PIP targets. The Children's Bureau gave Florida extra time, through December 31, 2020, to achieve the remaining PIP targets on PIP Monitored case reviews. The Children's Bureau also allowed for an extra 20 cases to be reviewed during the final quarter of the PIP measurement period bringing the total number of cases in the sample to 100.

COVID-19 emerged in the spring of last year and has continued into this reporting year. The Children's Bureau provided guidance for case workers and CFSR reviewers during the pandemic to allow for virtual platforms to be used for caseworker visits with children and families when it was safe and appropriate to do so. Reviewers found the use of video conferencing facilitated more case participant interviews, an efficiency they would like to continue as it reduced travel time to and from interviews. Many court jurisdictions initially closed; however, all have reopened using virtual platforms. The main negative impact seen by Florida was the attorneys for parents objecting to virtual court hearings on petitions to terminate parental rights.

## Prevention

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

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

HFF services are currently provided in all 67 Florida counties. FSFN is used to determine whether any children served have a verified maltreatment within 12 months after their family participated in services.

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

**Table 2.1: Number of Children in Families Receiving Family Support Services**

2016-2017	2017-2018	2018-2019	2019-2020	Q1 & Q2 2020-2021
22, 827 children	20,676 children	17,051 children	15,352 children	9,550 children

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

## Safety

Florida maintains a primary focus on child safety while working towards qualitative implementation of its practice model. The Department created Critical Child Safety Practice Experts (CCSPEs) in each region in 2015 used these positions to review open investigations and provide real-time feedback to Child Protective Investigators (CPI) and their supervisors. The CCSPEs were required to successfully complete a proficiency training program to serve as a CCSPE. The CCSPEs were all transferred to the Quality Office during this reporting year and provide a back-bone for the Life of Case Reviews for investigations. The Life of Case reviews focuses on the most vulnerable children serviced by Child Welfare, those three years of age or younger with any substance misuse related maltreatment. This is an expansion of the prior Rapid Safety Feedback (RSF) reviews that focused on children three years and younger with both substance misuse and domestic violence related maltreatments. The Quality Office is creating a proficiency process for reviewers that did not complete the CCSPE proficiency process.

Quality Management staff members with the CBC lead agencies continue to conduct RSF reviews for open in-home services cases for children three years of age or younger with both substance misuse and domestic violence maltreatment allegations. Further qualitative reviews include the Florida CQI and PIP monitored cases (through December 31, 2020) using the CFSR Online Monitoring System (OMS) 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 continued to engage 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.

Case Management performance on RSF ratings remains generally consistent; but, has seen an improvement across all safety related items, particularly in supervision. This had been a focus for many CBCs and is a component of the improvement strategies identified in the Strong Foundations grant with the Children’s Bureau to improve performance on the CFSR. The major practice concerns identified in the RSF reviews (investigations and case management) continue to include creating and monitoring effective safety plans, and ongoing supervisory consultation, support, and guidance to ensure sufficient information is collected to support the safety decisions.

Florida’s practice model continues to be adjusted this year to ensure that the investigative and case work practices are in line with what is required to ensure safety, permanency, and well-being for Florida’s children while ensuring work-life balance for front line case workers and supervisors. One specific project that began last year and continues is to streamline the documentation required in the Family Functioning Assessment for children determined to be safe. This does not apply to children under three years of age with any substance related maltreatment allegations.

## Safety Data

The percent of children with no recurrence of maltreatment in 12 months at 93.33 percent for FY 2020-2021 to date and continues to be a strength for Florida. The table below shows steady, incremental improvement over the last

four (4) state fiscal years. The rate of abuse per 1,000 days in foster care is showing a rate of 6.53 for FY 2020-2021 to date; a substantial improvement from a high of 8.84 in FY 2018-2019 and well below the target of 8.5.

**Table 2.2: Percentage of Children Served with No Recurrence of Maltreatment**

	State Target	Florida FY17/18	Florida FY18/19	Florida FY19/20	Florida FY20/21 to date
Absence of Maltreatment Recurrence	90.9% or higher	91.96%	92.54%	93.05%	93.33%
Rate of abuse per 100,000 days in foster care	8.5 or lower	8.77	8.84	6.67	6.53

Source: Florida Child Welfare Dashboard /Federal Indicators

The Child and Family Services Review (CFSR 3) Data Profile shows recurrence of maltreatment, not the absence so the numbers were converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the CB. Both the RSP and observed performance is shown, as Florida does not risk adjust, which allows for a direct comparison. In addition, the data profile shows performance for three prior fiscal years, not the most recent. Florida meets the observed performance and RSP for Absence of Maltreatment Recurrence, and the observed performance for Rate of Abuse per 100,000 days in foster care with continual steady improvement in both the observed and risk standardized performance.

**Table 2.3: Florida Recurrence of Maltreatment Compared to National Performance**

	National Performance	Type	Florida FY16	Florida FY17	Florida FY18
Absence of Maltreatment Recurrence	90.5% or higher	RSP	89.8%	89.9%	90.8%
		Observed	92.1%	92.2%	92.9%
Rate of abuse per 100,000 days in foster care	9.67 or lower	RSP	14.71	12.33	11.31
		Observed	11	9.16	8.38

Source: CFSR 3 Data Profile February 2021; RSP - Risk Standardized Performance

Florida continues to exceed its target for children with no verified maltreatment while receiving in-home services and within six-months of termination of in-home or out-of-home services. Florida’s performance continues to be slightly under its target for children not re-entering foster care after a reunification in the last 12 months.

**Table 2.4: Children with No Recurrence of Verified Maltreatment During and After Services**

Scorecard Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20-21 to date
Percent of Children with No Verified Maltreatment During In-Home Services	95.0%	94.28%	94.94%	95.52%	95.56%
Percent of Children with No Verified Maltreatment within 6 months of receiving In-Home or Out-of-Home Services	95.0%	96.24%	96.63%	96.53%	96.69%
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.7%	89.89%	89.99%	90.05%	89.24%

Source: Florida Child Welfare Dashboard CBC Scorecard

The CFSR 3 Data Profile shows the rate of re-entry rather than the rate for children who do not re-enter foster care, so data has been converted for easier comparison. The Risk Standardized Performance (RSP) is calculated by the CB. Both the RSP and observed performance is shown as Florida does not risk adjust, which allows for a direct comparison. In addition, the data profile shows performance for three prior years, not the most recent. Florida is meeting both the observed and RSP for children who do not re-enter foster care within 12 months of reunification.

**Table 2.5: Percent of Children Who Do Not Re-Enter Care within 12 Months of Permanency**

	National Performance	Type	Florida 2016	Florida 2017	Florida 2018
Percent of Children who do not re-enter care within 12 months of moving to a permanent home	91.9% or higher	RSP	92.1%	92%	92.3%
		Observed	93%	93.2%	93.5%

Source: CFSR 3 Data Profile February 2021; RSP - Risk Standardized Performance

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

Performance for this outcome is a strength. Improvement has been noted over the last three state fiscal years after the state increased its internal target from 85 percent to 90 percent.

- The qualitative data from the Florida CQI cases shows that the agency made concerted efforts to see children timely greater than 94 percent of the cases reviewed rated a strength for Item 1 and Safety Outcome 1 last year and this year to date.
- The performance on the PIP monitored cases met 95% of cases rated a strength in PIP measurement period 9, achieving the target for item 1 and Safety Outcome 1, and performance remained high, over 93.45% for

the current reporting year to date in the quantitative data and over 94% in the Florida CQI and PIP monitored cases using the OMS.

**Table 2.6: Percent of Alleged Child Victims Seen within 24 Hours**

Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Percent of Children Seen in 24 Hours or Less	90%	86.65%	90.08%	92.81%	93.45%
Florida CQI Cases	95%	91.3%	91.5%	94.5%	94.82%
PIP Monitored Cases	91.6%	88.2%	84%	92.25%	94.37%

Source: Florida Child Welfare Dashboard /Child Welfare Overview/Online Monitoring System

Item 1 and Safety Outcome 1 remain strengths for Florida and the state continues activities to maintain strong performance. Examples of ongoing activities include:

- Daily reviews of management reports showing children that need to be seen
- Reducing time for Child Protective Investigators to make the initial attempt to see the children
- Supervisors review daily attempts to see children not yet located
- Utilization of specialized staff members to locate children
- Retrospective reviews of cases in which children were not seen timely to identify barriers
- Utilization of staggered shifts to accommodate seeing children according to Florida’s Policy and Procedures.

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

Florida’s overall performance for this outcome is a relative strength. The state achieved the PIP target for item 2 and performance for item 3 improved to reach the PIP target for the final PIP measurement period ending December 31, 2020, 77%.

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

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

The qualitative data shows higher performance on item 2 in the Florida CQI cases compared to the PIP monitored cases; however, both show improvement over the last three years. The Florida CQI cases show consistent performance above 90 percent, approaching 95% and incremental sustained performance in the PIP monitored cases, exceeding the PIP target determined by the Children’s Bureau.

**Table 2.7: Item 2, Services to Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care.**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	91.9%	91.5%	94.75%	94.16%
Florida PIP Monitored Cases	85%	79.8%	84%	89.47%	88.89%

Source: Federal CFSR Online Monitoring System

Although a strength, CBCs implemented additional activities to provide services to prevent removals including the following examples:

- Reunification Support teams to support families and prevent a re-entry into foster care
- Post reunification family team meetings are monitored by Quality Assurance Specialists to reduce re-entry into foster care
- Family Reunification teams to provide intensive in-home case management and family engagement for recently reunified families to reduce re-entries
- A 120-day milestone tracker to prevent removals on non-judicial in-home cases
- A Family Assessment Support Team (FAST) provides intensive supervision to maintain children in their own homes.
- Intensive Family Preservation Program (IFPP) for families recently reunified to prevent re-entry
- Expanding Resource Centers to provide prevention services to the community

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

This measure determines if the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care. While this item continues to be an Area Needing Improvement for Florida, the state met is PIP target during the final PIP measurement period. Quality case reviews show steadily improved performance for both Florida CQI and PIP monitored cases.

**Table 2.8: Item 3, Risk and Safety Assessment and Management.**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95.0%	72.6%	73%	73.02%	76.82%
Florida PIP Monitored Cases	77%	67%	68%	67.5%	77%

Source: Federal CFSR Online Monitoring System

Improvement efforts for CFSR item 3 continue and examples include the following activities:

- Additional and ongoing training for case workers and supervisors on safety planning and monitoring safety plans
- Safety Together Assessment Reviews (STAR) to focus on assessment and family engagement by the case workers
- Interactive Quality Assurance activities with case management to improve safety and risk management
- Improved home visit forms to better document assessments and safety planning
- Safety Plan clinics with a Safety Service Specialists to review safety plans with case managers and provide individual guidance
- Additional training provided on assessments
- Training provided to congregate care staff members to ensure children are safe during family visits

In addition to the reviews using the CFSR instrument, Florida conducts Rapid Safety Feedback (RSF) reviews. Child Protective Investigator (CPI) Rapid Safety Feedback (RSF) review items have been included in the new Life of Case review instrument for investigations. The RSF population was expanded to all children ages zero to three years of age with any substance abuse related maltreatment allegation regardless of other allegations. The sample of cases for review is comprised of 80% children zero to 12 months of age and 20% one to three years of age. The new instrument was implemented July 1, 2020 and has been revised several times. The Department is just starting to receive sufficient data from these qualitative reviews which will be included in the next APSR.

Case Management RSF scores have improved over the last four years with significant gains in the sufficiency of assessments, safety planning, and completing required background screenings. This improvement was also seen in item three of the CFSR discussed above. Case management continues to struggle with supervision consultations, assessments, and safety planning. The case management RSF items are being built into the new Life of Case review instrument for ongoing services and just as with Investigations, the focus from the Department’s Quality Office will be on children aged zero to three years of age, and the team will continue reviewing cases that transfer from investigations to ongoing services at prescribed intervals until the case closes. The CBCs will use the Life of Case review instrument on other children transferred from investigations and again conduct reviews at each interval until the case closes.

The Quality Office has its own performance management team that will be able to conduct a deeper analysis of the data, which will be presented at the Quarterly Quality Events. The Quality Office developed measures from the Life of Case reviews with the first year being used to establish a baseline.

**Table 2.9: CPI Life of Case Safety Measures**

CPI Rapid Safety Feedback Measures	Florida FY 20/21 to date
Percentage of Present Danger Plans Sufficient to Control Identified Threats	61.5%
Time Sensitive Actions Were Taken by the CPI Based on the Information Gathered During the Course of the Investigation	66%
Percentage of Cases Accurately Assessed for Impending Danger	80.8%

CPI Rapid Safety Feedback Measures	Florida FY 20/21 to date
The Impending Danger Assessment is Correct	81%
The Impending Danger Safety Plan Is Sufficient to Control Identified Danger Threats	74%
Investigation With Information That Supports the Final Safety Determination	74%
Actions Taken by CPI Were in Line with the Final Risk Level	25%

Source: Florida Life of Child Protective Investigations (CPI) Qualtrics Report

**Table 2.10: Case Management Risk and Safety Assessment and Management**

Case Management Rapid Safety Feedback Measures	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Is the most recent family assessment sufficient?	52.4	55.1%	58%	60.3%
Is the most recent family assessment completed timely?	45.5%	44.9%	47%	58%
Are background checks and home assessments completed when needed?	74.7%	71.3%	73.4%	80.7%
Is the information assessed and used to address potential danger threats?	78.3%	75.9%	78%	83.9%
Is the safety plan sufficient?	55.6%	59.3%	62.5%	67.5%
Is the safety plan actively monitored to ensure that it is working effectively to protect the child(ren) from identified danger threats?	47.7%	48.2%	47%	53.7%
Is the supervisor regularly consulting with the case manager?	59.3%	58.9%	55.5%	66.6%
Is the supervisor ensuring recommended follow-up actions are taken?	53.3%	51%	50%	58.5%

Source: Florida Case Management Rapid Safety Feedback (RSF) Qualtrics Report

Improvement efforts for case management RSF were the same as CFSR item three including the following examples:

- Additional and ongoing training for case workers and supervisors on safety planning and monitoring safety plans
- Interactive Quality Assurance activities with case management to improve safety and risk management
- Improved home visit forms to better document assessments and safety planning
- Safety Plan clinics with a Safety Service Specialists to review safety plans with case managers and provide individual guidance
- Additional training provided on assessments

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

Permanency Outcome 1 is a relative strength for the state as Florida experienced high performance in the Scorecard and Federal quantitative measures for three of the four indicators for this outcome. Florida has seen a steady decline in achieving permanency within 12 months of entry into foster care; however, it has consistently achieved targets for permanency in 12-23 months and 24 or more months. Florida has experienced a decrease in the number of placements per 1,000 days in foster care over the last three years through the current year to date, performing better than the target for the last two years. Examples of improvement activities are listed under the corresponding CFSR OMS item below.

**Table 2.11: Timely Achievement of Permanency**

Scorecard and Federal Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Percent of children exiting to a permanency home within 12 months of entering care.	40.5%	40.61%	39.82%	37.36%	35.98%
Percent of Children exiting to a permanency home within 12 months for those in care 12 -23 months.	43.6%	54.04%	54.38%	51.48%	50.33%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	30.3%	45.99%	46.86%	49.17%	45.48%
Placement moves per 1,000 days in foster care	4.12	4.69	4.68	3.81	3.49

Source: Florida Child Welfare Dashboard

The CFSR 3 Data Profile shows performance for three prior fiscal years, not the most recent for permanency in 12 months and the three most recent years for the other permanency measures. Both the RSP and observed performance are shown as Florida does not risk adjust, which allows for a direct comparison. Florida has shown a steady decline in performance for achieving permanency in 12 months from removal; however, has remained strong in the achievement of permanency for the 12 -24 and 24 plus month categories. Florida has also shown steady, incremental improvement in placement stability, very close to meeting the target for observed performance. Improvement activities are highlighted below under each CFSR case review item.

**Table 2.12: Permanency within 12 Months of Entering Care, National and Florida Performance**

	National Performance	Type	Florida 2016	Florida 2017	Florida 2018
Percent of children exiting to a permanency home within 12 months of entering care.	42.7%	RSP	41.9%	40.8%	38.8%
		Observed	42.7%	41.2%	39.1%

Source: CFSR 3 Data Profile February 2021; RSP - Risk Standardized Performance

**Table 2.13: Permanency After 12-23 Months in Care, National and Florida Performance**

	National Performance	Type	Florida 2018	Florida 2019	Florida 2020
Percent of Children exiting to a permanency home within 12 months for those in care 12 - 23 months.	45.9%	RSP	49.4%	49.2%	49.2%
		Observed	52%	52.4%	52.2%
Percent of Children exiting to a permanency home within 12 months for those in care 24 or more months.	31.8%	RSP	35.9%	35.5%	36.1%
		Observed	44.8%	47.1%	47%
Placement moves per 1,000 days in foster care	4.44	RSP	6.09	6.01	4.78
		Observed	5.67	5.62	4.45

Source: CFSR 3 Data Profile February 2021; RSP - Risk Standardized Perform

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

Performance on this outcome continues to be a concern for Florida. This item is measured through case reviews and determines whether the child in care is in a stable placement at the time of the review and that any changes in placement that occurred during the period under review were in the best interests of the child and consistent with achieving the child’s permanency goals. Florida’s performance remained steady over the last three years for item 4 during Florida CQI reviews, below the expected 95 percent performance expectation. Florida did not yet reach its PIP target during PIP monitored cases; however, showed a significant increase in performance during the final PIP measurement period, with 85.51% of cases rated a strength.

**Table 2.14: Item 4, Stability of Foster Care Placement**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	81.5%	80.6%	79.57%	80.75%
PIP Monitored Cases	88%	79.2%	76%	80.91%	85.51%

Source: Federal CFSR Online Monitoring System

Placement stability is a priority in Florida with many improvement activities continued and a few newly implemented by CBCs. Examples include:

- Mobile Crisis intervention
- Clinical Services Specialists to support placements in distress
- Kinship Navigators to support kinship placements
- Family Finding positions that locate and support relatives and fictive kin
- Foster Parent Support teams to provide for the needs of foster parents to preserve placements
- Placement Committee to assist case management and caregivers with fragile placements

- Placement Stabilization staffings to prevent disruptions
- One area implemented ‘Res Wrap’ to work with youth at risk of entering congregate care and stabilize behavior associated with trauma

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

Performance on this item is a relative strength for Florida. This item determines whether appropriate permanency goals were established for the child in a timely manner which is measured through case reviews. Florida has maintained performance on its Florida CQI and PIP monitored cases, achieving the PIP target during the second PIP measurement period (October 2017 – March 2018).

**Table 2.15: Item 5, Appropriate and Timely Permanency Goals Established**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	83.3%	83.8%	78.66%	81.51%
PIP Monitored Cases	82%	76.8%	77%	78.18%	85.71%

Source: Federal CFSR Online Monitoring System

While CFSR item 5 is a relative strength for Florida, ongoing activities continue for establishing the appropriate permanency goals for children.

- Permanency staffing schedules have been adjusted to best meet the needs of each community with some areas holding frequent staffings to ensure goals are established timely and updated based on changing case circumstances.
- One area schedules the staffing the month prior to each court hearing to ensure the case manager is prepared and able to make any needed updates prior the hearings.
- More efforts are made to actively include parents in the case planning and permanency staffing process.

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

Item 6 continues to be an Area Needing Improvement for the state. This item determines whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship, adoption, or another planned permanent living arrangement (APPLA). Florida’s performance initially decreased during both the Florida CQI and PIP monitored case reviews; however, improvement has been noted in the most recent year, particularly during the final measurement period of the PIP monitored cases. The State did not reach its PIP target for item 6.

**Table 2.16: Item 6, Concerted Efforts to Achieve Permanency Goal**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	73.4%	64.9%	62.88%	63.76%
PIP Monitored Cases	75%	65.6%	60%	50%	59.42%

Source: Federal CFSR Online Monitoring System

The timely achievement of permanency goals has been a priority for Florida. Examples of ongoing and new improvement strategies for item 6 include:

- Barrier Breaker meetings or Permanency Action Teams to overcome systemic issues delaying permanency
- Using Family Team Conferencing or Family Group Decision Making to include families in case planning (CFSR item 13 that impacts item 6)
- Implementing Rapid Reunification pilot at one CBC to provide increased supervision and oversight of cases at 30, 60, and 90 days from removal to facilitate timely achievement of permanency goals
- Utilizing Quality Assurance Specialists to track cases for permanency
- Multiple CBCs revised permanency staffing processes or frequency to facilitate the achievement of permanency goals
- Use of Casey Family Programs’ Permanency Round Tables, mostly for long staying youth or other special populations
- Conducting case record reviews prior to reaching 12 months from removal to identify and overcome barriers to goal achievement
- Home in thirty project provides intensive efforts to achieve the permanency goal
- Post Termination of parental rights (TPR) reviews to remove barriers to adoption for children in identified placements
- Adoption projects to assist adoption workers complete home studies to reduce delays to goal achievement

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

Permanency 2 is a concern for the state as Florida CQI and PIP monitored case reviews show mixed findings for preserving family relationships and connections for children. While there were no PIP targets for Permanency 2 items, Florida completed all key activities from the PIP and has improved from the CFSR baseline on most items. Improvement activities continue, particularly related to placement of children with relatives, supporting relatives through programs such as CARES and Kinship Navigator, and working with foster parents on the Quality Parenting Initiatives such as comfort calls and co-parenting.

**Permanency Outcome 2, Item 7: Placement with siblings.**

Performance on item 7 is mixed. Through case reviews, this item determines whether concerted efforts were made, or are being made, to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings. Florida’s PIP performance has improved to closer to the CFSR baseline and Florida CQI reviews show a significant improvement in performance so far during the current year.

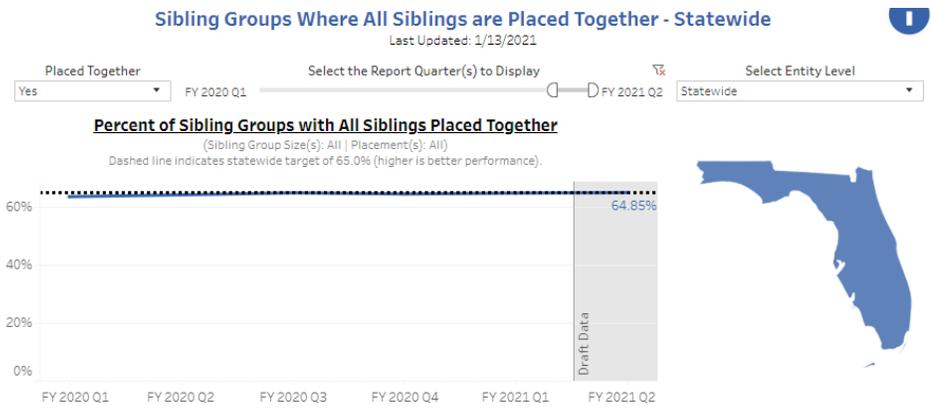
**Table 2.17: Item 7, Concerted Efforts to Place Siblings Together.**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	84.5%	79.3%	79.37%	86.52%
PIP Monitored Cases	NA	72.4%	70%	78.41%	77.78%

Source: Federal CFSR Online Monitoring System

Florida showed improvement virtually meeting its target for sibling groups in which all children are placed together. The target on the CBC scorecard is 65% and the most recent performance is 64.85%

**Table 21: Percent of Siblings Placed Together**



Source: Florida Child Welfare Dashboard CBC Scorecard Dashboard

Florida understands the importance of placing siblings together and created internal targets for investigations to place children with siblings upon removal and in the ongoing case management scorecard as noted above. There are exceptions to placing siblings together based on individual child needs which is why the performance is better in the qualitative reviews. A couple of examples of improvement activities include:

- One CBC created a financial incentive for child placing agencies and foster parents to place siblings together.
- Sibling groups remains a target population for foster home recruitment.

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

Performance on this item is an Area Needing Improvement. Through case reviews, this item determines whether concerted efforts were made, or are being made, ensuring that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members. Florida exceeded the CFSR baseline during its final PIP measurement period.

**Table 2.18: Item 8, Visitation with Parents and Siblings in Foster Care**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	62.5%	60.5%	56.25%	65.66%
PIP Monitored Cases	NA	66.4%	57.0%	60.82%	70.21%

Source: Federal CFSR Online Monitoring System

Ongoing improvement strategies include:

- Many CBCs are recruiting foster parents willing to co-parent to ensure that children in foster care have frequent visits with their parents and siblings also in foster care.
- Utilizing the QIP initiate of comfort calls in which a call with the parent is scheduled after a removal to connect the foster parent, child, and biological parent.
- Increasing local bed capacity to ensure children are placed in close proximity to facilitate visits with parents.

**Permanency Outcome 2, Item 9: Preserving connections.**

Performance on this item is an Area Needing Improvement. Through case reviews, this item determines whether concerted efforts were made, or are being made, to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends. Florida has not shown improvement during PIP monitored cases or Florida CQI case reviews.

**Table 2.19: Item 9, Preserving Child’s Connections**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	75.2%	71.3%	70.28%	70.17%
PIP Monitored Cases	NA	76%	75.0%	74.55%	63.64%

Source: Federal CFSR Online Monitoring System

Ongoing improvement strategies include:

- Increasing local bed capacity to ensure children are placed in close proximity to facilitate maintaining connections prior to removal.
- The Department has a working agreement with the Department of Education to retain children in their home schools unless it is not in their best interest to do so.
- Increased family finding and kinship support to place and preserve placements with relatives that facilitate preserving connections.

**Permanency Outcome 2, Item 10: Relative placement**

Performance on this item is a relative strength for Florida as the state has exceeded its CFSR baseline (72%) for each of the last three years. This item determines through case reviews whether concerted efforts were made, or are being made, to place a child with relatives.

**Table 2.20: Item 10, Concerted Efforts to Place Child(ren) with Relatives**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	80%	78.9%	76.88%	81.86%
PIP Monitored Cases	NA	85.6%	75.0%	83.64%	85.45%

Source: Federal CFSR Online Monitoring System

Improvement activities include:

- Internal targets set for initial placement with relatives
- Child Protective Investigations using specialty workers to help locate relatives.
- CBCs attending shelter hearings to help identify relatives
- Family Finding, Kinship Navigator, and Kinship Support programs to facilitate relative placements

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

Performance on item 11 is an Area Needing Improvement. This item determines through case reviews whether concerted efforts were made, or are being made, to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than arranging for visitation. There was no PIP target for this item. Florida CQI and PIP monitored case reviews show improvement in this item for the most current year and final PIP measurement period, with the PIP scores exceeding the CFSR baseline (60%).

**Table 2.21: Item 11, Relationship of Child-in-Care with Parent(s)**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	53.6%	46.5%	44.84%	50%
PIP Monitored Cases	NA	62.3%	49.0%	51.69%	64.44%

Source: Federal CFSR Online Monitoring System

Examples of improvement activities include:

- CBCs working with QPI on developing and recruiting foster families willing to co-parent, which in addition to increasing visitation (item 8), increases parents’ participation in the day-to-day activities of the child that includes school events, physician appointments, and other extra-curricular activities.
- Conducting Comfort or Introductory calls between the foster parent and biological parent to begin the engagement process
- Revision of parent home visit forms to prompt case works and promote better documentation of efforts to maintain positive connections of children and parents.

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

Well-Being Outcome 1 is a relative strength for the state as Florida has demonstrated improvement on many of the items against its CFSR baseline and reached PIP targets for each item during the state’s PIP evaluation period.

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

The Florida CQI and PIP monitored cases show improved performance in the assessment and provision of services to meet identified needs for children, parents, and caregivers. Overall, Florida showed significant improvement for the current year-to-date over last year for item 12. Florida typically performs better in the assessment and provision of services for children and caregivers, as shown in the table below. Florida focused on item 12 as one of the PIP targets yet to have been achieved and those efforts were successful as the PIP target was exceeded during the final PIP measurement period. These efforts to engage parents was also seen in improvement in the frequency and quality of visits with parents (item 15) and achieving permanency goals (item 6).

**Table 2.22: Item 12, Assessment and Provision of Services for Child, Parents and Foster Parents**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	62.6%	57.2%	49.04%	56.06%
PIP Monitored Cases	58%	51.1%	45.0%	50.63%	60.0%
Florida CQI Cases 12 A (child)	NA	86%	88.8%	85.73%	89.49%
PIP Monitored Cases 12 A (child)	NA	87.2%	88.0%	84.38%	91%
Florida CQI Cases 12 B (parents)	NA	66.2%	58.7%	47.35%	56.91%
PIP Monitored Cases 12 B (parents)	NA	54.1%	45.0%	49.31%	56.98%
Florida CQI Cases 12 C (foster parents)	NA	89.2%	85.7%	83.3%	84.89%
PIP Monitored Cases 12 C (foster parents)	NA	85.7%	80.0%	79.81%	87.5%

Source: Federal CFSR Online Monitoring System

Improvement activity examples from CBCs for item 12 include:

- Training provided on engaging parents and particularly fathers
- Improved local agreements with jail systems to access incarcerated parents (also for items 13 & 15)
- Created tip sheets for case workers and non-maltreating parents
- Improved home visit forms to prompt case managers and ensure documentation of efforts to engage parents
- Comfort calls to introduce parents and caregivers and obtain information to meet the immediate needs of the children.
- Barrier Breaker meetings to identify and overcome barriers of parents to access services
- Efforts to improve staff well-being that should improve well-being for children and families
- Case reviews for documentation of quality visits such as SHINE (Support Highlight Improve Note and Excel) and STAR (Safety Together Assessment Review)
- Teen Outreach Program (TOP) to prevent teen pregnancy, develop life skills, promote health behavior, and help teens find a sense of purpose.

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

This item determines through case reviews whether concerted efforts were made, or are being made, to involve parents and children (as developmentally appropriate) in the case planning process on an ongoing basis. The PIP target was met for item 13 during the second PIP measurement period and performance showed a slight decline before again improving. Performance in this item is related to the frequency and quality of caseworker visits with parents (item 15) and in the achievement of permanency goals (item 6), showing improvement during the final PIP measurement period.

**Table 2.23: Item 13, Child and Family Involvement in Case Planning**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	59.7%	57.6%	48.01%	62.89%
PIP Monitored Cases	70%	64.1%	57.0%	68%	68%

Source: Federal CFSR Online Monitoring System

The PIP target was achieved for item 13 during the second PIP measurement period; however, improvement activities continue.

- Encouraging parents to attend case plan staffings
- Case reviews to show quality of visits that include case plan discussion (SHINE and STAR)
- Improved agreements with jail systems to allow case workers access to incarcerated parents
- Creating tip sheets for non-maltreating parents
- Improved home visit forms to prompt case workers and document quality visits
- Conducting training and creating tip sheets to include children in case planning

- Updating case planning conferencing to encourage parental participation

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

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

**Table 2.24: Item 14, Frequency of Caseworker Visits with Child**

Scorecard Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Percent of children under supervision who are seen every 30 days.	99.5%	99.06%	99.16%	99.48%	99.52%

Source: CBC Scorecard Dashboard

**Table 2.25: Item 14, Quality and Frequency of Caseworker Visits with Child**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	61.5%	60.0%	58.99%	73.58%
PIP Monitored Cases	78.9%	68.1%	79.0%	78.13%	85%

Source: Federal CFSR Online Monitoring System

**Table 2.26: Quality and Frequency of Caseworker Visits with Child**

Case Management Rapid Safety Feedback Measures	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Is the quality of visits between the case manager and the child(ren) sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	60.1%	55.5%	64.1%	68.9%
Is the frequency of visits between the case manager and the child(ren) sufficient to ensure child safety and evaluate progress toward case plan outcomes?	76.8%	75.3%	79.2%	80.2%

Source: Florida Case Management Rapid Safety Feedback (RSF) Qualtrics

Visits with children remains a primary focus for Florida and CBCs have worked to improve the quality of the visits that occur. Examples of activities include:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR)
- Improving home visit forms to prompt case managers to ensure quality documentation of visits
- Training and tip sheets to include children in discussions in case planning, part of quality of visits that impacts item 13
- Training for case workers on quality visits with children

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

This item has shown much improvement over the PIP measurement period. This item is rated through case reviews determining whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

**Table 2.27: Item 15, Caseworker Visits with Parents**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	36%	39.0%	33.52%	43.49%
PIP Monitored Cases	51.1%	38.1%	41.0%	44.76%	61.43%

Source: Federal CFSR Online Monitoring System

Florida achieved its PIP target for the third PIP measurement period for caseworker visits with parents. Florida CQI review performance has been trending down over the last few PIP measurement periods.

Rapid Safety Feedback reviews show similar results in that frequency of visits higher than quality; however, a slight improvement is noted for the current year to date.

**Table 2.28: Rapid Safety Feedback, Caseworker Visits with Parents**

Case Management Rapid Safety Feedback Measures	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Is the quality of visits between the case manager and the mother sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	66.3%	64%	66.4%	71.5%
Is the frequency of visits between the case manager and the mother sufficient to ensure child safety and evaluate progress toward case plan outcomes?	80.7%	75.3%	81.7%	82.9%

Is the quality of visits between the case manager and the father sufficient to address issues pertaining to safety and evaluate progress toward case plan outcomes?	52.6%	51.9%	56.1%	59.5%
Is the frequency of visits between the case manager and the father sufficient to ensure child safety and evaluate progress toward case plan outcomes?	50.0%	52.8%	54.5%	55.7%

Source: Florida Case Management Rapid Safety Feedback (RSF) Qualtrics

As performance on CFSR item 15 is related to several other items for which PIP targets have not yet been achieved, CBCs continue improvement activities to engage parents such as the following:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR)
- Improving home visit forms to prompt case managers to ensure quality documentation of visits
- Training sessions for case workers on engaging parents
- Improved home visit forms to prompt case workers to conduct quality visits and improve documentation
- Improved agreements with local jail systems to improve case workers access to incarcerated parents
- Creating tip sheets for including non-maltreating parents
- Supervisory review of case worker engagement with parents starting with frequency of visits to build rapport resulting in better quality

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

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

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

Performance on this item is mixed for Florida. Florida has shown a steady decline in performance during PIP monitored cases and has not reached the CFSR baseline. Performance on Florida CQI cases has improved for the current year to date.

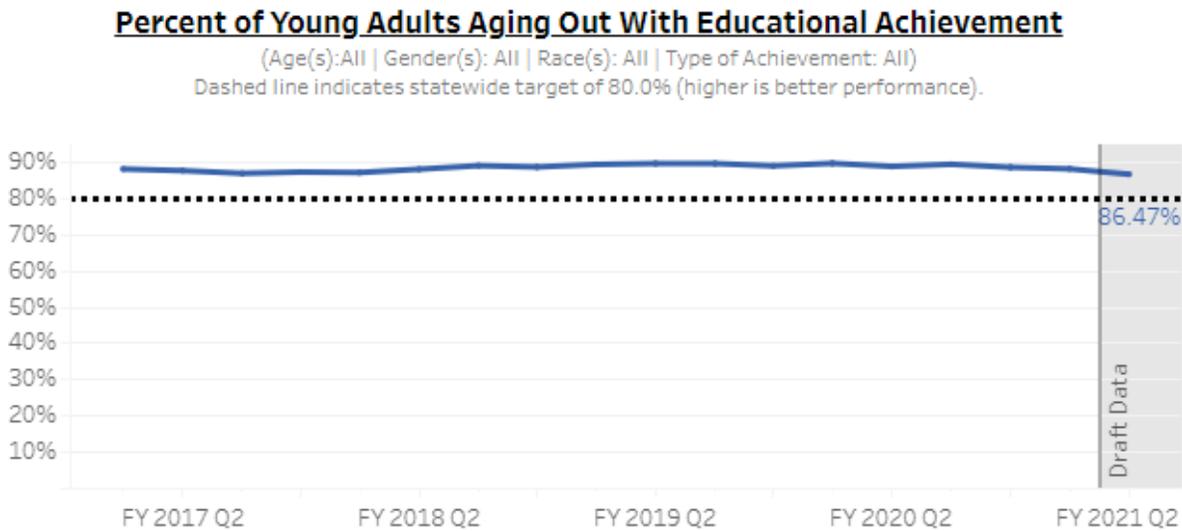
**Table 2.29: Item 16, Educational Needs of Child**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	80.9%	79.4%	78.11%	83.64%
PIP Monitored Cases	NA	81%	77.0%	78.95%	76.32%

Source: Federal CFSR Online Monitoring System

Performance on the CBC scorecard shows that the state has achieved its target for youth enrolled in school on their 18<sup>th</sup> birthday.

**Table 2.30: Percent of Young Adults Aging Out with Educational Achievement**



Source: Florida Child Welfare Dashboard/ CBC Scorecard

Item 16 has been a relative strength for Florida. Performance has been steady in Florida CQI cases and just slightly lower in cases monitored during Florida’s PIP. Examples of improvement activities include

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR)
- Improving home visit forms to prompt case managers to ensure quality documentation of visits

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

Well-Being 3 is a relative strength for Florida. Florida performs well in the quantitative data of ensuring that children in foster care receive medical care annually and dental care every seven months. The Florida CQI and PIP evaluation case record review scores are slightly lower.

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

The purpose of this item is to determine whether, during the period under review, the agency addressed the physical health needs of the child, including dental health. Florida’s performance is strong in the quantitative measures in that over 95% of children in foster care receive medical care at least annually and close to 90% receive dental care at least every seven months (to allow for Medicaid). Dental care was more greatly impacted by the pandemic which is noted in the lower performance; however, has begun to improve. Florida has shown consistent performance during Florida CQI reviews; however, has not reached the CFSR baseline during PIP monitored case reviews.

**Table 2.31: Item 17, Physical Health of Child**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	75.8%	73.5%	73.97%	75.54%
PIP Monitored Cases	NA	81.6%	78.0%	73.39%	81.03%

Source: Federal CFSR Online Monitoring System

**Table 2.32: Physical Health of Child**

Scorecard Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Percent of children in foster care who received a medical service in the last 12 months.	95%	96.88%	97.33%	95.92%	97.33%
Percent of children in foster care who received a dental service in the last 12 months.	95%	93.41%	92.72%	78.45%	88.18%

Source: Florida Child Welfare Dashboard CBC Scorecard

Performance on CFSR item 17 has remained consistent with the exception of dental care that was more impacted by the pandemic; however, improvement has improved. CBCs continue improvement activities to engage parents such as the following:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR)
- Improving home visit forms to prompt case managers to ensure quality documentation of visits
- Nurse case managers work with case workers to help make medical appointments, obtain records, and assist caregivers in navigating the local medical systems.

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

The purpose of this item is to determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the child. Performance on this item is an area needing improvement as performance on the Florida CQI and PIP evaluation case record reviews showed improvement in the most recent data.

**Table 2.33: Item 18, Mental/Behavioral Health of Child**

Qualitative Measures	State Standard	Florida FY 17/18	Florida FY 18/19	Florida FY 19/20	Florida FY 20/21 to date
Florida CQI Cases	95%	71.4%	64.4%	60.42%	62.83%
PIP Monitored Cases	NA	64.4%	62%	54.46%	60.53%

Source: Federal CFSR Online Monitoring System

Performance on Item 18 has generally declined over time; however, improvement has been seen in the last year. CBCs continue improvement activities to engage parents such as the following:

- Created and conducting specialized reviews to ensure qualitative visits (SHINE and STAR)
- Improving home visit forms to prompt case managers to ensure quality documentation of visits
- Enhanced Behavioral Health services to include weekly youth planning team meetings for children with identified needs

**Table 2.34: Summary of Outcomes and Ratings**

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

## Systemic Factors

This section is organized around the CFSR seven systemic factors with updates gathered from the state’s Child Welfare partners in each region.

### Statewide Information System

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

Florida Safe Families Network (FSFN) is the state’s official case file and record for each investigation and case and is the official record for all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered in FSFN within 48 hours/2 days.

FSFN supports child welfare practices and the collection of data and enables child welfare staff to readily identify the status, demographic characteristics, and goals for the placement of every child who is in foster care. The accuracy of quantitative reports is critical to the ongoing monitoring of Florida’s child welfare system. Florida’s Center for Child Welfare maintains a web page, FSFN Reports, Information, and Resources, which provides FSFN Questions/Answers, Reference Data, Topic Papers, User Guides, and on-demand video training on general and specific topics to ensure the accurate use of FSFN. Topic Papers describe the functionality of each section of FSFN, the data entry requirements, and location in a user-friendly manner. The User Guides show users how to enter information with visual aids of data entry screens within the system. Children and Family Operating Procedures contain a section for FSFN documentation requirements. Training on FSFN data entry and the importance of documentation is ongoing. Modules on data entry are also included in the pre-service curricula for child protective investigators and child welfare case managers.

A finding from the CFSR review in 2016 was that the entering of placements into the system were not consistent across the state. As part of Florida’s Program Improvement Plan (PIP), key activities were identified locally to ensure that children’s placements were entered timely, and a case review addendum tool was created to measure the percent of cases in which placements were entered timely during Florida CQI reviews. Performance decreased during the months impacted by the pandemic; however, a significant increase in performance was seen for the most recent reporting period. This item has been incorporated into the state’s Data Quality Plan and is monitored across all cases rather than random samples as reported below.

Table 2.35: Placements Entered in Florida Safe Families Network (FSFN)

Qualitative Measures	State Standard	Jul – Sept 2019	Oct – Dec 2019	Jul – Sept 2020	Oct – Dec 2020
Percent of Children for whom placements were entered timely during Florida CQI reviews	85%	54%	51%	45.3%	56.5%

Source: Florida CQI Review Documented in Qualtrics

The federal Comprehensive Child Welfare Information System (CCWIS) rules afford states an opportunity to leverage alternative technical and functional capabilities to architect a child welfare system that better supports a state's child welfare practice model. The Florida Legislature approved the designation of the state's child welfare system as a CCWIS with the finalization of the SFY 2018-2019 budget, and transition activities continue as documented in the state's APD. In 2019, the Department developed its first Data Quality Plan in collaboration with its child welfare stakeholders and received ACF approval early in the state's current fiscal year. The annual Data Quality Plan update is submitted along with the Annual Planning Document Update by May 1 each year. The Data Quality Plan contains strategies to ensure that all CCWIS data is non-duplicated, consistently used, timely, accurate, and complete.

During the past several years, the state has focused on both enhancing FSFN, our current CCWIS Title IV-E system. Florida created several enhancements as part of our Path Forward Initiative to revise the current FSFN system as the state's IV-E Demonstration Waiver (Waiver) sunset on September 30, 2019. During the SFY 2018-2019, the Department completed the full implementation of three programs:

**Title IV-E Extended Foster Care Program** (deployed January 2019) – In addition to making critical revisions that will ensure Florida maximizes the Title IV-E federal funding reimbursement available to eligible young adults in foster care, there were many big changes for local teams running the program and youth that are in the program including:

- The implementation of the new supervised living arrangement assessment and the shared living plan.
- The implementation of a universal Extended Foster Care (EFC) agreement that will capture the youth's consent to participate in the program during the 90-day transition prior to the child's 18th birthday.
- The enhancement of FSFN to include an EFC Voluntary Placement Agreement.

**Title IV -E Extension of Maintenance Adoption Subsidy Program** (deployed January 2019) - The Extension of Maintenance Adoption Subsidy (EMAS) allows for additional support to young adults whose parents entered into an initial adoption assistance agreement at age 16 or 17 and elected to participate in the EMAS program until the age of 21.

**Levels of Licensure** (deployed April 2019) – To prepare for full implementation of the Guardianship Assistance Program (GAP), Florida restructured available foster care licensure from two to five levels. The five levels are:

Level I – Child specific foster home

Level II – Non-child specific foster home

Level III – Safe foster home for victims of human trafficking

Level IV – Therapeutic foster home

Level V – Medical foster home

During the SFY 2019-2020, the Department continued the implementation of new Title IV-E programs to prepare for the end of the IV-E Demonstration waiver. In SFY 2019-2020, the Department also deployed the following new Title IV-E program and enhancements to the Title IV-E Eligibility process to align with Federal requirements.

1. **Guardianship Assistance Program (GAP)** (deployed July 2019) – The 2018 Florida legislature authorized the Department to develop and implement the Title IV-E GAP starting July 1, 2019. GAP will run concurrently with the current Relative and Non-Relative Caregiver Programs. Through GAP, relative and non-relative caregivers (referred to as fictive kin) who commit to caring for children placed in their care will be eligible

for guardianship assistance payments. In addition, the child in their care will be eligible for Title IV-E Medicaid coverage and nonrecurring legal costs incurred in establishing permanent guardianship for the child, as well as for subsidies paid to the caregiver for their care.

2. **Title IV-E Eligibility Enhancements** – (deployed November 2019) – This release included major enhancements to:

- Accurately determine Title IV-E Eligibility for each child
- Accurately claim Title IV-E funding for reimbursable services
- Maintain timely and efficient eligibility determinations and redeterminations
- Maximize Title IV-E utilization

**FSFN Quarterly Release- April 2020:** During 2019-2020 the Department introduced the Path Forward initiative which included the implementation of several programs supported by the Florida Safe Families Network (FSFN). Since the deployment of these programs, users identified additional opportunities to improve, enhance, or streamline this support.

This FSFN release included refinements to the Guardianship Assistance Program and improvements to Eligibility processing. Eligibility workers are now able to view a new Eligibility worksheet that will provide detailed insight into the calculations that inform the IV-E Eligibility determination and receive a new *TANF Due* report to manage the timely completion of TANF determinations. The April FSFN release also included some enhancements to the Organizational Provider to begin setting the stage for FFPSA implementation, add providing Children’s Legal Services the ability to document when the court denies the request for a permanency goal change.

**FSFN Quarterly Release – May 2020:** In September 2019, the Medicaid temporary absence policy was clarified to include a child removed from the custody of their parents by the child welfare system if reunification was the child’s primary permanency goal. The temporary absence period ends when the primary permanency goal is changed to anything other than reunification. Since this implementation, Child in Care workers have been manually monitoring permanency goal changes documented within FSFN until this process could be automated. With this release, the notification has been automated with FSFN triggering notification to the ACCESS system once the primary court approved permanency goal is changed to anything other than reunification.

In addition to the automation of this notification, additional enhancements were made to other functionality within FSFN to:

- Increase the accuracy and quality of Title IV-E Eligibility and TANF eligibility determinations,
- Reduce the TANF completion requirements for Child Protective Investigators by removing the requirement to complete a TANF determination on Special Conditions Referrals and Institutional Investigations,
- Improve the Provider and Licensing modules to streamline the checklist functionality, provide enhanced data collection, and begin updating the modules for FFPSA implementation, and
- Update the Home study search capability to allow for full statewide searches for approved Adoption Home studies.

**FSFN Quarterly Release – June 2020:** Child Protective Investigation and Case Management Efficiency workgroups identified efficiencies that can be realized through enhanced technology. The FSFN enhancements were deployed to introduce the following worker efficiencies:

- Efficiencies to the Family Functioning Assessment – Ongoing and Progress Updates,
- Modify the Imaging/File Cabinet pages to display records uploaded through the new CPI Module,
- Modify the Child Investigation closure process to ensure TANF is completed on each victim and check for the address of the alleged perp at closure – instead of initial save,
- Refine eligibility logic to improve the accuracy of eligibility determinations for Title IV-E and TANF, and
- Add additional years to the *Invoice* batch release page to allow the CBCs to continue to process payments in the FY.

**FSFN Emergency Release- August 2020:** Beginning March 23, 2020, the Department of Children and Families transitioned to allowing tele-visits as a means for completing the 30-day face-to-face requirement outlined in federal and state policy. This guidance was put in place in an effort to ensure the safety of the staff conducting physical contact visits with children and families served through the child welfare system, including the children and caregivers for those served in out of home care and in-home care, and children and families served through Family Support Services for high/very high-risk families. On the evening of August 7, 2020, an enhancement was deployed within the FSFN system which will allow the identification of a ‘Virtual Contact’ when creating a note.

Until the expiration or change of the executive order, child welfare professionals are asked to select the ‘Virtual Contact’ note type and document the completed face-to-face contact. ‘Virtual Contact’ should not be selected along with a ‘Home Visit’ as this does not supplement the required 30-day home visits in the child’s current residence. Any virtual contact that is attempted and not completed should be documented in the case note narrative. [Home Visits during COVID Policy Guidance](#)

**The Implementation of Families First Prevention Service Act:** During SFY 2020-21, the Department has been preparing our system for the implementation of policy and practice changes to support the implementation of FFPSA. As the policy and practice changes are defined, the Florida Safe Families Network (FSFN) is continuously being modified to align with the business processes. Over this fiscal year, FSFN enhancements to support FFPSA implementation have been prioritized for design and deployed each quarter to support our readiness for FFPSA implementation.

**FSFN Quarterly Release- October 2020:** The Case Management Efficiencies Workgroup reviewed systematic barriers and recommended changes to FSFN. The current FSFN system provides a summary of domain assessments on an individual’s person management record. Accessing the current domain summary requires additional steps by the Case Manager when completing data entry for their assessments. These additional steps were identified as inefficient and time consuming. Case Managers are required to review prior domain narratives when conducting their assessments. This review is to understand what information was known at the most recent assessment and to prompt an assessment of what has improved, remained stable, or deteriorated. Implementation of the following system changes will reduce the amount of time required to complete a sufficient and proper assessment, and will assist in instances, where some information remains consistent between assessments. The new functionality will enhance the ability to assess child safety and the protective capacities of a parent.

The following enhancements will be made in FSFN:

- Increasing the view display of the narrative fields,
- Display of the most recent domain assessment for ease of review,
- Enabling a “one click” function to prefill the most recent narrative into the current narrative (if appropriate),
- Providing a link w/ access to full domain history with print capability,

- Community-Based Care Lead Agencies and Regional Licensing staff also experienced changes to their current workflow and licensing approval process in this build. The system now requires the entry of an e-mail for each licensed provider. If a foster family does not have an e-mail address, the system will allow the selection of an indicator documenting the family does not have an e-mail address. The provider record will now support documentation of 'Orientation' and issuance of an initial license will require that 'Orientation' is documented for each caregiver. Regional Licensing staff will also document the start and end dates for periods in which providers fall out of compliance with background screening safety requirements. For licensed foster homes, the start of a non-compliance period will also place the license on hold until the family is back in compliance,
- The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects case level information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. Updates were made to the Adoption Information Page and the case closure process to ensure that AFCARS related data is captured within FSFN,
- Additional updates were made to the Unified Home Study and the Adoption Assistance Agreement to streamline system requirements,
- Modifications to the Private Adoption Page and the Adoption TANF were also made in this release, and
- In addition to above mentioned changes, the FSFN team also implemented changes to improve the accuracy of eligibility determinations, introduce efficiencies for the workforce, and improve data quality within the system.

**FSFN Quarterly Release- January 2021:** As the Department of Children and Families is preparing our system of care for the implementation of policy and practice changes to support implementation of the Family First Prevention Services Act (FFPSA), the Florida Safe Families Network (FSFN) has been modified to align with the business processes. Over this fiscal year, FSFN enhancements have been deployed each quarter to support our readiness for FFPSA implementation. The following FSFN enhancements were deployed in January 2021.

- Expanded documentation of mental health evaluations, including evaluations for placement in a Qualified Residential Treatment Placement (QRTP) and Comprehensive Behavioral Health Assessments,
- Data collection of Comprehensive Placement Assessments,
- Documentation of 'Family Made Arrangements,'
- Streamlined documentation of Legal Case and Legal Custody status,
- Case plan templates that align Caregiver, Case Manager, and Parent responsibilities with those outlined in HB1105,
- Notifications of calls to the Hotline that are screened out, and
- Notifications to CLS workers to prompt court notification.

**FSFN Quarterly Release- April 2021:** As the Department of Children and Families is preparing our system of care for the implementation of policy and practice changes to support the implementation of the FFPSA, the Florida Safe Families Network (FSFN) has been modified to align with the business processes. The FSFN team recently completed development on the next round of quarterly enhancements including FFPSA related changes and other child welfare priorities. The following FSFN enhancements were deployed in April 2021.

- New data collection for pregnant and parenting youth,
- Provider Licensing Timeframe reports to manage the timeframe from orientation to licensure,

- Automated Title IV-E Redetermination based on Provider compliance with background screening safety requirements,
- Enhanced support for required processes for Child Protective Investigation notifications and notifications for upcoming Judicial Reviews,
- Case Management template corrections,
- Additional support for recommending placement in Group Home settings,
- Expanded Case Note functionality,
- Streamlined Unified Home Study completion, and
- Children’s Legal Services enhancements.

Florida’s strategic vision is that CCWIS will achieve better efficiency for all front-end workers and improve child welfare outcomes by ensuring quality data integration that will readily provide the right information at the right time about the children and families served to the child welfare workforce. As part of a renewed focus on enhancing governmental efficiencies, a “Proof of Concept” was approved to enhance mobile capabilities for Child Protective Investigators (CPIs), which spanned the entire 2020 calendar year. This project included detailed requirements gathering, business process re-engineering, organizational change management, and workforce transition activities to complete development and operationalize a new CPI Investigations mobile module. This supports the Department in meeting its priority objectives that include but are not limited to:

- Implementing mobile investigations functionality used by Child Protective Investigators; and
- Implementing a mobile forms platform solution.

This functionality was piloted with a small group of users in the field during the summer to evaluate the efficiencies that can be attained. The roll-out to additional the Department CPIs was completed in December 2020. Next fiscal year, the Department will prepare to extend pilot CPI Mobile application to two Sheriff’s Offices which are responsible for conducting Child Protective Investigations.

### **Case Review System**

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

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

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

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

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

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

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

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

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

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

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

Florida Statutes detail the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every six months or more frequently if the court sees it 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 continually held every 12 months for children who remain under the Department's supervision.

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

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

Data reports are available from FSFN that help managers, supervisors, attorneys, and others monitor the status of case reviews and legal status. The timeliness of critical court junctures is monitored through the Key Indicators Report published on the Center's website. This includes:

- Timeliness removal date to disposition order, target 90 Days, most recent performance 75 Days

- Filing petitions to TPR final judgement as appropriate with current performance at 215 days
- Percent of children in Out-of-Home Care 15+ months with reunification goals and no TPR activities (most recently 5.83 percent).

The Department created a new dashboard for Children’s Legal Services that displays the following data:



The case review process is systematically tracked and monitored through performance reports, dashboards, and case record reviews. Including children and parents in case planning is a part of local strategic plans, training, and improvement plans with specific examples listed under CFSR item 13. A few examples include:

- Specialty case reviews like SHINE and STAR for ongoing case planning
- Revamped case planning staffing to increase parental participation
- Refresher training sessions for case managers on case planning
- Caregiver notification letters developed in addition to flyer from the Key Activity of the PIP

Court orders were updated to include notice to caregivers and QA reviews have found improvement since the CFSR in 2016. Florida continues to demonstrate strong performance to provide caregivers notice of hearings measured through random file reviews, after showing a slight decline during the months most impacted from the pandemic.

**Table 2.36: Concerted Efforts to Provide Notice of Hearings**

Qualitative Measures	State Standard	Jul – Sept 2019	Oct – Dec 2019	Jul – Sept 2020	Oct – Dec 2020
Concerted efforts made to ensure caregivers provided with the right to be heard in court	85%	95%	93%	87.1%	88.6%

Source: Florida CQI Review Addendum Documented in Qualtrics

Florida continues its use of problem-solving court programs such as Early Childhood Court, Drug Court, Girls Court, and Mental Health Courts. Early Childhood Court is used in most areas of the state and has shown promising early results with the timely achievement of permanency for the children. The problem-solving courts typically have special dockets for the judiciary and assigned case workers to ensure frequent court hearings and parent accountability.

The Office of Court Improvement is taking the lead on the development and piloting of a program model to provides quality legal representation for children and families and social work advocacy that reduces or shortens family

involvement in the child welfare system. The Department continues to support and collaborate with the Office of Court Improvement on this initiative.

## Quality Assurance System

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

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

Florida adopted [Results Oriented Accountability \(ROA\)](#) as its continuous quality improvement framework through the 2016 state legislative session which was strengthened in 2020 with the Accountability Bill and creation of the Department's Quality Office. ROA includes research and evaluation phases 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. The 2020 Legislation session created the Office of Quality to ensure that the Department and its contractors are accountable to meet goals targets set in the ROA legislation. The Quality Office was official in July of 2020 and is comprised of Quality Case Record Reviews, Training, and Data and Performance under the Chief Quality Officer.

Florida's current statewide Continuous Quality Improvement (CQI) activities include a variety of methods to identify the quality of services, strengths and needs of the child welfare system. System-wide and program specific accountability metrics were developed as part of the Quality Office to assess Department functions in all regions, circuits, and all Community-based Care lead agencies (CBCs). Methods include Quarter Quality Events to review statewide, regional, and circuit level performance, monthly operations data reviews, performance scorecards, quality case file reviews, Rapid Safety Feedback (RSF) reviews for case management, Life of Case Reviews for Investigations, special reviews, targeted reviews, legal reviews by CLS, and Critical Incident Rapid Response Team (CIRRT) reviews. This approach ensures a formal statewide system of oversight and accountability that measures child welfare practice. A description of many of these methods, tools, schedules for reviews, and reports are available on the Center for Child Welfare under Results Oriented Accountability (ROA) with more being developed during this inaugural year of the Quality Office.

Windows into Practice documents the Child Welfare Quality Assurance process including federal requirements, Child Abuse Hotline, Sheriffs' Offices, Child Protective Investigations, and the Community-Based Care lead agency standards. Windows into Practice remains active; however, a more comprehensive policy and procedure for the Quality Office is in development that will supplement or replace Windows into Practice once finalized.

# Life of Case Reviews

## Review Intervals with Key Areas of Focus

### Child Protective Investigations Reviews



### Ongoing Services Reviews



11

*Life of Case (LOC) Reviews* for child protective investigations involve a case review process that targets open investigations involving children under the age of three years of age in which there is at least one allegation for substance misuse. The primary focus is children aged zero to 12 months which accounts for 80% of the sample and 20% is comprised of children one to three years of age. The case reviews occur at three intervals over the course of the investigation, ten days from receipt of the intake, 30 days from receipt and at closure. Completed review instruments are provided to the field to provide guidance on the open investigation at each interval. The Life of Case review instrument was developed by reviewing and utilizing the prior Rapid Safety Feedback, Practice Model Fidelity, and special review questions to create the comprehensive review instrument and accompanying reviewer guide.

*Florida CQI and PIP Monitored Case Reviews* are conducted using the Online Monitoring System (OMS) and the CFSR instrument. The Florida CQI reviews are conducted quarterly by each community-based care lead agency with a portion of the samples using case participant interviews. The PIP Monitored Case reviews ended December 31, 2020 as the end of the PIP measurement period. The PIP monitored case reviews were conducted by a team of a CBC and Department Quality Reviewers and included full case participant interviews. The results from the Florida CQI reviews are used to populate the Quality Assurance measures on the Department's public facing dashboard. The results from the Florida CQI reviews closely mirror the PIP monitored cases and is shown in CFSR items 1 – 18 earlier in this chapter. While the Florida CQI reviews are planned to be discontinued with the implementation of the Life of Care Ongoing Services Reviews, the Quality Office is planning on partnering with CBCs to conduct 80 in-depth reviews using the OMS and CFSR instrument in teams of comprised of Quality Office and CBC Quality reviewers.

*Strong Foundations Conditions for Return Addendum* to the Florida CQI reviews ensures that questions specific to conditions for return are rated on cases for which a CFSR type of review has been conducted. The data from these reviews is planned to be used as part of the evaluation of the Strong Foundations federal grant with Embrace Families to improve statewide CFSR ratings.

*Life of Case (LOC) Ongoing Services Reviews* have not yet begun; however, the Quality Office has designed the instrument based on the case management RSF, Florida CQI (CFSR), and Practice Model Fidelity review tools. The process also included reviewing instruments from other states to ensure a comprehensive tool was created. The Life of Case Ongoing Services are targeted to begin next contract year and will replace the RSF case management and Florida CQI reviews. The plan is for the Quality Office to continue reviewing those investigations transferred to ongoing services at intervals throughout the life of the case. The intervals include seven to ten days for case transfer, 30 - 45 days for the initial ongoing family functioning assessment, and every 90 days thereafter until case closure to provide real-time guidance to the field. The Quality Office sample of cases reviewed includes children zero to three years of age with any substance related maltreatment allegation. The CBCs will begin reviewing cases at the seven to ten days from case transfer from investigations of cases not meeting the Quality Office criteria. This review could include children zero – three years of age without a substance related maltreatment allegation and any child over the age of three.

*Performance measurement and other CQI activities* are guided by statute, policy, and contract requirements; supported by trained personnel throughout the system; use a set of uniform standards, review tools, and data collection methodologies; and include 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. Regions and CBCs conducted stakeholder meetings while developing updates to their local improvement plans. CBCs also include stakeholder surveys for parents and youth to help improve service delivery. The newly developed Quarterly Quality Events are led by the Performance Management team of the Quality Office and are being held virtually this year due to the pandemic; however, the plan is for these to be in-person events that include stakeholders from each region and circuit to review performance and begin developing improvement plans for areas performing below standards.

The Department's Contract Oversight Unit (COU) conducts administrative reviews of each department contractor and the Quality Office incorporated quantitative and qualitative data, into the design of the Life of Case reviews and Quarterly Quality Events for Community-based Care lead agencies.

The public facing dashboard developed and maintained by the Department delivers relevant and timely [Child Welfare Statistics](#) that are available to everyone. The methods used to track child welfare outcomes are available along with information on definitions and algorithms. The dashboard provides current information on Child Welfare Measures, CBC Scorecard, CPI Scorecard, Federal Measures, Quality Assurance measures, and Child Welfare Trends. The dashboard is updated quarterly with the current quarter considered draft as data is subject to changing with subsequent quarterly data submissions due updated data entry.

There are interactive reports on [Children in Group Care](#), [Children in Out-of-Home Care by Placement Type](#), [Foster Home Bed Capacity](#) and [Foster Home Licensing Status](#) under "Other Report Links." In this same section are links to [Key Indicators Monthly Reports](#); [Quality Management Plans for each CBC](#); [Child and Family Services Review Information](#); [Quality Assurance and Continuous Quality Information for each CBC](#); and [Mandated Legislative Reports](#). The Quality Management reports are being sunset after the current submission and incorporated into the Quarterly Quality Events.

Florida has identified quantitative and qualitative outcome measures; numerous drivers to achieve performance targets; multiple methods at the state, regional and local level to communicate and review performance information and develop actions for performance improvement. The Department has an ongoing systematic

method for gathering information from caregivers, GALs, and other community partners through the case file review process and new Quarterly Quality Events.

A few examples of Continuous Quality Improvement Activities conducted by Community-based Care lead agencies include:

- Sharing findings of Quality Reviews and performance data with stakeholders
- Ongoing monitoring of programs for effectiveness
- Conducting yellow and green belt training to enhance the agency's capacity for data analysis and constructing improvement projects
- Monitoring performance of sub-contracted providers
- Conducting case record reviews specific to Quality Visits (SHINE, STAR)
- Implementing local performance improvement initiatives such as Quality Roundtables, Shadows for CFSR type reviews, and improved supervisory review tools based on CFSR case record review items

### **Staff and Provider Training (includes Strong and Healthy Workforce)**

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

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

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

A persistent concern raised by all child welfare stakeholders was the high turnover rate of child protection investigators and case managers, which in turn contributes to lower performance in outcomes for children and families. The systemic factor of staff training relates to the priority of supporting a strong and healthy workforce. One of the Department's major goals for the state's five-year plan addresses the need for a stable and proficient workforce and is described in Chapter 3 in Strategic Initiative Four.

#### **Statewide Training System**

Florida law requires all staff who provide child welfare services (i.e., all investigators, case managers, and licensing personnel) to earn a child welfare certification through a third-party entity, the Florida Certification Board. There are separate specialty tracks for Case Managers, Licensing Counselors, and Child Protective Investigators. The requirements for the certification are to have a minimum of a bachelor's degree, complete a Department-approved pre-service training program, achieve a passing score on the written pre-service exam, complete the required number of hours of on-the-job experience, and receive the required number of hours of direct supervision. To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

The Florida Institute for Child Welfare contracted with the University of South Florida to conduct Level III Child Welfare Pre-Service Training Evaluation. The objectives of the evaluation are to assess the readiness of case managers and CPIs to begin their job responsibilities, determine whether pre-service training is at the level it should be, and identify both environmental factors and workers' individual coping strategies that facilitate and hinder knowledge acquisition and skill development. The evaluation study concluded a two-and-a-half-year, in-depth look at the child welfare pre-service training and the first-year trainees in the field. Based on the study findings, the OCW training unit is working on updating the pre-service training, exploring virtual reality and simulation options, in collaboration with the Zero Abuse Project team and FORECAST from the University of Illinois. The OCW Training unit will pilot the new pre-service training by July 2021. The new approach to pre-service training is problem-solving experimental learning through simulations and virtual reality training modalities to accelerate the learning pace, increase child welfare professionals' awareness of the job reality, and improve retention. A more in-depth discussion of assessment information is included in Attachment 4, Staff Development and Training Plan Update.

Ongoing training to CPIs is provided by the regions and the sheriff's offices responsible for investigations. Ongoing training for case management is provided by the CBCs. Florida has a statewide coordinated training website hosted through the Center for Child Welfare for all child welfare professionals and foster parents. The Department also provides on-going statewide training to all child welfare professionals on different topics based on the request from the field or quality reviews. These training sessions can be delivered in a virtual environment or face-to-face.

A few examples of strategies implemented over the last year by CBCS include:

- A Workforce Development Training Plan: for one CBC to institute and support high quality training and standards for case managers and supervisors incorporating certification for licensure in all service areas
- Producing mini-training sessions are topics relevant to the CFSR for front line staff such as 'Bits and Bites,' learning circles, shadowing opportunities,
- Including shadowing of case managers in pre-service training
- Certification Support Steams provide field training to coach and mentor new case managers, including individual field training appointments with trainers with reporting to supervisors
- Providing additional System of Care training after pre-service to enhance the knowledge of local child welfare systems for new case managers
- Conducting an annual needs assessment to develop in-service training plans.
- One CBC focused on a Proficiency Project for direct care staff members and SAVVY for those working with families that is an intensive overview of the state's practice model. Contract incentives were developed for proficient staff members.

The Embrace Families Strong Foundations project, a federal grant program to improve CFSR results, is developing a model of supervision and certification process in coordination with the Florida Certification Board and The Office of Child Welfare to promote supervisory learning and capacity. This is planned to create a more supportive learning environment for case managers and reducing turnover to ensure that case managers have the time to effectively engage parents to achieve positive outcomes. The Strong Foundations project updates are included in Attachment 4. The Strong Foundations project proposes to develop, train, implement, and fully support a process to apply Conditions for Return through a collaborative effort with the Office of Court Improvement and other strategic system partners in Florida. The implementation of this concept in the practice model is essential to making concerted efforts to achieve the child's permanency goal.

Foster parents have access to the Center for Child Welfare as well. This site offers training for in-service credit on topics requested or suggested by foster parents. Licensing specialists record foster parent in-service training hours each year to have an accurate record of completed training by the time of relicensing.

Several specific training topics were identified during the Program Improvement Planning processes. CBCs and regions provided training this year and are planning to continue into the next. Topics include:

- Case Consultation training with Action for Child Protection
- Safety Planning
- Trauma-informed Care
- Sexual Abuse
- Abusive Head Trauma
- Present and Impending Danger
- Risk Assessment
- Improved Supervisory Reviews
- Assessment for Case Managers
- Enhanced Behavioral Management for Foster Parents
- Leadership, self-care, and role clarification
- Mentoring programs for new caseworkers

Examples of strategies to ensure foster and adoptive parents receive relevant pre-service training include:

- Using CARE – Creating and Retaining Excellence and an additional eight (8) hours of training annually for foster parents
- Providing additional training to caregivers of teenagers – CORE-TEEN and in-service training on trauma
- One CBC is part of a research and development project with the University of Washington to develop and evaluate a training program for foster and adoptive parents.

The Department can identify training needs and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. A more in-depth discussion of assessment information is included in Attachment 4, Staff Development and Training Plan Update.

All foster parents receive initial pre-service training as required by Department's contract with CBCs to conduct all licensing tasks. Section 409.175, Florida Statutes, specifies what must be included in foster parent training, but does not specify one type of training that CBCs must deliver. CBCs currently use Model Approach to Partnerships in Parenting (MAPP); Parent Resource for Information, Development, and Education (PRIDE), a combination of those two, or curriculum the CBC developed that has been approved by the regional licensing office. The COU conducts foster parent surveys and focus groups during on-site contract monitoring with results published in each CBCs final report.

### **Workforce Proficiency: Basic Skill and Knowledge Requirements**

The Department is implementing Career Ladder Initiative to develop an expanded professional development and promotion opportunities for child protective investigators and child protective investigator supervisors. The initiative will be implemented on July 1st, 2021. The OCW training unit is designing and developing learning and

development opportunities for the Department’s investigators to propel and support employee advancement, engagement, and retention. Specifically, the OCW Training unit is developing a specialty curriculum (e.g., domestic violence, mental health, sexual abuse, etc.) to create a qualified child welfare workforce.

## **Service Array and Resource Development**

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

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

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

Effective service provision to children, parents, relatives, and other caregivers is an ongoing priority and focus of the 2020-2024 CFSP. Foundational work was launched by the Department/FCC strategic planning service array workgroup in collaboration with Casey Family Programs.

Florida has created a wide array of services available across the state and is experiencing continued success in expanding system capacity for four types of services: family support, safety management, treatment, and child well-being. The Child Service Array workgroup identified existing evidence-based services throughout the state of Florida, permitting local areas to continue identifying additional services to support the child welfare system. A critical step for the service array workgroup is determining the specific capacity needed in each circuit, including methods to achieve and maintain fidelity to promising and evidence-based interventions. The implementation of CCWIS provides an opportunity to create standard definitions and methods for documenting service costs and allows direct exchange of data with other systems, for example, the Agency for Health Care Administration for Medicaid claiming information. This work will continue with the implementation of CCWIS activities.

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

## **Connection between Service Array, Resources, and Financial Viability**

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

- As discussed in permanency outcome 1, Florida’s performance in achieving timely permanency is decreasing resulting in an increase in the overall number of children receiving out-of-home care services. The Department and stakeholders have been aggressive with the implementation of PIP activities and state and local continuous quality improvement efforts. All initial PIP activities have been completed and additional activities implemented to meet CFSR PIP targets. Examples of activities are listed under CFSR item 6.

- Loss of flexibility resulting from the end of the waiver impacts current strategies for funding the service array. The state designed a “Path Forward” initiative to plan for the sun-setting of the waiver.

Goal 3, Strategic Initiative Three, in the Department’s Plan for Enacting the State’s Vision, outlines the objectives and activities to successfully transition from the demonstration waiver to new funding strategies.

### **Functioning of Florida’s Service Array**

The state’s complete service array is described in Chapter 5, Update on Service Description.

#### Family Support Services

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

#### Safety Management Services

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

#### Treatment Services

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

#### Family Intensive Treatment Teams (FIT).

The FIT team model was designed to provide intensive team-based, family-focused, comprehensive treatment services to families in the child welfare system experiencing parental substance abuse. A core component of the FIT model is the integration of substance abuse, mental health, and child welfare services for families served.

FIT Team Providers shall accept families referred by the child protective investigator, child welfare case manager or Community-Based Care Lead Agency. Providers and stakeholders working with child welfare families, such as engagement programs and the dependency court system, can also refer eligible parent(s)/guardian(s).

FIT Team Providers shall deliver services to parent(s)/guardian(s) who meet all the following criteria:

1. 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,
2. Meet the criteria for a substance use disorder,
3. Have at least one child between the ages of 0 and 10 years old, and
4. At the time of referral to FIT:
  - a. A child in the family has been determined to be “unsafe” and in need of child welfare case management and placed in-home or out-of-home,

- b. For children in out of home care, the family must have a child welfare case management plan with the permanency goal of reunification, or a concurrent case plan that includes reunification as a permanency goal, and
- c. The eligible parent(s)/guardian(s) are willing to participate in the FIT Program or the caregiver is court ordered to participate in FIT services. In either case, enhanced efforts to engage and retain the caregiver(s) in treatment are expected as a critical element of the FIT program.

### Child Well-Being Services

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

### Strong Foundations

With the support of technical assistance providers guiding the Strong Foundations team through implementation science, two implementation plans were submitted to the Children's Bureau in September 2019. These plans support three separate and distinct strategies that are primarily targeted at impacting CFSR performance with a focus on permanency and well-being. Approval for all strategies was received mid-January 2020.

The Strong Foundations team built strong workgroups for each strategy with representation from multiple partners across the State of Florida including partnerships from multiple lead agencies that were selected as sites for the project. The initial project area focused primarily on the Central Florida region; however, the plan to roll out strategies has been expanded to include many other Community-Based Care lead agencies in several regions across Florida. At this time, agencies in four of the six regions in Florida are included in the project encompassing eight different Community-Based Care agencies. The addition of the other sites equates to including approximately 29% of the total child welfare supervisors in the strategy involving supervisor certification. With regards to the Conditions for Return strategy, the inclusion of additional partners means that approximately 24% of the children in out-of-home care will receive the full intervention and another 14% will receive a partial dose of the intervention. This change results in a larger, more representative sample of children and families served in the state of Florida.

The Strong Foundations team with the support of the evaluation team from the University of Central Florida has focused attention on readiness and evaluation activities. Multiple focus groups and phone interviews with statewide representatives from Children's Legal Services and foster parents were facilitated to deepen problem exploration and designing of interventions. Plans are currently being made to complete additional focus groups with Guardians ad Litem and biological parents. Readiness assessment has been ongoing through surveys of the Strong Foundations Core Development Team and members of the strategy workgroups. Finally, additional questions for use with along with the OSRI were created to support the measurement of fidelity and impact of the strategies on CFSR performance. An overview of the questions and instructions was provided during the virtual statewide quarterly QA Managers Meeting on March 19, 2020. These additional questions were added to the addendum for all CQI CFSR case reviews as of April 1, 2020.

The Strong Foundations team is currently involved in pre-implementation activities; however, due to the outbreak of COVID-19, certain activities have been put on hold. Site preparation and the development of training and tools related to the Conditions For Return strategy is in process. Site visits and the hiring of additional staff related to this strategy is currently on hold. The supervisor certification strategy required a role delineation study which nearing completion. At this time, there is a list of core competencies that are being used to guide the development of training. Site preparation and site visits have been placed on hold. The final strategy, creation of a case complexity tool is also moving forward. We have contracted with a vendor to work with us on creating the tool. Site preparation is also on hold for this strategy.

The state is continuing to expand the placement service array which is one of Florida's goals in the Plan to Enact the State's Vision, Chapter 3.

#### Strategy: Conditions for Return

The trainings for Orange County concluded with the third and final group of foster parents. To date training have occurred with over 200 Case Managers and Child Protective Investigators, over 100 foster parents, and over 50 from the legal community (including Children's Legal Services, parent attorneys and GAL attorneys). The judiciary will start their training in April, in large part to the tremendous support of our partners at the Office of Court Improvement. This will be a live, interactive training led by Embrace Families, CLS, and GAL.

In addition, the process of finalizing the trainings for Osceola County are currently taking place. Seminole County will be the next county who will receive training. Several partners outside of the Embrace Families area (the sites receiving a full dose of the strategy) are in the process of hiring positions to support the initiative and several are developing a training calendar alongside our team to reach all of their local system of care partners.

The messaging in the training has been well-received and feedback has been positive. Groups outside of the original intended audience have expressed an interest in attending the training, with discussions amongst Strong Foundations to determine how to reach these groups and individuals.

#### Strategy: Supervisory Certification

Piloting is being scheduled for May in the tri-county area. While it was originally intended to pilot in Seminole County, the decision was made that it would put less stress on our system partners to use supervisors from a larger geographic area. Training will be 3 days a week (M/W/F) for 3 weeks in a row with pre-work and homework. All trainees will receive a Participant Guide in advance of the training to guide them through the process and to act as a reference tool in the future. At the conclusion of the training, all participants will be able to complete their observations and case review and then, after a minimum of 6 months as supervisor, they will be able to sit for the exam to become fully certified. Our partners at Florida Certification Board are currently working on the exam and developing a handout outlining the certification standards.

#### Strategy: Case Complexity Tool

The third and final phase of the validation process is complete. The data analytic vendor is busy weighting the factors that are considered to impact complexity and eliminating those that don't appear to be correlated. At the conclusion of this process, a training will be developed regarding how to use the tool and the pilot will start in Osceola County. Our partners in Alachua County will follow the pilot as the second site.

### **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?*

The Child and Family Services Plan submitted in 2019 described the detailed involvement of community partners in the development of that five-year plan. The Department conducted meetings, focus groups, and surveys of a wide range of stakeholders including parents, youth, case workers, administrators, the Guardian ad Litem Program, Tribes, Children’s Legal Services, the Judiciary, and provider partners. Committees were used to create the strategic initiatives in the state’s CFSP which are described in Chapter 3, Update to the Plan for Enacting the State’s Vision and Progress Made to Improve Outcomes.

In addition, Florida completed its Program Improvement Plan December 31, 2020. Each of the state’s six (6) regions updated their local improvement plans quarterly involving local stakeholders including Community-based Care lead agencies, providers, Guardian ad Litem Programs, Tribes and Sheriffs’ Offices as appropriate, and foster parent representatives. Meetings were also conducted with local Community Alliances that are comprised of additional local stakeholders including those with lived experience including Youth SHINE, comprised of young adults in foster care or post foster care services. Families are an essential component of early engagement, ongoing permanency planning, and service delivery.

Stakeholders are also invited and encouraged to participate in the Annual Planning meeting with the Children’s Bureau. Last year, participants included representatives from the Seminole Tribe, Foster and Adoptive Parent Associations, and community partners such as the Guardian ad Litem Program, Community-based Care lead agencies, and other partner providers through the Florida Coalition for Children.

This level of coordination with partners ensures coordination with partners service the same population of children. In addition to the formalized meetings, Child Welfare works closely with the Department of Juvenile Justice, Agency for Persons with Disabilities, and the Agency for Health Care Administration to ensure coordination of services. Within the Department of Children and Families, Child Welfare coordinates with the divisions of Substance Abuse and Mental Health and Economic Self Sufficiency as these programs serve many of the same clients. The Department has been working to develop a unified client identifier to better coordinate its information systems which is described in greater detail in the state’s Advanced Planning Document (APD) and the accompanying Data Quality Plan.

Examples of additional activities conducted by CBCs include:

- Integrating Child Welfare and Substance Abuse and Mental Health systems of care to implement a care coordination model
- CBCs conduct surveys of staff members from the lead agency and its partners
- Conducting strategic planning meetings with partners
- Obtaining feedback and input from the community, provider organizations, the court and Department partners
- Including children and families, staff members, Board of Directors, providers, community stakeholders and the Department in Quality Assurance processes
- Hosting community meetings with providers and the Foster and Adoptive Parent Association
- Sharing performance data with community stakeholders
- Distributing newsletters
- Participating in local community initiatives

- One CBC sponsors a Parent Advisory Council comprised of parents that successfully navigated the child welfare system to work with current parents and meets monthly

The Department developed an enterprise Quality Office to review services provided to families across all area programs, including Economic Self Sufficiency, Child Welfare, Adult Protective Investigations, Substance Use, and Behavioral Health. The Florida Legislature approved and funded the creation of the Quality Office which began July 1, 2020.

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

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

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

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

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

The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. CBC contracts define the requirements for licensing tasks, including an option for an Attestation Model. Florida Statute and Florida Administrative Code provide detailed licensing standards, and the contract requirements also cite sections 409.175 and 409.145(2)(e), Florida Statutes, [Rules 65C-45](#), [65C-14](#), [65C-15](#), [Florida Administrative Code](#), and federal code 42 U.S.C. §671(a)(20)(B) – (D).

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

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

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

## Background checks

Florida ensures background checks are completed in all licensed foster homes. All foster home licensing packets are approved by CBCs with a sample reviewed by Department licensing specialists. Florida requested a recent technical assistance eligibility review by the Children's Bureau Regional Office and background screenings were found in all Florida foster home licensing files; however, one home study completed by another state did not contain documentation that the results of the fingerprint checks were reviewed. Requirements for background checks are provided in [CFOP 170-1, Chapter 6, Requesting and Analyzing Background Checks](#). In April 2020 as a result of COVID-19, the Department was approved to submit name-based criminal history checks and receive a state and national criminal history result based upon demographic information to review under the Level 2 background screening standards on a temporary basis. This was discontinued on October 21, 2020. At that time, fingerprint requirements were reinstated.

## Cross-jurisdictional resources

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). Chapter 5, Update on Service Description, includes a description of how the ICPC operates in Florida.

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

To improve child and family permanency and well-being, a broader mix of homes continues to be necessary to ensure adequate placement matching.

Please see Attachment 1 Update to Florida's Diligent Foster and Adoptive Home Recruitment and Retention Plan for more details.

## **Strong Foundations Progress**

### **Progress Year 1:**

Strong Foundations (SF) utilized implementation science to determine the root causes and choose strategies. At the conclusion of the first year (September 2019), SF submitted two Implementation Plans supporting three separate and distinct strategies/interventions. The primary targets on the CFSR include permanency and well-being indicators with the expectation that we will impact more than our initial targets. Over this time, SF will have also solidified strong workgroups for each strategy. They continue to have strong, helpful partners across Florida and have chosen their sites.

While the initial project area focused primarily on the Central Florida region, the plan to roll out strategies, which were approved in mid-January 2020, has been expanded out to include many other Community-Based Care agencies in several regions across Florida. At this time, agencies in four of the six regions in Florida are included. This encompasses eight different Community-Based Care agencies. The addition of the other sites equates to including approximately 29% of the total child welfare supervisors in the strategy involving supervisor certification. With regards to the Conditions for Return strategy, the inclusion of additional partners means that approximately 24% of the children in out-of-home care will receive a full dose of the intervention and another 14% will receive a partial dose of the intervention. This change results in a larger, more representative sample.

Strong Foundations is currently in the pre-implementation activities phase:

1. CFR: site prep, developing training and tools.
2. Supervisory certification: The role delineation study is almost complete; commencement of identifying core competencies and developing the training has been initiated.

3. Case complexity tool: Completed the RFP process and have now contracted with a vendor to create the tool.

**Progress Year 2:**

Strategy: Conditions for Return

Trainings have concluded for Orange County and will shift to Seminole County. To date, training has occurred with over 200 Case Managers and Child Protective Investigators, over 100 foster parents, and over 50 from the legal community (including Children’s Legal Services, parent attorneys and GAL attorneys). The judiciary will start their training in April, in large part to the tremendous support of our partners at the Office of Court Improvement.

Strategy: Supervisory Certification

Piloting is being scheduled for May 2021 in the tri-county area. While it was originally intended to pilot in Seminole County, the decision was made that it would put less stress on Florida’s system partners to use supervisors from a larger geographic area. Florida Certification Board is creating an exam and developing a handout outlining the certification standards. They also completed a Role Delineation Study.

Strategy: Case Complexity Tool

The third and final phase of the validation process is complete. The data analytic vendor is busy weighting the factors that are considered to impact complexity and eliminating those that don’t appear to be correlated. At the conclusion of this process, a training will be developed regarding how to use the tool and the pilot will start in Osceola County. Our partners in Alachua County will follow the pilot as the second site.

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## CHAPTER 3. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

Since the development of the [CFSP 2020-2024](#), Florida has undergone leadership and many organizational changes resulting in renewed focus and vision with an overarching goal to move the Department of Children and Families from a crisis-oriented agency to a prevention agency.



Upon the passage of the Family First Prevention Services Act (FFPSA), Department leadership held multiple information sharing forums to educate stakeholders on the new federal requirements and raise awareness regarding the new opportunity for states to use federal funding to provide enhanced support to children and families and prevent foster care placements. The Department has and continues to consult on FFPSA impacts/changes with other organizational programs, state agencies responsible for administering mental health and substance use disorder prevention and treatment services, and with other public and private agencies with experience in administering child and family services. The Department established the FFPSA Executive Steering Committee to help inform the overall planning and implementation of provisions of the Family First Prevention Services Act. The steering committee consists of members of executive leadership within the Department, Community Based Care Lead Agencies, State Court Administrator Partners, Youth formerly in Foster Care, Foster/Adoptive Parents, and Sheriff offices.

The steering committee created several sub-committees to address the implementation of the different aspects of the Family First Prevention Services Act. Sub-committee members include representation from the Department, CBCs, community partners/providers, and other child welfare stakeholders. In-person and virtual meetings were held with community partners/providers to gain their feedback.

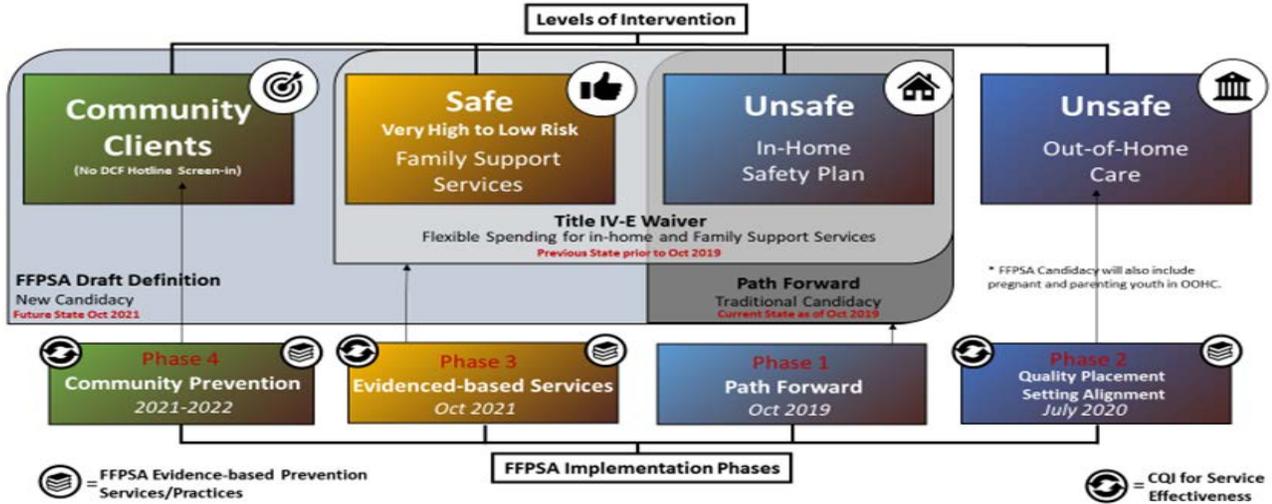
### **Florida's Direction: (NEW DIRECTION OUTLINED IN 2021 APSR)**

The Title IV-E prevention program authorized by FFPSA supports Florida's shift to focus on services that would prevent foster care placement by addressing behavioral health issues and enhancing parenting skills. This builds upon the prioritization of the Department's prevention vision. While Florida believes that the best place for children is with their families, the Department recognizes that complex family dynamics, undiagnosed/untreated mental health or substance abuse, and decreased protective factors contribute to a child being removed from their home to ensure safety. The FFPSA federal reimbursement level allowances available for services that prevent the placement of children and youth in foster care, along with Medicaid and Department funding for Substance Abuse and Mental Health, will allow for continued investment in prevention efforts.

The Department has implemented a phased approach to better align the state's current child welfare practices with those of FFPSA. Since the passing of FFPSA in 2018, the Department, in collaboration with CBCs and stakeholders,

has implemented Phases and is currently focused on Phase 3: Evidence-based Prevention Services Implementation and Phase 4: Community Prevention Services Implementation.

# Florida's Journey to FFPSA Implementation



		FY 19-20					FY 20-21					FY 21-22					FY 22-23					FY 23-24																													
Path Forward (FFPSA Phase 1) - James Weaver	Start	End	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	Goal
Post-implementation support for Guardianship Assistance Program, Extended Foster Care, Foster Care Candidacy, Random Moment Sampling, and Level 1 Licensure	7/1/2019	6/30/2024	[Bar spanning FY 19-20 to FY 23-24]																														Develop state programs that positively impact relative/ non-relative caregivers and young adults while extending our Title IV-E footprint to close 90M funding shortfall.																		
Implementation of quality assurance process for Path Forward initiatives in post-implementation stage	10/1/2019	6/30/2024	[Bar spanning FY 19-20 to FY 23-24]																														Increase the utilization of family-like settings concurrently right sizing Florida's utilization and quality of congregate care resulting in increased placement stability, safety, permanency and well-being.																		
Revenue maximization through improved cost allocation and claiming	10/1/2019	6/30/2024	[Bar spanning FY 19-20 to FY 23-24]																																																
Project financial impact of implementation of FFPSA group care and evidenced-based practices changes	1/1/2020	6/30/2020	[Bar in FY 19-20]																																																
Quality Placement (FFPSA Phase 2) - Vanessa Snoddy / Courtney Smith																																Goal																			
Provide training to install formal Family Finding services	10/1/2020	6/30/2021	[Bar in FY 20-21]																														Increase the utilization of family-like settings concurrently right sizing Florida's utilization and quality of congregate care resulting in increased placement stability, safety, permanency and well-being.																		
Engage CBCs in utilization of Family Foster Home estimator tool to develop and initiate CBC-based recruitment plans	5/1/2020	6/30/2021	[Bar in FY 20-21]																																																
Expand and enhance delivery of kinship programs/supports	12/1/2018	10/1/2021	[Bar spanning FY 19-20 to FY 21-22]																																																
Align group care placement settings with FFPSA specified settings	7/1/2019	10/1/2021	[Bar spanning FY 19-20 to FY 21-22]																																																
Implementation of quality group care accountability system	7/1/2018	7/1/2022	[Bar spanning FY 19-20 to FY 22-23]																																																
Train CBCs on Rapid Permanency Review (RPR) process	7/1/2018	6/30/2021	[Bar spanning FY 19-20 to FY 21-22]																																																
Evidence-Based Services (FFPSA Phase 3) - Ginger Griffith/ Vanessa Snoddy																																Goal																			
Identify and define prevention candidacy population	10/1/2019	4/30/2020	[Bar in FY 19-20]																														Increase Florida's utilization of EBPs to enhance safety and well-being, for Florida's families, diverting them from crisis/foster care and increasing pre-crisis contacts thus reducing re-entry.																		
Develop technology solution to capture/report evidence-based service delivery	7/1/2020	12/31/2020	[Bar in FY 20-21]																																																
Engage stakeholder to complete community needs assessment and service gap analysis	7/1/2019	6/30/2020	[Bar spanning FY 19-20]																																																
Development and submission of IV-E Prevention Plan	1/24/2020	7/31/2020	[Bar in FY 19-20]																																																
Install EBP services in identified gap service areas	10/1/2020	9/30/2021	[Bar spanning FY 20-21]																																																





**Phase 1 Path Forward:**

**Goal 1:** Develop state programs that positively impact relative/nonrelative caregivers and young adults while extending our Title IV-E footprint to close funding shortfall:

Path Forward (FFPSA Phase 1)	In Progress	Complete	Actions:	Future Plans:
Post-implementation support for Guardianship Assistance Program, Extended Foster Care, Foster Care Candidacy, Random Moment Sampling, and Level 1 Licensure:		Yes- In Operation/ Monitoring	<p>OCW is providing support through trainings, statewide monthly calls, annual conferences, and agency or case-specific assistance.</p> <p>Effective January 1, 2019-Transitioned Florida’s state funded Extended Foster Care Program to a federally funded program supported with Title IV-E dollars.</p> <p>Effective July 1, 2019 - Restructured Florida’s Foster Home Model to include Levels I through IV, introducing a new Level I Child-Specific License for relatives and fictive kin to support GAP implementation</p> <p>Provided additional opportunity to allow Florida to claim federal reimbursement of administrative costs for a child at serious or imminent risk of entering foster care when: 1) The child resides with a parent or guardian, and 2) Reasonable efforts are being made by an investigator or case manager to prevent the child’s removal</p>	Continue to provide the current level of support.

Path Forward (FFPSA Phase 1)	In Progress	Complete	Actions:	Future Plans:
Implementation of quality assurance process for Path Forward initiatives in post- implementing stage:		Yes- In Operation/ Monitoring	Extended Foster Care (EFC) cases were added to foster care funding source in CFOP for inclusion in Federal Monitoring activities, beginning in the 2020-2021 federal fiscal year, completed by CBC's as required by Attachment I of CBC contracts. Foster Care Candidacy QA is executed through the Quality Office as part of Safety Planning reviews. Additionally, a review is completed prior to the approval of each Candidacy determination by Department staff. To monitor the Guardianship Assistance Program (GAP), Extension of Guardianship Assistance Program (EGAP), and Extension of Maintenance Adoption Subsidy (EMAS) programs, review tools have been created and a process for monitoring has been established. The process has been included in draft CFOP 170-15, Chapter 1-9.	OCW will continue to conduct reviews through the processes outlined. Based on the results of reviews, support will be provided as appropriate and necessary.
Revenue maximization through improved cost allocation and claiming:		Yes- In Operation/ Monitoring	Increased Title IV-E eligibility penetration rates for children entering the foster care system.	Efforts will continue to implement the actions identified above and continue to adjust IV-E claims up to the prior 8- quarters. Future plans are also contingent on current actions in progress.
Project financial impact of the implementation of FFPSA group care and evidenced-based practice changes:		Yes	Created a mechanism and process to identify current group care placements and identify if the child and placement provider falls into an FFPSA allowable placement setting.	OCW will continue to request and monitor the data provided by each CBC through implementation.

**Phase 2: Quality Placement Setting Alignment:**

**Goal 2:** Increase the utilization of family-like settings concurrently right size Florida’s utilization and quality of congregate care resulting in increased placement stability, safety, permanency, and well-being.

Quality Placement Setting Alignment	In Progress	Complete	Actions:	Future Plans:
Provide training to install formal Family Finding Services:		Yes	Family Finding train-the-trainer initiated in December 2020. Sessions were conducted on January 7-8, 25-26, February 4-5, 23-24, March 2-3, 15-16, 22-23, and April 6-7, 2021. The Department partnered with USF to develop and conduct an in-depth training to assist child welfare professionals with methods to locate family members or persons with a meaningful connection.	The Department will be required to implement family finding programs statewide as a result of Senate Bill 96, beginning July 1, 2021.
Provide trainings to support the transition and implement a FFPSA settings.	Yes		<p>OCW completed multiple trainings on FFPSA.</p> <p>The initial statewide, FFPSA overview session was provided on April 6, 2018. Some of the key statewide sessions were conducted on July 23, 2018; January 17, 2019; December 10, 2019; December 17, 2019; August 28, 2020; and January 26, 2021. These sessions provided a detailed review of the FFPSA placement setting requirements and new title IV-E prevention services option.</p> <p>Additional informational sessions and trainings have been held on a regular basis and upon request with target stakeholder groups.</p> <p>Completed training on licensing standards with the regional licensing team on December 1 and</p>	<p>Provide an updated training on policy for licensing standards (QRTP) to the regional licensing teams in May 2021.</p> <p>An additional HT TTT will be offered in May 2021 to child-caring agencies seeking to become an at-risk and safe house provider.</p> <p>IV-E Budget training will be provided in May 2021 to all child-caring agencies that will allow for the identification of a IV-E rate.</p> <p>An overview of FFPSA training will be conducted during Florida</p>

Quality Placement Setting Alignment	In Progress	Complete	Actions:	Future Plans:
			<p>2, 2020 and with the child caring agencies on December 7 through 14, 2020.</p> <p>OCW conducted a train-the-trainer two day session on placements and assessments with case management, child protective investigators, guardian ad litem, children legal services, placement teams, and single point of contacts appointed to oversee the referrals requesting placement in a higher level of care. These trainings were completed in multiple sessions, held April 22 through April 29, 2020.</p> <p>Developed the Human Trafficking curriculum and Trained TTT for group home providers in November 2020 to train their staff as part of new at-risk for sex trafficking homes and future safe houses.</p>	<p>Dependency Summit in September 2021.</p> <p>Maternity Home training will be offered and conducted by FSU Center for Prevention.</p> <p>Provider FFPSA training to the judiciary staff in August 2021.</p>
Engage CBCs in utilization of Family Foster Home estimator tool to develop and initiate CBC- based recruitment plans:		Yes	Customized the foster home estimator tool to align with Florida’s identified needs. The tool was distributed in April of 2021 for the initial utilization with each CBC. The tool will guide each CBC in determining the foster home settings needed to serve children within their catchment area.	The tool will continue to be utilized annually to determine the number and type of homes each CBC must recruit for the fiscal year.
Expand and enhance delivery of kinship programs/supports:	Yes		OCW received a second grant approval that allows for the establishment, evaluation, and assistance for providers as they become rated in the Title IV-E Prevention Clearinghouse. Florida is currently partnering with Kids Central Inc. (KCI) and Children’s Home Network (CHN) as they align their existing kinship services with the federal requirements. OCW is also partnering with the Florida Institute of Child	OCW has submitted an application for a third grant to allow for the ongoing partnership with KCI, CHN and FICW, with a goal of moving the kinship navigator programs or KCI and CHN towards becoming rated in the clearing house.

Quality Placement Setting Alignment	In Progress	Complete	Actions:	Future Plans:
			Welfare (FICW) to provide support to the providers.	
Align group care placement settings with FFPSA specified settings:		Yes	<p>Developed transition shift model for regions and CBC to use to see baseline, targets and actuals around relative/non-relative placements, foster home capacity, and group care transitions and associated financial impact.</p> <p>Completed Initial draft of new rules and CFOP which was co-constructed with stakeholder input. Rules were adopted on April 30, 2021 with expected effective date of May 20, 2021.</p> <p>Completed initial submission to ACF for review and received feedback on October 5, 2020.</p> <p>Hosted individual consultation sessions with providers interested in becoming a QRTP or At-Risk of Sex Trafficking setting and the regional licensing teams to offer support and eliminate systemic barriers.</p>	<p>Modify SAMH Rule 65E-9 to increase RTC/STGH capacity from 12 to 14 (Sept. 2021)</p> <p>Modify qualified evaluator network contract to incorporate the assessments for QRTP.</p> <p>Submit CFOP policy for publishing by July 2021</p> <p>OCW will provide weekly technical assistance to regional licensing teams beginning June 1, 2021 as they begin to license child caring agencies as an FFPSA setting.</p>
Implementation of quality group care accountability system:	Yes		The Florida Department of Children and Families (Department) engaged the Florida Institute for Child Welfare (Institute) to develop and validate an assessment tool to measure, document, and facilitate quality services in Department licensed residential group homes. The Quality Standards for Group Care was established to set core quality standards for residential group care to ensure that each residential program is managed equally to	The next action items for the Department and Institute include continuing efforts to complete both studies as planned to remain on track for meeting the completion of implementing a Statewide Accountability System by July 2022.

Quality Placement Setting Alignment	In Progress	Complete	Actions:	Future Plans:
			provide high-quality services to the children in their care.	
Train CBCs on Rapid Permanency Review (RPR) Process:		Yes	The Rapid Permanency Reviews (RPR) implementation process for Eckerd Connects Community Alternatives- Pasco & Pinellas (Circuit 6) and Eckerd Connects Community Alternatives Hillsborough (Circuit 13) began in March of 2021. Meetings were held in April of 2021 where each lead agency to identify individuals who would be key participants in the RPR implementation process for the agency and region, as well as, additional implementation items.	OCW continues to train at the request of its community-based care partners. The trainings for key stakeholders, facilitators, and observers will occur on June 23, 2021 for Eckerd Connects Community Alternatives- Pasco & Pinellas and June 24, 2021 for Eckerd Connects Community Alternatives- Hillsborough.

**Phase 3: Evidenced-Based Services Implementation:**

**Goal:** Increase Florida’s utilization of EBPs to enhance safety and well-being, for Florida’s families, diverting them from crisis/foster care and increasing pre-crisis contacts thus reducing re-entry.

Evidence Based Services Implementation	In Progress	Complete	Actions:	Future Plans:
Identify and define prevention candidacy population:		Yes	A Florida FFPSA candidate for IV-E Prevention Program is defined as children and youth, formally assessed through community engagement or abuse hotline reporting to be at risk of entering foster care but who can remain safely in their home or in a kinship placement with the evidence-based prevention services	

Evidence Based Services Implementation	In Progress	Complete	Actions:	Future Plans:
			<p>delivered by the community, through the Community Based Care service network, or through the Department of Children and Families.</p> <p>A child/youth may be at risk imminent of entering foster care based on alleged maltreatment and/or circumstances and characteristics of the family unit, individual parents, and/or children that may affect the parents' ability to safely care for and nurture their children in their own homes.</p> <p>Circumstances or characteristics of the child, parent or kin caregiver that could put children at imminent risk of entering foster care may include, but not limited to:</p> <ul style="list-style-type: none"> <li>• Experiencing or have experienced substance use or addiction</li> <li>• Experiencing or have experienced mental illness</li> <li>• Need in-home parenting support and/or enhanced parental knowledge of child and youth development</li> <li>• Demonstrate limited capacity to function in parenting roles (i.e., interpersonal relationships that are characterized by a lack of coping, escalations to violence and/or power and control dynamics, intergenerational patterns of abuse and/or neglect)</li> <li>• Parental support to address serious needs of a child related to the child's behavior or medical condition</li> <li>• Need Support for a developmental delay</li> </ul>	

Evidence Based Services Implementation	In Progress	Complete	Actions:	Future Plans:
			<ul style="list-style-type: none"> <li>• Need support for a physical or intellectual disability</li> <li>• Support of adoption or guardianship arrangements that are at risk of disruption</li> <li>• Support of parental resiliency and/or concrete resources (i.e., family stressors, poverty)</li> </ul>	
Expand and enhance delivery of kinship programs/supports:	Yes		OCW received a second grant approval that allows for the establishment, evaluation, and assistance for providers as they become rated in the Title IV-E Prevention Clearinghouse. Florida is currently partnering with Kids Central Inc. (KCI) and Children’s Home Network (CHN) as they align their existing kinship services with the federal requirements. OCW is also partnering with Florida Institute of Child Welfare (FICW) to provide support to the providers.	OCW has submitted an application for a third grant to allow for ongoing partnership with KCI, CHN, and FICW, with a goal of moving the kinship navigator programs or KCI and CHN towards becoming rated in the clearing house.
Develop technology solutions to capture/report evidence-based service delivery:	Yes		<p>Drafted FSFN system change requests (Q4 build June 2021) to collect ACF required data elements – exploring more innovative CCWIS solutions for data exchanges.</p> <p>Designed candidacy eligibility, prevention plan, fiscal.</p>	Go-live with functionality in October of 2021.
Engage Stakeholders to complete community needs assessment and service gap analysis:		Yes	Worked in collaboration with the Community-Based Care Lead Agencies to complete additional assessments on services provided within all 20 judicial circuits to determine local community utilization of prevention services and identify service gaps. These assessments were conducted in June 2020 and January 2021	OCW has engaged the Agency for Health Care Administration, the State of Florida Medicaid Office, to further assess community needs and service gaps as it relates to the delivery of serviced covered under

Evidence Based Services Implementation	In Progress	Complete	Actions:	Future Plans:
			and provided a refresh of information into earlier service array assessments conducted in 2018 in partnership with the Casey Family Programs.	Medicaid and the child welfare managed care plans.
Development and submission of IV-E Prevention Plan:	Yes		Completed Initial draft of new state for federal review and approval.	Formally submit and obtain approval from ACF.
Install EBP services in identified gap service areas:	Yes		<p>Selected all well-supported evidenced-based services on the ACF clearinghouse as the initial claiming co-hort.</p> <ol style="list-style-type: none"> <li>1. Motivational Interviewing</li> <li>2. Healthy Family Florida</li> <li>3. *Multisystemic Therapy</li> <li>4. *Home Builders</li> <li>5. *Functional Family Therapy</li> <li>6. *Parent Child Interaction Therapy</li> <li>7. Brief Strategic Family Therapy</li> <li>8. Nurse Family Partnerships</li> <li>9. Parent as Teachers</li> </ol> <p>Initiated Procurement process (RFQ) on January 28, 2021 for a University/Provider to review, approve and collect fidelity data for EB services – connecting to prevention logic model outcomes.</p>	<p>Begin training providers and prevention professions on services 1-6 in August 2021.</p> <p>Deliver EBP provider training to all region/CBCs.</p>

**Phase 4: Community Prevention Services**

**Goal 4: Implement federal legislation to focus service delivery on prevention services and evidence-based practices to new community clients while maximizing federal matching for state funding of the child welfare system:**

Community Prevention Services	In Progress	Complete	Actions:	Future Plans:
Define community client base through needs assessment and align federal grant dollars to those needs	Yes		Identified during the FFPSA Steering Committee and incorporated in the draft CFOP and State Plan	Continue to review and identify the need to expand or decrease the determined population.
Assess/finalize Required MOU Updates:	Yes		Ongoing meetings with OCW and the community stakeholders to determine agreements for incorporation into the MOU	Ongoing review and finalization of MOU in addition to execution and ongoing monitoring
Training development and delivery to stakeholders on updated policy and CCWIS enhancements:	Yes		Draft CFOP for community population has been outlined and reviewed with feedback from the FFPSA steering committee.	FFPSA training will be held during the Department’s Dependency Summit in September 9, 2021.  Additional training development for the CBC and community providers with inclusion of CCWIS documentation and policy.

**Workforce Support**

**Goal 5: Provide the working conditions that the child welfare workforce needs to fully engage children, families, and caregivers in teamwork to achieve child safety, permanency, and well-being.**

Workforce Support	In Progress	Complete	Actions:	Future Plans:
Install Child Protective Investigator’s workforce efficiency recommendations for	Yes		As part of a renewed focus on enhancing CPI efficiencies, a “Proof of Concept” was approved to enhance mobile capabilities for Child Protective Investigators (CPIs), which	FFA Streamline Documentation has been presented to the Sheriff’s Office Child Protective Investigations Units, and agency implementation plans are being

Workforce Support	In Progress	Complete	Actions:	Future Plans:
intake/assessment, staff well-being, training, and mobile technology:			<p>spanned the entire 2020 calendar year. This project included detailed requirements gathering, business process re-engineering, organizational change management, and workforce transition activities to complete development and operationalize a new CPI Investigations mobile module. This supports the Department in meeting its priority objectives that include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Implementing mobile investigations functionality used by Child Protective Investigators; and</li> <li>• Implementing a mobile forms platform solution.</li> </ul> <p>This functionality was piloted with a small group of CPI users in the field during the summer of 2020 to evaluate the efficiencies that can be attained. The roll-out to all remaining Department CPIs was completed in December 2020. Next fiscal year, the Department will prepare to extend pilot CPI Mobile application to two Sheriff's Offices which are responsible for conducting Child Protective Investigations.</p> <p>In addition to CPI mobility, As part of the 2019 CPI Efficiencies Project, the policy and practice guidelines surrounding our documentation in the Family Functioning Assessment (FFA) were carefully reevaluated for consideration of a modified version aimed to allow CPI staff to have more time in the field to devote to working with our families rather than overwhelming documentation obligations. As a result, a streamlined</p>	developed for how each respective Sheriff's Office will incorporate the FFA Streamline Documentation process.

Workforce Support	In Progress	Complete	Actions:	Future Plans:
			<p>documentation approach was created, utilizing core criteria and internal processes that allow for time saving efficiencies while still ensuring a full focus on ensuring child safety and care coordination for our families. This process still requires a full investigative response and all associated tasks, while allowing for streamlined documentation of the FFA. This new streamlined documentation approach was implemented throughout the state in regional pilot sites beginning in April 2020. In August 2020, the Quality Office conducted a thorough analysis of the quality as well as efficiencies captured in the Streamlined FFA Documentation approach. The review concluded best practices to utilize within this approach. Two Regions have fully implemented the FFA Streamline Documentation process, and the other four regions continue within the initial pilot sites.</p>	
<p>Install Case Management workforce efficiencies for training, practice, service delivery, staff well-being, and One Doc technology.</p>		<p>Yes</p>	<p>DCF continues to collaborate with Embrace through the Strong Foundations Grant to strengthen case management proficiency; however concurrently the Department is planning for the development. Piloting is being scheduled for May in the tri-county area. While it was originally intended to pilot in Seminole County, the decision was made that it would put less stress on our system partners to use supervisors from a larger geographic area. Training will be 3 days a week (M/W/F) for 3 weeks in a row with pre-work and homework. All trainees will receive a Participant Guide in advance of the training</p>	<p>Upon implementation of the Title IV-E Prevention Program, staff case load will be recommended to not exceed 15 active cases; however, clinical team approaches and prevention response structure will be considered to allow flexibility to caseload limits. The Department will require community stakeholders under a MOU and subcontracted providers through the CBC to align with Florida’s caseload requirements once established. Each provider will be required to share data on prevention caseloads on the 15<sup>th</sup> day</p>

Workforce Support	In Progress	Complete	Actions:	Future Plans:
			<p>to guide them through the process and to act as a reference tool in the future. At the conclusion of the training, all participants will be able to complete their observations and case review and then, after a minimum of 6 months as supervisor, they will be able to sit for the exam to become fully certified. Our partners at Florida Certification Board are currently working on the exam and developing a handout outlining the certification standards.</p> <p>Executive Leadership prioritized efficiency initiatives to include practice and training standardization of in-home case service delivery as well as technology enhancements to include assessment tool, user view options, and user data entry options-completed in 2021</p>	<p>of each month for the preceding month. The Department also expects all EBP providers working with families to uphold the staffing and caseload requirements specified by each EBPs model to ensure fidelity to the model.</p>

Statewide Collaboration and Partnering	In Progress	Complete	Actions:	Future Plans:
<p>OCW will hire a former foster youth to work alongside policy and practice staff to ensure lived experiences of youth and system partners are heard and incorporated</p>		Yes	<p>Youth Advocate was hired in the Spring of 2020 and has been included in policy development and various workgroups and meetings to share the voice of young adults and youth.</p>	
<p>Continue to actively support the “Crossover Youth Collaboration Protocol” and statewide guiding principles</p>	Yes		<p>The restorative practice and interagency specialist drafted a Local Review Team Policy for dissemination to the field to guide on process and supports to help prevent entry into foster care.</p>	<p>Finalize newly developed policy</p>

Statewide Collaboration and Partnering	In Progress	Complete	Actions:	Future Plans:
Support and leverage the Strong Foundations (SF) federal grant implementation for statewide impact	Yes		<p>OCW continues to attend monthly meetings with SF to provide ongoing support as the implementation goes forth. Support is also offered from the Department’s IT and Training teams.</p> <p>Pilot has been finalized in Orange County for conditions for return.</p> <p>The Florida Certification Board (FCB) has been busy developing documents to support the new credentialing process, including a one-page overview with the standards outlined.</p> <p>A model that predicts case complexity has been decided upon and our vendor, working alongside Embrace Families and DCF data professionals, is moving to the next phase of development. This will include creating a training and instructions on the use of the tool. We are excited to launch this in Osceola County in the near future.</p>	<p>Additional pilot sites have been identified in Osceola and Seminole Counties for the Conditions for Return process.</p> <p>In the process of identifying time frames to launch the trainings.</p> <p>The pilot for supervisory certification will start in May and will go for three weeks.</p>

Table 2 depicts the role and responsibility for completing the assessments, prevention plan, data entry, and face to face contact with families.

Title IV-E Prevention Program Role and Responsibility					
Targeted Population	Initial /Re-examination Risk/Safety Assessment	Update Risk/Safety Assessment	Prevention Plan	Face to Face Visitation	FSFN Entry
<b>Primary: Families in the community who are not under dependency supervision or have an active intake with DCF</b>	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)
<b>Secondary: Family receiving pre-crisis services from a Community Stakeholder or DCF</b>	<b>Families w/out DCF involvement:</b> Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)
	<b>Families with DCF risk level of low to very high:</b> Child Protective Investigator	CBC Subcontracted provider or Community Service Provider			
<b>Tertiary: Families under dependency supervision through non-judicial or judicial intervention</b>	Child Protective Investigator	CBC Dependency Case Manager			

## **Family First Transition Act Funding (FFTA)**

The FFTA funding under the Families First Services and Prevention Act (FFPSA) is available to assist states with transition to implementation of FFPSA. To continue the system's ability to keep children safe at home, the system must be able to maintain and expand current capacity for in-home services including implementation of evidence-based standards.

The Department received state budget authority for the FFTA dollars allocated to Florida. The Department is currently in the process of contract procurements for five well-supported EBPs: Homebuilders, Motivational Interviewing, Parent Child Interaction Therapy, Multisystemic Therapy, Family Functioning Therapy, along with a contract for fidelity monitoring of the EBP service delivery. The plan is to execute contracts begin May 2021 with a beginning dates for trainings/certification by August 2021.

## **Foster Home Placement**

- The DCF Office of Child Welfare will make available TBRI practitioner training through the Karyn Purvis Institute of Child Development to Community-Based Care Lead Agencies to support the recruitment and retention of out-of-home caregivers including foster parents and child-caring agencies. Family First Transition Act funds will be utilized to cover the cost of implementing this evidence-based prevention service.

TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI® is connection.

Website: <https://child.tcu.edu/#sthash.zBe28TvK.dpbs>

- Provide one-time licensing supports directly to enhanced level II foster parents up to \$1,000.00 per child.
- Provide mentoring and coaching to foster homes taking teens and large sibling groups.

**PERFORMANCE TARGETS FOR 2020-2024**

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

		Goal 1	Goal 2	Goal 3		Goal 4
	CFSP Target Date for Achievement	Strategic Initiative 1	Strategic Initiative 2	Strategic Initiative 3	Strategic Initiative 4	Strategic Initiative 5
<b>Safety Outcome 1: Children are first and foremost protected from abuse and neglect.</b>						
Percent of Alleged Child Victims Seen within 24 Hours.	95% 9/30/2020 Achieved 9/30/2019					X
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.</b>						
Item 2, Services to family to protect child(ren) in the home and prevent removal or reentry.	85% 9/30/2020 Achieved 6/30/2018	X	X	X	X	X
Item 3, Risk and Safety Assessment and Management.	77% Achieved 12/30/2020	X				X
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>						
Item 4, Stability of foster care placement.	88% 9/30/2020	X	X			
Item 5, Appropriate and Timely Permanency Goals Established.	82% 9/30/2020 Achieved 3/30/2018					X
Item 6, Achieve Reunification, Guardianship, Adoption, or Other Planned Living Arrangement.	75% 9/30/2020	X			X	X
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved for children</b>						
Item 7, Placement with Siblings.	90% 9/30/2024		X			
Item 8, Child visits with Parents and Siblings in Foster Care.	90% 9/30/2024		X			X
Item 9, Preserving Child's Connections.	90% 9/30/2024	X	X		X	X

Item 10, Relative Placement.	90% 9/30/2024 Achieved 6/30/2018	X	X			X
Item 11, Relationship of Child in Care with Parents.	90% 9/30/2024	X	X			X
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.</b>						
Item 12, Needs and Services of Child, Parents, and Foster Parents.	58% 9/30/2020 Achieved 12/30/2020	X	X	X	X	X
Item 13, Child and Family Involvement in Case Planning.	70% 9/30/2020 Achieved 3/30/2018				X	X
Item 14, Quality and Frequency of Caseworker Visits with Child.	78% 9/30/2020 Achieved 12/30/2018		X			X
Item 15, Caseworker Visits with Parents.	51.1% 9/30/2020 Achieved 6/30/2018		X			X
<b>Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.</b>						
Item 16, Educational needs for Child.	90% 9/30/2024	X	X			X
<b>Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.</b>						
Item 17. Physical Health of the Child.	90% 9/30/2024	X		X	X	
Item 18 Mental/Behavioral Health of the Child.	90% 9/30/2024	X		X	X	

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

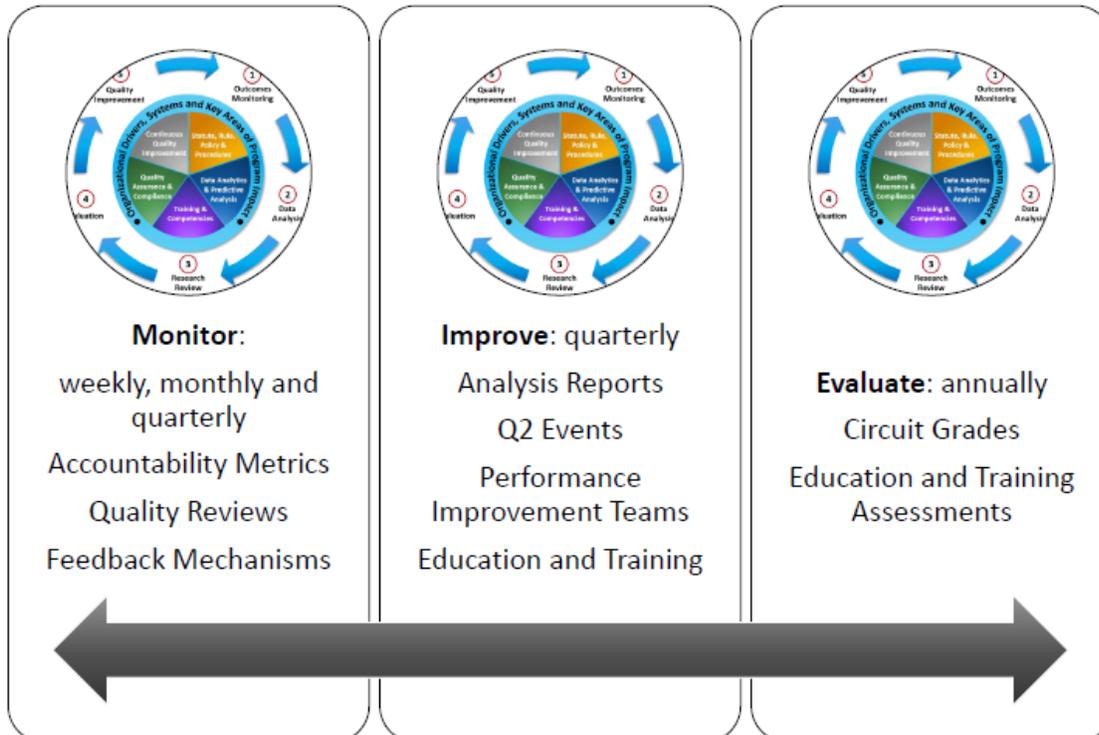
## Legislative Update

- SB 68/ HB 691 – Public Records/ Domestic Violence Centers (DV/OCW)
  - SB 68 exempts the names of workers in Domestic Violence Centers from Public Records. This is a win for survivors and employees to ensure their protection and safety.
- SB 70/ HB 689 – Domestic Violence Centers (DV/OCW)
  - SB 70 prohibits the unlawful and malicious disclosure of the location of Domestic Violence Centers. This is a win for survivors and workers in Domestic Violence Centers as it provides criminal penalties for individuals who disclose information with malicious intent to reveal the location of DV centers.
- SB 80 – Child Welfare (refer also to HB 1473) (OCW, CLS)
  - SB 80 makes changes to the child welfare system, especially in terms of placement decisions and transitions of children in out-of-home care and codifies Florida's Foster Information Center. This is a win because it considers the welfare of each individual child when making placement decisions and brings us closer to ensuring that the child is in the best possible placement from the outset.
- SB 96 – Department of Children and Families (Contains provisions of SB 92, SB 900, HB 1447, HB 7039, and HB 1093) (OCW, SAMH, CLS)
  - SB 96 makes several changes to statute to strengthen the reporting of suspected child abuse and gives the Department necessary tools to identify and investigate child sexual abuse. The bill promotes accountability for the Department's contracted child abuse and behavioral health providers as well as creates a mental health commission to investigate and make recommendations on how to best provide and facilitate mental health and substance abuse services in the state. This is a win for the entire system of care as it increases accountability and improves upon the work already being done by the Department.
- SB 98/HB 1507 – Workforce Related Programs (ESS)
  - SB 98/ HB 1507 creates a mechanism by which the state can assess workforce-related programs and requires the Department and DEO in collaboration to evaluate the impact of those services on participants receiving benefits and welfare transaction programs. This is a win because it creates a system-wide approach to improve the equity and access for all Floridians to have the opportunity to achieve self-sufficiency.
- SB 252/HB 1287 – Child Care Facilities (CCR/OCW)
  - SB 252/ HB 1287 creates the "Child Safety Alarm Act" which requires vehicles used by child care facilities to be equipped with alarm systems to ensure that no children are left in the vehicle. This is a win because it creates a response system that improves the safety of children and individuals transported in child care facility vehicles.

- SB 590/ HB 7035 – School Safety (SAMH)
  - SB 590 strengthens communication between schools and parents on issues related to school safety and student mental health. This is a win because it strengthens the Department’s data collection and provides guidance to schools and supports for students dealing with mental health issues.
  -
- SB 606/ HB 1231 – Domestic Violence (Department Bill) (DV/OCW)
  - HB 1231 ensures better funding and fiscal management for domestic violence centers and reestablishes a standardized batterers’ intervention program in the state. This is a win because it improves the quality of, and services provided by certified Domestic Violence Centers in order to support survivors of domestic violence and holds perpetrators accountable.
- SB 804/ HB 319 – Substance Abuse Service Providers (SAMH)
  - SB 804 updates and amends statute related to the regulation of substance abuse treatment programs, including recovery residences. This is a win because it improves the accountability of substance abuse service providers to ensure that the people served are being cared for in a safe and professional manner.
- SB 1282/HB 419 – Early Learning and Early Grade Success (CCR/OCW)
  - SB 1282/HB 419 Moves the Gold Seal Quality Care program from the Department to the Department of Education and requires a representative from the Office of Child Care Regulation to serve as a member of each Early Learning Coalition.

As noted in the Assessment of Current Performance in Achieving Outcomes, Quality Assurance Systemic Factor, Florida adopted [Results-Oriented Accountability \(ROA\)](#) as its continuous quality improvement framework. The Department created an agency-wide Quality Office based on legislation in the 2020 session. The Quality Office integrated case record reviews, data analysis, performance improvement, and training for the Department under one division.

## Taking Results-Oriented Accountability to the Next Level



Foundational Administrative Structure: Florida has a strong structure in place with implementation of the Quality Office. The Quality Review portion of the Quality Office is comprised of three (3) regional teams and one Special Review team under the supervision of the Quality Review Director. These review teams conduct the Life of Case record reviews beginning with child protection investigations at three intervals, ending with the closure review. Feedback is provided to the field at each interval to allow for real-time influence if deficiencies are found during the review. Immediate Child Safety Actions Required cases are sent to the local point of contact for the field to address right away. The Quality Office is planning to implement the Life of Case record review instrument for Ongoing services at the beginning of the next fiscal year.

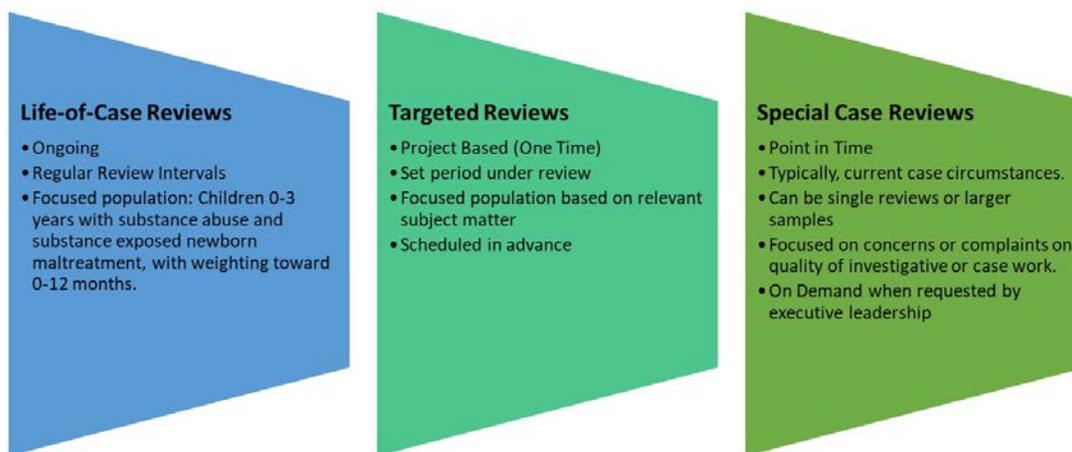
Community-based Care lead agencies have Quality Management teams that conduct Rapid Safety Feedback case record reviews on in-home cases with a child under the age of three with substance use and domestic violence related maltreatments and Florida CQI reviews using the CFSR Online Monitoring System (OMS) on a random sample of all cases. Florida completed its PIP monitored cases December 31, 2020. As noted above, the Life of Case for ongoing services review instrument was developed using the Rapid Safety Feedback, CFSR, and other special review criteria. Once the instrument has been finalized, the Quality Office reviewers will continue to review cases that closed from investigations and were transferred to ongoing services. The CBCs will select cases not being

reviewed by the Quality Office and again review at prescribed intervals until permanency has been reached and supervision terminated.

Florida's Quality Assurance system has been updated as the Quality Office integrates quality reviews, data analysis, performance improvement, and training in one division.

### Quality Reviews

The Quality Review team is comprised of three regional managers and a special review manager under one Director of Quality Reviews. The Quality Review team developed a Life-of-Case review instrument for child protective investigations that incorporated the prior review types of Rapid Safety Feedback, fidelity reviews, special opioid reviews, review tools from other states, and components of the CFSR into one instrument that is used to review investigations in three intervals through the life of the case. These reviews focus on the most vulnerable children in investigations, those zero to three years of age with any substance use related maltreatment with a primary focus on children zero to twelve months of age. The Quality Office is in the testing phase for the ongoing services portion of the Life-of-Case tool that also incorporates the Rapid Safety Feedback, CFSR, fidelity, and review tools from other states, to have one tool, to be reviewed at various intervals through the life of the ongoing services case until the children reach permanency and supervision is terminated. The types of reviews completed by the Quality Review team include Life of Case, Targeted, and Special reviews.



The Florida CQI, PIP monitored cases, and Rapid Safety Feedback case record review process is fully described in [Windows into Practice](#), the state's guidelines for quality reviews and in the Assessment of Current Performance in Achieving Outcomes chapter. A reviewer guide was published for the Life of Case Reviews for investigations. The findings from the reviews are shared with the Quality Assurance Managers across the state, including leadership, as well as posted on the applicable dashboards. More detail on the findings of quality case reviews is available in Chapter 2, Assessment of Current Performance in Achieving Outcomes.

### Data Analysis

Florida has strong data collection for both quantitative and qualitative performance. Quantitative data from FSN is used to track performance on all cases for the Accountability metrics for Investigations, Children's Legal Services, and case management as well as other metrics. Qualitative data is captured through case file reviews including Life of Case for investigations and until the Life of Case quality review instrument is finalized, Florida CQI, PIP monitored cases, and Rapid Safety Feedback reviews. More detail on the qualitative and quantitative performance is available in the Assessment of Current Performance in Achieving Outcomes (Chapter 2).

## Analysis and Dissemination of Quality Data

Accountability metrics were created for each region and judicial circuit with Qualitative performance from the Life of Case for CPI reviews. The Quality Office data team analyzes the data for all accountability performance metrics. In addition, the Office of Child Welfare has a Data Analysis Unit that works closely with the Quality Office Data Team. As noted in Chapter 2, the Office of Child Welfare Data Analysis Unit produces a monthly key indicator report that includes a full analysis of child welfare metrics. The performance on the qualitative (and quantitative) data is shared at the Quarterly Quality Events. Dashboards have been created in Qualtrics to show performance across all the Life of Case reviews. The Quality Office is currently working on a website to publish findings from reviews. The performance on accountability metrics are shared with each region, judicial circuit, and CBC during the quarterly quality events.

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

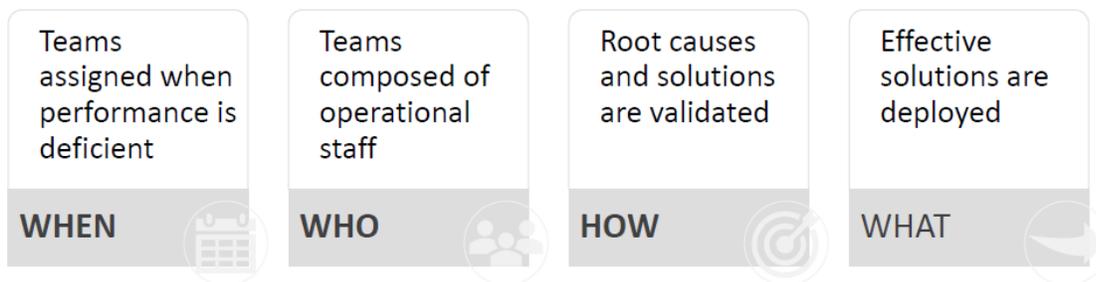
As noted above and in Chapter 2 (Assessment of Current Performance in Achieving Outcomes) and Chapter 3 (Update to the Plan to Enact the State’s Vision and Progress to Improve Outcomes), much work has been done and continues to be done with decision makers to adjust programs. The Department worked with community stakeholders to identify accountability metrics using both quantitative and qualitative data points. Performance on the accountability metrics is shared at the Quarterly Quality Events with each region presenting strategies to improve performance on metrics not meeting targets. Data from the metrics and qualitative data is also shared on public dashboards, as well as in the Key Indicator report, and during the final PIP data presentation in January 2021. More detail is included in Chapter 2 including the plan for CBCs to include stakeholders including youth, foster parents, and biological parents.

## Performance Improvement

The Performance improvement team works under the Data Analysis division within the Quality Office and coordinates the Quarterly Quality Events. These events include stakeholders from each region, judicial circuit, and CBC and includes a component for the areas to address ‘pain points,’ accountability metrics not meeting targets or local drivers of activities to meet those targets.



## Performance Improvement



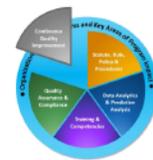
Examples of pain points discussed during the Quarterly Quality Events held this year include:

- Achieving permanency for children in out of home care within twelve months of entry,
  - Focusing on Conditions for Return for more timely safe reunifications,
  - Case complexity is factor in delays to permanency,
  - Placing sibling groups together at removal,
  - Retention of workforce,
  - Providing administrative support for case managers,
  - Increase foster home capacity to transition children from congregate care to family foster homes,
  - Using Family Finders to support kinship placements,
  - Creating permanency action teams to review cases, and
  - Meeting on cases with substance use allegations to make the best decisions for the family.

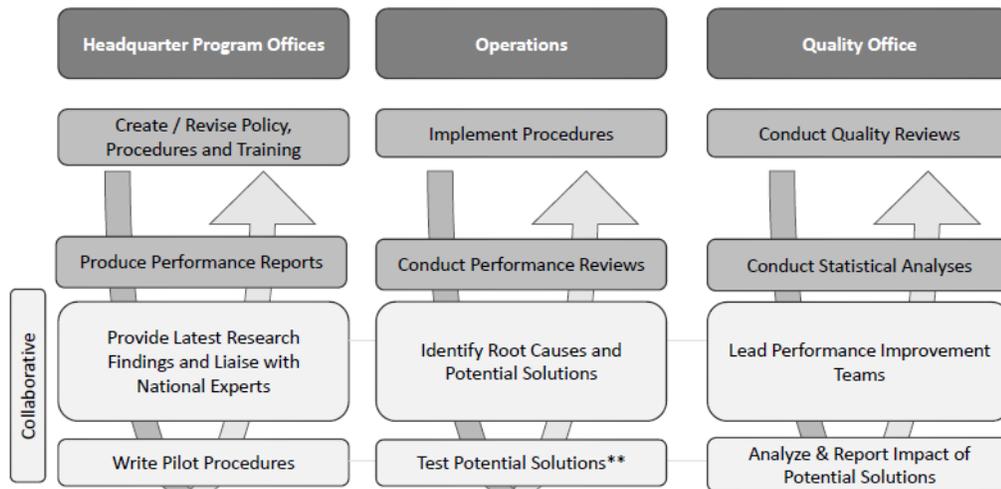
### Training

The enterprise training division of the Quality Office is comprised of general training and the Offices of Child Welfare and Economic Self Sufficiency. This enables the Department to work across programs to update training policy and procedure and curricula to ensure training needs identified from qualitative reviews and quantitative data analysis can be expeditiously addressed.

The enterprise Quality Office represents the full maturation of ROA.



## Full Maturation of ROA



The Quality Assurance and Continuous Quality Improvement System was used to identify areas needing improvement which are described in detail in the Assessment of Current Performance in Achieving Outcomes chapter. The state participated in two large scale improvement exercises during the last year, 100 Days of Summer sponsored by Casey Family Programs, and the PIP Prototype with the Children’s Bureau, Capacity Building Center for States, and Capacity Building Center for Courts.

## 100 Days of Summer

The 100 Days of Summer program was led by Casey Family Programs and challenged the state to re-visit its acceptance of families into investigations. The teams were comprised of the Department, partner providers, and stakeholders with lived experience. Data was presented that showed the number of reports received by the hotline from the top reporters of abuse and neglect frequently did not result in an investigation with verified findings. The state was tasked with determining an alternative response to families that needed assistance rather than an investigation. Florida selected to focus its work on reports of substance exposed newborns.

### PIP Prototype

The PIP Prototype is a process used by other states to develop their Program Improvement Plans (PIPs) resulting from their Child and Family Services Reviews (CFSRs). As Florida was coming to the end of this PIP, the process was used to identify cross cutting challenges for the state post PIP and to prepare for the next round of the CFSR. The groups were comprised of experts from across the country, the Children's Bureau, the Department, partner providers, and stakeholders with lived experience. The process yielded several cross-cutting factors that impacts the state's performance resulting in not achieving all the CFSR outcomes.

- Workforce Development
- Family Engagement
- Case Complexity
- Conditions for Return

The Strong Foundations Program with the Children's Bureau led by Embrace Families, the Lead Agency in the Orlando area is focused on enhancing supervision through a Supervisor Certification Program, Conditions for Return through an extensive training program, and case complexity by developing a scaling instrument.

An improvement team was created to review the recommendations from the 100 Days of Summer and the PIP Prototype, and the Department is planning on focusing its efforts from the PIP Prototype on Family Engagement, which was the focus of its PIP.

Florida is now part of a third major project, the next round of Thriving Families which is looking to enhance the involvement of stakeholders with lived experience and reduce racial disparity in its child welfare system. More information about this initiative will be presented in the APSR next year.

Florida Quality Assurance and Continuous Quality Improvement processes were used to achieve goals, outcomes, and objectives. Numerous intervention strategies have been described under specific CFSR items in Chapter 2. Florida met all its outcomes on the PIP except Permanency 1. Chapter 2 describes improvement activities to meet that outcome in the future. It was also one of the state's 'pain points' in the most recent Quarterly Quality Event. The Quality Assurance system was also used to revise goals. The state had an internal target of seeing 85% of children in investigations within 24 hours of receiving the report of suspected maltreatment. That goal was revised to 90%, realizing the CFSR measures *case* in which all children were seen timely. This change drove practice changes and Florida achieved its PIP target on this item. Interventions are highlighted in Chapter 2 under each CFSR item.

Florida established several mechanisms to keep stakeholders involved in its progress toward achieving goals, outcomes, and objectives. The statewide performance dashboards are published on Florida's Center for Child Welfare and Department websites as described in the Assessment of Current Performance in Achieving Outcomes chapter. The Criminal Justice Act (CJA) task force utilized as the PIP steering committee was kept apprised of the progress of the state in reaching PIP targets and updates from each region at quarterly meetings. Each region of the state created workgroups including local stakeholders to update PIP activities as more activities were needed to reach targets. The Quality Office was created during the 2020 legislative session and implemented July 1, 2020. The

Quality Office has already strengthened the transparency between the Department and its stakeholders, through its Quarterly Quality Events to review performance and encourage feedback from those stakeholders for improvement efforts.

### **Self-Review State**

Florida's current Quality Assurance model utilizes the federal Onsite Review Instrument (ORSI) as its only tool for PIP monitored and ongoing Florida CQI reviews and is supplemented with the Rapid Safety Feedback (RSF) reviews for specific populations for children for case management. The Life of Case record review instrument was developed bases on the CFSR, RSF, and other specialized reviews to create a comprehensive review instrument to be used at various intervals through the life of a case. Florida will continue to conduct full CFSR like reviews using the OMS in partnership with CBC lead agencies as the Life of Case review instrument of ongoing services is implemented later this year.

Continuing the CFSR like reviews using the OMS will maintain and enhance the state's ability to conduct a state case review process for Round 4 of the CFSR. The Florida CQI reviews are currently conducted using the OMS; however, the Florida CQI reviews by the CBCs will be replaced with full CFSR like reviews conducted by a team comprised of a Department and CBC quality reviewer, just as Florida did its PIP. These reviews will be also conducted using the Online Monitoring System (OMS) within the Children's Bureau website. The Quality Office Supervisor will conduct the first level of Quality Assurance review of the completed instrument to ensure it is completed accurately and completely.

### Overview of Child Welfare System of Care

The Department contracts for the delivery of child welfare services through [Community-Based Care](#) (CBC). The CBC Service delivery is coordinated through an administrative structure of six geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within the six Department regions, CBCs are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption. Many CBCs contract with subcontractors for case management and direct care services to children and their families. This system allows local agencies to engage community partners in designing and modifying their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Florida Abuse Hotline (Hotline), conducting child protective investigations, and providing legal representation in court proceedings. CBC responsibilities are codified in section 409.988, Florida Statutes, requiring that CBCs shall:

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

Child protective investigation requirements are defined and delivered pursuant to Chapter 39, Florida Statutes. The Department is responsible for conducting child protective investigations in 60 of 67 Florida counties. Pursuant to 39.3065, F.S., Sheriff's offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee, Seminole, and Walton counties) conduct child protective investigations through contract and grants with the Department. The Department's website provides a [Community- Based Care Lead Agency map](#) which also shows the six regions and 20 circuits.

Child Protection Teams (CPT) are provided under contracts through Department of Health, Children's Medical Services Program. Child Protection Teams provide specialized diagnostic assessment and evaluation.

### Child Welfare and Behavioral Health Systems Integration

Given that families entering the child welfare system can present with multiple needs, there is the opportunity to not only maintain child safety, but also provide services that may address additional needs for behavioral health and economic independence. This more comprehensive approach can reduce the families from entering our system in the future and prevent further states of crisis.

Children living in low socioeconomic status households are at significantly greater risk of experiencing maltreatment<sup>15</sup>, making the collaboration between child welfare and economic welfare is vital for families to sustain long-term well-being. While use of incidental and emergency financial assistance are available to families in the child welfare system, linkage to ongoing financial supports are not often made. Additionally, both children and adults entering the child welfare system have behavioral health needs that are addressed more thoroughly in the Child Welfare/Substance Use and Mental Health strategies.

From the use of differential response to address concrete needs of families that come to the attention of child welfare to including assessment and connection to benefits as “reasonable efforts” in preserving families, there are significant opportunities for child welfare, economic welfare, and behavioral health to work together to support positive outcomes for families. Differential response offers an opportunity for our system to respond to families that present with needs but are not an immediate safety concern. If families are assessed prior to commencement or as an alternative to commencing an investigation, community supports, and services can be offered upfront. Utilizing multidisciplinary expertise, a family’s needs can be assessed from a comprehensive lens, allowing for more well-informed safety decision-making, and the linkage to prevention and intervention services.

Once child welfare professionals are involved in an investigation, information-gathering would include upfront and ongoing multidisciplinary team staffings to ensure appropriate decision-making. The Office of Child Welfare, the Office of Economic Self-Sufficiency, and the Office of Substance Abuse and Mental Health can strengthen partnerships and communication to link families to the appropriate economic resources and behavioral health services up-front and during active investigations. Joint planning for stability would include whether families are receiving or eligible for benefits such as Supplemental Nutrition Assistance Program (SNAP) food assistance, Temporary Assistance for Needy Families (TANF) cash assistance and Medicaid.<sup>16</sup> In Florida, eligibility for these services are available through the Department’s Office of Economic Self-Sufficiency and can provide a step toward economic well-being for families at-risk or involved in the child welfare system. The Office of Substance Abuse and Mental Health also provides funding for behavioral health services for the indigent and underinsured and can provide linkage to the behavioral health provider network.<sup>17</sup>

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<sup>15</sup> Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress.

<sup>16</sup> Martin, M. and Citrin, A. (2014). *Prevent, Protect and Provide: How child welfare can better support low-income families*. [online] Center for the Study of Social Policy. Retrieved from <https://cssp.org/wp-content/uploads/2018/11/Prevent-Protect-Provide-Brief.pdf>.

<sup>17</sup> Florida Department of Children and Families Integration Plan (2019-2022), page 24.

The Department identified integration of the child welfare and behavioral health systems as a priority to enhance the services and communication regarding parents involved in the child welfare system.

In 2017, parental alcohol or drug use was documented as a circumstance associated with the child’s removal for over 40 percent of all children placed in foster care nationally.<sup>18</sup> Ongoing coordination between child welfare professionals and behavioral health providers allows for more effective collaboration between the systems and results in better outcomes for the family. Joint case planning allows for a family-focused case plan monitored by both systems to reduce conflicts between case plan and treatment plan goals.<sup>19</sup>



As a continued priority, an Integration Advisory focus group was formed with statewide representatives from the Department and contracted stakeholders that held expertise in best practices and were actively involved in their local integration efforts. This committee met in July 2019 to share the status of integration efforts and shape statewide strategies moving forward.

### Prevention Programs, A Statewide and Local Collaborative Approach

	SFY 2019-2020
Circle of Parents	Enhanced data collection efforts are being implemented
Healthy Families Florida (HFF)	9,175 families
Source: HFF	18,175 children
Family Support Services	17,049 children
Source: FSFN	

The Department is the Community-Based Child Abuse Prevention (CBCAP) lead agency designated to administer the CBCAP Grant, which includes the development, implementation, and monitoring of the Child Abuse Prevention and

<sup>18</sup> U.S. Department of Health and Human Services, Children’s Bureau. (2018, November 8). *AFCARS Report #25*. Retrieved from <https://www.acf.hhs.gov/cb/resource/afcars-report-25>.

<sup>19</sup> Osterling, K.L., & Austin, M.J. (2008). Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications. *Journal of Evidence-Based Social Work*, 5(2), pp. 157-189. Retrieved from <https://pdfs.semanticscholar.org/c5c5/5b0d926b77ba381847c79abef89ee044fcf7.pdf>.

Treatment Act (CAPTA) Plan. The CAPTA Plan is described in the CBCAP Grant Annual Report submitted to the Children’s Bureau in January 2021 for the reporting period October 1, 2019 through September 30, 2020.

The Office of Child Welfare (OCW) builds partnerships at the state level that promote, support, and enhance local strategies. The goal is to implement strategies to achieve positive outcomes for families and children by encouraging them to participate in services early before economic factors or other stressors cause a crisis that results in child maltreatment. The OCW engages in multiple activities to advance primary prevention:

- Collaboration with state and local partners to create, promote, and implement evidence-based prevention strategies,
- Provide Healthy Families Florida access (HFF) to Families Safe Families Network (FSFN) to track outcomes for families participating,
- Expand methods for collecting, measuring, and reporting family support services and outcomes, and
- Focus on the provision of an effective local family support service array through the Contract Monitoring and Oversight (COU) standards and monitoring process. This includes use of the COU process to identify best practices and disseminate the information.

The Department’s regional leadership, community development administrators, specialists, and public information officers will continue to collaborate with local CBCs on area-specific prevention initiatives that meet the needs of Florida’s multi-ethnic and multi-cultural population.

The establishment of community-based care in Florida is driven by the values that effective primary prevention services must be located within communities where families live, where they are easily accessible, and culturally responsive. The Department believes there is a strong correlation between the statistically significant reduction in the proportion of child victims per 1,000 in the population and the constellation of prevention efforts described in this section.

The Title IV-E Waiver Demonstration Final Report (Final Waiver Evaluation) was successfully used by Community-Based Care lead agencies (CBCs) to create and expand a variety of local services to prevent families from formally entering the child welfare system and to help children remain safely in their home. The Regions and CBCs have established strong partnerships locally to reach families in need.

#### **Coordination with Executive Office of the Governor’s Office of Adoption and Child Protection (OACP)**

The Office of Child Welfare provides ongoing technical assistance and supports OACP’s many activities including prevention planning. Planning for prevention activities often includes other state agencies, including the Department of Education (DOE), Health (DOH), Juvenile Justice (DJJ), Law Enforcement (FDLE), and the Agency for Persons with Disabilities (APD), are partners.

Department staff from the Regions participate on the Local Planning Teams that work in specific geographical areas under the guidance of OACP. These Local Planning Teams are convened in each of the twenty judicial circuits around the state. Aligned geographically with the judiciary and the Department’s operational circuits, representation on these Local Planning Teams is consistent with the make-up of the statewide Advisory Council. In conjunction with the OACP and other state-level partners, the Department continues to develop and participate in public awareness campaigns that target the preventable causes of child death.

## **Public Awareness Campaigns**

Governor Ron DeSantis signed a [proclamation](#) designating April as Child Abuse Prevention Month to remind Floridians of the importance of preventing child abuse and neglect and in recognition of the annual Pinwheels for Prevention™ campaign. First Lady Casey DeSantis serves Chair of the Florida Children and Youth Cabinet.

Florida's annual campaign conducted in April is Pinwheels for Prevention™. Due to COVID-19, statewide prevention efforts have shifted to a nearly wholly virtual campaign. In previous years, Florida's Prevent Child Abuse (PCA Florida) Chapter traveled throughout the state providing training and orientation for the agency's public information staff and to local prevention and permanency councils. The annual Pinwheels for Prevention™ campaign historically has included:

- Distribution of The Family Advocacy Guide, available in English and Spanish which provides information on different ways individuals, businesses and organizations can strengthen families and promote healthy child development in their communities,
- Publication and distribution of Community Resource Packets,
- Broadcast of television and radio public service announcements in English and Spanish,
- Holding a press conference to launch the campaign in collaboration with the Governor's office, other state, and local officials; and parents served,
- Coordination and advertisement of community events based on a central statewide theme, and
- Providing a campaign toolkit with sample press releases, social media posts, and letters/opinion articles for local publication. The campaign also has as its centerpiece special events, press conferences, and pinwheel displays in every corner of the state.

The Department utilizes the FrameWorks Institute of Prevent Child Abuse America to shift awareness campaigns from recognizing and reporting child abuse/neglect to understanding developmentally appropriate parenting practices. The Department will continue to use evaluations of past campaigns to inform ways to improve alignment with the FrameWorks model.

## **Prevent Child Abuse Florida (PCA Florida)**

PCA Florida is the Prevention Services Unit in the Ounce of Prevention Fund of Florida, Inc. (Ounce). Through a contract with the Department, the Ounce serves as the state Chapter Liaison for Prevent Child Abuse America (PCA America). The Ounce maintains the charter agreement with PCA America. The Ounce participates in and accesses the network of state chapters for research-based best practices, campaign strategies and resources, and summaries of successful prevention services and supports.

## **Parent Peer Support**

The Department's contract with the Ounce also funds the Circle of Parents® Program. The Ounce provides training and technical assistance to local providers throughout Florida who agree to host and facilitate a local meeting using the Circle of Parents® model. The technical assistance provided includes how to recruit families and sustain a local Circle.

Part of a national model and network, the Circle of Parents® provides a non-judgmental, supportive environment led by parents and other caregivers. The practice of shared leadership among facilitators and parents ensures participants both receive and provide help to others. Families receive resource information through the informal family-friendly group meeting format. The interaction of families provides reassurance that challenges parents face are neither unique nor insurmountable. Parents improve communication and problem-solving skills through their discussions of the frustrations and successes involved in challenging family circumstances.

Currently, there are nearly 50 Circle of Parents® programs throughout Florida. The program’s webpage on the Ounce’s website offers an interactive map to find a local meeting. <https://www.ounce.org/circlegroupsmmap.html>

The Ounce and regions are currently working to develop Circles that will specifically serve fathers. The Ounce is also collecting data to establish the number of parents participating in Circle of Parents®.

## Efforts to Track and Prevent Child Maltreatment Deaths

### Child Fatality Prevention Website

The OCW maintains the [Child Fatality Prevention](#) website which provides a data dashboard and child fatality information. This website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. It is the Department’s hope that the data and the narratives provided are “a call to action for communities to join the Department to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths.” Additionally, the Department and community partners use this data to improve child welfare practice to better protect children and assist at-risk families.

This website includes information regarding all child fatalities called into the Florida Abuse Hotline (Hotline) alleged to be a result of abuse or neglect. The definitions for abuse, abandonment, and neglect can be found in [Chapter 39, Florida Statutes](#). The data can be sorted and viewed by county, child's age, causal factor, and prior involvement. The website features current year data as well as historical information dating back to 2009. On the Child Fatality Prevention homepage, there is a chart with the most recent five years of historical data to provide the capability for greater trend analysis. Current and past data reveals three notable trends:

- Drowning continues to be a primary cause of preventable death among children in Florida. Unsupervised access to pools, spas/tubs, and open bodies of water remains a potential threat to child safety.
- Asphyxia, often the result of unsafe sleep practices, claims the lives of younger children, primarily infants.
- Trauma/wounds caused by a weapon, primarily the use of firearms or bodily force (e.g., fists or feet) to inflict harm, represents less than 10% of all child fatalities reported to the Florida Abuse Hotline in any given year.

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

This webpage is updated weekly with information available from the Hotline and the Department’s field staff. Supporting documents are posted after the case is closed following a review by a regional child fatality prevention specialist. Information provided includes the cause and circumstances surrounding the death; age and gender of the deceased child; previous reports of child abuse or neglect; and actions taken by the Department.

### Statewide Child Abuse Death Review Committee (CADR)

Established in [section 383.402, Florida Statutes](#), CADR provides statewide and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths that were accepted for investigation by the Hotline. CADR’s duties extend to all deaths reported to the Hotline. The goal of these reviews is to eliminate preventable child deaths. CADR operates under the purview of the Department of Health (DOH).

The Department’s statewide child fatality prevention manager serves on the Statewide CADR to provide staff support to the statewide and local CADRs. Based on the statewide CADR team’s review of all cases, an annual

report is produced with key findings and recommendations for preventable deaths. The [CADR](#) website provides information about the statewide and local death review processes, and includes the [Statewide Child Abuse Death Review Team’s Annual Report](#) published December 2020.

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

- Share and analyze data (FSFN, CADR, and vital statistics),
- Determine additional data elements needed,
- Identify evidence-informed child fatality prevention programs focusing on sleep-related and drowning fatalities, and
- Jointly plan and implement targeted campaigns.
  - Perform supplemental analyses on select data elements including, but not limited to, multi-year analysis on fatalities when the remaining child fatality cases are closed and reviewed by local committees.
  - Examine the influence of brain injury and trauma patterns within a family on maltreatment and fatality likelihood.

### **Critical Incident Rapid Response Teams (CIRRT)**

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

The Department provides ongoing CIRRT training and recruits professionals from the Department and other agencies who can participate on CIRRT reviews. The Department is responsible for organizing and leading the onsite reviews, facilitating the team’s findings, and preparing the individual reports. The CIRRT Advisory Team reviews the individual reports created for each review and submits a report of reviews conducted to the legislature each quarter. The Department maintains information on the Child Fatality Prevention website specific to the [CIRRT](#) process including current and historical data. The Department posts all reports submitted to the Florida legislature on the Department’s website under [Legislatively Mandated Reports](#).

### **Promoting Safe and Stable Families**

The “Promoting Safe and Stable Families” program assists in providing child safety, permanency, well-being, and trauma-informed care and expanding and refining the service array to ensure it reflects evidenced-based, best or emerging practices about child development and family functioning. To increase parents' confidence and competence in their parenting abilities and to ensure children 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 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, 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.

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 ensure:

- 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, and
- Florida’s families’ nurture, protect, and meet the needs of their children, and are well integrated into their communities.

#### **Family Preservation Services (20.01% of the FFY 2020 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 use and domestic violence related services<sup>20</sup>,
- Targeting services geographically in zip codes where there is an increased need,
- Use of the Family Team Conferencing Model<sup>21</sup>,
- Use of the Clinical Response Teams<sup>22</sup>,
- Home safety and maintenance activities, and
- Use of Wraparound services.<sup>23</sup>

#### **Family Support Services (23.42% of FFY 2020 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.

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<sup>20</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>21</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>22</sup> Healthy visitation, role modeling, parenting skills are encouraged and enforced to promote healing and healthy growth towards the parent/ child relationship.

<sup>23</sup> Community mandated service design where local providers “unbundle” previously categorical services to families thereby allowing families to receive individualized services for the necessary period of time.

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

### **Time-Limited Family Reunification Services (36.53% of the FFY 2020 Grant)**

Time-Limited Reunification Family 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.

*Time-Limited Family Reunification Services* in Florida include:

- Supervised visitation programs and parental coaching<sup>24</sup> ,
- Flexible Support Services<sup>25</sup> ,
- Family Team Conferencing<sup>26</sup> with all families prior to reunification, and just before post-placement supervision services are successfully terminated,
- Follow-up care to families<sup>27</sup> ,
- Mentoring/Tutoring services<sup>28</sup> ,
- Therapeutic child care services, and
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill building activities<sup>29</sup>.

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<sup>24</sup> Healthy visitation, role modeling, parenting skills are encouraged and enforced to *promote* healing and healthy growth towards the parent/child relationship.

<sup>25</sup> Community mandated service design where local providers "unbundle" previous categorical services to families thereby allowing families to receive individualized services for a period of time necessary.

<sup>26</sup> Prevention/Reunification Specialists facilitate meeting. These conferences are made available to families referred under the prevention referral process.

<sup>27</sup> Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.

<sup>28</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>29</sup> Parent education services are culturally sensitive. Parenting skills training is 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.

## **Adoption Promotion and Support Services (20.01% of the FFY 2020 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.

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>30</sup>,
- Child Recruitment Biographies<sup>31</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>32</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>33</sup>.

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<sup>30</sup> Traveling photographic exhibit created to find forever families for children in foster care.

<sup>31</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 basis for all children.

<sup>32</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>33</sup> Lead agencies designate staff whose sole responsibility is to work with families who need assistance after the adoption is finalized. Staff attempts to locate resources within the community for the pre-and post-adoptive families to meet both the child's and family's needs.

## Community Facilitation and Innovative Practices

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, CBCs, 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.

- **Wendy's Wonderful Kid's (WWK)** through the Dave Thomas Foundation continue to support children matched and in placement until finalization occurs. The WWK recruiters continue to work on past and present connections to either obtain a placement for a child or ensure the child has familiar connections while in care.
- **Triple P Parenting Program** is an evidence-based parenting curriculum that is available to the dependency clients. The goal of Triple P is to ensure that families have the skills to respond to their individual child's needs.
- **Safe Sleeping Program at Kids Central** offers safe sleep education and Sudden Infant Death Syndrome (SIDS) information for all parents or guardians that reside in the surrounding counties. If the parents or guardians have an infant under the age of one or are in their third trimester of pregnancy and meet income requirements, the parents or guardians may qualify for a pack-n-play upon completion of the educational training. Educational trainings are provided once a month in each of the counties, or as needed on a case by case basis.
- **Kids in Distress (KID) Coordinated Family Services (CFS)** program is designed to provide a one-stop-shop program to families requiring a single service or multiple services. The intent of CFS is to serve families who have been unable to successfully access or complete treatment services and/or to bridge the barriers inherent in multi-service coordination. All services are provided on the KID campus so that the family does not have to travel to multiple locations to access each service. Service delivery includes case management services, in-home services, evidence-based parent education classes, individual and family counseling, domestic violence counseling, and substance use counseling. The CFS program shall ultimately reduce family risk factors related to child abuse and neglect, to ensure the safety, permanency and well-being of the child, and the preservation and stability of families.

### Administration (.04% of the FFY 2020 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 displays the specific details regarding the grant award.

<b>Title IV-B Part II, PSSF</b>	<b>Actual Expend as of 9/30/20**</b>	<b>% of Actual Expenditures</b>
Family Preservation	4,182,082.75	20.01%
Family Support	4,894,833.99	23.42%
Time Limited Family Reunification	7,634,698.62	36.53%
Adoption Promotion & Support	4,182,648.47	20.01%
Administration	7,794.17	0.04%
<b>Actual Total Award</b>	<b>20,902,508.00</b>	<b>100.00%</b>

\*\*Grant Period 10/1/2018-09/30/2020

#### COVID 19 Supplemental Funding:

In December 2020, H.R. 133, Consolidated Appropriations Act 2021 was enacted. The legislation awarded an additional \$5,028,565 to the State of Florida. These funds will be used to expand services in the areas of family preservation, family support, time-limited family reunification, and support and promotion of adoption as outlined above.

The American Rescue Plan legislation awarded additional supplemental funding under CBCAP and CAPTA. The Department is still in the planning stages for obtaining spending authority and utilizing the funding as outlined in the program instructions.

#### Populations at Greatest Risk of Maltreatment

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

#### Coordinated Intake and Referral for In-Home Visiting Services

The Memorandum of Agreement Between Florida Association of Healthy Start Coalitions, Inc. and The Florida Department of Children and Families outlines the ongoing collaboration that occurs to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state's universal prenatal and infant screens. Over the past four years, DOH and Healthy Start Coalitions pilot-tested and then implemented a statewide strategy to further maximize community resources and link families with local programs that best match their needs and preferences. The local Healthy Start Coalition is now responsible for reviewing all universal screens conducted in their community and providing outreach to families to let them know

what home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be HFF, Nurse-Family Partnership, or Parents as Teachers.

### **Universal Newborn Screening**

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

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

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

There are 32 Healthy Start coalitions and one county Health Department that provide Healthy Start services covering all of Florida's 67 counties. The coalitions conduct assessments of community resources and needs, identify gaps and barriers to effective service delivery, and develop a service delivery plan to address identified problem areas and issues. The range of Healthy Start services available to identified women and infants include:

- Information, referral and ongoing care coordination and support to assure access to services,
- Psychosocial, nutritional, and smoking cessation counseling,
- Childbirth, breastfeeding, and substance use education,
- Home visiting through the child's age of 3 years, and
- Inter-conception education and counseling.

### **Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (Ounce)**

Funds for HFF are appropriated by the Florida legislature to the Department. The Ounce administers HFF through service contracts with 35 community-based agencies in 67 counties (42 counties in their entirety and 25 counties in the highest-risk zip codes). Sites are required to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families unless there is justification of why they are not able to meet the minimum

25 percent contribution. This program is a substantive and important investment made by the Florida legislature in evidence-based prevention designed for families at risk of child maltreatment or other adverse childhood experiences. HF-Florida outcomes are discussed in Chapter 2 in Safety Outcome 1.

HFF works diligently to maintain the program's national accreditation with Healthy Families-America (HFA). HFA is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse-America (PCA-America). Rigorous research has demonstrated HFA effectiveness, based on nineteen publications of randomized control trials. HF-America meets the criteria for federal funding established by the Maternal Infant Early Child Home Visiting (MIECHV) for expectant parents and parents of newborns experiencing stressful life situations. In 2011, the Department of Health and Human Services (HHS) named HF-America as one of seven proven home visiting models. HF-America shows impacts in all eight domains examined by the Home Visiting Evidence of Effectiveness (HomeVEE) review for the MIECHV program:

- Increase in positive parenting practices,
- Improvement in child health,
- Reduction in juvenile delinquency, family violence and crime,
- Improvement in child development and school readiness,
- Improvement in family economic self-sufficiency,
- Improvement in maternal health, and
- Increase in linkages and referral with essential community services.

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

The Department at the state and regional levels and CBCs have a long history of collaboration with HFF to expand access to Florida's most vulnerable families and strengthen community collaboration. HFF is always "at the table" with the Department and other prevention partners to understand new threats to family well-being, such as Florida's opioid crisis, and how to ensure that existing programs have the capacity to respond. Last year, HFF's 38 community-based projects served 9,175 families and their 18,175 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

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

Child abuse and neglect has costly short and long-term consequences including hospitalization, child welfare services, special education, and juvenile delinquency. Conservative estimates put the cost of treating these consequences at \$105,131 per child annually. HFF is proven to prevent child abuse and neglect in high-risk families at a cost of only \$2,100 per child annually.

## Services for Families with Substance-Affected Baby (NAS)

Title V, Section 503, Infant Plan of Safe Care, P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016 (CARA) went into effect on July 22, 2016. The federal legislation made several changes to Child Abuse Prevention and Treatment Act (CAPTA). Implementing the changes required the creation of a Florida team of cross-system partners. Florida's team was originally selected by the Children's Bureau to attend the 2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers. Participation in the Academy provided teams with federal guidance, subject matter experts, and technical assistance through the National Center on Substance Abuse and Child Welfare (NCSACW).

The initial Florida multidisciplinary and multi-agency team will continue to work on the following long-term goals over the 2020-2024 plan period:

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

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

### Neonatal Abstinence Syndrome (NAS) Quality Improvement Initiative

With funding from the Maternal and Child Health Block Grant, the Maternal and Child Health Section within the DOH has contracted with the [Florida Perinatal Quality Collaborative](#) (FPQC), at the University of South Florida (USF), to develop and implement a NAS Quality Improvement initiative. The FPQC has established an expert multidisciplinary advisory group to develop the NAS initiative. The goal of the initiative is to standardize assessment and treatment of NAS to reduce the length of hospital stay and ultimately the cost to care for these infants. Data from the 2017 data<sup>34</sup> from the Agency for Healthcare Research and Quality shows Florida has a NAS rate of approximately seven cases per 1,000 live births. Florida's rate is on par with the nation rate of 7.3 cases per 1,000 live births for the United States. Infants with NAS have longer hospital stays than healthy newborns without NAS. An average hospital stay for an infant experiencing NAS is about 15.9 days, which amounts to roughly \$22,550 according to a study by the Journal of American Pediatrics.<sup>35</sup> Other complications of NAS include low birth weight, feeding difficulties, jaundice, respiratory distress syndrome, central nervous system irritability, and seizures.

The Florida Birth Defects Registry (FBDR) currently conducts enhanced surveillance of NAS, which in addition to multi-source passive case finding efforts, incorporates trained abstractor review of maternal and infant hospital medical records in order to capture all relevant clinical information to classify potential NAS cases, determine

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<sup>34</sup> [NAS Hospitalizations Map - HCUP Fast Stats \(ahrq.gov\)](#)

<sup>35</sup> Neonatal Abstinence Syndrome Incidence and Health Care Costs in the United States, 2016; Andrea E. Strahan, PhD; Gery P. Guy Jr, PhD; Michele Bohm, MPH; et al

specific agents to which mother/infant were exposed, and to obtain a more complete understanding of this public health issue. The DOH [Opioid Use Dashboard](#) reports current NAS data statewide and by county.

### Plans of Safe Care

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

In order to provide additional statewide guidance and ensure infants and families affected by substance use receive the proper assessments and service intervention, the Department developed and implemented [CFOP 170-8, Chapter 1, Plans of Safe Care for Infants Exposed to Pre- or Post-Natal Substance Use](#).

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

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

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

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

## Early Intervention Services for Infants with Neonatal Abstinence Syndrome (NAS)

Florida's [Early Steps](#) program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with NAS with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support.

Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protection investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance use, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

### **Florida Abuse Hotline: Assessment, Screening, and Special Conditions Referrals**

Florida recognizes that incidents with serious safety concerns should receive complete and comprehensive child protective investigations. However, some situations reported to the Florida Abuse Hotline (Hotline) do not allege abuse, abandonment, or neglect and are more appropriately addressed by the provision of resources or services outside of the child protection system. Situations reported to the Hotline that do not rise to the level of a protective investigation may be addressed as a "Special Condition Referral." Special Condition referrals are accepted when a child needs services or supervision and there are no allegations of abuse, neglect, or abandonment. Special Conditions Referral include: Caregiver Unavailable, Child on Child Sexual Abuse, Foster Care Referral, and Parent Needs Assistance. In 2019-2020, the Hotline screened in 18,265 special conditions referrals that were followed-up by the regions and CBCs. The Department's procedures for acceptance of Special Conditions are published in CFOP 170-5, Special Conditions and new CFOP 170-5, Chapter 29 has been drafted to provide guidance to field staff on the response to Special Conditions Referrals.

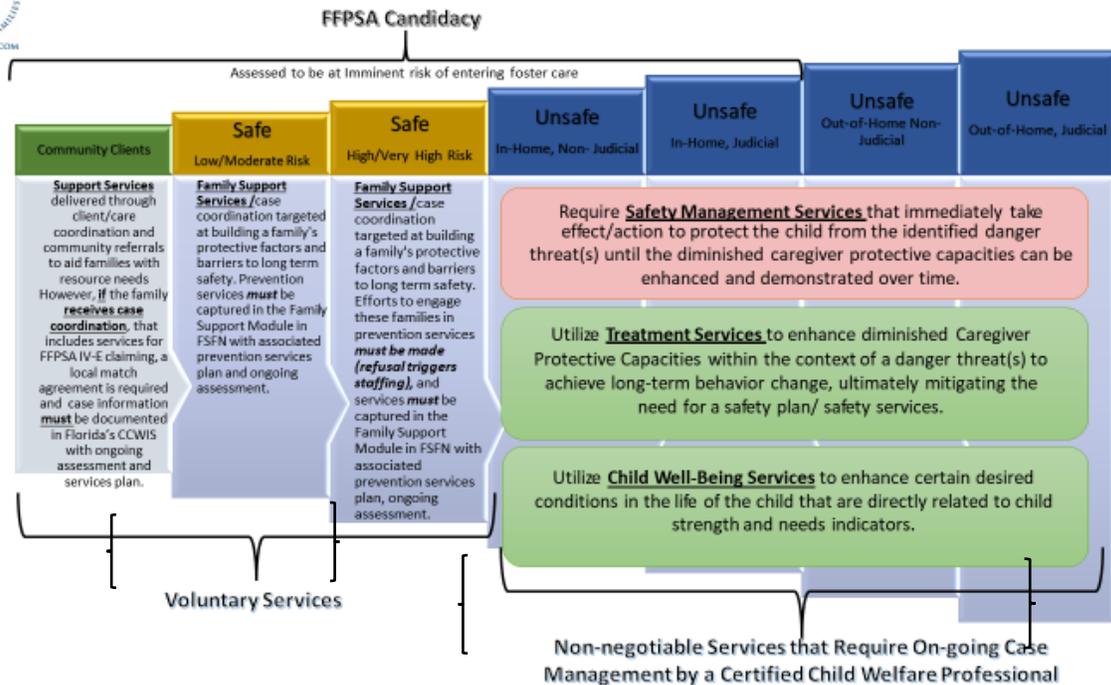
### **Family Support Services (23.42 percent of the Promoting Safe and Stable Families federal grant (PSSF))**

Florida's Service Array chart below reflects how the child welfare continuum is designed. The household of any report that has been screened-in by the Hotline and investigated by a Child Protection Investigator (CPI) is assessed using the Structured Decision-Making Assessment Tool<sup>®</sup> (SDM) adapted by the National Council on Crime and Delinquency (NCCD's) Children's Research Center (CRC) for use in Florida. The Risk Assessment is an actuarial assessment which estimates the likelihood of future harm to children in the household.

CPIs complete the risk assessment at the end of information collection during an investigation. Families with children determined to be safe but living in high or very high-risk households are the focus of active outreach efforts. The CPI makes every effort to connect the family with community-based family support services that are specifically planned to reduce risk of abuse or neglect. Discussion with the family about risk levels can be very effective in helping the family understand why the CPI remains concerned about the family even though child welfare system involvement is not being pursued.



# Florida's Levels of Service Intervention



The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Family Support Services. The Department dedicates the full allowable 26 percent of the federal PSSF grant to fund family support services. Family support services are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by:

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

At local discretion, family support services referrals may also come from local community sources or assessments. Basic information about the family and services received are captured in FSFN as a "Prevention" type of family support. This allows for the assessment of outcomes over time as to whether any future maltreatment reports are received, and if there are maltreatment findings. The Department's procedures for outreach and family support services are published in [CFOP 170-4, Family Support Services](#).

Each CBC completed (as reported previously) a self-assessment of their family support service array. Based on the preliminary results, the Department identified a need for additional family support services throughout the state. A Request for Proposals for Enhanced Prevention Services for Child Welfare Clients was posted; the Department selected CBCs for the development of evidence-based prevention pilot programs. The pilot programs included an evaluation process to determine how pre-selected families, currently served by the family support programs at least nine months previously, demonstrate improved outcomes. The Department will use the results from the family

support pilot program evaluation being conducted by the University of South Florida to inform future changes to policies or practice and efforts to expand to family support services.

#### **Title IV-B Child Welfare Services - \$2,727,901**

The Department is the lead agency for administering Title IV-B, subpart 1 of the Social Security Act, also known as the Stephanie Tubbs Jones Child Welfare Services Program. The Department is using the CARES Act Funding to restore funding amounts for obligations incurred to prevent, prepare for, and respond to COVID -19 in a manner consistent with section 421 of the Social Security Act: protecting and promoting the welfare of all children; preventing the neglect, abuse, or exploitation of children; supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; promoting the safety, permanence, and well-being of children in foster care and adoptive families; and providing training, professional development and support to ensure a well-qualified child welfare workforce. The Department has obligated thus far \$2,253,896 for COVID testing, cleaning supplies, janitorial services, printing, environmental health and safety, technology tools, and ongoing activities to ensure the safety, permanency, and well-being of children and families involved in the child welfare system. The Department plans to expend all the funding allocated to the State for our continued response to COVID 19.

#### **Service Continuum**

According to the [2020 Annual Performance Report](#), Fiscal Year 2019-2020, Florida's child abuse and neglect investigation rate has remained flat for a decade but far exceeds the national average. Florida is in the top 10 states in the nation for reporting by calculating children investigated per 1,000 children in the general population. Florida's child poverty rate of 21 percent for 2017 was 3.5 percent higher than the comparable national average of 17.5 percent. The 2020 Annual Performance Report notes statewide, reporting rates vary considerably by area with the highest rate area more than three times the size of the lowest rate area.

The services descriptions that follow are the primary components of Florida's child welfare system. This includes responsibilities of the Department of Children and Families (Department) and contracted providers; basic descriptions of interventions and relationship to the practice model; service coordination among the system components; and coordination with other services and benefits. The list below reflects where topics are included in components of the child welfare services continuum.

#### **Florida's Practice Model**

The Florida Practice Model drives the safety decision-making process for the life of the child's dependency case. Children's Legal Services Attorneys must have a thorough understanding of this process, how to properly interface with community partners (case management and investigators) in utilizing the model and implementing model practices during courtroom advocacy and litigation. Without a comprehensive working knowledge of the Florida Practice Model, the Children's Legal Services attorney cannot effectively advocate on behalf of the State. As such the Children's Legal Services Training Team created a Children's Legal Services specific training on the Florida Practice Model, how it works, where and how to find information, and how to use the system to assist them in their daily work requirements.

##### Prevention

- Efforts to Track and Prevent Child Maltreatment Deaths
- Populations at Greatest Risk of Maltreatment
- Family Support Services
  - Title IV-B, Part 1, Stephanie Tubbs Jones

- Title IV-B, Part 2, MaryLee Allen Promoting Safe and Stable Families (PSSF)

Intake (Child Abuse and Neglect Statewide Hotline)

Child Protective Investigations

Case Management Services

- Monthly Caseworker Visit Grants and Standards for Caseworker Visits

In-Home Protective Services

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Title IV-B, Part 2, MaryLee Allen Promoting Safe and Stable Families (PSSF)
  - Family Preservation, PSSF
  - Family Reunification, PSSF

Out-of-Home Care

Independent Living Services

Adoption

- Title IV-B, Part 1, Stephanie Tubbs Jones
- Adoption Promotion and Support Services, PSSF
- Services for Children Adopted from Other Countries

Interstate Compact on Adoption

## Florida’s Child Welfare Practice Model

Florida’s practice model consists of seven professional practices. As used throughout Florida Administrative Code and operating procedures, a “Child Welfare Professional” means an individual who is primarily responsible for case activities that meets the criteria for Florida Certification as a child protection investigator, case manager, or a licensing counselor.

The practice model is designed to ensure that the family is the primary point of communication, involvement, and decision-making. [CFOP 170-5, Child Protective Investigations](#) and [CFOP 170-9, Family Assessment and Case Planning](#) provide uniform processes that enhance the ability of CPIs and case managers to engage with the family and those who know the family. The following are the core components of the child welfare practice model. Safety concepts are underlined to show how they are incorporated in the practice model. Safety concepts are codified in statute, administrative code, and operating procedure.

### 1. Engagement

- Provides parent(s)/legal guardian(s) with information that empowers them,
- Builds a partnership with the parent(s)/legal guardian(s) and their resource network to collect sufficient information to complete the family assessment and develop a safety plan,
- Results in co-construction of the case plan which includes goals for what must change to enhance caregiver protective capacities and the right match of treatment services and supports, and
- Supports the family to undertake and maintain the needed change(s).

## **2. Teamwork**

Teamwork occurs throughout the time a child welfare professional works with the family. The child welfare professional partners with the family, the family's network, other professionals, and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning, and assessment of family progress. Effective teamwork promotes commitment and accountability of the family and all team members toward common goals for the family.

## **3. Collect Information**

Sufficient information gathering is an essential ingredient for effective decision-making. Information is gathered to meet information standards described in six information domains: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline.

Hotline counselors begin gathering information when a report is received. The CPI assigned to investigate alleged child maltreatment assesses immediate circumstances and information already known about family conditions to accurately identify children in present danger. The CPI gathers additional information in the six information domains from multiple sources to complete the Family Functioning Assessment-Investigations and assess for impending danger, and a Risk Assessment to determine the likelihood of future harm.

## **4. Assess and Understand Information**

The child welfare professional uses the six information domains to assess family functioning and conditions. The assessment describes the presence or absence of danger threats to child safety, the vulnerability of children, caregiver protective capacities, the sufficiency of safety plans and progress in achieving case plan outcomes. A child welfare professional will analyze sufficient information gathered to describe family conditions and determine whether a child is safe or in impending danger (unsafe). When information clearly supports that the parent(s)/legal guardian(s) or other person with significant caregiver responsibility has sufficient caregiver protective capacities to care for and protect the child despite family conditions, the child is determined to be safe. The investigator completes the Family Functioning Assessment-Investigations to document information gathered as the basis for safety decisions.

## **5. Plan for Child Safety**

A child welfare professional creates the least intrusive safety plan necessary as follows:

- A Present Danger Safety Plan is developed when a child is found in immediate (present) danger until more information is gathered and assessed.
- When sufficient information is gathered an Impending Danger Safety Plan is created or updated. The plan may be an in-home or out-of-home plan. If a child is placed out of the home, Conditions for Return are established to describe what needs to happen for the child to be reunified with an in-home safety plan.
- When conditions of return are met, a child in out-of-home care should be reunified with an in-home safety plan. The parents continue to receive treatment services and other interventions until they have successfully completed their case plan.

## **6. Plan for Family Change**

Information gathered through the Family Functioning Assessment-Ongoing results in the development of case plan outcomes related to what behavior(s) or condition(s) must change to keep a child safe. The case plan includes specific, measurable, attainable, reasonable, and timely outcomes that are developed jointly with the family. The child welfare professional responsible assists the family in identifying the services and supports necessary to achieve each outcome.

## 7. Monitor and Adapt Case Plans

The case manager is responsible for developing the Family Functioning Assessment-Ongoing and Progress Updates. These assessments are the foundation for the case plan and any modifications to the case plan. Case plans are monitored and adapted to identify:

- Changes in caregiver protective capacities,
- Changes in child needs,
- Safety plan sufficiency,
- Parent level of motivation; and
- Case plan goal.

Implementation of the Families First Prevention and Services Act (FFPSA) provides new opportunities to expand and strengthen prevention services and support the overall improvement of child welfare practice. The Department continued efforts to ensure that child welfare professionals are developed and supported to practice with fidelity to the safety constructs and skills associated with Florida’s Child Welfare practice model. The relationship of these skills and constructs is included in each component of the service continuum, beginning with the discussion of Family Support Services. These constructs and skills are essential to prevent unnecessary family disruption; reduce family and child trauma; interrupt intergenerational cycles of maltreatment; and build a well-functioning child welfare system.

### INTAKE - FLORIDA ABUSE HOTLINE (HOTLINE)

**Table 2: Florida Abuse Hotline Data**

<b>Number of Reports</b>	<b>FY 2019-2020</b>
Total Child Abuse Reports and Special Conditions Contacts	303,776
Total Child Abuse Reports and Special Conditions Contacts Screened-In	205,314
Total Investigations (Initial, Additional, Supplemental)	187,046
Total Special Condition Contacts	18,265

Source: FSFN BOE Reporting

#### Reporting in Florida

Florida’s single-entry point to child welfare services is the Hotline. Table 2 shows the number of contacts received; and, the associated investigation and special condition types that were generated for FY 2019-2020. All child abuse and neglect allegations are received through the centralized Hotline located in Tallahassee. Reports may be made in English, Spanish, or Creole on different toll-free numbers provided. The Hotline also uses an interpreter service by making a conference call to the service and requesting whatever language the reporter speaks; the counselor assesses the call through the interpreter.

Reports may be made by one of the following methods:

- Toll-free telephone: 1-800-96-ABUSE (1-800-862-2873)
- Toll-free TTY Service for the Deaf: 711 or 1-800-955-8771
- Toll-free fax transmission: 1-800-914-0004
- Internet at <https://reportabuse.dcf.state.fl.us>

## Criteria for Report Acceptance and Response Priority Determinations

[Section 39.201](#), Florida Statutes, requires that “Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child’s welfare must report such knowledge or suspicion to the Florida Abuse Hotline. Members of the general public may report anonymously if they choose.”

When the Hotline accepts a report for investigation the following criteria must be met:

- The victim must be a child, as defined in Florida Statutes - born alive, under the age of 18, and not emancipated or married,
- There must be an alleged perpetrator or caregiver responsible based on statutory and administrative definitions. If the alleged perpetrator’s relationship to the child is unknown but all other screening criteria have been met, a report will be accepted.
- There must be an alleged maltreatment as described in, [CFOP 170-4 Child Maltreatment Index](#), and
- There must be an acceptable means to locate the child.

When a child is alleged to have been maltreated, there are three investigation sub-types utilized when the Hotline is creating a report for investigation: In-Home, Other, and Institutional. The main determinants in identifying the type of investigation are the alleged maltreater’s relationship to the alleged child victim(s) and the setting or location at which the alleged maltreatment occurred.

The Hotline determines the initial response priority based on an assessment of present or impending danger, as indicated by the information provided. The Hotline assigns one of the following timeframes for the investigation:

- An immediate response time established by the Hotline requires the investigator to respond “immediate” or “immediately”, but no later than four (4) hours, following assignment by the Hotline, or
- A 24-Hour Response time established by the Hotline requires the investigator to respond as soon as possible, but no later than 24 hours following assignment by the Hotline.

Based upon having more complete or up-to-date information than initially collected by the Hotline, a CPI supervisor may change the response time established by the Hotline.

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in FSFN which is then forwarded to crime intelligence staff to complete criminal history checks. The complete abuse/neglect report is then forwarded to the appropriate investigative office in the county where the investigation has been assigned.

## Abuse Hotline Updates/Accomplishments

The conclusion of the 2020 Legislative Session brought a change in law with direct impacts to the Florida Abuse Hotline. All hotline staff were trained on the requirements in law associated with House Bill 43. HB43 was successfully implemented as required on March 1, 2021. The following are the direct impacts to the Florida Abuse Hotline associated with HB43:

- The Florida Department of Law Enforcement (FDLE) shall provide information to law enforcement officers stating whether a person is a parent or caregiver who is currently the subject of a child protective investigation for alleged child abuse, abandonment or neglect or is a parent or caregiver of a child who has been allowed to return to or remain in the home under judicial supervision after an adjudication of dependency. FDLE will provide this information via a FCIC query into the Department’s database (FSFN).

- If a law enforcement officer has an interaction with a parent or caregiver as described in this section and the interaction results in the officer having concern about a child's health, safety, or well-being, the officer shall report relevant details of the interaction to the central abuse hotline immediately after the interaction even if the requirements of s. 39.201, F.S. relating to a person having actual knowledge or suspicion of abuse, abandonment, or neglect, are not met.
- The central abuse hotline shall provide any relevant information to: (a) The child protective investigator, if the parent or caregiver is the subject of a child protective investigation; or (b) The child's case manager and the attorney representing the Department, if the parent or caregiver has a child under judicial supervision after an adjudication of dependency.

The Hotline worked with Departmental IT staff to enhance and develop an automated email message to accomplish the requirement of HB43 (2020) to provide the relevant information to the child protective investigator, case manager, and/or attorney representing the Department.

Aligned with the Department's efforts of being Prevention Focused, in February of 2021, the Hotline trained all staff to use the *MyFloridaMyFamily* database to provide more relevant local prevention referrals to callers based on the family's identified needs. Providing family's referrals to local services is done to prevent the situation the family is experiencing from escalating to the level of abuse, neglect, or abandonment that would warrant a report for investigation being initiated.

In March of 2020, because of the Covid-19 Pandemic the Florida Abuse Hotline Leadership began immediate planning to transition all Hotline Operations to be performed remotely. In collaboration with Department IT staff, the Hotline successfully deployed all staff who had the ability to work remotely to their homes within 2-weeks. This amounted to approximately 80% of hotline staff working remotely from their home locations. The primary performance benchmark standards that the hotline strives to meet are 15% Abandonment Rate and 5-minute Average Wait Time. During the timeframe of March 2020 - March 2021, the hotline has had an average Abandonment Rate of 11%; and, an Average Wait Time of 3:16.

The Hotline Workforce Team transitioned most of the recruitment and retention efforts from in-person to being done remotely because of the Covid-19 Pandemic. Since April of 2020, the Hotline was present at 6 virtual career fairs hosted by various universities and other entities. In total the Hotline was exposed to approximately 4,400 virtual career fair attendees. During the Hotline hiring and new employee onboarding process the following changes were made to adapt to the temporary remote and socially distanced environment: 1) Applicant skills assessments are being completed electronically/remotely; 2) Applicant interviews are completed remotely; and 3) All required onboarding paperwork is being completed and signed electronically/remotely.

Lastly, the Hotline Training Division also transitioned to providing pre-service, in-service, and statewide community trainings virtually. Since March of 2020, the Hotline successfully conducted the following number of virtual/remote trainings: five pre-service classes for newly hired hotline counselors; monthly scheduled in-service trainings for hotline staff; and, five statewide community trainings for various stakeholder entities.

To encourage the reporting public to increase their utilization of the on-line electronic reporting option to report concerns of suspected abuse or neglect, the Hotline is working to enhance the on-line reporting process to allow the hotline to provide an emailed screening determination to the reporting party. This new process is to be implemented during the Summer of 2021.

#### Crime Intelligence Unit

The Hotline operates a Crime Intelligence Unit with criminal intelligence staff who complete criminal history checks for the following purposes:

- Investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in the household 12 years or older.

- Emergency and planned placements of children in Florida’s child welfare system to assess caregivers.

Procedures for child welfare staff for all types of background checks are published in [CFOP 170-1, Chapter 6, Requesting and Analyzing Background Records](#).

The type of checks to be performed and data sources accessed for investigations or placements are based on the program requesting the information as well as the purpose of the request (investigations or placements). Crime Intelligence staff have access to the following criminal justice, juvenile delinquency, and court data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions,
- National Crime Information Center (NCIC) – National criminal history records and dispositions,
- Hot files (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders,
- Department of Juvenile Justice (JJIS) – Juvenile arrest history,
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database (current driver’s history, license status, photos, signature),
- Department of Corrections (DOC) – current custody status, supervision, incarceration information,
- Sexual Predator Website- This database provides face sheets that includes charges and release status of Sexual offender/Predators, and
- Clearinghouse Website- This database provides current and previous professional license information. This database is run on all adult participants for Child Initial intakes.

When a CBC case manager or CPI is considering a placement, the agency must submit a unified home study in FSFN to the Crime Intelligence Unit requesting criminal history record information on potential caregivers and household members for a child requiring removal from his or her current residence. When a CBC or child welfare professional is considering permanent placement of a child, fingerprint submissions must be obtained within 10 days for all persons in the placement or potential placement home over the age of 18 years following the Hotline’s query of the NCIC database for the purpose of a placement initially requested by an CPI or case manager. The Department provides a comprehensive web page with information about [Background Screening](#).

**Crime Intelligence Unit Updates/Accomplishments:**

- All planned placement results are reviewed in accordance with chapter 39, F.S. and a placement determination is made and sent to the requesting agency based on criminal history.
- All Planned, and Emergency Placements results are stored for review by the Region Points of Contact.
- An Analyst Helpline was created to assist with calls regarding FSFN history searches for multiple reasons including employment and placement.
- Technicians began calling out *Immediate* reports 24 hours Monday-Friday to assist counselors with being available for stakeholders trying to contact the hotline at a quicker rate.
- The Background Screening Helpdesk and the Crime Intelligence Unit merged to form a hybrid unit. The sharing of information has assisted in a better abandonment rate and over all knowledge base of all staff.

## Child Protective Investigations

**Table 3: Child Protection Investigations Data (FY 2019-2020)**

Total Investigations (Initial, Additional, Supplemental)	201,154
Total Special Condition Contacts	18,266
Percent of Children Seen in 24 hours (DCF Standard is 90% or higher)	92.81%
Percent of Investigations Completed in 60 Days	98.4%
Number of children determined to be unsafe, the percent removed from home	52.28%
Number of children determined to be unsafe, the percent remaining at home with in-home safety plan	47.71%

Source: 2020 Annual Performance Report 2019-2020, October 2020

Table 3 shows the number of total investigations conducted in FY 2019-2020, special conditions contacts and other data associated with investigations completed.

### Core Responsibilities

Child protective investigations and related legal actions are codified by requirements outlined in Chapter 39, F.S., Chapter 65C-29, Florida Administrative Code, and Department operating procedure, [CFOP 170-5, Child Protective Investigations](#).

Florida's CPIs are charged with three main responsibilities. First, investigators are directed to determine "whether there is any indication that any child in the family or household has been abused, abandoned, or neglected" and to identify the individual responsible for the maltreatment. Second, CPIs are required to conduct and complete a child safety assessment to identify the source of all danger threats in the home and assess the protective capacity of the caregivers responsible for caring for the child. Third, and lastly, when a child has been maltreated or is at high or very high-risk of being maltreated, CPIs are to determine "the protective, treatment, and ameliorative services necessary to safeguard and ensure the child's safety and well-being and development and cause the delivery of those services."

### Child Protection Team (CPT) Consultation

Children's Medical Services with the DOH is statutorily directed, per section 39.303, F.S., to develop, maintain, and coordinate one or more multidisciplinary CPTs in each of the Department's regions. CPTs are medically directed and specialize in diagnostic assessment, evaluation, coordination, consultation, and other supportive services.

Each CPT's main purpose is to supplement the child protective investigation activities of the Department or designated sheriffs' offices by providing multidisciplinary assessment services to the children and families involved in child abuse and neglect investigations. CPTs may also provide assessments to CBC providers to assist in case planning activities when resources are available. Information from CPT assessments are critical in developing the family assessment information domains, determining findings, and establishing safety actions. The CPI must make a referral to CPT when the report contains the following allegations as mandated by subsection 39.303(4), F.S.:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age,
- Bruises anywhere on a child five years of age or under,
- Any report alleging sexual abuse of a child,

- Any sexually transmitted disease in a prepubescent child,
- Reported malnutrition of a child and failure of a child to thrive,
- Reported medical neglect of a child,
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home,
- Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected, or
- A child who does not live in this state who is currently being evaluated in a medical facility in this state.

### **Co-located Behavioral Health Specialists**

Each region has a behavioral health consultant housed with child protection investigations and funded through the State Targeted Opioid Response grants. Some additional behavioral health consultants have been funded by the Managing Entities (MEs) responsible for behavioral health services in each region. This resource has proven to be extremely helpful to the CPIs in determining behavioral health needs for the parents.

When information available at pre-commencement or obtained during the family functioning assessment indicates that substance misuse is believed to be occurring in the home the CPI must consult with a substance use expert in order to:

- Assess whether substance misuse is out of control to the point of having a direct and imminent effect of child safety,
- Identify specific harm(s) to the child caused by or highly correlated with the substance use,
- Provide input on what safety actions need to be incorporated into a safety plan for children of substance abusing parents to control the direct and imminent effects of the parent or caregiver's substance misuse or relapse event,
- Review the user's current use pattern (to the degree known or reported), prior treatment history and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g. need for medical detox, intensive outpatient, etc.),
- Explore the potential use of the Marchman Act with the family in order to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance use for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member, and
- For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse; and explore the feasibility of the substance use expert accompanying the investigator to the interview site when available, based on local protocols and working agreements.

### **Completion of the Family Functioning Assessment (FFA)-Investigations (Safety Determinations)**

At the conclusion of the investigation, the CPI completes the Family Functioning Assessment-Investigation in Florida Safe Families Network (FSFN). This provides an assessment of the six information domains, parental protective capacities, impending danger threats, child needs, and a determination of child safety.

All children identified in the FFA-Investigation as unsafe are considered at imminent risk for entering foster care (out-of-home care) because of the identification of an impending (ongoing) danger threat in the home and the insufficient protective capacity of the child's caregiver(s).

Upon the determination a child is in impending danger, the CPI must develop and implement an in-home safety plan with the provision of safety management services or place the child out-of-home with relatives, non-relatives, or in licensed care. The least intrusive safety action is dependent upon the CPI answering ‘Yes’ to all five of the following statements:

- 1) The parent(s)/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers,
- 2) The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely,
- 3) Safety services are available at a sufficient level and to the degree necessary to manage the way in which impending danger is manifested in the home,
- 4) An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the need for results of scheduled professional evaluations, and
- 5) The parent(s)/legal guardian(s) have a physical location in which to implement an in-home safety plan.

The safety analysis completed by the CPI must provide sufficient information to support the Yes/No determination for each of the five criteria. If a child’s safety cannot be ensured in the home by implementation of a safety plan and the provision of safety management services, the CPI must identify the ‘Conditions for Return’ (what needs to change regarding any ‘No’ response) to allow the child to be returned home (with an in-home safety plan and provision of safety management services).

As part of Florida’s Path Forward to transition from waiver funding back to traditional IV-E claiming, Florida has identified unsafe children who can be ensured safety in their homes through the implementation of a safety plan as candidates for foster care. States have an option that allows claiming for children who are at imminent risk of removal from the home, only if—

- (A) reasonable efforts... are being made to prevent the need for, or if necessary, to pursue, removal of the child from the home, and
- (B) the State agency has made, not less often than every 6 months, a determination (or redetermination) as to whether the child remains at imminent risk of removal from the home.

Based on these criteria, all children who are being served in-home and considered unsafe (including reunifications) should meet the definition of a foster care candidate. For this population, the presence of a safety plan that has been updated within the prior 6 months will be used as a candidacy determination or redetermination.

### **Risk Assessment**

The CPI completes a risk assessment at the completion of the investigation to identify the risk of subsequent harm. For families whose children are determined to be safe however have very high or high risks of future involvement with the child welfare system, the CPI makes every effort to connect the family with community-based family support services that are specifically planned to reduce risk of abuse or neglect.

### **Referral for Case Management and Treatment Services**

When the CPI completes the FFA-Investigation and determines that the child is unsafe, an immediate referral for case management services is made. The investigator must establish the least intrusive actions necessary for the family to receive case management and the ongoing supervision necessary:

- 1) Child remains in home with no judicial actions.
- 2) Child remains in home with judicial actions.
- 3) Child is placed out of home temporarily with court approval and supervision.

The CPI collaborates with Children’s Legal Services to seek court oversight whenever judicial actions are considered necessary. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and receive the treatment services necessary to strengthen their protective capacities. If at any time it is determined the child’s safety and well-being are in danger, the child welfare professional responsible must modify the safety plan which may require increasing the level of intrusiveness.

### **Case Management (Service Coordination, Contacts, Child Visits)**

Rule 65C-30.002, Florida Administrative Code, requires that the transfer of primary responsibility for a case involving an unsafe child from an investigator to a case manager be achieved through a case transfer conference. Operating Procedure [CFOP 170-1, Chapter 7, Case Transfer from Investigations to Case Management](#) provides the responsibilities that the CPI must attend to prior to case transfer including documentation in FSFN; and the information that must be presented and discussed at a case transfer conference.

At the point of formal case transfer from child protective investigations to case management services (judicial or non-judicial), case managers take over responsibility for ongoing supervision of the child and family. The scope of case management services includes reunification of children with parents or arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child.

Case management responsibilities are to:

- 1) Monitor and modify safety plans and conditions for return when children are in out-of-home care,
- 2) Assess parent motivation for change; assess caregiver protective capacities and any associated underlying needs that must be addressed; assess child strengths and well-being needs; assess family resources and proposed solutions (Family Functioning Assessment-Ongoing),
- 3) Collaborate with the family to develop an individualized case plan that addresses the family’s underlying needs and the protective capacities that must be strengthened in order to care for and protect their children,
- 4) Identify and coordinate the treatment and/or other intervention services that are a match to family needs (e.g. substance use treatment, domestic violence shelter services, and for mental health treatment),
- 5) Arrange and monitor services necessary for child well-being, including family time for children temporarily separated; co-parenting with temporary caregivers; any services necessary for the child’s health, mental health, developmental and educational progress; ensuring that supports and services are provided for the temporary caregiver and/or child for the child to experience stability in a temporary out of home setting,
- 6) Support families preparing to reunify or adopt,
- 7) Assist families in obtaining other services and other supports necessary to address multiple needs, and
- 8) Track family progress and complete updated assessments using tools in FSFN (Family Functioning Assessment-Ongoing and Progress Updates).

If there is judicial oversight of a family, the case manager has ongoing responsibilities for collaborating with CLS to keep the court informed about the child and family’s needs and progress and to support requirements provided in court orders. Case management and treatment services are provided to children with in-home or out-of-home safety plans.

### **Caseworker Visit Grant and Standards**

Florida uses the caseworker visit grant funds to support monthly caseworker visits with children receiving case management services. These funds help to enhance the quality and frequency of the visits with children. The

Department’s Quality Visit Guidelines and Quality Visit Tool address the core qualitative expectations for caseworker discussions with children, parents, and caregivers.

Florida’s performance for the percentage of children visited each month exceeds the federal target of 95 percent. The most recent fiscal year performance is:

- 2019 requirement: 95 percent – Florida achieved 96 percent (249,319/259,803).

Florida exceeds the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in out-of-home care occurring in the child’s residence.

- 2019: 98 percent (243,434/259,803).

**The minimum standard for caseworker contacts** is established in [Rule 65C-30, Florida Administrative Code](#), which requires the following:

- Children:
  - A face-to-face contact with the child to occur no less than once every 30 days.
  - Face-to-face contact with the child is required once every seven days when a child is initially placed in licensed care or with a relative or nonrelative.
  - Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child’s life.
- Parent(s):
  - Face-to-face contact a minimum of every 30 days unless parental rights have been terminated or the court rules otherwise.
- Caregiver(s):
  - Face-to-face contact a minimum of every 30 days.

**Standards for Quality of Caseworker Contacts**

The standards for case managers regarding the management of a safety plan are provided in [CFOP 170-7, Develop and Manage Safety Plans](#). The standards for efforts to engage parents; develop the FFA-Ongoing and Progress Updates; engage children and families in case planning; and documentation requirements have been codified in [CFOP 170-9, Family Assessment and Case Planning](#). Many of the standards for safety management, assessment, and case planning activities can only be met through thoughtful, respectful conversations that the caseworker has during their contacts with children, parents, and caregivers.

As discussed in Chapter 2, Well-Being Outcome 1, Item 14, Florida performs well at ensuring all children under supervision in Florida are seen every thirty days, with performance at or close to 99 percent.

**In-Home Protective Services**

**Table 4: Children Served In-Home Protective Services**

Of children investigated and determined to be unsafe, the number receiving services in the home	8,639 children end of month count on 2/28/2021
Of children determined to be unsafe, the percent remaining at home with in-home safety plan	99.1 % As of Feb 28, 2021

Data Source: Case Management Safety Management Listing - OCWDRU Report #1301

## Least Intrusive Interventions

When an investigator determines that a child is unsafe, [Rule 65C-30.009, Florida Administrative Code](#), requires the following priority order or least intrusive actions:

- Child remains in home with no judicial actions.
- Child remains in home with judicial actions.
- Child is placed out of home temporarily with court approval and supervision.

Table 4 shows the number and percent of children found to be unsafe as a result of an investigation and the percent of unsafe children who remained at home with an in-home safety plan. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and the treatment services necessary to strengthen their protective capacities. The child is at serious or imminent risk of removal without the provision of in-home safety management services while the parent(s) receive adequate treatment services.

- If at any time it is determined the child's safety and well-being are in danger, the safety plan must be modified to control for the danger, which may include increasing the level of intrusiveness.
- **In-Home Non-Judicial Services.** In this initial tier, the child remains at home and the case manager manages the safety plan; develops the Family Functioning Assessment-Ongoing Services (FFA-O); and works in partnership with the family to develop a case plan based on the identified needs in the FFA-O. If, during in-home non-judicial services, there is no progress in increasing the diminished protective capacities or the safety plan is no longer sufficiently controlling the danger, the case manager will increase the level of intrusiveness of the safety management services and pursue judicial intervention.
- **In-Home Judicial Services.** In-home judicial services occur when it has been determined through safety analysis that the child can remain in the home with safety management services while receiving services under the supervision of the court. Judicial oversight is needed for the family to engage in treatment services and to achieve the case plan outcomes.

## In-Home Safety Plan and Safety Management Services

The first responsibility of the case manager after the case has been formally transferred is to review the effectiveness of the safety plan and modify it as needed. The availability of an appropriate array of local safety management services is essential in order to keep children safe at home with an in-home safety plan. Safety management services manage or control the condition(s) that make a child unsafe until the parent can fully resume his/her responsibilities. The specific types of safety management services that should be available in a safety management service array are described in [CFOP 170-7, Chapter 8, Safety Management Services](#).

## Family Functioning Assessment-Ongoing (FFA-O) and Progress Updates determine child and family needs.

Building on the FFA-Investigation the case manager works with the family and other professionals to develop the Family Functioning Assessment-Ongoing. The case manager completes Progress Updates on an ongoing basis to assess the continuing dependability of safety management, the progress being made by the parent(s) in treatment and the progress associated with the child's well-being.

When families are well-engaged in both the assessment and the case planning process as has been demonstrated with Florida's Early Childhood Courts (ECC), the Family Intensive Treatment (FIT) Teams and other evidence-based models, the family is more likely to achieve change/recovery. Many evidence-based interventions include the use of facilitated family team meetings to engage the family and their team of helpers in the assessment process and collaboratively developing, tracking, and adapting case plans.

A case manager's skills to engage a family are used during the assessment process to help caregivers recognize and identify protective capacities; reach areas of agreement regarding what must change to eliminate or reduce danger threats to child safety. The assessment also includes attention to children's strengths and needs. When the Department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, development and educational needs are addressed by their caregivers. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers, and collateral sources such as child care providers, teachers and/or other professionals.

As noted in Chapter 2, the Florida child welfare system has some distance to go to improve the engagement skills of case managers, attitudes, and confidence level related to in-home safety planning. Turnover rates of case managers and variability of caseload sizes continue to impact the ability of the child welfare system to provide families with in-home supervision. The state's training plan discuss the strategies to address these issues.

October 2020, the Department updated [CFOP 170-1 Core Safety Concepts](#) and [CFOP 170-5 Chapter 5 Safety Planning](#) when releasing to a non-maltreating parent/legal guardian to align with the federal guidance in the CFR to ensure that as an agency, we are completing assessments on all children. Each family assessment must include descriptions of existing risk and safety for all minor children residing in the household, as well as any family household needs. Other documentation included provisions for food, clothing, or services not included in the case plan.

### **Family Preservation Services**

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of family preservation services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Family preservation services include:

- Information and referral to include substance use and domestic violence related services<sup>36</sup>,
- Targeting services geographically in zip codes where there is an increased need,
- Use of the Family Team Conferencing Model<sup>37</sup>,
- Creation of the Clinical Response Teams<sup>3</sup>,
- Home safety and maintenance activities, and
- Use of Wraparound services<sup>4</sup>.

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<sup>36</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>37</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.

## **Treatment Services**

As discussed in Chapter 2, under Service Array, adequate evidence-based treatment capacity does not exist across the entire state for families who could be served with in-home supervision. It is expected that Florida's FFPSA work will result in the expansion of in-home treatment capacity and a greater percentage of families receiving in-home safety management, family preservation services, and treatment services.

## **Time-Limited Family Reunification Services**

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of time-limited reunification services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Time-Limited Reunification services are used for children removed from their home and for the parents or primary caregivers. These services are designed to support the reunification of a child safely and appropriately within a 12 to 15-month period. Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching (healthy visitation, role modeling, parenting skills are encouraged and enforced to promote a healing and healthy growth towards the parent/child relationship),
- Flexible Support Services (Community mandated service design where local providers "un-bundle" previously categorical services to families thereby allowing families to receive individualized services for a period of time necessary),
- Family Team Conferencing with all families prior to reunification, and just before post-placement supervision services are successfully terminated (Prevention/Reunification Specialists facilitate meetings. These conferences are made available to families referred under the prevention referral process),
- Follow-up care to families (Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family),
- Mentoring/Tutoring services (Activities provided to children to enhance their self-esteem, self-confidence, and provide a positive adult role model. Tutoring allows the child to obtain additional educational support and training),
- Therapeutic child-care services, and
- Parent (adoptive, biological, caretaker, foster) education and training relationship skill building activities (Parent education services are culturally sensitive. Parenting training is provided through educational groups and/or individual sessions. Parenting skills training provided to teach/promote appropriate discipline, anger management, child development and age appropriate behaviors, parent-child communication, self-punishment using role playing, and modeling of appropriate parental behavior. Parenting training is provided through educational groups and/or individual sessions).

The Department and CBCs continue to build local capacity for safety management, treatment services, and trauma-informed/evidence-based in-home treatment approaches to prevent the need for out-of-home placements.

The Department of Education released memorandum which encouraged staff to access up-to-date information and resources from Florida Department of Health (FDOH) website or the Centers for Disease Control and Prevention (CDC) website to access where daily updates. The memorandum also provided a link to a flier from the CDC.

## Recent Policy Updates:

[CFOP 170-16, Chapter 4, State Institutional Claims for Damages Caused by Shelter or Foster Child](#) (replaces CFOP175-60) was updated to reflect the following:

1. Confirm the damage described on the application. This can be done through observation of the home or by reviewing validated documentation provided by the claimant.
3. Confirm the claimant has provided pictures of the damages, two written estimates for repair, or receipt(s) if the repair has been paid.
4. The application will be processed and sent to the Office of the Attorney General no later than 10 business days from receipt of the completed form with receipts and estimates attached.
4. Community Based Care representative will review the application and complete the State institutional Claims for Damages Recommendation Form. The application and the recommendation form will be forwarded to the Office of Attorney General.
5. In the event a claim is denied by the Office of the Attorney General and the claimant requests a 120 hearing, the Child Welfare Professional must attend the hearing.

[CFOP 170-9 Chapter 5-3, Co-Constructing a Case Plan with parent\(s\)/Legal Guardian\(s\) and Child\(ren\)](#) was updated to align with the implementation of House Bill 1105. The House Bill required additional responsibilities for the child welfare professional, parents, and caregivers. The following amendments are as follows:

1. The case plan must include the responsibility of the parents and caregivers to work together when it is safe to do so, which includes:
  - a. Ongoing collaboration to successfully implement the case plan.
  - b. The right to notify the court or the case manager if ineffective communication takes place that negatively impacts the child.
  - c. The case manager assisting the parents and caregivers in developing a productive relationship that includes meaningful communication and mutual support.

[CFOP 170-1 Florida's Child Welfare Practice Model: Chapter 6, Requesting and Analyzing Background Records](#) was updated to align with 65C-28.011 and 65C-30.007. A Job Aid was also created to align with operating procedures and code changes. The updates were made as following:

1. Examples for "other felony" arrests.
2. The Circuit Point of Contact and Child Protective Investigators will no longer be required to review the results of fingerprint submissions. Criminal history record results from fingerprint submissions will be reviewed by the CIU and provide the child welfare professional with the "Criminal History Record Review Letter for the Purpose of Placement" indicating if there is an offense that prohibits an individual from being considered for placement. The Circuit Point of Contact will continue maintain the responsibilities of completing NCIC Audits for the Terminal Agency Coordinator Report (TAC).
3. When circumstances exist that prevents local law enforcement from conducting local criminal record checks, a search of the Comprehensive Case Information System (CCIS)/clerk of court may be used until local criminal records check can be obtained by the child welfare professional.
4. Cases transferring to case management for ongoing services shall require a local check and clerk of court/CCIS search.

## Out-of-Home

Table 5 shows the total number of children in out-of-care and setting types as of March 30, 2021. More information about the characteristics of children in care is provided in Chapter 6, Foster and Adoptive Parent Diligent Recruitment Plan.

**Table 5: Children in Out-of-Home Care**

Removal rate per 100 children investigated (1)	5.4
Children in out-of-home care as of March 30, 2019 (2)	22,570
Percentage of children placed with approved relatives/non-relatives. (2)	40.22%
Percentage of children placed in licensed foster care (2)	37.81%
Percentage of children place in group care (2)	7.35%
Percentage of children in other settings	5.45%

Data Sources: 1) Child Welfare Dashboard, Removal Rates per 100 Alleged Victims Listing 2) Children and Young Adults in Out-of-Home Care or Receiving In-Home Services Listing - OCWDRU Report #1077, 3) Children Placed with Licensed or Pending Licensed Relatives or Non-Relatives On-Demand Summary— OCWDRU Report #1313

### Reasonable Efforts to Achieve Reunification

The Department must make reasonable efforts to prevent a child’s removal from their parent(s)/legal guardians and reasonable efforts to facilitate reunification or other permanency outcomes. Out-of-home care is considered a temporary living arrangement to provide a child with safety; ongoing connections to their parents and other persons the child has important connections with; excellent care and nurturing; other services to help the child deal with trauma experienced including services designed to heal and improve the parent/child relationship; developmental or educational supports needed; health and dental health care; any other services necessary for the child’s well-being. Out-of-home care is a service that also supports the parent(s) as they participate in necessary treatment while continuing to co-parent their child(ren). Temporary caregivers are considered a resource to the child and the parent(s).

The CPI initially determines that a family does not meet the criteria for an in-home safety plan and must clearly document which of the in-home safety plan criteria are not met. At that point, the conditions for return are established so that the family has a clear understanding of the specific behaviors and/or conditions that they need to address for the child to be returned to their custody with an in-home safety plan. The case manager must track and modify as necessary the conditions for return, including the identification of services and supports to assist the family in achieving the changes or conditions necessary to have their child reunified with an in-home safety plan. The Department provides guidance in [CFOP 170-7- Establishing Conditions for Return](#).

Conditions for return have been a focus of ongoing training for child welfare professionals, GALs, CLS, and dependency judges. It is an extremely important way to effect reunification of children with their parent(s) as soon as appropriate, rather than wait until a “parent has substantially complied with a case plan,” which may be interpreted unfortunately as extensive participation in or completion of a treatment program.

The strong foundation project assisted with enhancing the conditions for return practice statewide. As of March 2021, trainings have occurred in Orange county, where over 200 case managers and child protective investigators, 100 foster parents, and over 50 from the legal community (including Children’s Legal Services, parent attorneys and GAL attorneys) have undergone training. The judiciary will start their training in May 2021.

In addition to this, the projects are in the process of finalizing trainings for Osceola County.

Future:

Prior to finalizing in the tri-county central Florida area, training will occur in Seminole County. Several outside partners of the Embrace Families area (the sites receiving a full dose of the strategy) are in the process of hiring positions to support the initiative and several are developing a training calendar alongside the strong foundation team to reach all of their local system of care partners.

### **Reasonable Efforts to Achieve Permanency**

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

The Florida legislature has established in Chapter 39, F.S., that “time is of the essence for permanency of children in the dependency system. A permanency hearing must be held no later than 12 months after the date the child was removed from the home or within 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first.”

Special efforts to achieve permanency for children age 0-5

### **Identification of promising and evidence-based services**

The Service Array Workgroup, in collaboration with Casey Family Programs, was tasked with mapping the extraordinary conditions present in the lives of vulnerable children and families served by the child welfare system so that further capacity analysis could be completed. The Department extrapolated data sets from FSFN of all child removals in FY 2015-2017 to create child profiles of children served. Table 48 in Chapter 2 of the CFSP 2020-2024, description of Service Array, shows the identified well-being needs of children ages 0-5 in out-of-home care and the evidence-based and promising interventions that would best meet the identified needs of Florida’s child welfare population.

The Service Array Workgroup conducted a further analysis to determine whether each CBC provided the identified the identified evidence-based and promising interventions and funding sources. There is a substantial foundation of evidence-based and promising services across Florida and provided by each CBC for families with children 0-5 years of age. All CBCs reported needs for additional capacity in order to meet the needs of all children served. Capacity building and expansion is the focus of ongoing objectives in Strategic Initiative 1.

### **Early Childhood Court (ECC)**

Florida stakeholders involved in the CFSP process were united in pointing to the Florida’s Early Childhood Court (ECC) as one of most effective efforts in Florida to achieve permanency for children age 0-3. ECC is a problem-solving court docket designed to improve outcomes for abused and neglected children ages 0-3 through an integrated treatment of intensive child/parent therapy, frequent visitation, developmental supports, utilization of trauma-informed judges, and monthly family team meetings and judicial hearings.

On January 1, 2020, 11,423 children with active cases in Florida’s dependency courts were under the age of three when they were removed from their homes. Florida’s ECC is currently serving 380 children across the twenty-five ECC sites throughout the state. The following data from Florida’s Dependency Court Information System - 2014-2018 shows a comparison analysis of children served and non-served by the ECC:

- ECC children were placed in permanent homes more quickly than non-ECC children of the same age group (examples: average of 259 days (8.5 months) quicker to reunification with a parent; 230 days (7.5 months) quicker to permanent placement with relatives or non-relatives; 12 days quicker to adoption).

- Overall, ECC children attained permanency an average of 143 days quicker than non-ECC children.

ECC Team success has been achieved by the following practices:

- Monthly hearings in front of a trauma-informed judge or magistrate to ensure timeliness and accountability.
- Monthly family meetings with a multidisciplinary team facilitated by a community coordinator to prioritize family needs and fast track integrated services.
- Intensive child/parent clinical therapy to heal trauma by building parenting capacity and optimizing child well-being. The clinician reports findings to the court/team to inform decisions toward a timely, permanent, and stable family for the child.
- Monitoring and evaluating ECC processes and effectiveness to ensure continuous quality improvement and fidelity to the model.

Strategic Initiative 4 in the Department's plan for 2020-2024 describes the collaboration that will occur with the Office of Court improvement to support expansion of ECC.

### **Family Intensive Treatment Teams (FIT)**

Family Intensive Treatment teams are a highly effective program model for parents with children 0-5 in out-of-home care that is currently provided by twenty-two providers across all regions and circuits. The FIT team model was designed to provide intensive team-based, family-focused, comprehensive treatment services to families in the child welfare system experiencing parental substance use. FIT Teams are available to families with children under in-home protective supervision or with children in out-of-home. Although eligibility criteria require that families have at least one child between the ages of 0 and 10 years, priority is given to families with a child between the ages of 0 and 8 years. A majority of families served by FIT Teams have children ages 5 and under. A core component of the FIT model is the integration of substance use, mental health, and child welfare services for families served. To be eligible to receive FIT services parents must be eligible for publicly funded substance use and mental health services and have a substance use disorder.

FIT program guidelines require the use of evidence-based and evidence-informed practices to treat substance use, mental health, and improve parental capacity, though do not mandate specific interventions to be used. Most providers reported practicing:

- Motivational Interviewing,
- Cognitive Behavioral Therapy,
- Trauma-Focused Cognitive Behavioral Therapy,
- Dialectical Behavior Therapy was reported by eight providers,
- The parenting intervention models being used by most providers were Nurturing Parenting Program and Seeking Safety, and
- Eight of the providers reported offering support group activities for parents receiving FIT services such as daily recovery group meetings, peer support and relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended.

A major challenge in offering FIT Team services to parents with children in out-of-home care was that Medicaid policy did not provide Medicaid for parents of children who have been temporarily removed. The Department collaborated with the AHCA to establish a process for Medicaid-eligible parents with children temporarily in out-of-home care to retain their coverage. This policy, effective September 19, 2019, will be a significant help to

parents of the 0-5 years old population who need access to publicly funded substance use treatment, including the services of FIT Teams.

Substance Abuse and Mental Health has amended their State Health Improvement Plan, outlining a target date of December 31, 2021, to increase the percentage by 10% from a baseline of 66% (2017-2018) to 72% of FIT participants that are retained and/or successfully complete the FIT program. As of January, SAMH was at 71.6%.

### **Rapid Safety Feedback Reviews**

Rapid Safety Feedback Reviews are an important tool for assessing front-end system casework for especially vulnerable children under the age of four years. A description of Rapid Safety Feedback Reviews (RSF) is provided in Chapter 2, Quality Assurance System. RSF reviews involve open investigations or case managed cases which are selected based on:

- the involvement children under the age of four,
- there is at least one prior investigation on any member of the household, and
- the current allegation is for substance misuse and family violence threatens harm.

## PLACEMENT MATCHING

### Multidisciplinary Team Staffings

The placement process established in [s. 39.523, F.S.](#), requires a comprehensive placement assessment to be completed, prior to a child's placement in out-of-home care. A multidisciplinary team staffing must be held to determine the level of care needed for the child and to match the child with the most appropriate placement; review of the child's placement as often as necessary to ensure permanency and to address any special issues for the child; providing the court documentation of the placement assessment at each judicial review. The policy has been amended to capture the new FFPSA settings of at-risk and QRTP, sibling separation discussions, and the use of the Adverse Experiences Questionnaire (ACE) score.

### Diligent Search and Diligent Efforts

Locating parents, relatives, and fictive kin is important for maintaining and strengthening the child's long-term or permanent family connections and developing a visitation plan. These persons are possible placement resources for concurrent planning. They also have specific rights for notice and participation in the child's dependency case. These family connections should not only be used for placement purposes but to also establish long-term emotional support networks with other adults who may not be able to have the child placed into their home but want to remain connected to the child. ([CFOP 170-1, Chapter 1, Completing a Diligent Search for Parent or Diligent Efforts to Locate Relatives](#)).

CFOP 170-1 Chapter 14, Completing a Diligent Search for a Parent or Diligent Efforts to Locate Relatives was updated to reflect the following:

1. The child welfare professional must complete the Diligent Search section of the Judicial Review worksheet, which will prepopulate into the Judicial Review template. This includes diligent efforts to locate relatives and fictive kin,
2. Websites for criminal justice data sources and the link to the Comprehensive Case Information System Access Request Form,
3. If the child is a member or is eligible for membership in a tribe, the child's tribal membership information must be obtained from both parents, including the name and location of the tribe,
4. The child welfare professional must conduct interviews with the child, siblings, adoptive parents of the siblings, parents, and all known relatives of the parent or prospective parent, and
5. A case note entry must be completed for each diligent search inquiry.

## FLORIDA'S PLACEMENT SERVICES ARRAY

While Florida has a variety of types of placement settings in each CBC, the increasing numbers of children in care are resulting in inadequate placement matching and placement instability. Concerns related to the placement services array are discussed in Chapter 2 under Foster Parent Licensing, Recruitment and Retention.

### Non-licensed Relative Caregiver and Non-Relative Caregivers

For many years the Department has offered financial assistance to relatives and non-relatives through the Relative Caregiver Program (RCP) and Non-Relative Caregiver Program (NRCP), respectively. Each program assists caregivers with providing for the basic needs such as food, clothing, and shelter for children in out-of-home care, as well as Medicaid. The goal of supporting relatives is to help children achieve stability and well-being with caregiver(s) they know. Relatives/non-relatives participating in this program are not required to be licensed. [CFOP 170-10, Chapter 8,](#)

[Kinship and Relative Supports](#) outlines the services and supports available for relative/non-relative caregivers caring for dependent children in Florida.

### **Licensed Foster Care**

The Department and CBCs share responsibility for licensing and recruitment. The Department issues licenses to Child Placing Agencies and Child Caring Agencies which are renewed annually. The regional licensing units conduct annual reviews to assure compliance with standards outlined in Florida Administrative Code. CBCs and their providers complete the licensure of family foster homes with oversight from the Department's licensure specialists in the regions. The Department's licensure specialists review samples of files to ensure compliance with Florida Administrative Code.

The plan to address improved recruitment and retention is described in Attachment 1, Foster and Adoptive Parent Diligent Recruitment Plan.

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

Level 1. Child-specific foster home - The caregiver must meet all level 2 requirements pursuant to this section. However, requirements not directly related to safety may be waived. Level 1 licensure is a requirement for eligibility for the Guardianship Assistance Program implemented July 1, 2019.

Level 2. Non-child-specific foster home.

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

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

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

In April 2020, adjustments were made to the foster home licensing process to help ensure the safety of foster families, children in care, and licensing staff. These changes included the ability to complete virtual face to face visits for licensure, allowing for the 60-day postponement of certain non-safety licensing requirements. Additionally, updates were made to training requirements to allow for alternative virtual training methods to accommodate families while also continuing to license new foster homes.

### **Group Care**

The Group Care Quality Standard Workgroup, established by the Department in 2015, developed a set of core quality standards for Department licensed residential group homes to ensure that children receive high quality, needed services that surpass the minimum thresholds assessed through licensing. Subsection 409.996(22), Florida Statutes, requires the Department, in collaboration with the FICW, to develop a statewide accountability system for residential group care providers based on measurable quality standards. The accountability system will include:

- Promote high quality in services and accommodations, differentiating between shift and family-style models and programs and services for children with specialized or extraordinary needs such as pregnant teens and children with DJJ involvement,
- Include a quality measurement system with domains and clearly defined levels of quality. The system must measure the level of quality for each domain using criteria that residential group care providers must meet to achieve each level of quality, and

- Consider the level of availability of trauma-informed care and mental health and physical health services, providers' engagement with the school that children in their care attend, and opportunities for children's involvement in extracurricular activities.

The FICW developed a project plan that consisted of six phases:

- 1) Development of core quality performance standards,
- 2) Development of a quality assessment tool,
- 3) Feasibility pilot,
- 4) Implementation pilot,
- 5) Statewide Implementation, and
- 6) Full validation study and evaluation.

The group care quality assessment tool and process were piloted as a multi-dimensional, multi-informant assessment. The pilot version included three online forms completed by different groups of stakeholders including service providers, youth, and Department licensing specialists. The results of the pilot study support the feasibility of integrating the assessment into the state's re-licensure process and provided insights to guide the next phases of development.

Most recently, the Group Care Quality Standards Assessment (GCQSA) was successfully piloted statewide providing data for 238 licensed residential facilities. To date, the GCQSA has demonstrated evidence of internal consistency reliability and content, ecological, and factorial validity.

Due to the onset of the COVID-19 pandemic in March 2020, data collection was delayed for both components as licensing teams adhered to mandated social distancing guidelines and responded to the rapid licensing needs to address the placement shortages resulting from the reduction of available foster home placements. To accommodate the unforeseen delays, the data collection period for the statewide validation study was extended from a deadline of January 1, 2021 to February 26, 2021. Data collection for the inter-rater reliability study was extended from the initial end date of June 30, 2020 to August 30, 2020. In each case, an additional two months was added to the timeline to allow participants additional time needed to complete forms.

The final phases of validation will focus on construct validity and inter-rater reliability. Additionally, an outcomes development pilot study will focus on exploring potential outcomes measures to be used in conjunction with the GCQSA for Florida's residential programs. Together, these measures can be used to document and facilitate high quality and effective residential services. <https://ficw.fsu.edu/policy-analysis/quality-standards-residential-group-care>

The Department continues to advance towards completion of the statutory requirements and goals associated with the Quality Standards for Residential Group Homes contained in section 409.996, Florida Statutes. Despite the unforeseen setbacks of the COVID-19 pandemic, both studies are well underway with continuing progress on data collection with the adapted procedures. It is anticipated that the extended timelines for data collection will allow ample time to collect a sufficient sample size necessary to complete all the planned analyses. The next action items for the Department and Institute include continuing efforts to complete both studies as planned to remain on track for meeting the completion of implementing a Statewide Accountability System by July 2022.

## **INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) AND INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)**

The Department is an active participant in the ICPC and ICAMA. 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 in the 1950s. Since then the Department has worked with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to address identified areas of concern within the ICPC such as the time it takes to place children in the dependency system in safe homes across interstate lines.

The need for the Interstate Compact on Adoption and Medical Assistance arose to ensure that children adopted under a Title IV-E adoption assistance agreement were assured continued medical coverage when adoptive parents moved to another state. The Compact also allows for continued Medicaid coverage for children adopted under a state funded adoption assistance agreement provided the other state extends COBRA option to interstate adoption assistance agreements.

The compact office collaborates with all major child welfare partners, other states, and stakeholders. Each CBC identifies a lead ICPC liaison so that there is a single point of contact for both the CBC and the ICPC office. This streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, face-to-face meetings, through use of the National Electronic Interstate Compact Enterprise (NEICE), and through daily emails.

The Department's compact administrator participates in the AAICPC and has at times in the past served as the president of the associations executive committee. The compact administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC central office staff as well as local staff from other states. The compact administrator also attends conferences and presents at meetings with both private and public sector partners throughout the year.

The compact administrator works with CLS, case managers, and representatives from other states on difficult cases and often facilitates conference calls between Florida child welfare professionals and other states to ensure positive outcomes for children. Additionally, the Florida ICPC office provides presentations as needed to the CLS attorneys, judiciary, GALs, Attorneys ad Litem, case managers, supervisors, licensed social workers, CPIs, and ICPC liaisons at CBCs. Furthermore, the compact administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Modernization of the ICPC processes is an ongoing technology effort at the national level. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web-based data transmission in the spring of 2008. The goal of the modernization project was to eliminate transmittal of paper ICPC files through the mail, reduce the number of persons who handle a file, and shorten the time spent in the approval process. The assignment of cases to ICPC central office staff 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 called the Interstate Compact System (ICS). The process scanned all incoming and outgoing documents and created various data entry screens to capture and store information on each case.

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.

Upon approval of the Bipartisan Budget Act of 2018, Florida was already compliant with the requirement that all states process ICPC via an electronic system by October 1, 2027. Florida's utilization of the NEICE system provides access to the courts, CBCs, GALs, and CLS for review of ICPC cases 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.

#### Update/Accomplishments

- Continued to be a part of the NEICE Project and serve on the technical team of the project. Florida assisted American Public Human Services Association (APHSA) and Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) in the national implementation effort. Additionally, Florida supports further development and enhancement of the NEICE system through testing and meetings to provide enhancement suggestions. As a result, a system update is scheduled to be released in June. The update referred to as NEICE 2.0 will bring many user enhancements such as, better case tracker and oversight, reminders for key dates, enhanced reporting, and an overall efficient user experience.
- Provided virtual ICPC trainings throughout the state as requested. These trainings are provided to the judiciary, Guardians ad Litem, Department attorneys, protective investigators, Community-Based Care agency staff, and other interested stakeholders.
- A common concern relayed from the public is the amount of time it takes to initiate the ICPC process. The ICPC office worked with stakeholders to provide additional resources, training, and update procedures to assist with initiating the ICPC process at the time of shelter (scheduled completion in June 2021). Additionally, ICPC staff will continue communication with the public to provide insight and transparency on the ICPC process.
- Participated in a newly developed workgroup for APHSA and their new Data Analytics Manager to provide feedback and input on state and national ICPC data needs to further enhance reporting capability.

#### Future Plans

- Continue to be a part of the NEICE Project and serve on the technical team of the project. Florida will continue assisting APHSA and the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) in the national implementation effort. Additionally, Florida will continue to support further development and enhancement of the NEICE system.
- Continue to participate in the NEICE State Data Workgroup with APHSA to further enhance ICPC reporting on the state and national levels.
- 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 participate and/or serve on the executive committee of AAICPC as well as assigned subcommittees to assist with addressing national ICPC issues.
- Survey Florida stakeholders for identification of any barriers to ICPC efficiency, and possible improvements. Create workgroups to address any areas of improvement identified in the survey results.

#### COVID-19 Impacts

- In person meetings and trainings were suspended due to COVID-19 protocol. As detailed above, virtual trainings with our stakeholders were completed as requested.

- The ICPC Central Office coordinated communication between states and local agencies to provide updates on workforce, business practice, and travel restrictions that impacted interstate placement.

## Adoption

CBCs are responsible for identifying and reporting to the court the permanency options available to each child removed from a parent or legal guardian. The scope of case management services includes arranging for adoption or guardianship when reunification is determined by the court not in the best interest of a child. CBCs are responsible for pre-and post-adoption services including the provision of maintenance adoption subsidies. Data on the number of children available for adoption and adoption related information is included in the update to the Foster and Adoptive Parent Diligent Recruitment Plan (Attachment 1). In response to the national pandemic, updates were made to ensure the safety of the not only the families, but also the individuals providing the services. Guidance was provided around completing initial and updated adoption home studies as well as how to conduct background screenings for individuals who have received a fingerprint-based check recently.

### **Pre-Adoption Services**

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

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

Florida Adoption Reunion Registry (FARR) maintains paper applications and associated documents for individuals who registered with the FARR. Additionally, the registry maintains a significant number of closed adoption records in its storage facilities and on encrypted DVDs.

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

### **Post-Adoption Services Counselors**

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

The Department and its partners are committed to providing a sufficient and accessible array of post-adoption services in each circuit that includes information and referral services, temporary case management, assistance with assessments during investigations, assistance with subsidy and Medicaid issues, and assistance in maintaining one or more adoptive parent support groups for the many adoptive families who face significant challenges as their adoptive children age and experience the various developmental milestones.

### **Adoption Competency**

Adoption-competent mental health professionals have completed the Rutgers Adoption Competency, or an equivalent curriculum approved by the Department to provide educational and therapeutic services for adoptive families. The educational and therapeutic services focus on strengthening relationships within the

family unit and assist families in understanding the developmental stages of adoption, and how adoption affects each family member and the family as a unit.

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

The use of evidence-based, evidence-informed, promising and innovative practices in recruitment, orientation and preparation of appropriate adoptive families, matching children with families, supporting children during the adoption process, and providing post-adoptive support.

### **Adoption Promotion and Support Services**

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, PSSF to support the costs of Adoption Promotion and Support services. The Department dedicates 23 percent of the federal PSSF grant to fund family preservation services. In Florida, Adoption Promotion and Support Services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure placement is in the best interest of the child. Pre- and Post-adoptive services and activities have shortened and strengthened the process to support adoptive families to forefend disruptions. The adoption of foster children continues to be a state and local partnership. Examples of Adoption Promotion include:

- Child-specific or targeted population recruitment efforts,
- Quarterly matching events for children available for adoption and potential families,
- Heart Galleries<sup>38</sup>,
- Child Recruitment Biographies<sup>39</sup>,
- 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,
- Counseling referrals, and
- Post-adoption specialist.

Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are struggling with similar challenges and concerns. These groups generally meet once a month and are appropriate for the languages, cultures, and needs of the participants in each community; receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups); etc. In rural areas where there are limited numbers of adoptive families, newsletters and group emails are being

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<sup>38</sup> Traveling photographic exhibit created to find forever families for children in foster care.

<sup>39</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.

utilized to provide new information about post- adoption services and provide an avenue for adoptive families to communicate with each other.

Research has shown that essential to family resilience are social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need. These can be made available to families through adoptive parent support groups. The post-adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource persons as speakers for one or more of the support group meetings during the year. Each teen support group has an adoption competent mental health professional facilitating.

### **Prospective Adoptive Parents Surveys**

The Department, in conjunction with the CBCs, conducts an Annual Adoption Survey to gather feedback from prospective adoptive parents, children in the child welfare system, adoptees, and other stakeholders between August 2020 and September 2020. Overall, participants reported that their CBC Lead Agencies excelled in three areas:

- the timely completion of the adoption home study,
- offering transparency during the adoption process,
- and responsiveness to questions.

The majority of participants expressed that the CBC Lead Agencies could improve in the following areas:

- post-adoption services/supports, and
- the assistance in accessing post-adoption services/supports.

### **Post-Adoption Support Surveys**

The Department, in conjunction with the CBC Lead Agencies conducted a Post Communication Survey between August 2020 – September 2020, to gather feedback from families who requested and received services as a result of the One-Year Post Communication Contact requirement outlined in section 39.812(6), Florida Statutes. The intent of the survey is to determine the types of services received by the family and the quality of those services. The major findings about post-adoption services are:

- The majority of respondents felt comfortable asking their post-adoption worker for additional help/assistance. Respondents who were uncomfortable reported the top reason was that it takes too long to get help.
- The top two post-adoption supports needed: assistance with coordination of services and assistance with behavioral health services.
- All respondents reported that providers of services understood their needs.
- The top service that respondents tried to access but were unable to receive was mental health treatment.
- The major reason for services desired but not available was that there was no provider in the area.
- Prospective Parent and Post-Adoption Surveys are included in Appendix E.

### **Inter-country Adoptions**

Currently, there are approximately 10 private agencies that handle international adoptions in Florida. The Department does not monitor the number of inter-country adoptions completed.

When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family receive the services to help the child and family remain safe; and services are provided to assist with

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

### **Federal Adoption Savings**

The Department, through applying the applicable child standards for children eligible for adoption assistance, has used the majority of the adoption savings to support adoption services, post adoption services, and post guardianship services, while remaining funds are used for prevention services.

The Department's Revenue Management Office, each CBC contract manager, and the CBC Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

### **Adoption and Legal Guardianship Incentive Awards**

Florida received an Adoption Incentive Award for four of the last five consecutive years and all incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. The primary reason for Florida's significant subsidy budget is the fact that over the last several years Florida has completed over 3,500 adoptions annually. The Department anticipates continuing net increases in subsidy costs over the next several years. To meet this expanding need, any future incentive funds will continue to be applied toward subsidies.

The Department's Revenue Management Office, each CBC contract manager, and the CBC Fiscal Unit within the Administrative Services office all monitor expenditure of these funds and provide oversight toward timely, accurate, and fiscally responsible management of resources.

### **Florida Adoption Reunion Registry (FARR)**

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

### **John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers**

The John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee program) and Educational Training Vouchers (ETV) help ensure that youth and young adults who are involved in, or who have aged out of, foster care have access to the supports they need. Florida continues to provide a robust array of services designed to assist youth with a successful transition to self-sufficiency. As shown in Table 6, in SFY 2019-2020 the Department provided services to 4,357 youth between the ages of 13 and 17 residing in an out-of-home care placement. All of these youth are currently eligible to receive transitional services and supports in the form of independent living needs assessments, opportunities to engage in developmentally appropriate life skill building activities, academic support, and other services that assist in the transition to adulthood. There are an additional estimated 6,000 former foster care youth that have aged out of the Florida foster care system that are between 18 and 22 years of age that are potentially eligible to receive services to become self-sufficient.

**Table 6: Transitioning Youth and Young Adults**

	<b>FY 2016-2017</b>	<b>FY 2017-2018</b>	<b>FY 2018-2019</b>	<b>FY2019-2020</b>
Total number of youth ages 13 to 17 in out-of-home care (end of month counts)	4,362	4,495	4,316	4,357
Number of youth ages 13 to 17 in relative/non-relative settings (end of month counts)	1,507	1,618	1,563	1,323
Number of youth ages 13 to 17 in group care (end of month counts)	1,383	1,342	1,233	1,144
Youth turning 18 while in foster care (end of month counts)	945	969	816	629
Youth age 16 and older who were adopted (potentially eligible for PESS) <sup>40</sup>	123	74	82	169
Youth ages 16 and older whose cases were closed to guardianship (potentially eligible for PESS) 1	318	210	186	272
Number of young adults receiving EFC (end of month counts)	1,437	1,304	1,337	1,267
Number of young adults receiving PESS (end of month counts)	1,541	1,318	1,217	1,140
Number of young adults receiving Aftercare Services (end of month counts)	419	398	435	410
Unduplicated total number of young adults receiving ECF, PESS, Aftercare (end of month counts)	2743	2,574	2284	2,364

Source: FSFN

### **Program Oversight and Monitoring**

The Chafee program is administered by the Department through contracts with Community-Based Care (CBC) lead agencies. All CBC contracts include requirements to administer all services in accordance with federal guidelines, Florida Statutes, and Florida Administrative Code. Florida has highly structured statutory requirements for Extended Foster Care (EFC), Postsecondary Education Services and Support (PESS), and 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

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<sup>40</sup> The number of youth who became potentially eligible for PESS based on their discharge from care at ages 16 and 17 to Adoption or Guardianship and having lived in licensed care for at least six months within the 12 months preceding their placement or adoption over the last two SFYs. SFY 2017-2018 totals for this category reflect a method of calculation that represents only those youth assigned to a CBC. This change accounts for any variation in data previously published.

Independent Living services is administered, including application and discharge procedures, transition planning, and documentation requirements.

### **Description of Program Design and Service Delivery**

Florida has codified all programmatic and general oversight requirements for Chafee program and ETV within Florida Statute and Florida Administrative Code. As a result, there are highly structured statutory requirements that govern Independent Living programs, client eligibility, payment calculations, payment disbursement requirements, payment amounts, as well as rights of a client to appeal a denial or termination of services.

### **Requirements Related to Case Management, Caregiver Activities, and Judicial Oversight**

Subsection 409.145(2), Florida Statutes, establishes requirements that caregivers (foster parents and group home providers<sup>41</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 subsection 39.701(2)(a)10, Florida Statutes, a written report must be provided to the court at each judicial review hearing that includes a statement from the caregiver detailing what progress the child has made in acquiring independent living skills. This caregiver statement is required for all foster care children that have received life skills training between 13 years of age but are not yet 18 years of age.

Section 39.6035, Florida Statutes, requires that specific transition plans be developed for those youth that are going to age out of the foster care system.

Transition plans are developed in collaboration with the child and caregiver and any other individual whom the child would like to include and these plans may be as detailed as the child chooses. These plans are designed to supplement standard case planning activities and are subject to court review. The activities addressed within these plans must provide specific options for the child to use in obtaining specific services and required items that must be covered by the plan include issues associated with housing, health insurance, educational attainment, and workforce support and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships and other personal support services. This transition plan must also include the required discussion about health care decisions and offer to the child the ability to create a health care surrogacy document (as required by the Fostering Connections Act).

Florida Statutes requires a judicial review within 90 days after the 17<sup>th</sup> birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of Independent Living programs and services. Subsection 39.701(3)(d)4, Florida Statutes, requires that the issue of Independent Living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the child affirm that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Young adults who at the age of 18 were in the legal custody of the Department have the option to enter EFC. Section 39.6251, Florida Statutes, details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Subsection 39.701(4), Florida Statutes, provides the judicial oversight requirements associated with the program which require the engagement of young adults in case planning and life skill development. Young adults who have chosen to participate in EFC are required to have their case reviewed by the court a minimum of once every six months.

Requirements associated with the application, disbursement of payments, renewal, and appeal or denial of postsecondary educational stipend payments are established within subsection 409.1451(2), Florida Statutes.

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<sup>41</sup> Per 409.145(3), Florida Statutes, "Caregiver" includes a person with whom the child is placed in out-of-home care or a designated official of a licensed group care facility. In the Department's system of care, "out-of-home care" usually includes both licensed care such as family foster homes and residential group homes, and unlicensed care such as relative/kinship.

Section 409.1452, Florida Statutes, also requires that the Department begin the process of working with the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems. These systems are to provide a comprehensive support structure that helps assist children and young adults who choose to attend college with the opportunity for successful transition from the foster care system to a publicly supported postsecondary educational program. All Florida public postsecondary institutions can engage former foster care youth in campus based academic support services, intended to improve former foster care student retention, and graduate rates.

### Youth Involvement and Voice

A strength that helps to drive youth participation and engagement is the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support the engagement and provide a voice to youth, service providers, and advocates.

The **Independent Living Services Advisory Council (ILSAC)** is an asset for the youth in Florida and for the agencies that serve them. The council represents a collaborative with youth, foster parents, executive agencies, advocate attorneys, and child welfare service providers. The council members provide guidance and help to improve services in a non-adversarial and supportive manner. Per Florida law, the Secretary appoints members who submit an annual report summarizing the Council's findings and recommendations.

Council members have a variety of experiences and are from diverse backgrounds, including young people formerly in foster care. The council continues to be a strong voice for youth and includes a diverse group of stakeholders to ensure various perspectives are heard. The council works closely with the Department and the CBCs to improve service delivery.

Members of the council are active in their communities and across the state. They help to provide training and technical assistance to ensure the program is supported at the local and state level. Both the council chair and the members provide advice and consultation to the Secretary, Deputy Secretary, and leadership of child welfare programs.

Through direct participation on **Florida's Children and Youth Cabinet's Youth Commission**, current and former youth in foster care are given the opportunity to develop and advocate on a variety of issues that directly impact state agency efforts such as the Child and Family Services Review process and the agency improvement planning efforts.

**Florida Youth SHINE** engages current and former youth in foster care across the state of Florida. There are fourteen local chapters that facilitate local meetings and partner with, or serve as representatives on, local Youth Advisory/Advocacy Boards. The goal each chapter is to provide a voice for the youth and address local issues through the development of proposed solutions and bring them to the statewide level. Chapters also work on community education activities to better educate the communities and gain public speaking experience. Chapters come together four times per year to work on statewide issues that affect youth in Florida. Chapters are open to members ages 13-24 who have been touched by the system of care (foster care, adopted, non-relative care, relative care, and reunification).

The mission of the **Florida Youth Leadership Academy (FYLA)** is to inspire young leaders through building healthy relationships, exploring leadership development, and actively engaging them within their communities. FYLA kicked off its first class in December 2007 in Orlando, Florida. What initiated as a professional development project under the direction of the Department's Child Welfare Leadership Program and Connected by 25, grew into a statewide mentorship and leadership program for youth involved in the child welfare system. FYLA is for youth involved with Florida's child welfare system who meet the eligibility criteria. The FYLA mentees are typically between the ages of 15 and 18 and are paired with an adult mentor who works in child welfare. Due to COVID-19, the Class of 2020 was postponed to 2021.

Throughout the program year, FYLA youth and their mentors meet regularly in their local areas to focus on specific learning objectives, including networking, public speaking, resume-building, and interviewing skills. Additionally, mentors assist their youth in achieving their individualized goals that they set at the beginning of the year. The FYLA group travels four times throughout the program year to engage in several educational and leadership activities, including touring the State Capitol, Supreme Court, and college campuses across Florida. Each FYLA class concludes with a graduation ceremony during the annual Child Protection Summit.

**Champions for Tomorrow's Leaders (C4TL)** program is a newly implemented initiative that began in September of 2019 and ended in September of 2020. The mission of C4TL was to support youth who are placed in group care or a licensed foster home by building healthy relationships, advocating alongside of them, and actively engaging and supporting their positive endeavors. Over 80 Department leadership staff, referred to as Champions, were paired with a youth who has demonstrated a desire to connect with someone in a leadership role who serves as an advocate and supporter. Throughout the program year (September 2019-September 2020), the champion spent up to one hour per month over 12 months connecting and communicating with the youth.

**Youth Focus Groups-** Beginning in March 2021, the Office of Child Welfare, along with One Voice Impact and Florida Youth SHINE, is hosting various focus groups to engage youth and young adults to seek their lived experience and feedback on various topics. The feedback will be rolled up into a report that gets disseminated and discussed with Department leadership and will be used to make policy and practice changes, as appropriate.

### **One Voice Impact**

The **One Voice IMPAACT (OVI)** Network of Councils will harness authentic youth voice, create space for youth and young adults with lived experience to work alongside system leaders to find solutions to local issues, and give councils a platform for statewide collaboration. OVI is a partnership of the Florida Coalition for Children and Selfless Love Foundation.

OVI Benefits:

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

### **National Youth in Transition Database (NYTD) Survey Administration**

The Department continues to contract with Cby25® Initiative, Inc. (Cby25®) to administer the federally required NYTD surveys to eligible youth and young adults. The survey is provided to a cohort of transitioning young people at ages 17, 19, and 21 for a longitudinal study. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the independence and stability, measuring outcomes relevant to health, housing and transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

The Quality Office plans to incorporate data from NYTD into future reviews to strengthen the assessment of:

- services that support youth 13-17 and eligible young adults 18-23 during their transition to adulthood, and
- placements and supportive services for young adults who move to the extended foster care program.

### **Principles of Positive Youth Development**

Florida's Quality Parenting Initiative (QPI) empowers Florida's foster care parents and group home providers to become more engaged in the child welfare planning and service delivery process. QPI is designed to help develop new strategies and practices, rather than imposing a predetermined set of "best practices." The core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. The best way to achieve this goal is to enable the child's own parents to care for him or her. Otherwise, the system must ensure that the foster or relative family caring for the child provides the loving, committed, skilled care that the child needs, while working effectively with the system to reach the child's long-term goals.

Section 39.4091, Florida Statutes, empowers caregivers to make decisions and use a reasonable and prudent parent standard when considering age-appropriate extracurricular, enrichment, and social activities for the children in their care. Liability for harm has been removed for caregivers using this standard, weighing potential risk factors, and acting in the best interest of the child. The Department and CBCs, along with their subcontracted agencies providing out-of-home care services, are to promote and protect children's ability to develop through normal childhood activities.

Section 409.145, Florida Statutes, requires that all life skills training for current foster care youth ages 13 through 17 be identified and developed by the child, case manager and the child's foster parent or group home provider utilizing collaborative case management to develop an individualized plan. Identified needs are then documented and the training associated with the needed life skill is conducted via an "in-the-home" training model that is delivered by the child's foster parent or group home provider. This approach is designed to create a more normal and organic format for the development and acquisition of necessary life skills in comparison to more traditional classroom and test-based life skills acquisition programs.

### **Statewide Services for Youth of Various Ages and Stages**

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

#### Services for youth 13-17 years of age

For youth 13-17 years of age, the child welfare professional responsible is expected to have a monthly conversation with the caregiver responsible and the youth to discuss life skills needs. The caregiver is expected to provide life skills activities and opportunities that are consistent with the youth's age and needs.

Subsection 39.701(3)(a)4, Florida Statutes, requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of independent living programs and services, including Extended Foster Care (EFC), Aftercare and Postsecondary Education Services and Support (PESS) programs including program requirements and benefits, and the tuition fee exemption. The report must describe the youth's plans for living arrangement after age 18 and the life skills services that may need to be continued past age 18; and any other identified obstacles and needs the youth has regarding independent living.

Subsection 39.701(3)(d)4, Florida Statutes, requires that independent living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the youth affirms that they understand they are aware of their service eligibility and how to apply for services should they choose to do so.

Transition plans must be as detailed as the youth chooses and be conducted in the youth's primary language as specified in [section 39.6035, Florida Statutes](#). Plans should address short and long-term goals; planned housing arrangement; health insurance coverage; educational goals; financial literacy; driver's license; workforce support and employment services.

If the transitioning youth is eligible and plans to remain in EFC after turning 18 years old the transition facilitator must ensure that the transition plan includes an agreement detailing the chosen qualifying activity and supervised living arrangement as referenced in [Rule 65C-41.004, Florida Administrative Code](#). [CFOP 170-17, Services for Transitioning Youth and Young Adults](#) provides specific requirements for assessments, life skills development and transition plans.

### Medicaid

As described in Attachment 2, Health Care Coordination and Oversight Plan, young adults up to the age of 21 years are eligible for Medicaid and those who are in EFC may choose to remain in the Sunshine Health Plan. Expanded health care services to support youth transitioning include:

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

Care Grants –up to \$150 per year, per youth. Used for services or supplies that the youth could use for social or physical activities, such as gym membership, swimming lessons, sports equipment or supplies, art supplies, and application fees for post high school educational needs.

Transition Assistance funds –A one-time transitional payment of up to \$500 per young adult transitioning out of foster care, or extended foster care, between 18 -21. Used toward services and items such as rental deposits, utility services, or household supplies (i.e., linens, appliances, furniture).

### Services for young adults 18 to 23 years of age

Three categories of independent living services are currently available in Florida for young adults ages 18-23, including:

- Extended Foster Care (ages 18-21, 22 with documented disability.)
- Postsecondary Education Services and Support (ages 18-23)
- Aftercare Support Services (ages 18-23)

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

In support of the development of more permanent bonds for Florida's former foster care youth, section 39.6251, Florida Statutes, established EFC for eligible youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program utilizes Title IV-E funds. One of the key components of the program is that eligible young adults who wish to remain in foster care should have their placement at the time of reaching the age of majority viewed as the preferred placement for the young adult. Should the young adult's placement not be available or practical, it is the responsibility of the CBC service provider and the young adult to identify an alternative placement

that may or may not be licensed and that offers a degree of supervision to best meet the immediate and long-term needs of the young adult.

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

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

By offering young adults the option to enter extended foster care, it is believed that the development of necessary permanent connections will be more available to Florida's former foster youth. Direct care providers in collaboration with the caregiver provide a more collaborative living environment that takes into consideration the shared living plan that should exist when a young adult resides in a natural parenting situation. There are required standardized assessments to determine the appropriate supervised living arrangement type; the transitional services necessary to assist the youth/young adult achieve their goals and reach independent living. The shared living plans include the youth/young adult's clearly defined goals of transition and appropriate adult behavior.

EFC gives eligible young adults the option of remaining in foster care until the age of 21 or until the age of 22 if they have a qualifying disability. Eligible young adults may also choose this option while pursuing postsecondary education. In EFC, young adults receive standard case management visits, case planning, transition planning, monitoring of life skills development, and judicial oversight as required. Florida's EFC is funded through Title IV-E but can be supplemented with state funds. State funds can pay room and board and may pay for other allowable expenses, such as child care for young adults who are parenting, clothing for work or school, computer and other school supplies, and other essential services needed to support the young adult's transition.

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

## Education and Training Vouchers (ETV) and Postsecondary Education Services and Support (PESS)

### Eligibility for Benefits and Services

Postsecondary Education Services and Support (PESS) program is administered by the CBCs. PESS is a Florida program for eligible former foster youth to receive the skills, education, and support necessary to become self-sufficient and have lifelong connections to supportive adults. Young adults enrolled in eligible post-secondary institutions and who meet other eligibility criteria are eligible for PESS. Depending on certain statutory conditions, eligible youth may receive a monthly financial payment of \$1,256 which may include ETV funding. The financial award is to secure housing, utilities, and assistance.

Initial eligibility requirements for both programs require that a young adult:

- Who turned 18 while in the legal custody of the Department and who have spent a total of six months in licensed out-of-home care, OR
- Who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption, AND

- Have earned a standard high school diploma, or its equivalent,
- Have reached 18 years of age but are not yet 23 years of age,
- Enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution,
- Submitted a Free Application for Federal Student Aid,
- Has applied for other grants and scholarships,
- Signed an agreement to allow the Department access to school records.

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

Eligible young adults 18-22 (not yet 23) years of age in PESS receive \$1,256 per month and other supports necessary to become self-sufficient. After the initial application process, eligibility requires that these students are enrolled in nine credit hours or the vocational equivalent; and if meeting academic progress per the Florida Bright Futures educational institution, the young adult may continue to receive the assistance. Some exceptions to credit hours and progress may apply for those students with a diagnosed disability or other recognized challenging circumstance.

Of the three independent living services categories, PESS is the only program that affords youth who are adopted or placed with court-approved dependency guardians after the age of 16 with the opportunity to participate. The law requires those youth to have spent at least six months in licensed care within the 12 months immediately preceding such placement or adoption. ETV and CFCIP federal funds cover room and board and other expenses necessary to pay the cost of attendance.

The law limits PESS to Florida Bright Futures eligible schools. However, there is another, more limited financial support for a young adult who wishes to attend a postsecondary school that is not a Bright Futures school, e.g., an out-of-state school. An annual federal ETV educational stipend payment of up to \$5,000 may be available, provided the chosen academic institution meets ETV eligibility requirements and the young adult meets the other PESS requirements.

Federal ETV payment amounts are set by a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance. However, the monthly payment for PESS is fixed at \$1,256 per month so any payments in excess of a student's estimated cost of attendance or the \$5,000 federal ETV limit are covered by state funds. In addition, students remain eligible for participation in the program up to their 23<sup>rd</sup> birthday, so students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds.

Students receiving the PESS stipend may also opt into EFC. The method of the payment depends upon whether the young adult is residing in a foster home or group home or is temporarily residing away from the home.

Students must maintain a reasonable standard of academic progress in order to remain enrolled in this program. If the young adult should fall below academic progress as defined by their postsecondary education institution, the young adult will be given a probationary period to maintain eligibility.

Prior experience and statistical evidence have shown that requiring former foster youth to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many former foster youth struggle just to complete secondary education; others need to work to supplement the financial assistance; and others are parenting one or more children. Florida defines "full-time" for this program as nine credit hours, providing additional flexibility for the young adults served, however, a young adult may enroll in additional credit hours.

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

In addition to the federal ETV and state aid packages listed above, Florida’s public postsecondary institutions also offer Florida’s eligible former foster youth a tuition and fee exemption, remaining valid up to the young adult’s 28<sup>th</sup> birthday.

**Table 7: ETV Awards**

	TOTAL ETVs Awarded	Number of New ETVs
Final Number: 2019-2020 School Year (July 1, 2020 to June 30, 2021)	894	339
2019-2020 School Year* (July 1, 2020 to June 30, 2021)	798	236

\*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

### 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 use, counseling, and financial assistance. Both federal and state funds are available to pay for allowable expenses. Aftercare services include, but are not limited to, the following:

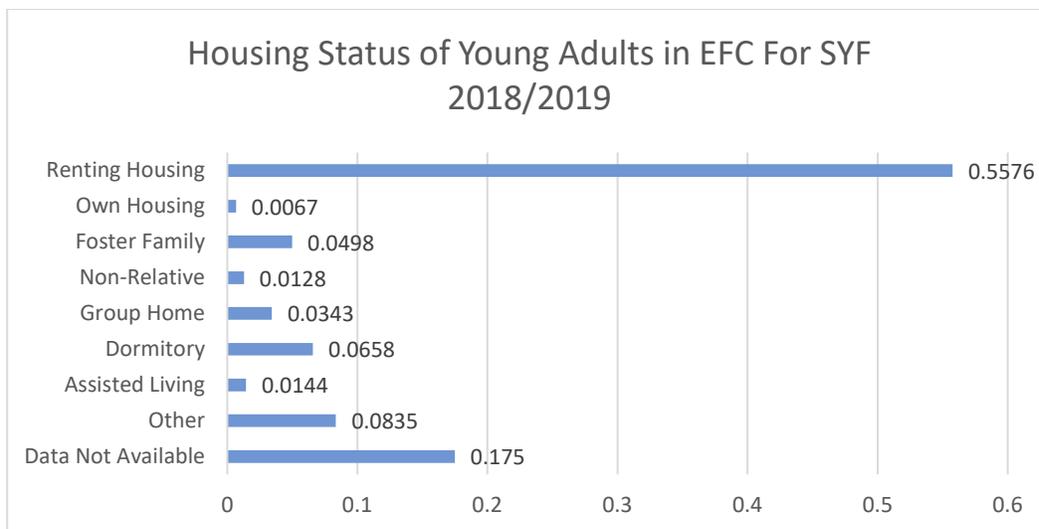
- Mentoring and tutoring,
- Mental health services and substance use counseling,
- Life skills classes, including credit management and preventative health activities,
- Parenting classes,
- Job skills training,
- Counselor consultations,
- Financial literacy skills training, and
- Temporary financial assistance for necessities, including but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household goods, and other basic living expenses.

### Housing (Living Arrangements)

The Department and the CBCs also track and monitor the data relevant to housing for young adults receiving independent living services. The Department and the CBCs strive to ensure that every young adult served has an appropriate living arrangement and the necessary supports needed for the young adult to become successful. EFC is the only service category that requires an assessment of the young adult’s living environment as an eligibility factor. Assessment of each young adult’s life skills and abilities helps CBCs determine what level of supervision is needed.

As depicted in Table 10 below, just over half, at 58 percent, of young adults in EFC are reported as renting housing while approximately 14 percent are in licensed placement settings. All living arrangement types showing zero percent reflect each having four or less reported entries.

**Table 10: Living Arrangement of Young Adults in Extended Foster Care**



Source: FSFN

### U.S. Department of Housing and Urban Development Awards

The Community Based Cared (CBC) agencies here in Florida were made aware of the awards by the Public Housing Authorities (PHA) listed in the press release from HUD in April 2020. However, the PHAs have set various dates as to when those vouchers can commence. Those vouchers that were sent are the Family Unification Program (FUP) vouchers, which can be utilized for families and young adults experiencing homelessness. There is no set number of vouchers that are set aside specifically for transitioning young adults.

The Department, as well as the IL staff, participated in a call with Capacity for Center States in May to discuss HUD’s programs, FUP and Foster Youth to Independence (FYI) Vouchers to gain a better understanding on the differences between the two programs.

A few public housing authorities in Florida have applied for and were awarded FYI vouchers, which are strictly for foster youth. Florida currently has four CBC’s that took advantage of the FYI vouchers.

- a. Oct/Nov 2019 Florida PHA’s from Deerfield Beach \$235,771 (ChildNet)’
- b. Oct/Nov 2019 Dania Beach HA Fort Lauderdale \$272,967 (ChildNet)
- c. Oct/Nov 2019 Volusia County Section 8 DeLand \$163,902 Community Partnership for Children)
- d. Oct/Nov 2019 HA of Brevard County Melbourne \$14,854 (Brevard Family Partnership)
- e. January 14, 2020, Florida Palm Beach County HA West Palm Beach got \$141,805 (ChildNet)
- f. March 2020 Florida HA of Alachua County Gainesville got \$183,870 (Partnership for Strong Families)

In addition, the Department has been working with the Florida Housing Finance Corporation on their Extremely Low Income (ELI) Initiative. With this initiative, the Florida Housing Finance Corporation administers the state affordable housing trust fund and providing financing for the development of multifamily rental housing. In return for the financing, the developers must set aside units for ELI households and for Persons with a Disabling Condition or that have Special Needs (independent living population). Each Development is required to enter into an agreement with at least one CBC that administers or provides supportive services to Special Needs Households or to Persons with a Disabling Condition. The Developer and the CBC create a Memorandum of Understanding (MOU) that outlines the roles and responsibilities of the parties. The apartments provide a first come first serve approach and allows the young adults the opportunity to rent with the developer prior to reaching out to the public. Currently, we have seven CBCs who are participating in the housing initiative statewide.

**[Florida Housing Authority \(FLHA\) \(HB 1339, Year 2020\)](#)**: During legislative session, House Bill 1339 was passed to allow the Department to partner again with Florida Housing to provide funding to newly developed rental structures for our independent living population. The Office of Child Welfare continues to partner with Florida Housing throughout this initiative to ensure the program benefits our young adults.

### **Consultation with Tribes for Chafee Program and ETV**

Chafee program and ETV funds are designated for current and former foster care youth as required by Indian Child Welfare Act (ICWA). The Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. If tribal children do enter licensed foster care, they are entitled to all benefits and funding which any child, tribal or not, would be eligible to receive. In Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither tribe has expressed an interest in receiving federal funds at this time.

### **Chafee Program Improvement and Training**

The Department supported young adults with Chafee funds in the PESS and Aftercare programs. The Department continues to mentor youth through the FYLA program and ongoing community partnership. The Department continues to conduct annual IL trainings in the summer, in addition to trainings at the Dependency Summit.

Florida plans on continuing to survey current and former foster care youth and maintain its connections with the Independent Living Services Advisory Council (ILSAC), Florida's Children and Youth Cabinet's Youth Commission, Florida Youth SHINE (FYS) and the Florida Youth Leadership Academy (FYLA). These connections will continue to allow current and former foster youth to have a voice in developing, assessing, improving, and evaluating the services that they depend on for making the successful transition towards adulthood.

The Department takes part in monthly calls, quarterly meetings, and strategy meetings with youth and statewide mentors from Florida Youth SHINE. The monthly calls include county wide reports of youth involvement in the system, their analysis of implementation in their respective regions, recommendations for improvement and a report of their advocacy in their local areas. The Department continues to meet with this group as part of a collaborative approach for a youth focused and youth centered service implementation.

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

Case management pre-service training includes a module on how case managers should be preparing foster children and youth for independent living. Individual CBCs provide in-service training on this and other independent living topics.

The Department has also been working to improve support for our youth and young adults in our system of care. Some areas in which the Department has collaborated with other child welfare professionals include:

### **Strategy Calls**

The development of this call is to enhance communication with the child welfare professionals working with youth and young adults and share strategies for delivering services. These calls are supplemental to the Independent Living Statewide Calls with the goal to continue streamlining valuable information to the child welfare community that will be provided and benefit the youth and young adults. The strategy calls discontinued in July, but the ongoing communication continued through the Independent Living Statewide Calls, One Voice Impact meetings, and Florida Youth Shine monthly youth calls.

### **Quality Standard Workgroup**

The Florida Coalition for Children (FCC), in collaboration with the Department, community stakeholders, and young adults with lived experience, initiated the workgroup in late 2019 with an overall goal of creating effective standards statewide to support child welfare professionals in providing quality service to youth and young adults. The workgroup expanded in July 2020 to develop a set of quality standards for IL program services for young adults, age 18 and older. The workgroup assessed the needs of young adults served by the IL program (EFC, Aftercare, and PECS) and identified and defined the quality standards essential to ensuring young adults are receiving the appropriate services and supports that was formalized into a quality standards tool that was submitted to the Department's Quality Office (QO) in December of 2020.

In January 2021, the Quality Standards Workgroup evolved into a phase two project where the workgroup focused on defining a set of data elements to support the data collection and outcome reporting related to the quality standards. The workgroup is currently meeting twice a month and is scheduled to resolve in May 2021.

### **Youth Bill of Rights/ Goals and Expectations Brochure**

The Department met with young adults with lived experiences in January 2020 to allow for further discussion on this initiative. Upon conclusion, the Department incorporated the update of a youth bill of rights and expectations brochure to educate youth on their rights while in Florida's foster care system.

### **COVID-19 Services and Support**

#### **Title IV-E, Major Disaster, COVID-19, Stafford Act**

Title IV-E, Major Disaster, COVID-19, Stafford Act was passed to allow agencies to request flexibility to meet specific title IV-E requirements because of the COVID-19 pandemic and national public health emergency. In May 2020, the State of Florida requested flexibility in meeting §475(8)(B)(iv) of the Act relating to the required education and employment conditions for youth over age 18 to receive title IV-E assistance. Those young adults whose employment and educational requirements were waived, were able to remain in extended foster care until the waiver expires in conjunction with the Executive Order.

#### **Supporting Foster Youth and Families through the Pandemic Act**

The Consolidated Appropriations Act, 2021, P.L. 116-260, enacted into law on December 27, 2020, provided appropriations for specified federal agencies and provides temporary flexibilities and assistance in response to the COVID-19 pandemic and public health emergency.<sup>1</sup> Division X of P.L. 116-260, titled, the "Supporting Foster Youth and Families through the Pandemic Act," includes additional, supplemental or enhanced funding for several programs authorized under titles IV-B and IV-E of the Act and requires title IV-E agencies to take a number of actions to protect and support youth/young adults currently or formerly in foster care. The Stimulus Bill provided an additional \$350 million for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee), \$50 million for Chafee Education and Training Vouchers (ETV) [waiving the state match for these funds] and increases the maximum ETV award amount from \$5,000 to \$12,000 per youth for training and postsecondary education for eligible youth in foster care. The bill also raises the maximum age of ETV eligibility through 26 for Chafee-eligible former foster youth.

The State of Florida received, \$19,791,518 million for the John H. Chafee Foster Program and \$2,876,674 million for the Chafee Education and Training Vouchers (ETV) to support the youth and young adults in the with financial assistance and support until September 30, 2021 ( September 30, 2022 for ETV funds only). Florida intends to provide support to young adults upon approval of the proposed options.

### **Project Plan for Florida's Independent Living**

**Independent Living Curriculum-**The Department plans to create an independent living curriculum to complement the vision of providing supports and resources for former foster youth as well as the independent living staff that serve this population. The plan will align with the quality standards in addressing how to better equip the independent living staff providing quality service to young adults as well as developing youth voice through engagement and empowerment.

**Youth Advisor Position-** The Department has employed a young adult with lived experience as part of the policy and practice team to provide a youth voice for those youth in care and those young adults in independent living. This position has allowed for collaboration and communication between the Department and some of our youth advocacy programs including OVI and Florida Youth Shine to promote youth empowerment throughout the state.

**Aftercare Program Policy -** The Department plans to provide the independent living staff with guidance and service to young adults. Revisions also include updating the Application for Aftercare and Aftercare Services Plan for simplicity and ease of use for young adults.

**Independent Living (IL) App-** The Department along with young adults with lived experience are in the exploration stages of creating an Independent Living APP to provide youth and young adults with easy access to important information related to independent living services and supports.

### **Addressing Needs of Crossover and Multi-Agency Involved Youth**

The Department and DJJ have worked diligently over the past five years to develop and implement interagency efforts statewide for "crossover youth." Crossover youth is a broad term that refers to youth who have an open or closed case with DJJ and the Department. Youth with an open case simultaneously with DJJ and the Department are referred to as dually served youth.

Between April 1, 2020 through January 31, 2021, the total number of unduplicated dually served youth is 1,619. Duplicated numbers for the past 10 months are 9,290 youth. The data source for dually served youth is a monthly Department and DJJ data match. The reporting population is defined as youth with an open case simultaneously in the Department and DJJ. Investigations is not included in the match for dependency. For DJJ, criteria include youth with an open case in detention, intake, probation, and residential.

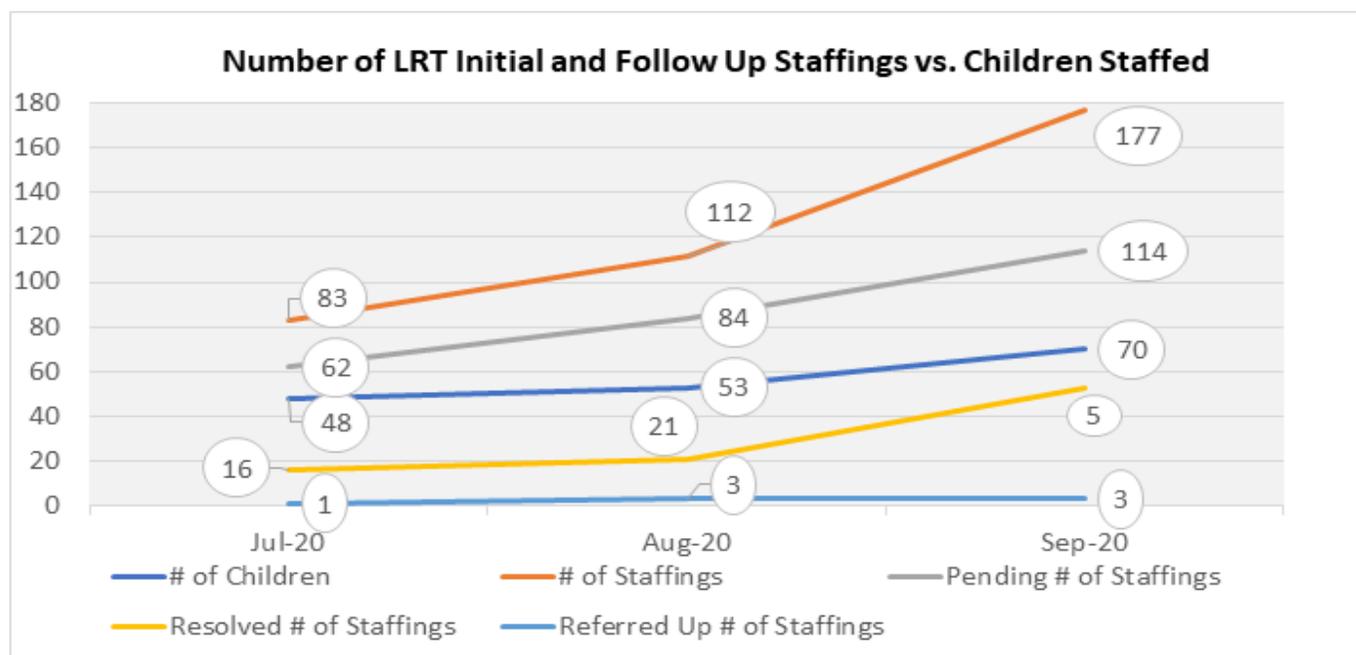
The partnership that the Department/DJJ established provides an important foundation for the next several years as the Department aligns group home standards with the new FFSPA restrictions on federal reimbursement for children not placed in a foster home and prepares to provide a certification in the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

Additionally, the Department has entered into an updated Memorandum of Understanding (MOU) for 2017-22 titled the Interagency Agreement to Coordinate Services Served by More than One Agency. The eight-child serving agencies who have signed onto this MOU include Agency for Health Care Administration, Agency for Persons with Disabilities, the Department, Department of Juvenile Justice, Department of Education, Department of Health, Guardian ad Litem Program, and Florida's Office of Early Learning. The goal of this agreement is to collaborate on developing necessary local and statewide resources for children being served by multiple agencies to advance the statutory change of the Florida Children and Youth Cabinet as outlined in Section 402.56, Florida Statutes. The Department is the lead agency for the MOU and is tasked with identifying Local (LRT), Regional (RRT), and State Review Team (SRT) leads. There are 20 LRT, 6 RRT, and 3 SRT Leads for the Department. Between February 2018 and June 2020, each Review Team is tasked with staffing youth cases and entering the staffing data into Survey Monkey.

Each month, the data gets rolled up into a detailed report and shared back with the leads, Crossover Champions, and Department and DJJ Leadership. Summation reports are also completed on a 6-month, annual basis and 18-month basis. Starting in July 2020, the leads began using a more robust staffing data-collection tool in SharePoint. The below data represents unduplicated Local, Regional, and State Review Team staffing data between July 1, 2020 and December 31, 2020.

### July-September 2020 Staffing Data

Between July 1 and September 30, 2020, there were 372 Local Review Team staffings for a total of 171 children. 18 staffings were escalated to the Regional Review Team and 53 staffings were escalating to the State Review Team. Many children staffed at the Local Review Team Level (133) were ‘community’ children (not in foster care). There was a total of 70 lockout youth staffed with the Local Review Team. Forty-one (41) lockouts were resolved by the initial or follow-up staffing, and 36 of those youth were diverted from entering the child welfare system.



Data Source: SharePoint staffing data excel spreadsheet- DCF, Local, Regional, and State Review Team Monthly

### Categories of Lockouts for Youth Staffed between July and September 2020

Of the 70 unduplicated children who were lockout youth:

- 22 were *DJJ Lockouts* (1 entered the child welfare system),
- 23 were *Mental Health lockouts* (0 entered the child welfare system),
- 15 were *Post Adoption Lockouts* (0 entered the child welfare system) and
- 1 was a *FL Network (CINS/ FINS)* (0 entered the child welfare system) Lockout and
- 9 were “Other” lockouts (1 entered the child welfare system).

Forty-one (41) of the 70 children who were lockout youth has case resolution. Twenty-eight (28) of the 70 lockouts were resolved by the initial staffing and then an additional 13 were resolved by follow up staffing(s). Thirty-six (36)

of those youth were diverted from entering the child welfare system. The remaining 29 youth are still pending resolution.

Lockout Type	Total Lockouts Resolved	Number Resolved & Entered Foster Care	Number Resolved & Diverted
DJJ Lockout	13	1	12
MH Lockout	15	3	12
Post Adoptions Lockout	7	0	7
FL Network (CINS/FINS) Lockout	0	0	0
Other Lockout	6	1	5
<b>Total</b>	<b>41</b>	<b>5</b>	<b>36</b>

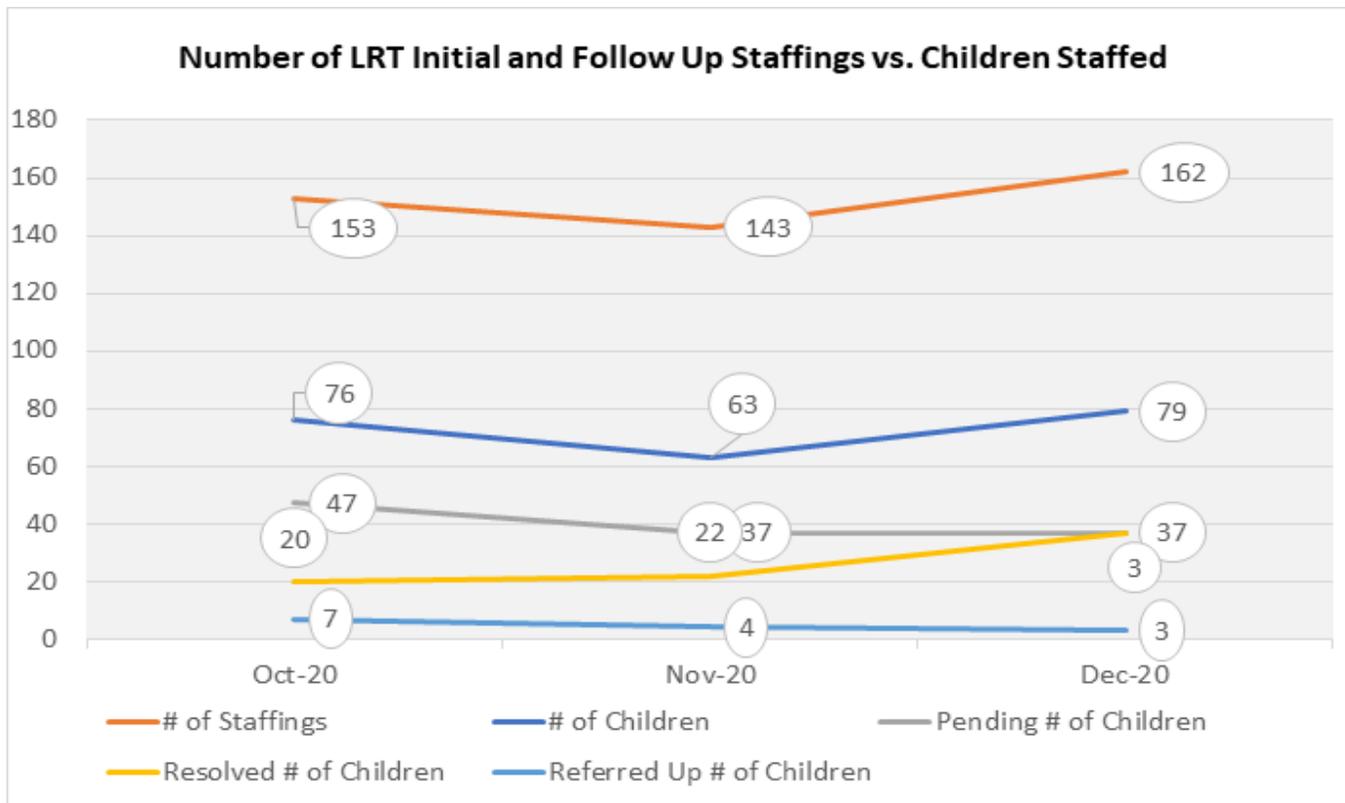
Data Source: SharePoint staffing data excel spreadsheet- DCF, Local, Regional, and State Review Team Monthly

Eighty-one percent (81%) of children staffed between July and September 2020 were 13 years old to 17 years old. Furthermore, children 15 years old to 17 years old consisted of the majority of lockout youth. 44% (76) were female and 56% (95) were male.

The top category of youth staffed is youth with Behavioral Issues (47%), followed by youth with Severe Mental Health (29%), then youth with Developmental Disabilities (13%), then youth with Sexual Behaviors (8%) and youth with Substance Abuse issues (3%).

#### **October- December 2020 Staffing Data**

Between October 1 and December 31, 2020, there were 458 Local Review Team staffings for a total of 218 unduplicated children. Four (4) children were escalated to the Regional Review Team and 8 children were escalated to the State Review Team. Many children staffed at the Local Review Team Level (160) were 'community' children (not in foster care). There was a total of 93 lockout youth staffed with the Local Review Team. Thirty-two (32) lockouts were resolved by the initial or follow-up staffing, and 31 of those youth were diverted from entering the child welfare system.



Data Source: SharePoint staffing data excel spreadsheet- DCF, Local, Regional, and State Review Team Monthly

#### Categories of Lockouts for Youth Staffed between October and December 2020

Of the 93 unduplicated children who were lockout youth:

- 29 were *DJJ Lockouts* (1 entered the child welfare system),
- 35 were *Mental Health Lockouts* (0 entered the child welfare system),
- 13 were *Post Adoption Lockouts* (1 entered the child welfare system),
- 4 were *FL Network Lockouts (CINS/ FINS)* (1 entered the child welfare system), and
- 12 were “Other” Lockouts (0 entered the child welfare system).

The Team was able to come to a resolution for 32 of the 93 children who were lockout youth. Twenty (24) of the thirty-two (32) lockouts were resolved by the initial staffing and then an additional 8 were resolved through follow up staffing(s). Thirty- one (31) of those youth were diverted from entering the child welfare system. Sixty (60) youth are still pending resolution and one (1) youth was referred up to the RRT, and that same child was subsequently referred up to the SRT.

Lockout Type	Total Lockouts Resolved	Number Resolved & Entered Foster Care	Number Resolved & Diverted
DJJ Lockout	11	1	10
MH Lockout	13	0	13
Post Adoptions Lockout	2	0	2
FL Network (CINS/FINS) Lockout	1	0	1

Lockout Type	Total Lockouts Resolved	Number Resolved & Entered Foster Care	Number Resolved & Diverted
Other Lockout	5	0	5
<b>Total</b>	<b>32</b>	<b>1</b>	<b>31</b>

Data Source: SharePoint staffing data excel spreadsheet- DCF, Local, Regional, and State Review Team monthly

Eighty-two percent (82%) of children staffed between July and September 2020 were 13 years old to 17 years old. Furthermore, children 14 years old to 17 years old consisted of the majority of lockout youth. Forty-four percent (44%), (97) were female and 56% (121) were male.

The top category of youth staffed is youth with Behavioral Issues (47%), followed by youth with Severe Mental Health (29%), then youth with Developmental Disabilities (13%), then youth with Sexual Behaviors (8%) and youth with Substance Abuse issues (3%).

The statewide and local MOU guiding principles and objectives that are currently being practiced are:

- 1) To provide services and supports that are family-centered, culturally, and linguistically appropriate and in the least restrictive environment. Residential placement should be provided as a last resort with a transition plan to return the crossover youth to their home as soon as possible.
- 2) To maintain ongoing coordination and collaboration of services to meet the comprehensive needs of crossover youth and their families.
- 3) To provide mechanisms for the equitable sharing of costs for services to crossover youth and their families.
- 4) To effectively involve community partners for the local collaboration of services and minimizing of state costs while providing the appropriate level of services needed.
- 5) To ensure the regular sharing of data for early identification of youth being dually served by DJJ and Department.
- 6) To maintain regularly scheduled joint team meetings for prevention/early intervention in cases to include addressing issues of family engagement and transition planning.

Department/DJJ continue to collaborate as follows:

- Actively implement the state and local MOUs to achieve resolution in complex cases involving multiple agencies.
- One Department and one DJJ Crossover Champion serve in each circuit as the point of contact for crossover-related matters and serve as the champion of local collaboration efforts, and Local Review Team Staffings, including education of staff and community partners.
- The Circuit Champions are responsible developing, implementing and refining local collaboration plans to meet the complex needs of these youth. The local MOU's establish specific local protocols that describe how these guiding principles are put into practice. Prior to the current crossover initiatives, several Florida counties were continuing to implement the "Crossover Youth Practice Model (CPYM)." This is a nationally recognized best practice model, and these Florida groups continue to receive technical assistance from the Center for Justice Reform at Georgetown University (Brevard, Broward, Duval, Flagler, Marion, Miami-Dade, Polk, Putnam, Seminole, Volusia).
- The Department/DJJ continues to maintain a Headquarters' Crossover and Interagency Team to:
  - Facilitate quarterly calls with Crossover Champions and Interagency Review Team leads,
  - Respond to technical assistance or training needs of Crossover Champions with webinars or other methods as appropriate,

- Provide monthly recorded interagency collaboration trainings,
- Utilization of an Interagency, using a cloud-based approach to information-sharing among Crossover Champions and additional relevant parties, and
- Collaborate in maintaining the [DJJ Crossover Youth Profile](#) dashboard. The dashboard shows aggregate level data which highlights information that spans a period of 12 years of dependency involvement including data for children and youth with both open and closed DJJ/Department cases.

Through contracts with Devereux (Central Region), Children’s Home Society (Suncoast Region), and National Youth Advocate Program (Northeast Region), the Department implemented three specialized treatment programs for potential or dually served youth and their families. The contracts ended in June 2020. The providers engaged 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 stabilized them to live successfully in the community. These specialized treatment programs utilized intensive, community-based wrap-around approaches. The USF conducted an evaluation of this pilot with the final report submitted on June 30, 2019. There was no funding available to provide an additional evaluation report in FY 2019-20. The findings from the 2019 evaluation revealed challenges in collecting data from the three providers due to different definitions being utilized for discharge, successful discharge, and type and frequency of treatment services utilized for youth and families. Additionally, the other challenge in comparing the three programs was that all three providers used an array of different assessment and discharge tools. This prevented accurate cross-comparison of outcomes from December 2017 to April 2019. In July 2019, DCF developed a standardized tracking tool for further information gathering.

USF’s final evaluation report for data between December 2017 through April 2019:

USF Report Measures	Devereux	CHS	NYAP
<b>Total number enrolled (since December 2017)</b>	123	74	57
<b>Total number discharged (as of April 2019)</b>	56	54	41
<b>Referral source</b>			
DCF	28.7%	32.9%	57.9%
DJJ	18.1%	24.7%	38.6%
Other	53.2%	42.5%	3.6%
<b>Race/ethnicity</b>			
Black	45.7%	31.1%	70.2%
White	17.1%	50.0%	24.6%
Other	37.2%	18.9%	5.4%
<b>Gender</b>			
Male	48.9%	77.0%	57.9%
Female	51.1%	23.0%	42.1%
<b>Age (mean)</b>	15.1%	14.9%	15.3%
<b>Days enrolled (mean)</b>	158.7	95.6	143.6

<b>Completed treatment or other successful discharge</b>	21.5%	61.1%	40.0%
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Department data collection from August 1, 2019 through January 31, 2020:

<b>Outcome Measures</b>	<b>Devereux</b>	<b>CHS</b>	<b>NYAP</b>
Total Number of Youth who Began Services	20	12	6
Total Number of Youth Discharged	9	14	7
Total Number of Youth Successfully Discharged	7	12	5
Percentage of Successfully Discharged Youth <i>(Successfully Discharged/Total Number Discharged) X 100</i>	78%	86%	71%
Total Number of Youth with DCF and DJJ Involvement*	1	7	4
Total Number of Youth with only DCF Involvement*	7	2	3
Total Number of Youth with only DJJ Involvement*	2	3	5
Total Number of Youth with either DCF nor DJJ Involvement*	10	0	0
Number of Successfully Discharged Youth who Remained at the Same Level of Care at Discharge	1	12	5
Number of Successfully Discharged Youth who were Placed in a Lower Level of Care at Discharge	5	same	0
% of Successfully Discharged Youth who Were Placed in the Same or in a Lower Level of Care at Discharge	86%	100%	100%
Number (and %) of Successfully Discharged Youth who Remained at the Same or Lower Level of Care 3 Months Post-Discharge	5 (83%)	97%	3 (100%)
Number (and %) of Successfully Discharged Youth who Remained at the Same or Lower Level of Care 6 Months Post-Discharge	No reported data	98%	6(100%)
Number (and %) of Successfully Discharged Youth who Remained at the Same or Lower Level of Care 12 Months Post-Discharge	No reported data	98%	1 (100%)
Number (and %) of Successfully Discharged Youth with No New DJJ Violations or Criminal Charges at 3 Months Post-Discharge**	7 (100%)	97%	3(100%)
Number (and %) of Successfully Discharged Youth with No New DJJ Violations or Criminal Charges at 6 Months Post-Discharge**	No reported data	98%	6 (100%)
Number (and %) of Successfully Discharged Youth with No New DJJ Violations or Criminal Charges at 12 Months Post-Discharge**	No reported data	98%	1 (100%)
Number of Lockout Cases Prevented	20	0	12
Optional: Number (and %) of Successfully Discharged Youth who are Enrolled in School or a Vocational Program or Who are Employed at 3 Months Post-Discharge	7 (100%)	97%	3 (100%)

Outcome Measures	Devereux	CHS	NYAP
Optional: Number (and %) of Successfully Discharged Youth who are Enrolled in School or a Vocational Program or Who are Employed at 6 Months Post-Discharge	No reported data	98%	5 (84%)
Optional: Number (and %) of Successfully Discharged Youth who are Enrolled in School or a Vocational Program or Who are Employed at 12 Months Post-Discharge	No reported data	98%	1 (100%)

\*When services initiated for that youth in the quarter.

\*\*Dispositions are not counted as NEW charges or violations. i.e.- If a youth had pending charges when they began services with and then 2 months later, were adjudicated delinquent, this would NOT count as a new DJJ charge due to pending disposition.

A simultaneous initiative developed and implemented by the OCW over the same time-period also reported in the APSRs is restorative practice expertise and capacity-building. Restorative practice is a proactive, prevention-oriented approach to help youth develop healthier relationships, build social capital and responsive skills, heal from past harm and trauma, and provide opportunities to address conflict through restorative justice conferencing. OCW provides ongoing training and technical assistance on restorative practices to group care providers to build their capacity.

### Human Trafficking

Subsection 39.001(5), Florida Statutes, establishes the following goals for the treatment of sexually exploited children who are residing in the dependency system:

- Ensure these children are safe,
- Provide for the treatment of such children as dependent children, rather than as delinquents in the criminal or juvenile justice system,
- Sever the bond between exploited children and traffickers, and reunite these children with their families or provide them with appropriate guardians, and
- Enable these children to be willing and reliable witnesses in the prosecution of traffickers.

The Secretary of the Department and the Florida Attorney General co-chair the Human Trafficking Council. The Council provides recommendations through an annual report to the Legislature.

Local representatives of the Department participate in all human trafficking task forces across the state. Currently there are task forces operating in all 20 circuits, some are at the county level and some are regional task forces. These task forces address local or regional needs around education and awareness, legislative response, continuum of care and response, as well as county/circuit plans to respond to cases of human trafficking. The Department has participants on all task forces and takes a leadership role on most of these task forces. This allows for the Department human trafficking unit personnel to have a true statewide understanding of the unique regional needs, flavor, and responses, as well as recognizing gaps in continuum of care.

The Department human trafficking manager maintains close collaborative working relationships with counterparts from the Attorney General’s Office, DJJ, DOH, and the DOE. Collectively these agencies are continuing to build and implement agency strategic plans in human trafficking prevention and a coordinated statewide response. Examples of collaborative projects include school human trafficking awareness trainings for both school personnel and students; evaluation of human trafficking as a public health issue through review of national conversations around the topic; and participation on the Interagency Workgroup on Human Trafficking. Two research projects were completed in partnership with outside research institutes over the course of 2019. The Florida Institute for Child

Welfare completed an initial validation study of Florida's Human Trafficking Screening Tool and submitted their report to the Department in August 2019. In April, the Journal of Human Trafficking published a report by the Department and RTI International entitled *Child Labor Trafficking within the US: A First Look at Allegations Investigated by Florida's Child Welfare Agency*.

The Department served as a training resource for multiple stakeholder groups and completed trainings in 2019 with the following groups: child welfare, legal, law enforcement, dental hygienists, medical professionals, and school personnel. The Human Trafficking Unit also presented at multiple national conferences on Florida's child welfare efforts to address human trafficking.

The Department's human trafficking unit staff has coordinated with the Department licensing unit staff to ensure compliance with the new required standards of the Family First Prevention Services Act (FFPSA) as it relates to safe houses, safe foster homes and at-risk homes. There are currently eight licensed female Commercial Sexual Exploitation of Children (CSEC) juvenile safe house programs and one male CSEC juvenile safe house program in Florida. The Department's human trafficking unit staff provide continual support to these entities, including connecting them with providers and experts in licensing, cultural competency, and service delivery for CSEC victims, as well as how to build capacity.

The Department utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. The Department utilizes both a collaboratively developed Human Trafficking Screening Tool (HTST) and a Multi-Disciplinary Team (MDT) Tool, which incorporates the previously used Level of Care Placement Tool, to determine victimization and service needs to address the victimization. The DJJ utilizes the same HTST to identify potential trafficking victims within their system. The MDT Tool has assisted in creating a statewide standardized response in addressing the service needs of victims. In addition to the MDT standardized response, the Department human trafficking unit staff follow up with families of verified victims, after six months, to obtain an update on how the victim is doing with his/her service plan.

Based on recognition of the need to engage survivor leadership in the development of policies and procedures, a volunteer advisory group comprised of Florida survivor leadership provides feedback to the Department on a variety of issues as requested.

The Department will continue to provide the following activities:

- Host meetings with providers who provide residential services to human trafficking victims. The Department connects the residential providers with licensing and placement staff in regional offices and CBCs. The Department also connects prospective residential providers with current providers for mentorship.
- Work on expansion of the specialized therapeutic safe house model, which is showing promising practice through independent analysis by USF. This model is currently being utilized by Chances with Citrus Mental Health and Delta with Devereux. This includes connecting providers with CBCs to pursue federal grants for potential expansion.
- Implement the recommendations from the 2019 Services and Resources Committee annual report and compile required annual reports.
- Increase the child welfare and substance use integration regarding the identification, response, and restoration of victims of human trafficking.
- Work with the MEs, CBCs, and Medicaid providers to identify clear pathways to obtain specialized treatment for victims of human trafficking.
- Work with CBCs and community partners to identify ways to provide more integrated, victim-centered practice for pregnant and parenting CSEC youth in Department care.

- Work with key providers to increase cultural competency and service options for LGBTQ victims of sex trafficking as a system of care.
- Continue to work with the FICW through FSU to modify the HTST created through Department and DJJ collaboration.
- Work with service providers to identify ways to provide parent education on human trafficking and family support services for victim's families to assist in stabilizing the family unit.
- Develop and include labor trafficking training in all specialized human trafficking training courses, all community awareness and professional license courses.

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

The two federally recognized tribes in Florida are familiar with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR) and the accessibility of the documents on Florida's Center for Child Welfare website (The Center). In the Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither tribe has expressed an interest in receiving federal funds as they have their own resources to provide services.

The Department has extended collaboration with a third federally recognized tribe that is geographically located in Atmore, Alabama as this tribe has tribal families located on the Florida line. The Department has conducted conference calls to ensure needs and concerns are met for children that cross state lines. In addition, the Department has extended an invitation to the state's upcoming Child Protection Summit to further collaboration.

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, but the Department has not received specific information as to whether that includes credit reports. The Department requires the Community-Based Care lead agencies (CBCs) to obtain a credit report for youth in care ages 14 to 17. This requirement is applicable to all youth in this age group.

The Department is responsible for child protective investigations for the tribes. Each area of the state has staff serving as ICWA liaisons. The Department's operating procedure, [CFOP 170-1, Ch. 15, Reports and Services Involving American Indian Children](#), describes processes to be used by CPIs and case managers. The Department amended and published its operating procedures on October 15, 2020.

Florida continues to work in collaboration with the state's two federally recognized tribes, the STOF and the Miccosukee Tribe of Indians of Florida, by maintaining and encouraging ongoing contact, support, staff interaction, and opportunities for the tribes to participate in statewide initiatives and training. All three tribes are invited to participate in the annual statewide Dependency Summit.

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

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

1. Collaborate in the development and implementation of training for child welfare professionals across the state (CPI, CM, CLS, and the courts) which include attention to unique local issues.
2. Collaborate in the development of a case management tool kit which would assist the field with implementation of quality active efforts.

3. Continue to strengthen the relationship between the STOF and the Department with ongoing, regular communication involving the circuit ICWA specialists to identify ongoing practice challenges and solutions.

Pending the signing of the MOA, the Department provides, at the STOF's request, child abuse and neglect investigations and certain case management functions on the Seminole reservations. Florida's courts hear dependency court cases resulting from investigations conducted by the Department or its contracted agencies on STOF reservation in Hollywood. The progress and outcome of the cases being heard on the reservation is positive and resulted in having all future ICWA cases heard on an ongoing basis.

The Department, in conjunction with the Seminole Tribe of Florida, provided ICWA training in select areas of the state where the Seminole Tribe is prominent, and with the intention to deliver this training to all case managers, sheriff's offices, and child protective investigators statewide by 2021.

The Department continues to strengthen the relationship with STOF through regular communication involving the circuit ICWA specialists and identifying ongoing practice challenges and solutions. The Judge in Broward county (Circuit 17) travels to the reservation to hear all ICWA cases on the tribe's reservation. The tribal courts along with the 17<sup>th</sup> judicial district Judge have developed a new initiative that will focus on families with drug and alcohol abuse, to specifically address the risk and needs through a Healing and Wellness court, as well as incorporate a diversionary court for cases in the juvenile delinquency court.

The Department has welcomed the Seminole tribe to engage in active workgroups for suitability assessments for placement of children in residential care and Strong Foundations as a representative for the tribe on the stakeholder advisory team.

The Seminole tribe has a group home on the Big Cypress reservation that is exclusively for the Seminole tribe children and it is owned and operated by the Seminole Tribe. Any relative or non-relative home studies that may be needed for a tribal member willing to take placement will be completed by the Tribal Advocate in coordination with the state. The Case Manager assists in the process by completing local background checks as well as Florida Child Abuse Information System checks. The tribal advocate completes reunification home studies for any parent(s) that is a tribal member. By working in coordination, the families can be assured of receiving the best services aligned with state and federal law. The local CBC lead agency holds quarterly meetings with The Tribal Advocate and senior management to address case progress and any concerns raised by either party. The Tribal Advocate is available to provide records from the behavioral health center for any tribe member receiving services. These coordinated efforts demonstrate the strong partnership that exists between the state and local tribes.

Even though the Miccosukee tribe has undergone recent employee changes, the Department continues to extend an invitation as efforts to ongoing collaboration to maintain communication. In January 2020, Community Based Care Lead Agency, Embrace Families, extended an invite for the Miccosukee Tribe of Indians of Florida to participate in the Strong Foundations project.

Beginning October 2020, the Department incorporated all Sheriff's Department points of contact on the bi-monthly ICWA forum calls with the Seminole Tribe of Florida. Including these stakeholders, streamlines processes and address conflict resolutions in a timely manner. The Department recognized that majority of the larger reservations were in areas that child protective investigations were handled by the local Sheriff's offices. The Department has collaborated with the Sheriff's office to develop a preliminary background screening clearance letter to assist with emergency placement of tribal children who are removed. The background screening letter was shared with all three tribes

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

**Miccosukee Tribe of Indians of Florida**

Martha Vega, Miccosukee Social Services Director

Office (305)223-8380 ext 2267

Cell (305) 409-1241

Fax (305) 894-5232

[marthaV@miccosukeetribe.com](mailto:marthaV@miccosukeetribe.com)

**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

[shamikabeasley@semtribe.com](mailto:shamikabeasley@semtribe.com)

Natalie Gomes, Head of the Tribal Program

Center for Behavioral Health

3006 Josie Billie Avenue

Hollywood, Florida, 33024

Additionally, the representative from the Alabama tribe:

**Poarch Band of Creek Indians**

Martha Gookin, Department of Family Services

5811 Jack Springs Road

Atmore, Alabama 36502

Telephone: (251)368-9136 extension 2602 FAX: (251) 368-0828

[TMS@pci-nsn.gov](mailto:TMS@pci-nsn.gov)

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## CHAPTER 7. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

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

This plan supports all goals of the Child and Family Services Plan 2020-2024:

**Goal 1. Children are, first and foremost protected from abuse and neglect.**

**Goal 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Goal 3: Children have permanency and stability in their living situations.**

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 Department, 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 Child Welfare Program Office 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 Department continues its commitment to the prevention of abuse, neglect, and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary, and tertiary).

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 state plan. Florida continued to target the same service program areas defined in the CAPTA State Plan. 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)), and
- 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 and use of supplemental America Rescue Act funding.

#### Activities and Accomplishments Related to the Plan Requirements

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

Florida also receives the Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award based on Florida's child population, match through the state's Tobacco Settlement Trust Fund and leveraged funds. Most of the allocated funds support continuation of prevention programs, such as a continuing contract with the Ounce of Prevention Fund of Florida, Inc. for direct client services and activities related to the annual child abuse prevention campaign.

Statewide and pilot projects focus on public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention.

## Collaboration

### 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 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 months 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 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. Representatives from the Department are members and active participants.

### **The Office of Adoption and Child Protection**

The 2007 Legislature created the Executive Office of the Governor’s Office of Adoption and Child Protection in the Governor’s Office. In addition, the 2007 Legislature created the Florida Children and Youth Cabinet.

Florida’s collaborative efforts in the prevention of child abuse and neglect previously supported by the Inter-program Prevention Task Force will continue to work collaboratively with the Governor’s Office of Adoption and Child Protection. The Office of Adoption and Child Protection oversees a Child Abuse Prevention Advisory Council comprised of representatives from each state agency and appropriate local agencies, and organizations to serve as the research arm of the office. Additionally, the Advisory Council assists in the development of an action plan for better coordination and integration of the goals, activities, and funding pertaining to the prevention of child abuse, abandonment, and neglect conducted by the office.

### **Citizen Review Panels**

In response to the CAPTA requirements, as required in 42 U.S.C. 5106a, Section 106 (c)(6), the Department has designated 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.

### **Independent Living Services Advisory Council (ILSAC)**

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

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

These reports are available at: [https://www.myffamilies.com/service-programs/child-welfare/lmr/docs/2021LMRs/Independent Living Services 2020 Annual Report.pdf](https://www.myffamilies.com/service-programs/child-welfare/lmr/docs/2021LMRs/Independent_Living_Services_2020_Annual_Report.pdf).

### **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 all child fatalities reported to the Florida Abuse Hotline. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths.

These reports are available at: <http://www.flcadr.com/reports/>.

### **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.

The Advisory Council website can be found at: [www.flgov.com/fbcb](http://www.flgov.com/fbcb).

### **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).

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 60 of 67 Florida counties. Sheriff's offices in the remaining seven counties (Broward, Hillsborough, Pasco, Pinellas, Manatee and Seminole and Okaloosa counties) conduct child protective investigations through grants. 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 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 i.e. 1-800-862-2873), toll-free TTY Services for the Deaf (711 or 1-800-955-8771); toll-free fax transmission (1-800-914-0004); or, electronically via the Department's internet website: [Abuse Hotline - Florida Department of Children and Families \(myflfamilies.com\)](http://myflfamilies.com)

Florida Abuse Hotline counselors assign response times (Immediate or 24-hour) to reports based upon the totality of the information gathered and assessed that informs if the child is in Present or Impending Danger. 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 warrant the initiation of a child protective investigation, because the information being reported does not rise to the statutorily required criteria to initiate a child protective investigation; or, there is no allegation of abuse, abandonment, or neglect being reported.

For such situations, the Hotline uses the opportunity to implore preventive measures by providing appropriate referrals based on the family's needs. The Hotline will also determine if one of four Special Condition Referrals (Child on Child Sexual Abuse, Caregiver Unavailable, Foster Care Referral, Parent Needs Assistance) are appropriate to address the family's presenting needs.

## **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 including current drivers' history, license status, photos, signature, and
- 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.

In April 2020 as a result of COVID-19, the Department was approved to submit name-based criminal history checks and receive a state and national criminal history result based upon demographic information to review under the Level 2 background screening standards on a temporary basis. This was discontinued on October 21, 2020. At that time, fingerprint requirements were reinstated.

## **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. Updated assessments are on-going.
- Effective July 1, 2018, incarcerated parents are included in the case planning process for their dependent children.
- Effective July 1, 2018, several statutory changes were implemented to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect. The Department updated operating procedures to incorporate statutory changes regarding family finding requirements and continues exploring possible training packages for child welfare staff in relative search techniques to locate placements for children who are currently in foster care.
- Children and Families Operating Procedure (CFOP) 170-5 Chapter 10 Domestic Violence Consultations requires when information is available at pre-commencement or obtained during the Family Functioning Assessment indicates that intimate partner violence is believed to be occurring in the home, the child protective investigator must consult with a domestic violence advocate.
- Children and Families Operating Procedure (CFOP) 170-5 Chapter 11 Substance Abuse Consultations requires when information is available at pre-commencement or obtained during the Family Functioning Assessment indicates that substance misuse is believed to be occurring in the home, the child protective investigator must consult with a substance abuse expert.
- Procedure (CFOP) 170-5 Chapter 12 Mental Health Consultations, for purposes of child protection assessment and interventions, it is important for investigators to consult with mental health professionals to accurately identify mental health conditions in parents, caregivers, children and adolescents in order to determine the extent, if any, the condition has on the caregiver's ability to parent and, in extreme circumstances, the direct impact on child safety.
- HB 1079, effective July 1, 2018, expanded the definition of abuse and clarifies the definition of harm, giving the Department the ability to remove a newborn from the home when there is an open dependency case and allows the Department to take into consideration prospective harm when a caregiver has an extensive, abusive, and chronic use of a controlled substance or alcohol.
- HB 1079 additionally established a Guardianship Assistance Program (GAP), which is another option for relatives, next of kin, and fictive kin, to receive financial assistance for the dependent child(ren) placed in the custody of the relative or kin.
- Additionally, the Department collaborated with Florida's Center for Child Welfare, the Institute for Child Welfare and Action for Child Protection.

## **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 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. Availability of each type of service depends on the local CBC service structure and system of care to address community needs and population differences.

#### Domestic Violence and Child Welfare Collaboration:

Historically, the Department and the Florida Coalition Against Domestic Violence (FCADV) have shared a strong working partnership aimed at integrating a seamless service delivery system when working with families experiencing domestic violence. As a result of the 2020 Florida Legislative Session, the FCADV has been removed from statute and the Department will now temporarily assume oversight and implementation of Florida's domestic violence programs. The Office of Child Welfare and Florida's critical domestic violence services have many interfaces and overlaps. Staff work on unique projects such as the "CPI Project", whereby domestic violence advocates are colocated within CPI units. The colocation allows for education, support, and critical service linkages for those involved in the child welfare system as well as the domestic violence service system.

#### Behavioral Health Integration Information:

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 half 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 continued to strengthen working relationships between child welfare and the substance use and mental health programs both at the headquarters and regional levels.

Untreated behavioral health can result in diminished parental capacities which may contribute to child safety concerns. The Office of Substance Abuse and Mental Health continues to provide Behavioral Health Consultants in each circuit and engagement programs at the behavioral health providers to assist with identifying behavioral health concerns and engage families in treatment. To successfully support families with mental health and substance use disorders, the system is realigning the current service provision model to move from a philosophy of "task-based case plan compliance" to an effective model of integrated treatment with concurrent planning. Behavioral health providers that serve families involved in child welfare have received training on the caregiver protective capacities. By promoting the use of common language and assessment, behavioral health providers and child welfare professionals can work together towards shared outcomes for the families served. Treatment programs with child-welfare specific training and interventions can support behavioral change language and improve parental capacity for individuals to safely care for their children. Additionally, language has been added to the Managing Entity contracts to require Working Agreements with each Community-Based Care Lead Agency in their catchment area to outline the gaps in service array, establish referral and communication protocols, and develop mutual outcomes and expectations.

### Human Trafficking Information:

On a national level, the Department has partnered with multiple states to share information developed, lessons learned, legislative language, and tools developed. The Department also partnered with other states to co-author the *Guiding Principles for Agencies Serving Survivors of Human Trafficking*, which provides a framework for any providers interested in serving this population.

The Department continues to host and provide technical assistance to states interested in our safe house model. 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. Florida also participates in the Colorado Compendium, a national group of anti-trafficking experts from over 20 states, and serves a supportive role for the Region VI, ACF Human Trafficking work group.

The Department Secretary serves 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 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 human trafficking and to support victims. 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.

The Department Statewide Human Trafficking Program maintains close collaborative working relationships with counterparts from the Attorney General's Office, the Department of Juvenile Justice, the Department of Health, the Department of Education, and the Florida Department of Law Enforcement. Collectively these agencies are continuing to build and implement agency strategic plans in human trafficking prevention, intervention, data collection and a coordinated statewide response. The Department continued on-going trainings for a wide variety of state and private entities, as well as child welfare staff. The Department Human Trafficking Unit staff also provides continual support to service providers providing CSEC-specific services, such as the safe houses, safe foster homes, and community-based service providers throughout the state. The Department also connects prospective providers with current providers for mentorship.

The Department maintained working relationships with local human trafficking task force leadership throughout the state and participates in all human trafficking task forces in Florida. Currently there are task forces operating in all 20 circuits; some cover entire judicial circuits, while others are county-level or 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. This allows for the Human Trafficking Unit personnel to have a true statewide understanding of the unique regional needs, flavor, and responses, as well as recognizing gaps in continuum of care.

The Department utilizes a collaborative approach to address several of the challenges and needs in human trafficking identification and response mechanisms. The Department utilizes both a collaboratively developed Human Trafficking Screening Tool, a multidisciplinary team staffing tool, and a Level of Care Placement Tool to determine victimization and service needs to address the victimization. The Department also utilizes a monthly reporting tool to collect information on services provided and funding. The Department of Juvenile Justice utilizes the same Human Trafficking Screening Tool to identify potential trafficking victims within their system.

#### **(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.

**(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 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 National Electronic Interstate Compact Enterprise (NEICE), 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 initially converted the existing paper tracking system to a paperless file system known as the Interstate Compact System (ICS). Florida's ICS system then 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. Nationwide implementation continues.

#### **(6) Developing, strengthening, and facilitating training.**

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 is 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 by 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.

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 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 within 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. In 2019, the Child Care Office developed a training opportunity on the topic of trauma awareness in child care settings. The goal of the Trauma-Informed Care instructor-led courses is to assist child

care programs in implementing trauma-informed care for the families they serve to be able to recognize the signs of trauma impacting children, examining the importance of self-care, apply tools to help children regulate emotions and behaviors, and develop a plan for creating a trauma-sensitive program. As of January 2021, 340 child care personnel have successfully completed the endorsement.

**Teachers.** The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families, 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.** Recently, curriculum was developed for a statewide public awareness campaign and educational initiative for the prevention of child abuse. Through this awareness campaign a website, [dontmissthesigns.org](http://dontmissthesigns.org), was developed. Information is also available through the Department’s webpage, [myflfamilies.com](http://myflfamilies.com).

In compliance with the *Victims of Child Abuse Act Reauthorization Act of 2018*, Florida Statute 39.203(1)(a), F.S., expressly provides for immunity for liability for “any person, official, or institution participating in good faith in any act authorized or required by this chapter, or reporting in good faith any instance of child abuse, abandonment, or neglect to Department or any law enforcement agency shall be immune from any civil or criminal liability which might otherwise result by reason of such action.”

**(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.

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 participate in these educational tours.

To enhance schoolteacher’s knowledge and understanding of what to expect when contacting the Florida Abuse Hotline when reporting allegations of abuse, abandonment, or neglect; the Hotline is developing a Teacher Academy. The Teacher Academy will be an enhancement to the current on-line required training that all

teachers take which covers basic reporting requirements. The Academy will be an advanced interactive 2-day training where participants will gain knowledge on reporting requirements, common signs of abuse or neglect, and what commonly happens after the report is made. The Teacher Academy is tentatively scheduled to be piloted during the Summer of 2021 in Leon County.

**(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 57 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, and
- 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, Community Based Care lead agencies and various educational partners, the Department of Education, local school boards, post-secondary institutions, foster parents, and caregivers continue to work together toward common goals for educating children, youth, and young adults.

Collaboration among public and private agencies has increased significantly in recent years at the state and local levels.

At the state level, the Department has Memoranda of Understanding with the Departments of Juvenile Justice, Education, Health, and Law Enforcement that outline coordination efforts to include prevention.

An example of such collaboration efforts are frequent meetings with the Department of Health, Prevent Child Abuse Florida, Healthy Families Florida, and The Governor's Office of Adoption and Child Protection. As a result of these key agencies meeting on a regular basis, consistent, and cooperative messaging of efforts is occurring.

Critical partnerships and key linkages within systems have proven successful within the state.

**(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 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.

**(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 use.

The Department's Domestic Violence Program primary responsibilities include oversight of funding, initial certification of newly formed domestic violence centers, and annual renewal of certifications for existing centers. The Department works directly with Florida's 42 certified domestic violence shelters and partners committed to serving Florida's domestic violence survivors and their children.

**State's continued efforts to support the needs of infants born and identified as being affected by substance misuse.**

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

population and includes a self-study completed in each region to analyze their local system of care's progress towards integration of services.

As a result of changes in federal legislation and the guidance learned from a review of sample cases involving substance exposed newborns, the Department's 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 use 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 and 2 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 170-8 was updated to incorporate and address the requirements of CARA. It outlines 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.

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

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

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

Using the CAPTA grant funds, the Department specifically allocated funds to be used for evidence-based home visiting services, provided by registered nurses. The home visiting services target infants born affected by substance use and their families, with a focus on providing plans of safe care and addressing the specific service needs of the infant and family. The Department has awarded two contracts at this time specifically using CAPTA funds for the delivery of evidence-based home visiting services directed towards this vulnerable population, it is expected that an additional contract will be finalized in the months to come.

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

#### Early Intervention Services for Infants with Neonatal Abstinence Syndrome (NAS)

Florida's [Early Steps](#) program provides services to infants and toddlers with disabilities and developmental delays, and their families, from birth to 36 months of age. Effective January 1, 2018, Early Steps began serving children at-risk of developmental delays, including infants with NAS with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding. Services include Individualized Family Support Planning; Service Coordination; Developmental Surveillance; and Family Support.

Screening for potential developmental delays or disabilities is a critical component of assessing child functioning for child protection investigations. Whenever a child protective investigator suspects a child is experiencing a delay or disability, the investigator is required to provide the parent information on community early intervention services. Additionally, investigations closed with verified maltreatment (for a child under the age of three) or infants identified as affected by illegal substance use, or withdrawal symptoms resulting from prenatal drug exposure must be referred for a developmental assessment at Early Steps.

A statewide workgroup remains committed to ongoing policy and practice review of all partners and providers.

Included on the statewide workgroup 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 Start, MIECHV, Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of South Florida.

As part of these workgroup 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 is 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.

## **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. Despite awareness of a rising NAS incidence, there is a scarcity of evidence-based management for NAS, lack of improvement in length of inpatient stay, and a rise in health care costs, which highlight the considerable variations in its management by pediatricians and neonatologist. 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.

FPQC in partnership with other agencies has developed a NAS toolkit. The Florida Neonatal Abstinence Syndrome (NAS) tool kit is intended to provide guidance to hospitals and neonatal providers in the development of individualized policies and protocols related to NAS. It is a collection of resources that may be adapted by local institutions in order to develop standardized protocols for NAS.

The MCH Program, the Maternal, Infant and Early Childhood Home Visiting program, Healthy Families Florida, 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 home visiting programs 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 DOH'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 DOH's state Healthy Start program.

To expand from lessons learned during the pilot, the DOH 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 use treatment and counseling for pregnant women and new mothers and have multi-disciplinary engagement specialists in the community.

## **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.

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.

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 continued diligent efforts to address plans of safe care that positive momentum is achieved leading to safe infants and healthy families.

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**CHAPTER 8. FINANCIAL INFORMATION**

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

Attachment B  
 OMB Approval #0970-0426  
 Approved through 09/30/2023

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

For Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

<b>1. Name of State or Indian Tribal Organization and Department/Division:</b>		<b>3. EIN:</b>	59-3458463	
Florida Department of Children and Families		<b>4. DUNS:</b>	604604350	
<b>2. Address:</b> (insert mailing address for grant award notices in the two rows below)		<b>5. Submission Type:</b> (select one)		
2415 N. Monroe St., Suite 400		<input checked="" type="checkbox"/> NEW		
Tallahassee, FL 32303		<input type="checkbox"/> REALLOTMENT		
a) Email address for grant award notices: <a href="mailto:mark.mahoney@myflfamilies.com">mark.mahoney@myflfamilies.com</a>				
<b>REQUEST FOR FUNDING for FY 2022:</b>				
<b>The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.</b>				
Hardcode all numbers; no formulas or linked cells.				
<b>6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:</b>			\$19,218,516	
a) Total administrative costs (not to exceed 10% of the CWS request)			\$1,885,099	
<b>7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:</b>		<b>% of Total</b>	<b></b>	
a) Family Preservation Services		20.0%	\$4,400,783	
b) Family Support Services		20.0%	\$4,400,783	
c) Family Reunification Services		36.5%	\$8,023,698	
d) Adoption Promotion and Support Services		20.0%	\$4,400,783	
e) Other Service Related Activities (e.g. planning)		3.4%	\$756,621	
f) Administrative costs		0.1%	\$21,247	
<i>(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)</i>				
g) Total itemized request for title IV-B Subpart 2 funds:		100.0%	\$22,003,915	
<i>NO ENTRY: Displays the sum of lines 7a-f.</i>				
<b>8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)</b>			\$1,340,753	
a) Total administrative costs (not to exceed 10% of MCV request)			\$0	
<b>9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)</b>			\$5,031,031	
<b>10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:</b>			\$7,538,921	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			\$2,261,676	
<b>11. Requested Education and Training Voucher (ETV) funds:</b>			\$2,614,840	
<b>REALLOTMENT REQUEST(S) for FY 2021:</b>				
<i>Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW"</i>				
<b>12. Identification of Surplus for Reallocation:</b>				
a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:				
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>	<b>ETV Program</b>
\$0	\$0	\$0	\$0	\$0
<b>13. Request for additional funds in the current fiscal year (should they become available for re-allotment):</b>				
<b>CWS</b>	<b>PSSF</b>	<b>MCV (States only)</b>	<b>Chafee Program</b>	<b>ETV Program</b>
\$0	\$0	\$0	\$0	\$0
<b>14. Certification by State Agency and/or Indian Tribal Organization:</b>				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<b>Signature of State/Tribal Agency Official</b>		<b>Signature of Federal Children's Bureau Official</b>		
Barney Ray <small>Digitally signed by Barney Ray Date: 2021.05.17 16:10:17 -0400</small>				
<b>Title</b> Director, Revenue Management and		<b>Title</b>		
<b>Date</b>		<b>Date</b>		

2022 APSR

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

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

For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 7,222,447			\$ -				\$ 2,407,482	418,556	209,278	reports of spouse/abused	6 Regions
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)		\$ 4,400,783		\$ -				\$ 1,466,928	16,937	7,364	all eligible children	6 Regions
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 367,523	\$ 4,400,783		\$ 5,031,031				\$ 1,466,928	27,689	14,573	all eligible children	6 Regions
4.) FAMILY REUNIFICATION SERVICES	\$ 9,351,639	\$ 8,023,698		\$ -				\$ 4,882,479	32,364	19,038	all eligible children	6 Regions
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 391,808	\$ 4,400,783						\$ 1,597,530	4,132	2,431	all eligible children	6 Regions
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 756,621						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 41,232,357	\$ 19,699,159	14,414	8,479	all eligible children	6 Regions
(b) GROUP/INST CARE	\$ -						\$ 38,941,722	\$ 18,604,786	1,283	755	all eligible children	6 Regions
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 136,448,356	\$ 66,258,292	40,737	23,963	all eligible children	6 Regions
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 1,461,616	\$ 721,771	204	120	all eligible children	6 Regions
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 7,538,921			\$ 1,884,730	295	268	eligible 13-22 year old youths	6 Regions
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 2,614,840		\$ 653,710	819	745	eligible 16-22 year old youths	6 Regions
12.) ADMINISTRATIVE COSTS	\$ 1,885,099	\$ 21,247	\$ -				\$ 147,005,948	\$ 129,475,516				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 39,332	\$ 32,806				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 305,770	\$ 305,363				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -						\$ -	\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 5,946,686	\$ 2,052,246				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 1,340,753				\$ -	\$ 446,918				
18.) TOTAL	\$ 19,218,516	\$ 22,003,915	\$ 1,340,753	\$ 5,031,031	\$ 7,538,921	\$ 2,614,840	\$ 371,381,787	\$ 251,956,644				

19.) TOTALS FROM PART I	\$19,218,516	\$22,003,915	\$1,340,753	\$5,031,031	\$7,538,921	\$2,614,840	----	----	----	----	----	----
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	----	----	----	----	----	----

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

- On this form
- In the APSR Narrative

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020**

<b>1. Name of State or Indian Tribal Organization:</b>		<b>2. Address:</b>			<b>3. EIN: 59-3458463</b>
Florida Department of Children and Families		2415 N. Monroe St., Suite 400			<b>4. DUNS: 604604350</b>
<b>5. Submission Type:</b> (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		Tallahassee, FL 32303			
Description of Funds	(A) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served
<b>6. Total title IV-B, subpart 1 (CWS) funds:</b>	\$ 15,866,274	29,812	17,536	all child welfare clients	6 Regions
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 86,950				
<b>7. Total title IV-B, subpart 2 (PSSF) funds:</b>	\$ 20,902,058	29,812	17,536	all child welfare clients	6 Regions
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.					
a) Family Preservation Services	\$ 4,182,083				
b) Family Support Services	\$ 4,894,834				
c) Family Reunification Services	\$ 7,634,699				
d) Adoption Promotion and Support Services	\$ 4,182,648				
e) Other Service Related Activities (e.g. planning)	\$ -				
f) Administrative Costs (FOR STATES: not to exceed 10% of PSSF allotment)	\$ 7,794				
<b>g) Total title IV-B, subpart 2 funds:</b>					
NO ENTRY: This line displays the sum of lines a-f.	\$ 20,902,058				
<b>8. Total Monthly Caseworker Visit funds: (STATES ONLY)</b>	\$ 1,341,189				
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -				
<b>9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: (optional)</b>	\$ 6,860,062	-	-	-	-
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 1,104,383	383	348	eligible 16-22 year o c youth	6 Regions
<b>10. Total Education and Training Voucher (ETV) funds: (Optional)</b>	\$ 2,360,866	894	813	eligible 16-22 year o c youth	6 Regions
<b>11. Certification by State Agency or Indian Tribal Organization:</b> The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.					
<i>Signature of State/Tribal Agency Official</i>			<i>Signature of Federal Children's Bureau Official</i>		
Barney Ray Digitally signed by Barney Ray Date: 2021.05.17 16:09:19 -04'00'					
<i>Title</i>	<i>Date</i>	<i>Title</i>	<i>Date</i>		
Director, Revenue Management and Partner Compliance					

**PROMOTING SAFE AND STABLE FAMILIES**

**Fiscal Data**

Program/Service	Funding Source	Crisis Intervention (Family Preservation)		Prevention & Support Services (Family Support)		Family Reunification Services		Adoption Promotion and Support Services	
		STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL
Associated Marine Institute-DJJ	State Funds	7,504,975	40,963						
Child Sexual Abuse Treatment Program - DCF	State Funds	7,367,427							
Child Protection Teams - DOH	State Funds, SSBG	3,547,817	7,374,691						
Child Care and Development Fund-OEL	SSBG/CDBG & TANF			184,881,224					
Children's Mental Health and Substance Abuse	DJJ- General Rev	58,236,024	22,150,643						
	DCF - Comm MH Block Grant and SA Block Grant	18,981,851	6,157,309						
CNS/FINS Runaway Shelter	DJJ -State Funds, Title IV-E	39,470,816	750,000						
Comm-Based Family Resource	State, Family Resource & Support			383,607	1,534,427				
Community Food & Nutrition	Comm Food & Nutrition Grant				303,181,434				
Day Care Quality Improvement	CCDBG, SSBG and State			2,372,819	10,816,868				
Day Care Resource & Referral	CCDBG, SSBG and State			843,422	3,574,260				
Domestic Violence	Fam Viol Prev & Svcs/STOP/SSBG/TANF			22,532,537	24,490,516				
Early Intervention Services	State, IDEA, Part C			44,215,258	28,476,024				
Epilepsy	State Funds			3,264,948					
Family Planning	Title X, Family Planning, State	4,245,455	13,679,763						
Family Safety	State, IV-E, IV-B, TANF	87,553,870	84,488,748	47,001,903	23,328,719	1,067,636	4,561,776	47,330,587	50,657,738
Full Service Schools	DCF - State Funds								
	DOH -			6,000,000					
Healthy Families	TANF, State			17,607,941	10,772,317				
Improved Pregnancy Outcome	Maternal & Child Health Blk Grant			16,755,345	3,687,694				
Interstate Compact/ ISS	State Funds, IV-E, TANF-DCF	228,232	485,126						
	State Funds DJJ	164,369							
Local Services Program	Refugee Assistance Fed Grant TF				32,956,612				
Ounce of Prevention	State			1,862,635					
PACE	State Funds			21,319,808					
Primary Care (CMS)	Maternal & Child Health Blk Grant			1,180,752	998,785				
Protective Services Staff - DJJ	SSBG, Med Asst, TANF, CWS- State, & Title IV-E		46,736,810						
Protective Services Staff - DCF		98,181,785	111,233,805						
Regional Perinatal Program				270,394					
School Health				10,909,412	11,625,846				
Women, Infants & Children Program	Women, Infants & Children Program				326,133,401				
<b>Totals by Program AREA &amp; FUND SOURCE</b>		<b>325,482,621</b>	<b>293,097,858</b>	<b>381,402,006</b>	<b>781,576,902</b>	<b>1,067,636</b>	<b>4,561,776</b>	<b>47,330,587</b>	<b>50,657,738</b>

1992 Comparison to 2019 for State and Local Funds

Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

Period	Crisis Intervention (Family Preservation)	Prevention & Support Services (Family Support)	Family Reunification Services	Adoption Promotion and Support Services	Total
2019	\$ 325,482,621	\$ 381,402,006	\$ 1,067,636	\$ 47,330,587	\$ 755,282,850
1992	\$ 85,737,000	\$ 311,374,000	\$ -	\$ -	\$ 397,111,000
Diff 2019 from 1992	\$ 239,745,621	\$ 70,028,006	\$ 1,067,636	\$ 47,330,587	\$ 358,171,850
Funds have not been supplanted to meet this federal requirement to equal or exceed the amount spent in 1992 for Family Preservation and Family Support Services as stated in 45 CFR 1357.32(f).					

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

cobj	OCA Title	oca	Total Expenditures	Total Federal	Total State
PCW05	FS-PROGRAM ADMINISTRATION	BT000	158,329.35	118,747.01	39,582.34
PCW05	FS/QUALITY ASSURANCE UNIT	FFQAU	867.60	650.70	216.90
PCW05	PDC TRNG PROTECTIVE SVCS	PDC02	(223.13)	(167.35)	(55.78)
PCW05	PDC TRNG FOSTER CARE	PDC03	(831.43)	(623.57)	(207.86)
PCW05	PDC TRNG ADOPTION PLACEMENT	PDC04	(163.11)	(122.33)	(40.78)
PCW05	SF CHILD WELFARE OH ADMIN-CBC	PR024	1,637,628.13	1,228,221.10	409,407.03
PCW05	IV-B CHILD WELFARE OH ADMIN-CBC	PR026	10,931,006.61	8,198,254.96	2,732,751.65
<b>PCW05</b>	<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	2,796,304.53	932,101.51
PCW05	IV-B CHILD WELFARE IH-CBC	PRA26	1,325,379.83	994,034.87	331,344.96
PCW05	IV-B CHILD WELFARE ADOPT ADMIN-CBC	QACM0	90,294.12	67,720.59	22,573.53
PCW05	QUALITY ASSURANCE & CONTRACT MGT	RSFL0	599.05	449.29	149.76
PCW05	FRONT LINE RETENTION STRATEGY	RSL00	952.83	714.62	238.21
PCW05	RETENTION STRATEGY-LOAN REIMB	WG000	559,669.77	419,752.33	139,917.44
PCW05	PROTECTIVE SVCS FOR CHILDREN	WH000	1,328,079.23	996,059.42	332,019.81
<b>PCW05</b>	<b>CHILD WELFARE MAINT PYMTS-OHS</b>	<b>WO004</b>	<b>320,317.47</b>	<b>240,238.10</b>	<b>80,079.37</b>
PCW05	FOSTER CARE PRG ADMIN	WOA00	163,614.16	122,710.62	40,903.54
PCW05	CHILD WELFARE PROGRAM ADMIN	WY000	117,226.36	87,919.77	29,306.59
	<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>
			Total	IV-B Federal	IV-B State
<b>PCW05</b>	<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>
<b>PCW05</b>	<b>CHILD WELFARE MAINT PYMTS-OHS</b>	<b>WO004</b>	<b>320,317.47</b>	<b>240,238.10</b>	<b>80,079.37</b>
	<b>Title IV-B FC Maintenance Payments for FFY 2005</b>		833,465.92	625,099.44	208,366.48
No Child Care or Adoption Assistance Payments were paid from FFY 2005 Title IV-B, subpart I grant funds or used as state match for the grant.					
				Amount State Share	
Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005				87,983,633.35	
<i>Source: IDS Grants</i>					

State Fiscal Year	Crisis Intervention (Family Preservation)	Prevention & Support Service (Family Support)	Family Reunification Services	Adoption Promotion & Support Services	Total State Share
1992-93	85,737,000	311,374,000			397,111,000
1993-94	89,683,000	308,635,000			398,318,000
1995-96	102,734,000	306,787,000			409,521,000
1996-97	102,590,000	334,424,000			437,014,000
1997-98	124,226,000	402,301,000			526,527,000
1998-99	N/A	N/A			
1999-00	212,523,589	294,346,482			506,870,071
2000-01	289,717,496	360,844,036			650,561,532
2001-02	307,322,358	313,008,601			620,330,959
2002-03	319,416,329	236,847,274			556,263,603
2003-04	272,524,635	271,865,884			544,390,519
2004-05	328,146,128	283,185,887			611,332,015
2005-06	281,122,688	300,453,611			581,576,299
2006-07	257,220,980	345,495,146			602,716,126
2007-08	360,971,684	323,522,062			684,493,746
2008-09	329,768,367	311,966,459			641,734,826
2009-10	325,476,156	297,103,746			622,579,902
2010-11	342,517,176	295,846,645			638,363,821
2011-12	321,598,115	276,823,942			598,422,057
2012-13	290,890,344	279,328,784			570,219,128
2013-14	351,849,429	276,314,954	1,616,125	33,927,768	663,708,276
2014-15	406,340,825	329,740,315	2,351,253	35,196,541	773,628,934
2015-16	396,240,113	343,821,654	1,104,415	12,127,238	753,293,420
2016-17	355,156,714	335,728,608	812,774	50,739,438	742,437,534
2017-18	331,847,927	329,251,359	643,889	51,996,558	713,739,733
2018-19	325,482,621	381,402,006	1,067,636	47,330,587	755,282,850

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Training 1-1-2020 through 12-31-2020

OCA	Title LOCA	COB	G	QTD_EARN_TOT 033120Q_SU	QTD_EARN_TOT 063020Q_SU	QTD_EARN_TOT 093020Q_SU	QTD_EARN_TOT 123120Q_SU	TOTAL 1/1/2020- 12/31/2020	GT	TOTAL Cost (Federal and State Share)
2JTR1	CLS IV-E TRAINING	PAD20	TG	9,765.10	12,224.63	2,752.92	0.00	24,742.65	R004	32,990.20
2JTR1	CLS IV-E TRAINING	PAD21	TG	0.00	0.00	0.00	6,179.10	6,179.10	R004	8,238.80
2JTR1	CLS IV-E TRAINING	PNV20	TG	111.20	304.40	48.89	0.00	464.49	C003	619.32
2JTR1	CLS IV-E TRAINING	PNV20	TG	8,619.10	20,803.24	3,096.34	0.00	32,518.68	R004	43,358.24
2JTR1	CLS IV-E TRAINING	PNV21	AC	0.00	0.00	0.00	-71.98	-71.98	C003	(95.97)
2JTR1	CLS IV-E TRAINING	PNV21	AC	0.00	0.00	0.00	-3,626.54	-3,626.54	R004	(4,835.39)
2JTR1	CLS IV-E TRAINING	PNV21	EF	0.00	0.00	0.00	131.15	131.15	C007	262.30
2JTR1	CLS IV-E TRAINING	PNV21	EF	0.00	0.00	0.00	62.15	62.15	R004	82.87
2JTR1	CLS IV-E TRAINING	PNV21	TG	0.00	0.00	0.00	310.69	310.69	C003	414.25
2JTR1	CLS IV-E TRAINING	PNV21	TG	0.00	0.00	0.00	19,387.91	19,387.91	R004	25,850.55
BATR1	DCF CPI IV-E TRAINING	PNV20	AC	-8,094.36	4.33	170.07	0.00	-7,919.96	R004	(10,559.95)
BATR1	DCF CPI IV-E TRAINING	PNV20	AF	-13,408.88	6.58	234.52	0.00	-13,167.78	R004	(17,557.04)
BATRN	DCF CPI SALARY IV-E TRAINING	PNV20	AC	656,411.02	30,981.35	1,638.38	0.00	689,030.75	R004	918,707.67
BATRN	DCF CPI SALARY IV-E TRAINING	PNV20	AF	1,087,390.17	47,200.69	2,259.27	0.00	1,136,850.13	R004	1,515,800.17
BATRN	DCF CPI SALARY IV-E TRAINING	PNV21	AC	0.00	0.00	0.00	19,026.44	19,026.44	R004	25,368.59
BATRN	DCF CPI SALARY IV-E TRAINING	PNV21	AF	0.00	0.00	0.00	25,740.65	25,740.65	R004	34,320.87
BTR1	PROGRAM ADMINISTRATION IV-E TRAINING	PAD20	TG	1,083.66	8,161.41	832.54	0.00	10,077.61	C003	13,436.81
BTR1	PROGRAM ADMINISTRATION IV-E TRAINING	PAD21	TG	0.00	0.00	0.00	-185.56	-185.56	C003	(247.41)
BTR1	PROGRAM ADMINISTRATION IV-E TRAINING	PNV20	TG	13,652.27	109,954.30	14,185.86	0.00	137,792.43	C003	183,725.24
BTR1	PROGRAM ADMINISTRATION IV-E TRAINING	PNV21	TG	0.00	0.00	0.00	-4,087.15	-4,087.15	C003	(5,449.53)
CWTR1	CHILD WELFARE IV-E TRAINING	PAD20	TG	4,806.01	3,953.18	2,676.83	0.00	11,436.02	C003	15,248.03
CWTR1	CHILD WELFARE IV-E TRAINING	PAD21	TG	0.00	0.00	0.00	7,821.95	7,821.95	C003	10,429.27
CWTR1	CHILD WELFARE IV-E TRAINING	PNV20	TG	60,559.84	53,259.41	45,624.25	0.00	159,443.50	C003	212,591.33
CWTR1	CHILD WELFARE IV-E TRAINING	PNV21	TG	0.00	0.00	0.00	93,180.28	93,180.28	C003	124,240.37
CWTRN	CHILD WELFARE IV-E TRAINEE	PAD20	TG	4,572.33	696.76	189.80	0.00	5,458.89	R004	7,278.52
CWTRN	CHILD WELFARE IV-E TRAINEE	PAD21	TG	0.00	0.00	0.00	3,063.87	3,063.87	R004	4,085.16
CWTRN	CHILD WELFARE IV-E TRAINEE	PNV20	AC	32,396.85	5,130.24	1,731.45	0.00	39,258.54	R004	52,344.72
CWTRN	CHILD WELFARE IV-E TRAINEE	PNV20	AF	27,800.81	4,592.00	1,654.30	0.00	34,047.11	R004	45,396.15
CWTRN	CHILD WELFARE IV-E TRAINEE	PNV21	AC	0.00	0.00	0.00	12,713.59	12,713.59	R004	16,951.45
CWTRN	CHILD WELFARE IV-E TRAINEE	PNV21	AF	0.00	0.00	0.00	8,846.29	8,846.29	R004	11,795.05
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	PAD20	TA	1,671.53	640.74	4,165.21	0.00	6,477.48	C007	12,954.96
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	PAD21	TA	0.00	0.00	0.00	989.33	989.33	C007	1,978.66
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	PNV20	AC	1,975.18	814.01	5,261.31	0.00	8,050.50	C007	16,101.00
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	PNV20	AF	8,629.69	3,539.80	21,922.26	0.00	34,091.75	C007	68,183.50
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	PNV21	AC	0.00	0.00	0.00	1,381.75	1,381.75	C007	2,763.50
CWTTG	CP TRANSFORM PROJECT - CW TRAINING	PNV21	AF	0.00	0.00	0.00	4,739.22	4,739.22	C007	9,478.44
DCTRN	CBC IV-E TRAINEES	PAD20	TG	-48,149.84	0.00	0.00	0.00	-48,149.84	R004	(64,199.79)
DCTRN	CBC IV-E TRAINEES	PCW19	AA	5,093.43	0.00	0.00	0.00	5,093.43	R004	6,791.24
DCTRN	CBC IV-E TRAINEES	PCW20	AA	-36,681.85	0.00	0.00	0.00	-36,681.85	R004	(48,909.13)
DCTRN	CBC IV-E TRAINEES	PNV20	TG	-89,016.28	0.00	0.00	0.00	-89,016.28	R011	(178,032.56)
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PAD20	AD	0.00	-31.25	163.08	0.00	131.83	R004	175.77
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PAD20	AD	21.34	0.00	0.00	0.00	21.34	R011	42.68
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PAD21	AD	0.00	0.00	0.00	28.25	28.25	R004	37.67
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PAD21	AD	0.00	0.00	0.00	5.62	5.62	R011	11.24
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PCW20	AA	72.00	0.00	0.00	0.00	72.00	R004	96.00
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV20	AC	0.00	-3.14	1,473.64	0.00	1,470.50	R004	1,960.67
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV20	AC	151.02	-151.49	0.00	0.00	-0.47	R011	(0.94)
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV20	AF	0.00	-11.69	1,404.36	0.00	1,392.67	R004	1,856.89
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV20	AF	129.61	-129.61	0.00	0.00	0.00	R011	-
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV21	AC	0.00	0.00	0.00	-50.21	-50.21	R004	(66.95)
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV21	AC	0.00	0.00	0.00	7.43	7.43	R011	14.86
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV21	AF	0.00	0.00	0.00	21.05	21.05	R004	28.07
KTRN	FOSTER CARE & RECRUITMENT & RETENTION IV-E TRNG	PNV21	AF	0.00	0.00	0.00	3.43	3.43	R011	6.86
SGTR1	SHERIFF CPI IV-E TRAINING	PNV20	AC	-2,455.18	0.00	-1,418.11	0.00	-3,873.29	R004	(5,164.39)
SGTR1	SHERIFF CPI IV-E TRAINING	PNV20	AF	-4,067.16	0.00	-2,160.54	0.00	-6,227.70	R004	(8,303.60)
SGTRN	SHERIFF CPI SALARY IV-E TRAINING	PNV20	AC	53,058.32	3,827.13	7,801.79	0.00	64,687.24	R004	86,249.65
SGTRN	SHERIFF CPI SALARY IV-E TRAINING	PNV20	AF	87,894.80	5,830.79	10,758.44	0.00	104,484.03	R004	139,312.04
SGTRN	SHERIFF CPI SALARY IV-E TRAINING	PNV21	AF	0.00	0.00	0.00	68,642.38	68,642.38	R004	91,523.17
TRCOR	CBC IV-E TRAINING	PAD20	TG	38,430.46	48,354.90	218,334.49	0.00	305,119.85	R004	406,826.47
TRCOR	CBC IV-E TRAINING	PAD21	TG	0.00	0.00	0.00	101,493.19	101,493.19	R004	135,324.25
TRCOR	CBC IV-E TRAINING	PCW19	AA	-128,666.25	0.00	0.00	0.00	-128,666.25	R004	(171,555.00)
TRCOR	CBC IV-E TRAINING	PCW20	AA	128,666.25	0.00	0.00	0.00	128,666.25	R004	171,555.00
TRCOR	CBC IV-E TRAINING	PNV20	AC	272,298.32	356,097.57	259,791.74	0.00	888,187.63	R004	1,184,250.17
TRCOR	CBC IV-E TRAINING	PNV20	TG	233,668.56	318,736.51	1,488,132.86	0.00	2,040,537.93	R004	2,720,717.24
TRCOR	CBC IV-E TRAINING	PNV21	AC	0.00	0.00	0.00	495,922.68	495,922.68	R004	661,230.24
TRCOR	CBC IV-E TRAINING	PNV21	TG	0.00	0.00	0.00	928,192.76	928,192.76	R004	1,237,590.35
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	PAD20	TG	42,110.08	36,676.97	-12,557.12	0.00	66,229.93	R004	88,306.57
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	PAD21	TG	0.00	0.00	0.00	46,093.61	46,093.61	R004	61,458.15
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	PNV20	TG	256,042.25	241,760.30	-71,903.39	0.00	425,899.16	R004	567,865.55
TRFCA	CBC-TRAINING FOSTER & ADOP. PARENT	PNV21	TG	0.00	0.00	0.00	276,175.45	276,175.45	R004	368,233.93
								<b>8,140,169.68</b>		<b>10,831,481.07</b>

Source: IDS Grants as of 5/21/2021  
Includes indirect cost

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## ATTACHMENT 1: FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN UPDATE

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

Strategic Initiative 2, the Placement Services Array, concluded with recommendations that Florida develop a uniformed statewide annual foster parent survey, utilization of an electronic placement matching system and the use of Market Segmentation, to address the need for a standardized approach to capacity assessment, more customized recruitment planning, and refinement as appropriate to the COU standards for placement resources and processes.

### Characteristics of Children for Whom Foster and Adoptive Homes are Needed

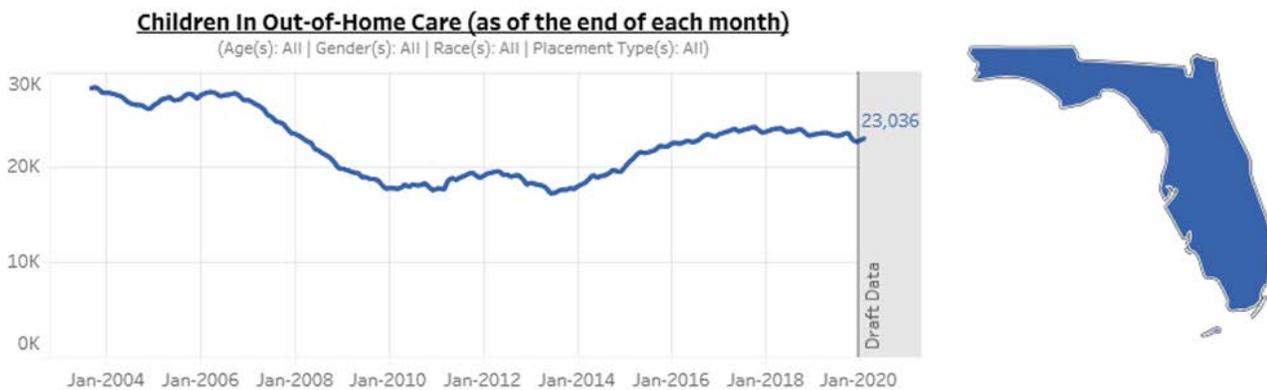
#### All Children in Out-of-Home Care

As of February 29, 2020, there were 23,036 children in out-of-home care. Table 2 shows the statewide age, gender distribution, and placement types. This information is available on the Child Welfare Dashboard, Trend Reports. Each region and CBC use the dashboard to create local profiles. In 2019 the Department implemented Level I foster home licensure for relatives and fictive kin. This new licensing level is reflected by the increase in percent of children and siblings who are placed in licensed foster homes and a decrease in placement with relative/non-relative who are not licensed. The following information reflects the characteristics of the statewide number of children in care as of February 29, 2020:

- Placement settings:
  - 51 percent with approved relative/non-relative caregivers
  - 37 percent with licensed foster families
  - 8 percent in group care
  - 5 percent in other settings
- Race:
  - 60 percent White,
  - 30 percent Black/African American, and
  - 10 percent are a mix of other races
- Gender:
  - 51 percent are male, and
  - 49 percent are female
- Age:
  - 49 percent are 0-5 years of age;
  - 36 percent are 6-12 years of age; and
  - 20 percent are 13-19 years of age

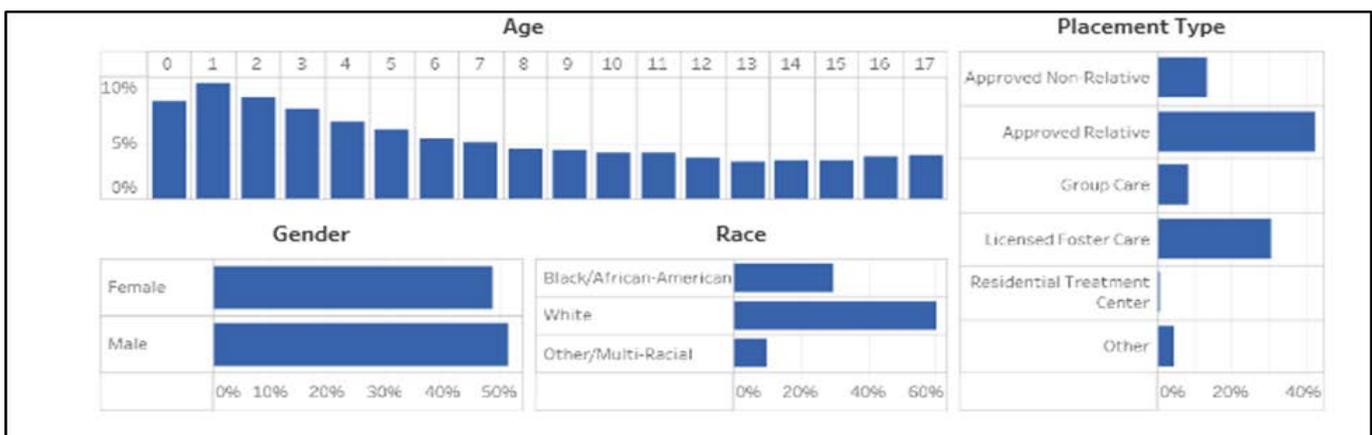
- Of 5,634 sibling groups, 64 percent are placed together (Source: CBC Scorecard Dashboard, 12/31/19):
  - 68 percent of sibling groups placed together are placed with relative/non-relative caregivers
  - 27 percent of sibling groups placed together are placed in licensed foster care
- The size of sibling groups placed together in care
  - 66 percent of sibling groups are comprised of 2 children
  - 23 percent of sibling groups are comprised of 3 children
  - 11 percent of sibling groups are comprised of 4 or more siblings
- 83 percent of children in out-of-home care are placed in the circuit in which they were removed. (Source: Source: CBC Scorecard Dashboard, 12/31/19)

**Table 1: Children in Out-of-Home Care as of 2/29/2020**



Source: Florida Child Welfare Dashboard

**Table 2: Children in Out-of-Home Care as of 2/29/2020**



Source: Florida Child Welfare Dashboard

### Children Entering Out-of-Home Care

A total of 1,114 children entered care between 2/1/2020 and 2/29/2020. (Source: Child Welfare Dashboard, Trend Reports) The following information describes the characteristics of the new children entering foster care:

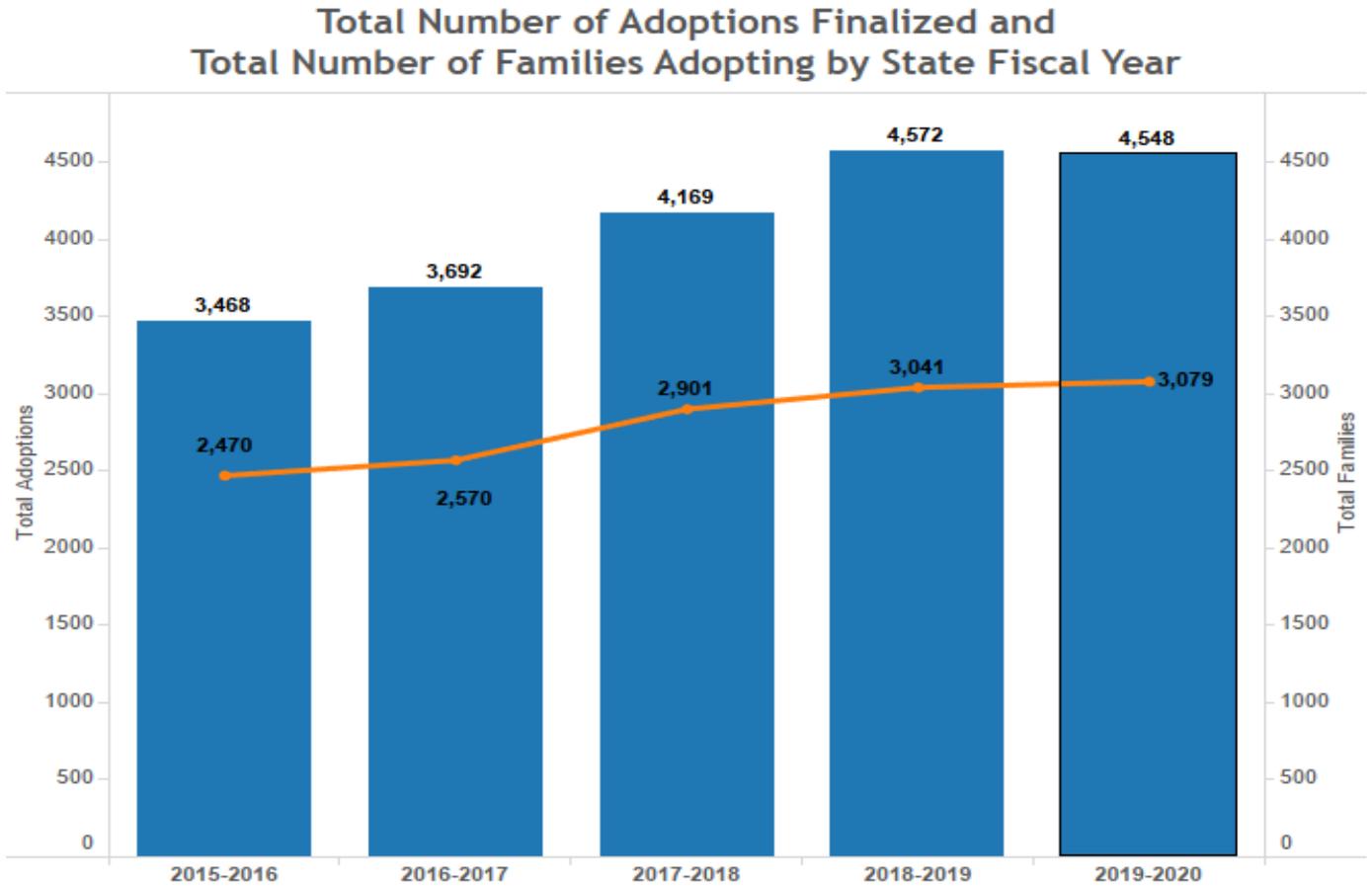
- Age:
  - 27 percent were 0-1 year of age
  - 27 percent were 2-5 years of age
  - 30 percent were 6-12 years of age
  - 16 percent were 13-17 years of age
- Gender:
  - 49 percent female
  - 51 percent male
- Race:
  - 61 percent White, 31 percent Black/African American, and 8 percent a mix of other races

### Characteristics of Children with a Goal of Adoption

As shown in Table 3, 20,449 children were adopted from foster care during the last five years, with an upward trend each year. Of the 2,901 children adopted in 2017-2018:

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

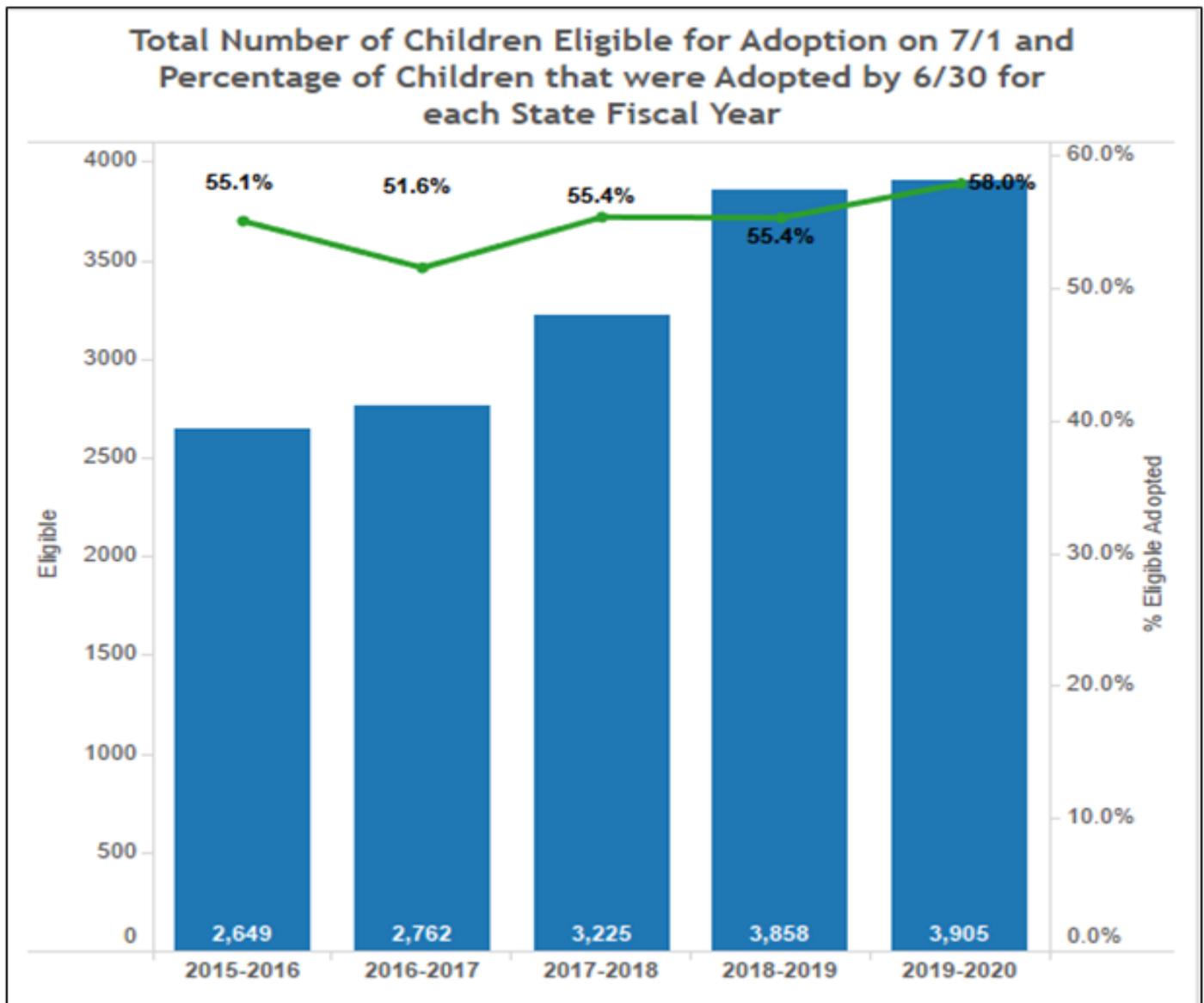
**Table 3: Total Number of Adoptions Finalized and Total Number of Families Adopting**



Source: Adoption Incentive Annual Report November 15, 2020

Table 4 illustrates the overall trend in the number of children eligible for adoption on July 1 of the particular fiscal year and the subset of those children who were subsequently adopted by June 30 of that fiscal year. The number of children eligible for adoption increased from 3,858 in SFY 2018-2019 to 3,905 in SFY 2019-2020. The percent adopted increased to 58%.

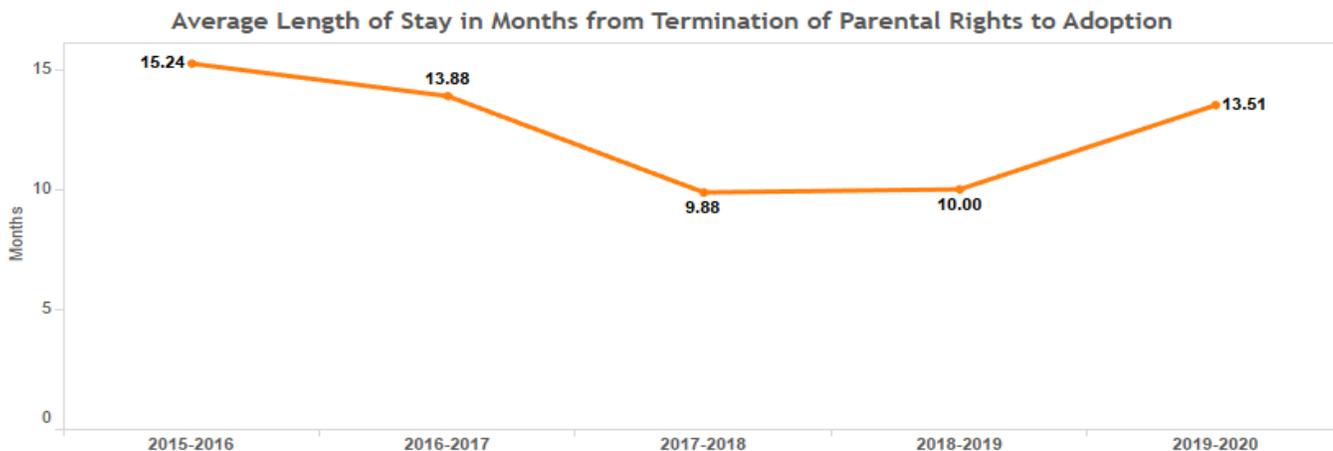
**Table 4: Number of Children Eligible for Adoption on 7/1 & Percentage of Children Adopted**



Source: Adoption Incentive Annual Report November 15, 2020

In Florida, children are not eligible for adoption until the parental rights of their legal and/or biological parents have been terminated. Table 5 below represents the average length of time from the termination of parental rights (TPR) to finalized adoption for children. The chart shows the statewide average for the length of time from TPR to adoption finalization increase from 10.00 months FY 2018-2019 to 13.51 months in FY 2019-2020; a three month increase by 3.51 months.

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

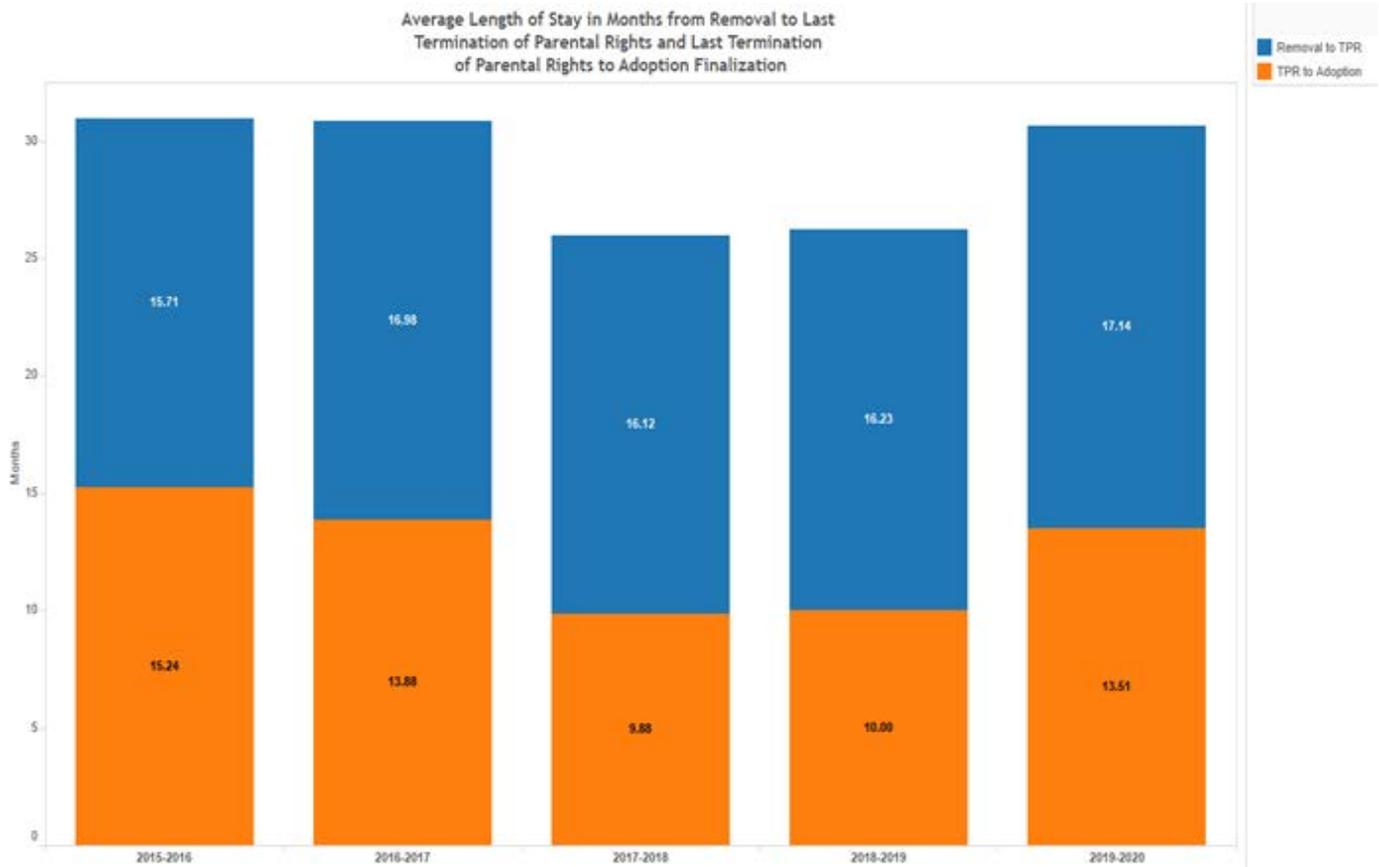


Source: Adoption Incentive Annual Report November 15, 2020

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

Table 6 displays the length of time to complete each phase of the adoption process during the last five state fiscal years, as well as the total length of time it took to reach adoption completion. During FY 2019-2020, an increase in the length of time from TPR to adoption by 91 compared to SFY 2019-2020.

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



Source: Adoption Incentive Annual Report November 15, 2020

## Recruitment and Retention Strategies

### 1. Outreach and Dissemination Activities

#### Websites and Social Media

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

- [Fostering Success](#) provides information about the benefits of being a foster parent; multiple publications about foster parenting including the process; links to local contacts and resources; a calendar incorporated from the Foster/Adoptive Parent Association's (FAPA) website that includes local association meetings and events; links to multiple other websites with information about foster parenting and Florida resources; and videos that share stories about fostering children who need temporary care.
- [Explore Adoption](#) - One of the major initiatives Florida uses to recruit adoptive families is the Explore Adoption campaign and associated website. Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is part of a sibling group. Through public education, expanded partnerships and social media, Explore Adoption invites Floridians to learn more about the children immediately available for adoption in their home state and community. The initiative puts a new face on public adoption by telling many stories of families who have enriched their lives by adopting Florida's children.
- All Pro Dads raises awareness through online, on-air, and social events to recruit foster and adoptive parents for the Department. All Pro Dads features children who are available for adoption through their Coach's Kid of the Month campaign. Additionally, the organization meets with each lead Community-Based Care agency to assist with child specific recruitment. All Pro Dads offers support in the school system to foster and adoptive parents. In addition, All Pro Dads host a statewide recognition event to honor foster and adoptive parents who have committed their lives to serving Florida's most vulnerable population.
- [Adoption All in Challenge](#)-Administration for Children and Families (ACF) encourage the states commitment to engage with their nonprofits, businesses, faith partners, and local communities, to find homes for every waiting child and support families as they open their hearts. ACF requested that states increase their partnership between public, private, faith based and community-based organizations to aid families to safely remain together or help children achieve permanency. ACF desires states to increase educational tools for caregivers and youth in the foster care system. Lastly, they requested states increase transparency to ensure that all professional who work in foster care or adoption have information and best practices to improve and ensure the safety, permanency, and well-being of children.
- [Center for Child Welfare](#) - The Center for Child Welfare maintains current Florida information and publications for prospective and current foster and adoptive parents.
  - [Foster Parent Resources](#)
  - [Adoptive Parent Resources](#)

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

## Quality Parenting Initiative (QPI)

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

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

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

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

When QPI is successful, caregivers have a voice. They work as a team with agency staff to support children and youth. Caregivers receive the support and training they need to work with children and families, understand what is expected of them, and know what to expect from the system. Systems are then able to select and retain enough excellent caregivers to meet the needs of each child for a home and family. When these changes are accomplished, outcomes for children, youth, and families will improve. The Department is committed to implementing QPI in every circuit by 2024. Currently, Department has 14 contracts in place for delivery of the QPI.

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

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

The Office of Child Welfare is currently contracting with the Quality Parenting Initiative/Youth Law Center on the implementation of the Excellent Parenting legislation from the 2020 legislative session. In 2020-2021, the QPI worked to develop a curriculum for transition planning and comfort calls. Train the trainer sessions were held throughout the state for each region and their associated CBCs. Additionally, the QPI worked with each region to

develop comfort call and transition protocols and identify components in a regional plan. Lastly, the QPI collaborated with the OCW to develop a statewide plan on the excellent parenting initiatives.

The Office of Child Welfare has contracted with the Youth Law Center's Quality Parenting Initiative (QPI) to hold a series of regional meetings with local child welfare stakeholders including sheriff's offices, child protective investigators, case management, Children's Legal Services, Regional Counsel, Guardian Ad Litem, judiciary, service providers, licensing and placement staff, foster parents, caregivers, youth, and birth parents. The outcome of these meetings is to assist in the development of plans that outlined the following:

- Guidelines to improve communication and information sharing between staff and caregivers,
- Clarify individual roles of stakeholders to support respectful relationships, and
- Develop tools and resources to improve responsiveness and dispute resolutions between staff and caregivers.

The development of these plans will assist in improving the relationships between birth parents and caregivers.

### Other Family Finding Methods

The Department of Children and Families is committed to seek both emotional and legal permanency for children and youth in Foster Care. Per Florida Statue 39.4015 Family Finding is a priority. The primary framework of Family Finding is built on six steps to connect and build a team that will support a child or youth with significant connections. The six steps are:

- Discovery- find support options by identifying individuals who may be supportive adults and possible placement options.
- Engagement- engage those who know the child the best to advocate for permanency for the child.
- Planning- meet with family members and others important to the child to focus on planning for the successful future of the child or youth
- Decision making- involve the team to explore all permanency options.
- Evaluation- assess the suitability and safety of the connections for the child or youth
- Follow up support- the team will support the child or youth and their family to plan for and access essential formal and informal support

The Office of Child Welfare (OWC) continues to explore ways to develop additional capacity to provide technical assistance and training to CBCs or other providers to replicate the "Family Finding Model." Some CBCs are currently implementing a similar model. The Family Finding Model is an approach designed to discover "lost relationships," people who could be re-engaged to have meaningful connections with youth in foster care, possibly provide a home. Family finding supports foster youth in developing a meaningful and enduring connection with adult relatives who will support the youth throughout his or her life. The family finding model often results in relative placement options. Relative placements are less likely to result in placement disruptions and enhance prospects for locating a permanent family if the child cannot safely return home.

There are several search techniques in Family Finding:

- Mobility Mapping. The youth is walked through a process where they remember where they have lived and who were the important people in those locations. This elicits memories of the relationships that can be captured in order to help build a team of supportive adults.
- Case Mining- searching and digging through the case information in FSFN. Review case notes, meetings, and intakes.
- Internet searches- include the use of social media platforms, public records services, and vital statistics to assist in the search and discovery process of finding connections for a child or youth.
- Cold Calls-calls made to family members who may not know them, know that a child or youth from their family is in foster care and are not likely to be expecting to hear from someone in child welfare.

The Department was granted funding for the implementation of family finders training for the state. OCW seeks to contract with the University of South Florida to provide a train the trainer program and technical assistance throughout the state on the Family Finders. The contract began on May 1, 2020 and an ending date of June 30, 2021.

The Department contracted with The Child Welfare Training Consortium of University of South Florida. The Department offered a 2-day Family Finder Train the Trainer to improve efforts in achieving and expediting permanency for our children and youth in care. Due to COVID-19 pandemic the training was completed on a virtual platform through WebEx, with interactive delivery. Participants were asked to turn their camera on during the duration of the training and USF will complete an attestation form as proof of attendance.

There will be a total of 10 sessions with a limit of 15 people per session for staff serving as trainers and mentors for the Family Finding practice. This training is open to Community Based Care agency staff, CLS, Department Regional and CPI, and Sheriff's Offices. Those completing the course will be eligible and offered opportunities for case specific technical assistance, after they complete the 2-day course. The breakdown per region was as follows.

Suncoast, Northwest, and Southern regions were offered one training session. Northwest, Northeast, Central, and Southeast region were offered two training sessions. The following number of slots have been provided for each training session:

Community Based Care Staff	5
Department of Children & Families	6
Sheriff Office (in regions they are located in)	2
Office of Child Welfare	1
Children's Legal Services	1

A flyer with sign up information was emailed to Community Based Care and Department Trainers, Sheriff office representative, regional staff, and Office of Child Welfare. University of South Florida contacted the participants with registration information.

Technical assistance will be provided to those Department and CBC staff who received training from USF during the contract year. Assistance will be available and will be provided through electronic correspondence and phone calls.

USF are creating a Frequently Asked Questions (FAQ) document based on the frequent questions and concerns they receive from the Department, Sheriff's staff, and CBC staff who have completed a Train-the-Trainer session. The FAQ document is submitted to the Department for approval. Revisions to the Department –approved FAQ document shall be updated and submitted to the Department monthly.

Participants were provided a Field Guide to be used while they are providing Family Finder training within their agency. The Field Guide is to be referenced and used a resource for those using the Family Finding practices.

#### Permanency Roundtables

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

- Develop a child-specific plan to achieve permanency,
- To stimulate thinking and learning about pathways to permanency for other children in foster care, and

- To identify and address barriers to permanency through creative thinking, professional development, policy change, resource development, and the engagement of system partners.

#### Rapid Permanency Reviews (RPR)

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

#### Florida State Foster/Adoptive Parent Association (FAPA)

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

#### Adoption Benefits for State Employees and Other Eligible Applicants

The Department provides state employees and other eligible applicants who adopt a special needs child from Florida’s child welfare system a one-time lump sum of \$10,000 for a special needs child and \$5,000 for a non-special needs child. In 2017, individuals eligible to receive this benefit expanded to other personal staff employed with a state agency, veterans and service members who adopted and continue to reside in Florida.

#### Successful Foster Parent Recruitment Strategies

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

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

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

The Department has implemented the use of the Foster Home Estimator as a recruitment strategy to aid in identifying foster homes for the population of children most in need of placement throughout the state. The foster home estimator, allows agencies to see a view of the current population in foster parents and children to determine the level of recruitment needs based off age, race, ethnicity, etc.

The Office of Child Welfare has contracted with Family's First/All Pro Dads to help with the recruitment throughout the state. All Pro Dads uses online social media platforms and social and virtual events as recruitment efforts to raise awareness for the need for more foster and adoptive parents for Department. Additionally, each month, All Pro Dads meet with each lead Community-Based Care agency to discuss child specific recruitment needs are provided several children who are available for adoption. These children are featured on the All Pro Dads Coach's Kids of the month campaign. All Pro Dads also offers support in the school system for to our current foster and adoptive parents as well as meets with school administrators to discuss hosting recruitment events to their staff. As an effort to demonstrate appreciation to foster and adoptive parents, All Pro Dads host a statewide recognition event to honor foster and adoptive parents who have opened their homes to provide stability and permanency for Florida's children in care.

Additionally, the Faith Based recruitment campaign with First Lady Casey DeSantis launched in 2020. Prior to each monthly event, weekly meetings were held with Department and Family's First/All Pro Dads to discuss the details of the events. Due to the current pandemic, all events were virtual. The virtual "An Act of Good Faith featuring Tony Dungy and Chris Tomlin" purpose was to build faith-based partnerships which will lead to new members on the portal answering the needs of local children and families. The goal and objectives were to address the Foster Care + Adoption crisis in each community, offer solutions, tools, resources, and clear action steps to the faith community. The events were held December 10, 2020 and January 19-21. Guest speakers during the campaign events included Tony Dungy, Chris Tomlin, Casey DeSantis, Erik Dellenback, Chad Poppell, and CEOs from local Community Based Care (Stephen Pennypacker, Mark Jones, Mike Watkins, Bob Miller, Irene Toto, Karin Flositz, Shawna Novak, Brian Bostik, Brena Slater, Rebecca Kapusta, John Cooper, Glen Casel, Larry Rein, Carol DeLoach, Ester Jacobo).

In light of ongoing work with Family's First/All Pro Dads and the faith-based initiative, the recruitment and retention statewide calls with the regional licensing team continues to be reevaluated.

In 2020, the Department launched the Florida Foster Information Center (FFIC), the FFIC is a Department headquarters based hotline that gives an opportunity for families that are interested in obtaining more information on foster home licensing or those that are ready to begin the process. The FFIC employs current and former foster and adoptive parents with lived experience and firsthand knowledge about the foster home licensing process. The FFIC helps to answer common questions from prospective foster parents and refers them to the appropriate CBC in their area once they are ready to move forward with the licensure process.

#### Successful Adoptive Parent Recruitment Strategies

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

- The Family Match Pilot created by Adoption-Share utilizes data analytics and predictive models to assist adoption staff in their decisions regarding matching children available for adoption with prospective adoptive parents. Currently, there are 1,822 prospective adoptive families registered on the site.
- In partnership with Casey Family Programs and the Department, ChildNet-Broward, Children's Network of SW Florida, Community Partnership for Children, Embrace Families, Inc., Heartland for Children, Family First Network, Citrus Family Network, Eckerd Community Alternatives, and Kid's Central Inc. implemented the Rapid Permanency Review (RPR) process model. The RPR process is a method intended to identify barriers and bright spots related to the permanency efforts of children in care. The focus of the RPR process is children who have been in foster care for two years or more with a goal of adoption who have been in the same family type setting for at least six months. The intent is that these children will achieve permanency in a safe home and that barriers will be mitigated and/or removed, resulting in a positive impact.

## Adoption Promotion and Support Services

In Florida, Adoption Promotion and Support Services are an important factor for promoting the adoption of children by relative, non-relative and licensed foster caregivers. These services are also important to prospective adoptive parents who are not yet as knowledgeable about the needs of the children they will adopt. A description of adoption promotion and support services is provided in Chapter 5, Description of Child and Family Services Continuum.

### **Adoptive Parent Training, Communication, and Organizations**

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

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

Sunshine Health implemented a specific health care program to provide specialized services for post-adoptive families. Sunshine Health specialized care managers work directly with the adoptive family. For members preparing to transition out of the foster care system due to a pending adoption, Sunshine Health care managers with expertise in adoption educates the adoptive family about the child's needs and care and the benefits available through the Sunshine Plan. Care management staff also connect post-adoption families to needed services and when appropriate develop comprehensive, integrated care plans for at risk and complex members. Sunshine Health also has expanded availability of adoption competent therapists within the Sunshine Health network. Through these proactive interventions and supports Sunshine Health intends to prevent crises from arising that could lead to hospitalizations, higher levels of care, or adoption disruptions.

### **Information and Access Strategies**

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

### Guardianship Assistance Program (GAP)

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

The Guardianship Assistance Program (GAP) was implemented on July 1<sup>st</sup>, 2019. The Office of Child Welfare has used many strategies to communicate the new program to child welfare professionals, other stakeholders, and current families.

- September 2020-The Office of Child Welfare presented at a workshop during the Child Protection Summit on the Guardianship Assistance Program and Extension of Guardianship Assistance Program. The training was targeted towards caregivers and front-line level I and GAP Staff.

- January 2021-The Office of Child Welfare presented at the 2021 Winter Licensing Conference. The target audience during this training was regional licensing, GAP and Level I front line staff.

#### Adoption Information Center and Multiple Websites

The Department contracts for the statewide adoption information services provided by the [Adoption Information Center](#). This statewide resource operates as a clearinghouse in every area of adoption. The services of the Adoption Information Center are free and include a toll-free helpline for providing adoption information and referral services to potential and current adoptive parents; adult adoptees; birth relatives; pregnant women, and professionals. The Adoption Information Center monitors the Hague Convention Website to ensure private agencies licensed through the Department remain in compliance. The Department continued to maintain multiple statewide websites for obtaining information about fostering and adoption.

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

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

#### **Training for Diverse Community Connections**

- Discussions about working with children and foster parents from various diverse communities are woven throughout the Licensing Specialty Pre-Service curriculum which thoroughly addresses this topic.
- The Department's Training Program developed and will continue to provide Cultural Competence Train-the-Trainer workshops. The goal is to educate child welfare trainers so they can in turn teach child welfare professionals how important it is that they are aware of and understand the dynamics of cultural competence when working with Florida's diverse population. This training will help the child welfare professional become accustomed to and understand different cultures, especially those they are most likely to be working.
- The Department continues to contract with the Center for Child Welfare which includes maintaining and updating a web page Cultural Competency and Diversity Publications and Resources. The Center also offers online training on [Cultural Competency and Diversity](#).
- The Department hosted the annual Child Protection Summit – this comprehensive conference includes opportunities for diversity training, such as working with children who have special needs, being sensitive to children's cultures, and understanding and working with gender identity matters.
- The Adoption Information Center and the Department will host one statewide in-service adoption trainings, in May. The two-day trainings are conducted by nationally recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien and Dr. Wayne Dean. The attendees include adoption case managers, adoption supervisors, Guardians ad Litem, private adoption agency staff, and Children's Legal Services' attorneys.
- Through Daniel Memorial, the Department will host one statewide in-service foster home licensing and group home licensing trainings, in January. The two-day trainings are conducted by OCW staff in conjunction with community stakeholders. The attendees include statewide CBC and private agency

licensing staff and supervisors, group home licensing staff, regional the Department licensing staff, fiscal staff, revue maximization staff and Children's Legal Services' attorneys.

- Spaulding for Children in collaboration with the Department launched a pilot of the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents. NTDC includes 17 classroom-based themes and 2 additional themes that are complete online outside the classroom\_helps to teach them about trauma, grief, and loss for children in the child welfare system. NTDC has facilitated a train the trainer for the sites that will participate in the pilot. The pilot is designed to provide in person classroom training, online components, in addition to trainings to occur once the caregivers are licensed. NTDC will included an evaluation related to the effectiveness of the training with the intent of the training becoming nationally recognized and evidence based. The Office of Child Welfare has participated in the train the trainer along with facilitators from two of the CBCs that will be providing the training to their populations in February of 2020. The two sites implemented in the NTDC in March 2020 and continues to utilize the training to date. As of October 2020, 257 foster and adoptive families have enrolled in the training at the two pilot sites.

### **Strategies for Dealing with Linguistic Barriers**

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

For persons with linguistic challenges, the plan provides for:

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

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

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

**Year 1 Progress:** In an effort to address linguistic barriers related to foster parent recruitment and training. As of 5/4/2020 Chapter 65C-45, Florida Administrative Code now requires Community-Based Care lead agencies to utilize culturally and linguistically appropriate competencies when recruiting out-of-home caregivers.

## Non-discriminatory Fee Structures

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

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

## Procedures for Timely Search for Prospective Adoptive Parents

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

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

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

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

## Recruitment and Retention Plan

1. The Contract Oversight Unit will continue to conduct comprehensive reviews of each CBC which include evaluation of [Standards for Systems of Care](#) for Placement Resources and Process. The COU review includes assessment of local recruitment plans and the CBC’s analysis of the needs of children served. The reviews include stakeholder interviews with foster caregivers and will be broadened to include relative caregivers.

**Year 1 Progress:** COU conducted on-site monitoring for the following CBC during the FY19/20 Community Partnership for Children, Families First Network, St. Johns County BOCC-Family Integrity Program.

**Future Activities:** Ongoing monitoring of CBC through desk reviews and on-site monitoring.

2. The Office of Child Welfare will:

2.1. Collaborate with and support Goal 2, Strategic Initiative 2, Placement Services Array workgroup, including developing agreement ongoing respective roles, responsibilities, and communication.

**Year 1 Progress:** The Placement Service Array workgroup concluded in February 2020. The Department, in collaboration with Casey Program, identified three objectives that would satisfy the goal of achieving and maintaining an adequate supply of placement resources that support children in out-of-home care. Furthermore, the workgroup agreed that regardless of a child’s placement, from the least to most restrictive, the needs of the child must be met, and the caregiver must be supported. Not only do birth parents, kin, and licensed caregivers need to be supported; but the right services must be in place for a child throughout the placement continuum. The sooner the “right” placement is found for a child in conjunction with the right services, the more likely the child will have stability and experience less trauma

which is critical to every aspect of child well-being. The three objectives and recommendations are as follows:

**OBJECTIVE I: RETAIN AN ADEQUATE NUMBER OF QUALITY PLACEMENT OPTIONS TO MEET THE NEEDS OF CHILDREN**

Recommendation 1: Support Birth Families to Keep Children Safely at Home

Recommendation 2: Increase Kin Placements

Recommendation 3: Utilize Foster Home Estimator Tool Across CBC Agencies

Recommendation 4: Utilize Market Segmentation

Recommendation 5: *Utilize an Electronic Placement Matching System*

Recommendation 6: *Standardize Foster Home Closure Reasons*

**OBJECTIVE II: INCREASE THE STABILITY AND WELL-BEING OF CHILDREN IN CARE**

Recommendation 7: *Create Repository of Evidence-Based Programs*

Recommendation 8: *Utilize Mobile Response Teams*

**OBJECTIVE III: IMPROVE CAREGIVER SUPPORT AND ADVOCACY**

Recommendation 9: Formalize Caregiver Peer and Mentor Supports to Increase Quality Retention

Recommendation 10: Create a Statewide Foster, Kin, and Birth Parent Advisory Board to Advocate for Caregivers

Recommendation 11: Conduct Annual Foster and Kinship Caregiver Survey

**Future Actions:** The Department has begun to implement recommendations #3 and #6, with the goal of having all recommendations implemented by 2021 to align with FFPSA.

2.2. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution:

2.2.1. Guardianship Assistance Program.

**Year 1 Progress: Complete.**

- The Office of Child Welfare (OCW) partnered with licensing specialists, other child welfare professionals, and system stakeholders with the implementation of the Guardianship Assistance Program (GAP). On July 8, 2019, staff with the OCW team attended a Florida Coalition for Children adjunct meeting to share updates on GAP and level I license.
- To further facilitate the implementation of GAP, weekly meetings were held throughout the month of July with Department regional staff and representatives from the CBC lead agencies. During the month of July, Guardianship Readiness Assessment calls were held with each region and CBC to help provide technical assistance for level I licensure and GAP and assess their readiness with the two new programs. During the month of August 2019, the Office of Child Welfare provided a presentation to the judiciary during the Circuit Judges Educational Training Event in Naples, Florida.
- The Office of Child Welfare facilitated a workshop during the Child Protection Summit in December 2019 on the Guardianship Assistance Program and Extension of Guardianship Assistance Program. The target audience for this workshop was front line workers and caregivers.

- In preparation of additional Florida Safe Families Network (FSFN) enhancements for the Guardianship Assistance Program, train the trainer sessions will occur in April 2020 with staff across the state to ensure the new enhancements are implemented.

Year 2: Complete.

- The Office of Child Welfare (OCW) continues to partner with licensing specialist, other child welfare professionals, and system stakeholders to promote the Guardianship Assistance Program.
- The Office of Child Welfare participated in a training in June 2020 in partnership with Growing Tree Solutions. The target audience for this training was front line staff working on level I and Guardianship Assistance Program implementation.
- The Office of Child Welfare facilitated a workshop at the September 2020 virtual Dependency Summit to provide ongoing support, policy, and guidance to child welfare professionals.
- The Office of Child Welfare facilitated a statewide policy training which included staff across specialties. Specifically, training was provided to the Independent Living staff across the state on the impact of Guardianship Assistance Program and the Extension of Guardianship Assistance Program for young adults.

2.2.2. Kinship support services.

**Year 1 Progress: In progress.** Department contracted with Children’s Home Network (CHN) to implement kinships services in select areas, while being evaluated by the Children’s Bureau for a rating in the Title IV-E Prevention Clearinghouse. The rating revealed that the CHN’s program did not meet the criteria of evidence-based services. CHN’s contracted terminated in the fall of 2019.

**Future Actions:**

OCW was awarded another grant to implement a Kinship Navigator Program. Department’s planned activities include:

- Procurement of funds for a vendor
- Collaborate with FICW to work closely with the provider towards becoming rated in the Title IV-E Prevention Clearinghouse
- Implement Kinship services in select counties
- Expand to additional counties in Florida
- Develop a statewide Kinship Call Center

The Department utilized the 19/20 Title IV- B grant to expand kinship services in multiple counties using two kinship navigator providers. The Department added an additional provider (Kid Central Inc) along with Children’s Home Network to provide kinship services and supports to caregivers. In addition, the Florida Institute for Child Welfare (FICW) is assisting both providers with progressing towards becoming rated through the Title IV-E evidence-based clearing house.

**Florida Institute for Child Welfare (FICW)**

The contracted provider is in the process of including an implementation of an evaluation plan designed for Kid’s Central Inc. The evaluation includes two evaluation components. The process evaluation and the outcome evaluation component. The outcome evaluation will only involve initial data collection and preliminary data analyses due to the anticipated small sample size. The second portion of the project will continue to assist Children’s Home Network with contributing to the evidence of becoming rated through the development of a third research

proposal for a third manuscript focusing on child- related outcomes. The development will be contingent upon the submission Children’s Home Network data. If there are barriers with data collection, the Department will submit a substitute proposal to have FICW to review a current kinship funded statewide program to identify components needed to align with the Title IV-E evidenced based clearinghouse requirements. This substitute proposal will need to be vetted and approved by the contracted provider prior to the completion of any work.

Kid’s Central, Inc.

The kinship provider is providing kinship services to an array of community-based Family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising their children.

- Citrus
- Hernando
- Lake
- Marion
- Sumter

Kids’ Inc provides intake referrals, support groups, and case management services for kinship families. A comprehensive assessment is completed on the kinship families to evaluate risk factors and make determinations for which services may benefit the family. System navigation using systematic approaches are used to increase family access to supports and resources include applying for public benefits, relative caregivers’ funds, and other community resources. The provider continues to collaborate with the Departments chosen contractor to assist with becoming rated through the evidenced based clearinghouse through the implementation of their evaluation plan. The agency implements and conducts kinship support groups.

Children’s Home Network

This kinship provider is providing kinship services to an array of community-based Family support services, navigation, and case management to families with relatives, non-relatives, and other fictive kin raising their children. The agency implements and conducts kinship support groups. The project developed and submitted an implementation plan to address kinship services and supports. The following counties are currently being served under this project:

- Pinellas
- Pasco

The agency also provides services an additional county (Broward) outside the Departments funded contract. These services are contracted through their local community based- care lead agency.

Future:

The Department plans to continue to work with each kinship provider to align their program with the Title IV- E evidenced- based clearinghouse requirements. The Department will assist Kid's central in their progression outlined in their evaluation plan provided by the Department’s chosen provider FICW.

2.2.3. Extended Maintenance Adoption Subsidy.

**Year 1 Progress: Complete.**

- The Office of Child Welfare (OCW) implemented the Extension of Maintenance Adoption Subsidy (EMAS) program on January 1, 2019. In October 2019, statewide training was provided to adoption specialist, eligibility staff, and other community stakeholders regarding updates made to the state CWISIS reporting system around EMAS program documentation.

- A webinar was conducted to increase awareness regarding the EMAS program and changes to the federal reporting system. The webinar is found on the state of Florida’s Center for Child Welfare site.
- 2.3. Support local licensure specialists, adoption specialists, other child welfare professionals, kinship peer navigators, and other system stakeholders with the ongoing implementation and tracking of new strategies to improve stability in care and permanency resolution.
    - 2.3.1. In effort to streamline the appeal rights of adoptive parents and young adults, updates will be made to the Adoption Florida Administrative Code, 65C-16. Additional training will be provided to adoption specialist and other community stakeholders regarding changes to F.A.C.
  - 2.4. Implement a quality parenting initiative in every circuit by 2024. Develop and implement one or more pilots of the QPI best practice of “comfort calls.”

**Year 1 Progress: In progress.** Department continues to work with QPI on executing a contract that will allow for training and technical assistance of “comfort calls”.

**Year 2 Progress:** Department executed a contract with QPI to provide training on comfort calls and transitions. A train the trainer was held in March 2021 in each of the six regions. The QPI also helped facilitate meetings with the Department regions to help with the development with QPI has continued to work with the Department regions and the CBCs on the implementation and roll out of the comfort call and transitions protocol.

To ensure the voice of the child is heard, the system of care throughout the Suncoast Region has identified the trauma that a visit from a child protective investigator can have on a child. Through the “Handle with Care” initiative anyone who is aware that a child has suffered trauma at home, had to be removed from their home, or otherwise has been impacted by the child welfare system can submit an alert to the child’s school. While still maintaining confidentiality, the alert can serve as notice to the school administrators and teachers that a child may need extra love and attention. The school may allow a child to skip an assignment or test until they have overcome some of the immediate trauma that they have suffered. Many of the school systems throughout the region have a designated point of contact for any child involved in the child welfare system. Additionally, the liaison attends many of the circuit meetings to be aware of child welfare issues that may impact the district’s educational goals. These educational liaisons coordinate staffings, arrange transportation and work to ensure the child’s educational needs are met. The system of care continues to struggle with keeping children in the same school following a removal episode. This is in part due to the large geographical area of some of the counties within the region.

Youth involvement is key to any effective child welfare system. Nothing is more traumatic for a child than being removed from a parent. While sometimes necessary, the removal of children from their caregiver(s) to whom they are attached, can have both positive and negative consequences. From a child protection perspective, separation has several benefits, the most obvious being the immediate safety of the child. Separating a parent and child can also have profoundly negative effects. Even when it is necessary, research indicates that removing children from their homes interferes with their development along many continuums. It is imperative that foster parents be informed and ready to help a child begin the journey towards healing. To facilitate a smooth transition into a new living environment, Comfort Calls are initiated in Circuits 6, 13 and 20 to allow placement staff to hear directly from the foster parents and youth about any adjustment difficulties. These calls are made within three days after a new placement is made to ensure that any issues are addressed. These calls are especially important when there are large sibling groups, interim placements or placements that involve children with extra needs. This communication is important for example, when a child does not necessarily need a medical foster home but still has some medical issues that need to be managed by the foster parents. This initiative has proven successful in the areas

where it has been implemented. After these initial placement calls are made the information will be transferred to a Family Support Worker for follow up contact in two weeks.

**Future Actions:** Incorporate QPI best practices with 2020 legislative updates to implement excellent parent practices.

- 2.5. Continue quarterly statewide calls with recruitment and retention specialists in order to continue identify and share “best practices” for foster parent recruitment and retention.

**Year 1 Progress: Ongoing.** The Office of Child Welfare held calls with the regional licensing managers and specialists quarterly to discuss the recruitment and retention strategies in their areas. During the calls, the regions have reported their successes and areas they wish to improve within their regions.

**Future Actions:** Additional calls have not been scheduled at this time due to the pending recruitment initiative with First Lady DeSantis. The Office of Child Welfare will reevaluate the direction of the calls to ensure that the discussions are aligned with accomplishing the goal set out in the recruitment initiative.

- 2.6. Develop and implement an approach for statewide implementation of the completed pilot project on investigations of allegations concerning foster parent abuse/local system of care.

**Year 1 Progress: In progress.** During the 2019 Child Protection Summit, a workshop was held on the Institutional Investigations pilot.

- 2.7. Explore and strengthen ways to build local capacity to provide post-adoption services and achieve more parity across CBCs.

**Year 1 Progress: In progress.** The Annual Post Communication Survey was conducted in September 2019 and provided an opportunity for adoptive parents who were receiving post adoption services through their CBC lead agency to provide feedback regarding services. The majority of survey participants reported that they received behavior health services and assistance with coordinating additional services. Adoptive parents reported that accessing mental health service was the leading item they were having challenges with as there was no provider in their area.

**Future Actions:** The Office of Child Welfare will be working with Post Adoption Specialists statewide to create a statewide listing of commonly requested post adoption services and providers in each area and providers that offer this service. A centralized listing will be maintained by the statewide Adoption Information Center.

- 2.8. Enhance Adoption Documents and Registry (ADORE) system functionality to expand matches and build out reports, including more functionality for matching sibling groups.

**Year 1 Progress:** Due to budgetary restraints, efforts to make modifications to the ADORE system have been postponed.

**Future Actions:** The Department will continue to search for funding to support modifications.

- 2.9. Develop operating procedures for the role of the Adoption Applicant Review Committee which is in administrative code.

**Year 1 Progress:** The Office of Child Welfare led a workgroup that included representation from each region of the Department and the Community-Based Care lead agencies to develop the Adoption Applicant Review Committee (AARC) policies. The AARC CFOP will include policy guidance regarding Terms and Definitions, Adoption Applicant Review Committee Members and Participants, General Requirements, Procedures,

Regional Department Review and Outcome Approvals Out of County Supervision & Interstate Compact on the Placement of Children. The finalized AARC CFOP will be published by June 2020.

**Future Actions:** The Office of Child Welfare will provide statewide training regarding the new AARC CFOP to various child welfare professionals. Additional technical assistance will be provided to Community-Based Care lead agencies as requested.

3. The Florida Foster/Adoptive Parent Association (FAPA) identified strategies that their organization will provide over the next five years to contribute to recruitment and retention of foster caregivers. Department will collaborate and support FAPA as the organization:

- 3.1. Continues to provide quarterly and annual education conferences with relevant training for foster, adoptive and kinship caregivers.

**Year 1 Progress:** Florida FAPA has held two quarterly conferences during the months of November 2019 and February 2020. During the quarterly (mini) conferences, trainings were provided on alternative treatments for Oppositional Defiance Disorder and Attention Deficit Hyperactivity Disorder in addition to trainings on working with children exposed to human trafficking.

The second 2020 conference is tentatively scheduled for June 2020 however; it may be postponed or provided in a different forum due to COVID-19 concerns.

**Year 2 Progress:** Florida FAPA was unable to hold their annual educational conference in 2020, due to COVID-19. Florida FAPA has continued to provide quarterly (mini) conferences throughout the pandemic. Mini conferences were held on November 14, 2020 and February 6, 2021. The Office of Child Welfare participated in the February 2021 conference to training licensed caregivers on Caregiver Rights and Responsibilities, and the new Enhanced Level II Foster Homes. Additionally, Florida FAPA has begun holding monthly Presidents Council meetings with local FAPA Presidents throughout the state. The purpose of these meetings is to get input on legislative requests, discuss barriers specific to the local areas, and provide ongoing support.

**Future Actions:** Florida FAPA plans to hold additional quarterly conferences during 2020. The executive board has discussed expanding the conference locations to ensure they have full representation across the state. Additionally, Florida FAPA will continue to expand their presence with the FCC through partnerships with the organization.

- 3.2. Continue to implement Foster Allegation Support Team and continue to track trends around the state regarding foster and adoptive parent allegations of abuse. Provide training statewide to understand the process and their rights. Provide advocates locally to support families who call in.

**Year 1 Progress: Completed.** During the 2019 Child Protection Summit, the Florida FAPA team helped facilitate a training on the Foster Allegation Support team (FAST). Additionally, they have continued to train their network of foster parents on FAST during their quarterly conferences.

**Future Actions:** During the 2020 National Foster Parent Conference, a representative from Florida FAPA will present on the FAST response model. Florida FAPA will also continue to train on FAST during their upcoming conferences.

**Year 2 Progress: Completed.** The 2020 National Foster Parent Conference was cancelled to Covid-19. The 2021 National Foster Parent Conference is anticipated to be virtual and Florida FAPA plans to present on the FAST response model during the conference.

3.3. Continue to collaborate with Department Regional Managing Directors (RMDs) and staff, CBC CEO's and staff, QPI, and staff to:

3.3.1. Resolve local concerns raised. FAPA will monitor Facebook pages of all local FAPA's and support groups for foster and adoptive parents to identify local concerns and support local resolutions. This allows FAPA to educate families on who are the partners in the system of care and what roles they play. Help support and redirect their expectations.

**Year 1 Progress: In progress.** The executive board for Florida FAPA is actively involved with social media platforms related to the various local FAPA groups. In addition, monthly meetings are held with the CBCs to address concerns that may rise from foster parents in their communities. Monthly contact is made with the Regional Managing Directors or more frequently to discuss concerns.

**Future Actions:** Florida FAPA will continue to engage in contact with the CBCs and regional Department offices to address concerns as this has been effective.

**Year 2 Progress:** Florida FAPA continues to engage in contact with the CBC leadership to address concerns. Florida FAPA is strategizing effective ways of engaging with regional Department offices in light of Covid-19.

3.3.2. Support new processes and legislation, such as the Guardianship Assistance Program (GAP), to ensure that caregivers have consistent information and tools to support better outcomes.

**Year 1 Progress: Ongoing.** To support to the new Guardianship Assistance Program and promote level I licensure, the Florida FAPA has asked that CBCs send at least one level I family to the FAPA Annual Conference. Additionally, caregiver brochures are provided to families that meet requirements for Level II-V.

**Future Actions:** Continue to provide brochures for the Guardianship Assistance Program to caregiver's that meet the criteria or seek additional information about the program.

**Year 2 Progress:** Florida FAPA continues to provide information to caregivers regarding the Guardianship Assistance Program.

3.3.3. Demonstrate to regional leadership that stronger communication and inclusion of local chapters of FAPA can be an avenue to improve the system of care.

**Year 1 Progress: In progress.** Florida FAPA has continued to communicate with the regional leadership on the inclusion of local FAPA through face to face meetings. Additionally, Florida FAPA has reached out to licensing managers in their respective regions as needed when case specific issues arise.

**Future Actions:** Florida FAPA and Department will continue with their efforts to ensure that they are communicating with regional leadership as necessary.

**Year 2 Progress:** Due to Covid-19. Florida FAPA has continued to explore avenues for engaging with Department regional leadership. Florida FAPA does meet regularly with the Office of Child Welfare leadership and hopes that through this engagement they will be able to create opportunities to engage regularly with regional leaders.

3.3.4. Promote the inclusion of seasoned, dedicated foster and adoptive parents within the CBCs, on their respective Board of Directors and within the provider agencies. No one understands the journey of a foster or adoptive parent better than one who has lived the journey. FAPA plans to highlight through social media and on their website CBCs that have added relative and foster parent caregivers to the Board of Directors and CBCs that have hired foster parents to run their system of care--seasoned educated foster and adoptive parents (foster parent peer champions).

**Year 1 Progress: In progress.** Florida FAPA has continued to advocate for the inclusion of experienced foster and adoptive parents to sit on the Board of Directors at the CBCs. As this is of importance to Florida FAPA, they continue to highlight agencies that demonstrate the understanding of having the insight from caregivers with lived experience represented on their boards.

**Year 2 Progress: In Progress.** Florida FAPA was unable to hold their annual educational conference in 2020, due to COVID-19. Florida FAPA has continued to provide quarterly (mini) conferences throughout the pandemic. Mini conferences were held on November 14, 2020 and February 6, 2021. The Office of Child Welfare participated in the February 2021 conference to training licensed caregivers on Caregiver Rights and Responsibilities, and the new Enhanced Level II Foster Homes. Additionally, Florida FAPA has begun holding monthly Presidents Council meetings with local FAPA Presidents throughout the state. The purpose of these meetings is to get input on legislative requests, discuss barriers specific to the local areas, and provide ongoing support.

**Future Actions:** Florida FAPA and Department will continue their efforts to inform their communities on the importance of having insight from those with lived experience represented.

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## ATTACHMENT 2: HEALTH CARE OVERSIGHT AND COORDINATION PLAN UPDATE

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

Sunshine Health restructured their organization, and as of April 1, 2019 they terminated their contract with Cenpatico, moving the management of behavioral health managed care back to Sunshine. Sunshine Health continues to subcontract for mental health and substance abuse services. One of their subcontractors is the Community-Based Care Integrated Health (CBCIH), a consortium of child welfare CBCs, to provide assistance with plan operations and facilitates communication between child welfare and managed care services. The Sunshine Plan has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders and the provider network, including an adolescent psychiatrist, a pediatrician, and a CBCIH representative.

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

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

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

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

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

As of April 9, 2020, 70.47 percent of the children in out-of-home care are enrolled in the Sunshine Plan (Source: CBC Integrated Health data received from FSFN and matched with AHCA eligible and Child Welfare Specialty Plan enrolled). Children opting out of the Sunshine Plan are enrolled in other Medicaid managed care plans that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services and supports provided by Sunshine for the child welfare population Department and CBCs strive to increase enrollment in the Sunshine Plan.

### **Health and Behavioral Health Services for Children Across All Medicaid Managed Care Plans.**

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

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

During child protection investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect, or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

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

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

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

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

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

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

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

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

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

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

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

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

information is provided by CBCIH to the applicable CBCs so that they can assist in getting the child the services needed.

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

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

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

- For inpatient admissions, Sunshine utilization management staff and care management teams contact the CBC Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.
- Sunshine Health's physical health and behavioral health care coordinators conduct weekly integrated case rounds with CBCIH to review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.
- CBC Coordinators work with CBCIH and the dependency case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health care managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The CBCIH behavioral health specialist, Integration Manager, CBC Coordinator and dependency case manager jointly review all care recommendations for children in higher levels of care which include Specialized Inpatient Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child's Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

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

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

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications for children. This program includes the development of Florida-specific best practice guidelines and their dissemination

through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

The Department protocols for monitoring and oversight of psychotropic medications are established in Rule 65C-35, Florida Administrative Code. The express and informed consent of a child's parent(s) or court authorizations for a prescription for psychotropic medication for a child in the custody of the Department must be obtained. December 2019, modifications to Florida Administrative Code 65C-35 included the ability for psychiatric nurses, certified under Chapter 464, F.S. and defined in Chapter 394, F.S., to prescribe psychotropic medication for children under the age of 18, and complete the Medical Report Form 5339.

- A Psychotropic Medications Detailed Summary Report is produced monthly from FSFN, providing a variety of information about children in care who are prescribed psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department's Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by CBC prescribed one or more psychotropic medications, and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child ages 0-17 on two or more psychotropic medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 17.
- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers.
- Training is required for all caregivers and child welfare professionals assuming responsibility for children in out-of-home care who are prescribed psychotropic medications. Required training topics are as follows:
  - An overview of the use and effects of psychotropic medications,
  - An overview of evidence-based interventions and treatment options,
  - Names and uses of commonly prescribed psychotropic medications,
  - Medication management, roles, and responsibilities, and
  - Monitoring for side effects of psychotropic medications.

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

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

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care,
- Members of consumer groups, including Medicaid recipients, and

- Agency heads from the Department of Children and Families and the Department of Health.

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

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

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

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses. In October 2019, the Department incorporated the placement assessment as the preferred tool to assist with ensuring children in out-of-home care are not inappropriately referred for a clinical assessment for the purpose of rendering a diagnosis of mental illness, emotional or behavioral disorders, for the purpose of satisfying placement requirements in a clinical licensed setting.

Section 39.523(1) and (2), F.S., Comprehensive Placement Assessment, requires any child removed from a home and placed into out-of-home care have a comprehensive placement assessment completed to determine the level of care needed by the child and match the child with the most appropriate placement. Rule [65C-28.004](#), Florida Administrative Code, addresses this requirement. The rule (1) requires an initial assessment to determine whether relative or non-relative placement is an appropriate out-of-home placement; (2) requires a multidisciplinary team staffing to prior to placement in licensed care; (3) specifies factors that must be considered by the multidisciplinary team; (4) sets forth documentation requirements; (5) establishes requirements for the placement and care of children with special behavioral and physical health needs; and (6) sets forth child welfare professional placement responsibilities.

*The procedures and protocols established to ensure that children in out-of-home care are not inappropriately placed in residential treatment centers for the treatment of mental health.*

Section 39.407, F.S., requires children in need of intensive mental health residential treatment program, to receive a suitability assessment by a qualified assessor assigned through the Qualified Evaluator Network (QEN). The Department contracts with Magellan, to oversee the assessments statewide. There are currently 18 assessors statewide, who conduct assessments within 5 days from receipt of referral.

Upon admission into a specialized therapeutic group home or Statewide Inpatient Psychiatric Program (SIPP), each child must receive a 60 day follow up assessment and additional 90-day assessments thereafter during their admission to the facilities. CFOP 170-11 Chapter 5 requires each qualified assessor to conduct a face-to-face interview with the child, review case records, and speaking with relevant collaterals.

Section 39.47, F.S., requires the courts to conduct a hearing to review the status of the child's residential treatment plan, no later than 60- days after the child's admission to a residential treatment program. In addition, an

independent review of the child's progress towards achieving the goals and objectives of the treatment plan must be completed by a qualified evaluator and submitted to the court before its 60-day review. The Department's Florida Administrative Code, 65C-27 for Suitability Assessments, 65C-28.015 Florida Administrative Code, for Residential Mental Health Treatment outlined Department's policy and practice for children in need of residential treatment.

The Department developed a statewide Qualified Evaluator Network (QEN) workgroup in November 2019. Participants included stakeholders from the Agency for Healthcare Administration, Community Based Care Lead Agencies, Substance Abuse and Mental Health, Seminole Tribe, and Magellan of Florida. The workgroup was tasked with streamlining the suitability assessment process for children in out-of-home care. Diligent efforts towards enhancing best practices and policies for the system of care has been identified as the main goal. The workgroup recommendations will guide in the enhancement of practices and policy in Florida under CFOP 170-11 Chapter 5. As a result of COVID, the workgroup was placed on hold.

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

The court is required to hold a judicial review hearing within 90 days after a child's 17<sup>th</sup> birthday and may review the status of the child more frequently during the year before the child's 18<sup>th</sup> birthday. The Department is required to include in the judicial review report, among many other items, written verification that the child has a current Medicaid card and all necessary information concerning the Medicaid program. Medicaid remains available for all youth turning 18, until the age of 21. Upon turning 21, the young adult is responsible for applying for coverage with the assistance of the CBC, which is available until the age of 26. Youth who apply for coverage at the age of 21 have a variety of managed care choices and need assistance to understand how to navigate the system and select a plan of their choice.

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

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

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

For any child who may meet the Regis Little Act requirements for appointment of a guardian pursuant to Chapter 744, Florida Statutes, or a guardian advocate pursuant to section 393.12, Florida Statutes, the updated case plan must be developed in a face-to-face conference with the child, if appropriate; the child's attorney; any court-

appointed guardian ad litem, the temporary custodian of the child; and the parent, if the parent's rights have not been terminated. At the judicial review hearing, if the court determines pursuant to Chapter 744, Florida Statutes, that there is a good faith basis to believe that the child qualifies for appointment of a guardian advocate, limited guardian, or plenary guardian for the child.

#### Youth Certified Recovery Peer Specialist (CRPS-Y)

Peer support services for youth are being implemented in many states around the country in the areas of education, mental health and substance use, foster care, and juvenile justice. Peer support services help engage youth in services and supports, build positive social connections with peers, reduce death by suicide, promote normalcy and resilience and promote healthy transition into adulthood.

CRPS-Y was recently added by Sunshine Health Child Welfare Specialty Plan and CMS as an "In Lieu of Service" for psychosocial rehabilitation. CBCs and Managing Entities can also fund it if not covered/approved by Medicaid.

The Florida Certification Board (FCB) offers certification for people who use their lived experience and skills learned in training to help others achieve and maintain recovery and wellness from mental health and/or substance use conditions. Once certified, these individuals are known as Certified Recovery Peer Specialists (CRPS).

<https://flcertificationboard.org/certifications/certified-recovery-peers-specialist/>

There are four types of endorsements. For Certified Recovery Peer Specialist - Youth (CRPS-Y), the following lived experience is required:

*Are between the ages of 18 and 29 at the time of application and have lived experience as a person who, between the ages of 14 and 25 experienced a significant life challenge and is now living a wellness and/or recovery-oriented lifestyle for at least two years.*

CRPS-Y certification and funding through Medicaid is relatively new with very few applicants in the pipeline. Young adults meet the criteria to be certified to serve youth. However, no one has gone through the process to become certified specific to youth. Sunshine continues with efforts to recruit providers and young adults to become certified with limited success. Partnerships with the Department, The Peer Network, Sunshine Health, and providers are beginning to form in a few local communities to make this service available and sustainable. There is ongoing discussion with plans to target Brevard and Broward County. Sunshine Health restructured their organization, and as of April 1, 2019 they terminated their contract with Cenpatico, moving the management of behavioral health managed care back to Sunshine. Sunshine Health continues to subcontract for mental health and substance abuse services. One of their subcontractors is the Community-Based Care Integrated Health (CBCIH), a consortium of child welfare CBCs, to provide assistance with plan operations and facilitates communication between child welfare and managed care services. The Sunshine Plan has an established Child Welfare Advisory Committee with broad representation of child welfare system stakeholders and the provider network, including an adolescent psychiatrist, a pediatrician, and a CBCIH representative.

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

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

- Behavioral health care coordinators provide local care coordination at each CBC, and
- Adoption coordinators provide local care coordination at each CBC for post-adoption members.

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

As of April 9, 2020, 70.47 percent of the children in out-of-home care are enrolled in the Sunshine Plan (Source: CBC Integrated Health data received from FSFN and matched with AHCA eligible and Child Welfare Specialty Plan enrolled). Children opting out of the Sunshine Plan are enrolled in other Medicaid managed care plans that provide the same basic health and behavioral health covered services. As other plans do not offer the additional services and supports provided by Sunshine for the child welfare population the Department and CBCs strive to increase enrollment in the Sunshine Plan.

### **Health and Behavioral Health Services for Children Across All Medicaid Managed Care Plans.**

The Health Care Oversight and Coordination Plan includes:

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

During child protection investigations, an evaluation by a Child Protection Team (CPT) is required for children with specific physical injuries or suspected medical conditions, including malnutrition, medical neglect, or failure to thrive. A CPT evaluating a report of medical neglect and assessing the health care needs of a medically complex child must consult with a physician who has experience in treating children with the same condition. A CPT assessment ensures the involvement of specialized child abuse and neglect clinical expertise to inform initial maltreatment findings and follow-up treatment services necessary.

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

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

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

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

In all cases, the child welfare professional has primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child’s care and treatment. Each referral and the coordinating, managing, and monitoring efforts for the referral must be documented in FSFN. There are rigorous court reporting requirements to keep the court well-informed about the child’s current health, dental and mental health status. The

case manager must create a Judicial Review Report in FSFN to submit before each court hearing that provides information on current diagnosis, treatment(s) received, progress being made, and any treatment gaps.

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

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

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

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

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

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

Data sharing and management is facilitated by the Sunshine Plan’s partnership and formal agreement with CBCIH. CBCIH provides Sunshine Health with information on the location of the child and authorized callers. Sunshine Health provides CBCIH with claims data that is then added to the CBCIH electronic information system, Integrate, which provides all CBCs with a view of the child’s access to care with details on the type of provider seen, date seen, diagnosis, medications filled, and date filled. This database provides an integrated system for CBCs to access essential health information for the members served. Sunshine Health also provides CBCIH with monthly files

identifying children who have not received an age appropriate preventive service and those that have. This information is provided by CBCIH to the applicable CBCs so that they can assist in getting the child the services needed.

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

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

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

- For inpatient admissions, Sunshine utilization management staff and care management teams contact the CBC Coordinator to assist in coordinating with the case manager to schedule post-discharge appointments, arrange tests, and ensure needed in-home services are in place and coordinated with the child's caregiver. Sunshine Health works with the case manager to address any family concerns or issues with the post-discharge placement and if needed, address any placement changes.
- Sunshine Health's physical health and behavioral health care coordinators conduct weekly integrated case rounds with CBCIH to review needs and develop effective care plans for complex members. This may include discussion of needed appointments and supports needed to keep the child in the placement or to prevent placement in a higher level of care.
- CBC Coordinators work with CBCIH and the dependency case manager to identify complex physical or behavioral needs or need for care from multiple providers and notify Sunshine Health care managers to engage the caregiver and child, enroll the child in case management, and coordinate services.
- The CBCIH behavioral health specialist, Integration Manager, CBC Coordinator and dependency case manager jointly review all care recommendations for children in higher levels of care which include Specialized Inpatient Program (SIPP), Specialized Therapeutic Group Care (STGC), and Specialized Therapeutic Foster Care (STFC) or children who have two or more hospitalizations. Sunshine Health case manager attends the child's Multidisciplinary Team (MDT) meetings and ad hoc meetings to discuss progress, step down plans, and service needs.

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

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

AHCA contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to maintain and develop evidence-based guidelines for the use of psychotropic medications for children. This program includes the development of Florida-specific best practice guidelines and their dissemination

through a variety of methods created and implemented by the prescriber community. AHCA provides oversight through pharmacy claims, prior authorization protocols, and operation of the pediatric psychiatry consult lines.

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

December 2019, modifications to Chapter 65C-35, Florida Administrative Code included the ability for psychiatric nurses, certified under Chapter 464 F.S. and defined in Chapter 394, F.S., to prescribe psychotropic medication for children under the age of 18, and complete the Medical Report Form 5339.

- A Psychotropic Medications Detailed Summary Report is produced monthly from FSFN, providing a variety of information about children in care who are prescribed psychotropic medications. This report is utilized in the field by supervisors and managers. It is also used in the Department's Child Welfare Key Indicators Monthly Report to show the percent of children in out-of-home care by CBC prescribed one or more psychotropic medications, and the percent of children with consent for prescribed psychotropic medications.
- A pre-consent review is mandatory for any child ages 0-17 on two or more psychotropic medications. If the pre-consent review process is not used, a second opinion by a child psychiatrist is mandatory. The Department contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to provide the pre-consent review. Although not required, the contract provides for pre-consent reviews for any child up to age 17.
- The Department also contracts with the University of Florida, Division of Child and Adolescent Psychiatry, to operate the Med Consult toll free line. This service is available for caregivers and decision makers for children and youth involved in the child welfare system. Callers may schedule a call with one of the Board-Certified Psychiatrists to discuss psychotropic medication resources and suggested medication treatment. This service is not a second opinion but is designed to help callers make informed decisions about medication. This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as laboratory work, etc. The line is used by caregivers, judges, Guardians ad Litem, and case managers.
- Training is required for all caregivers and child welfare professionals assuming responsibility for children in out-of-home care who are prescribed psychotropic medications. Required training topics are as follows:
  - An overview of the use and effects of psychotropic medications,
  - An overview of evidence-based interventions and treatment options,
  - Names and uses of commonly prescribed psychotropic medications,
  - Medication management, roles, and responsibilities, and
  - Monitoring for side effects of psychotropic medications.

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

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

- Board certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care,
- Members of consumer groups, including Medicaid recipients, and

- Agency heads from the Department of Children and Families and the Department of Health.

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

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

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

The Department issued a memorandum, effective December 15, 2018, advising that the Comprehensive Behavioral Health Assessment is to be used as the initial assessment to determine and identify special needs to prevent inappropriate diagnoses. In October 2019, the Department incorporated the placement assessment as the preferred tool to assist with ensuring children in out-of-home care are not inappropriately referred for a clinical assessment for the purpose of rendering a diagnosis of mental illness, emotional or behavioral disorders, for the purpose of satisfying placement requirements in a clinical licensed setting.

During the COVID 19 pandemic, to ensure children and families received adequate services, various providers permitted the use of telehealth.

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## ATTACHMENT 3: STATEWIDE DISASTER PLAN UPDATE

### Statewide Disaster Planning

Florida was affected by the pandemic beginning in March 2020. The Department successfully implemented the activities included in the Department's Emergency/Disaster Plan along with the Community-Based Care agencies (CBC) local Continuity of Operations Plans and Child Welfare Disaster Plans.

The Department is currently assessing and monitoring the impact of the COVID-19 pandemic on program operations, CBCs and other contracted services to adapt and react to immediate challenges.

The Department has directed CBCs to conduct a risk assessment of current cases to prioritize in-state home foster homes, group homes, extended foster care, and other settings to determine cases that can be safely assessed visits to using a type of video conferencing or telephonic interviews to conduct face-to-face visits to meet the current 30-day visit requirement. Where there are concerns for the contraction of COVID-19 from the caregiver, child, or parent, and/or the case manager, the Department authorizes alternative means to conduct in-person face-to-face visits to meet the current 30-day visit requirement. This guidance applies to contacts with children, parents, caregivers, youth in EFC, other populations requiring a 30-day visits. The Department has also released guidance for Department frontline team members to prevent the spread of COVID-19 during investigations, inspections, site-visits, and other visits to homes and facilities. This guidance is in alignment with CDC and Florida DOH guidelines to practice social distancing and to use PPE (personal protective equipment).

In addition, the Department is conducting a pilot program for Supplemental Nutrition Assistance Program (SNAP) recipients to purchase groceries online with the use of an EBT card. SNAP participants are automatically eligible to participate in this program and do not need to apply. This partnership with federal, state, and local partners will ensure Floridians can access nutritious food while also practicing social distancing and self-quarantining to reduce the spread of COVID-19. The initial launch for the pilot program in Florida was on April 16 at all five Tallahassee locations. On April 21, both Walmart and Amazon online purchasing will be available statewide. The Department will continue to coordinate with the USDA and the Florida Retail Federation to expand the network of retailers participating in the pilot program.

These activities and guidance documents as well as others will be incorporated into the Department's [Emergency/Disaster Plan](#) in the event of a future pandemic.

### Statewide Disaster Planning

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

As part of its disaster preparedness efforts, the Department posts information about office closings and other operations changes on a disaster section on its website and encourages Floridians to sign up for the Department's text and email alerts at [www.myflfamilies.com](http://www.myflfamilies.com) to receive instant notification of emergency food services available in their areas. Individuals and families who sign up for these alerts will be the first to know if their area will receive emergency food assistance. This new technology is just one of the many innovative ways our Department is reaching out to communities across the state to assist them in their time of need. In addition, families and

individuals who are current food assistance clients may receive replacement of benefits for the value of the food lost because of damage to their home or sustained electrical outages.

### **Requirements for Local Disaster Plans**

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

- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families who care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.
- The case manager explores with the family the expected duration of interruption, alternative service providers, transportation considerations, etc. Local agencies make determinations of the extent of damage and interruption of services. If the CBC identifies that certain services to children may be interrupted (such as speech therapy, mental health services, tutoring or other educational supports, etc.), the CBC will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors inform staff of the alternative services available.
- If a family relocates intrastate due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. Primary and secondary workers would also work together and with the local providers in their respective areas to ensure that new providers have current, relevant information about the child's needs and status in service provision prior to the child leaving his/her originating county.
- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information about service needs and will request that the assigned local case manager contact the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to initiate continued services to address the child's previously identified needs as well as any new needs identified based on the case manager's contact with the family.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases,
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster, and
- Preserve essential program records that are external to the Florida Safe Families Network.

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

## **COVID 19 Pandemic:**

Since the onset of the Covid-19 pandemic, the Department implemented safety precautions, adjusted daily operations, all to ensure the safety and well-being for children, families, and frontline staff. On March 23, 2020, the Department of Children and Families transitioned to allow virtual visits as a means for completing the 30-day face-to-face requirement outlined in the federal and state policy. This policy was implemented to ensure the safety of staff conducting physical contact with children and families served through out-of-home care, in home care, and Family Support services for high/very high-risk families. Also, the Safe home visiting guidance and personal protective equipment (PPE) were provided to staff. Below is an overview of actions taken for the Department with regards to ensuring health and safety during the pandemic at different the levels:

### **Public Response:**

- Guidance documents for frontline workers were disseminated to Center for Child Welfare at University of South Florida.
- Provided Communications information on Media Requests.
- Drafted Frequently Asked Questions Document to track incoming questions from public, CBCs, provider networks, and community stakeholders.
- Weekly workgroup with the Department, DOE, DOH, and EOG to discuss child safety and wellness during COVID. Developed three infographics for agencies to share and disseminate:
  - Mandatory Reporters- General Public Guidance
  - Mandatory Reporters- Guidance for Teachers and Educators
  - Coping with COVID-19- Guidance for Family & Caregivers
- Child Care Regulation conducted outreach to more than 1,200 providers across the state through a series of webinars (2,700 participants overall) regarding safe operations and CBC recommendations.
- Increased engagement between the Department and CBCs through weekly conference call.
- Working closely with our Federal partners at the Agency for Children and Families, the Children's Bureau, as well, as Casey Family Programs to discuss best ways to work with families, court systems, and providers during this challenging time.

### **Management:**

- Established weekly call between OCW and Regional Family and Community Service Directors.
- With approval from leadership, disseminated Personal Protective Equipment (PPE) guidance.
- Monitoring PPE usage and needs.
- Disseminated COVID Guidance regarding required use of PPE for CPIs and APIs.
- Disseminated COVID General Guidance for frontline line team members.
- Developed streamlined licensing process to support continuation of timely and efficient foster licensing process.
- Transitioned background screening process to align with FDLE guidance regarding fingerprinting access where limited across state (staff hiring, licensing impacts).

- Hotline and IT quickly moved 200+ staff members to teleworking, and has reported improved performance, customer service, wait times and adherence to metrics and goals.
- Training Team transitioned to a Virtual learning platform for CPI Supervisors to ensure frontlines received required training and development prior to the end of the fiscal year.
- Hotline average wait times decreased to 45 seconds, compared to 5:00 minutes in 2019.
- Created Best Practices workgroup with FCC and provider network to identify practices that are supporting the system of care for consideration for continuation.
- Utilized the use of videoconferencing to foster parents and children which causes less disruption and anxiety.
- Actively monitoring capacity of our licensed foster home community to assess what homes are available to take in children with exposure, symptoms, or positive diagnosis.
- Working in coordination with the Governor's Faith Based Director, Erik Dellenback, to identify other community resources to support our youth around technology/school needs and our children who may need to come into care and be afforded a safe place while being monitored or quarantined.
- The Department, working with our Community Based Care Providers, conducted a risk assessment of current cases to prioritize in-state home visits to foster homes, group homes, extended foster care, and other settings to determine cases that can be safely assessed using a type of video conferencing or telephonic interviews to conduct face-to-face visits to meet the current 30-day visit requirement (Federal approval for use of video conferencing received).
- Developed new reports to manage COVID response and performance:
  - Collaborated with Operations on daily COVID capacity report (workforce, system impact)
  - Weekly intakes to Hotline and Maltreatment/Reporter Type report (system view report)
  - Dashboards to monitor CPI and Hotline performance
  - Continuation of Relative/Non-Relative and Level 1 reporting
  - Continuation of Eligibility Reporting and clean up
  - Continuation of weekly Group Care report

**Agency Services:**

- Assisted in providing laptops (334) into the hands of youth in care to ensure virtual learning.
- Standing up emergency group homes to serve youth exposed to or tested positive for COVID.
- Established two youth camps to provide support for youth who may have COVID exposure (entering care, transitioning between placements).
- Foster parents and group home providers-maintained capacity and answered the call to keep children safe and protected.
- Provided more than 1.2 million units of PPE to CPIs, CBCs, and providers; ongoing through work with General Services.
- Focused outreach to our youth served in Independent Living to ensure the youth have housing and other supports. Participating in Town Halls through One Voice Impact/FCC and Dr. Wynter.
- Providing ongoing resources that are provided through Case Family Programs COVID response national web meetings and other practice resources.
- Providing ongoing resources provided from ACF and the Children's Bureau.

**Guidance Documents Disseminated:** will insert link for each

- [Guidance for CPI and API Frontline Team Members.](#)
- [Required Use of Personnel Protective Equipment for Department Frontline Team Members.](#)
- [Guidance for 30-Day Visits.](#)

**Disaster Supplemental Appropriations for Disaster Relief Act:**

In October of 2018, Hurricane Michael adversely impacted a significant number of at-risk families as well as child welfare staff that serve Northwest Florida Health Network (NWFHN) child welfare service area. Of the 12 counties impacted, Bay and Jackson counties sustained the most extensive damage. The struggles that families continue to face after the disaster to find shelter, maintain shelter, survive, and deal with the trauma has added to the complexity of their needs, particularly related to substance misuse and addressing behavioral challenges for their traumatized children. In response, NWFHN is utilizing federal Supplemental Disaster Relief Funds to provide Program Supervisor support, two Behavioral Health Specialists, and support to local case management staff. This support is designed to assure that services align with these specific needs; enhance case-worker understanding of the impact of trauma on hurricane-impacted families; provide in-depth training, guidance, and support to increase positive impacts on the safety, permanency, and the well-being of the children and families in hurricane-impacted areas. These services began in April 2020 and are funded through September 2021.

The plan for the use of the funding outlined to the Children’s Bureau was to support the behavioral health specialists, administrative, equipment costs, and provide direct training in Motivational Interviewing (scheduled now for May 3, 2021 anticipating 80 participants), Identifying and Evoking Change Talk in Clients and How to Have Difficult Conversations (now scheduled for five offers beginning May 3<sup>rd</sup> through 7<sup>th</sup>), and Compassion Fatigue/vicarious trauma to staff in those geographical areas. However, the pandemic made providing the training planned within the original plan a challenge. Therefore, the Department and NWFHN are modifying the spending plan to shift the use of some funding to assist with costs to set up, equipment, and support a virtual training lab. The NWFHN virtual training lab at the Harrison Ave office enables for staff to conduct necessary trainings effectively safely to staff impacted or affected during the COVID-19 pandemic. The lab can accommodate users across various geographic locations and any staff can participate. For onsite team learning sessions, NWFHN has built a collaborative breakout suite where a live facilitator can interact with other locations/users, on-site or connected via secured zoom sessions to promote a diverse atmosphere and stimulate interaction. Also, Case Managers in Bay and Jackson County will be equipped with a Let’s Talk Zoom dashboard to utilize and participate in trainings, meeting, and client home visits. Expenditures/ revised budget.

NWFHN Disaster Relief Grant- Updated Budget

Funding June 2020 – September 2021

							Fiscal Year 2019-2020	Fiscal Year 2020-2021	Fiscal Year 2021-2022	
	Salary	FTE	Total Salary	Benefits (.20)	Total Personnel	June 2020-Sept 2021	6/1/2020 Actual	July 2020-June 2021 Projected	July 2021-Sept 2021	Total
Program Supervisor	58,510	.45	26,330	5,266	31,596	44,989.71	229	31,596	7,899	39,724
Behavioral Health Specialist	60,000	1.00	60,000	12,000	72,000	102,000		72,000	18,000	90,000
Behavior Health Specialist	60,000	.50	30,000	6,000	36,000	51,000		36,000	9,000	45,000
Subtotal Personnel	<b>178,510</b>		<b>116,330</b>	<b>23,266</b>	<b>139,596</b>	<b>197,990</b>	<b>229</b>	<b>139,596</b>	<b>34,899</b>	<b>174,724</b>
Variable Cost per FTE	1,000				1,950	2,561	123	1,950	488	2,561
Facility Cost	15,300				15,300	15,300		10,800	2,700	13,500
Computer Equipment Cost	1,500					1,587	1,587			1,587
Virtual Training Lab: Equipment						15,786		15,786		15,786
Let's Talk Telehealth Licenses						25,440		25,440		25,440
Training						20,732	0	10,366	10,366	20,732
Subtotal Direct						279,395	1,939	203,938	48,452	254,329
Indirect						25,432	193	20,934	4,845	25,432
Total						304,827	2,132	224,331	53,298	279,761
						DCF SOF	57,320	243,579	59,520	360,419

## Office of Court Improvement (OCI) COVID 19 Updates:

When the pandemic first began, in-person court hearings were suspended, which also suspended termination of parental rights trials. As of October 2020, termination of parental rights trials resumed statewide. Despite the pandemic impacting the judicial system through court closures, delays, and limitations, children's court cases continued to move March 15, 2020-March 15, 2021. There were 88,491 hearings for children, 13,216 children's judicial cases closed out to reunification with parent(s), permanent guardianship, or adoption, and 3,266 children were permanently committed to the Department for subsequent adoption.

The following activities were coordinated by OCI during the COVID-19 pandemic:

- Utilizing federal Court Improvement Program grant funding, the OCI purchased annual licenses for 200 dependency judges, magistrates, and court staff to support the continuation of dependency hearings during the COVID-19 pandemic. While there are a lot of challenges conducting hearings remotely, some judges and magistrates have reported an increase in youth participation in remote court hearings.
- The OCI coordinated a Zoom Showcase for dependency judges, magistrates, and court staff to demonstrate effective methods for holding Zoom hearings.
- The OCI coordinated a webinar for dependency judges and attorneys: *Virtual Visitation: What the Courts Should Know*, presented by Dr. Rachel Barr.
- The OCI coordinated a quality legal representation webinar for dependency judges and attorneys: *Embracing a Problem-Solving Mindset*, presented by Dr. Vivek Sankaran.
- OCI provided staff support to Florida's Steering Committee on Families and Children in the Court to develop *Guidelines for Reinstatement of In-person Visitation*. The guidelines were disseminated to dependency judges, court staff, and stakeholders. The OCI plans to coordinate a webinar to further highlight the guidelines.
- The OCI conducted a data analysis on the statewide early childhood court initiative. The analysis examined the following:
  - A look at early childhood court cases closed between 2015-2019
  - A comparison of early childhood court cases with non-early childhood court cases
  - The impact of the COVID-19 pandemic on early childhood court admissions and case closures
- The OCI facilitated a virtual statewide Dependency Drug Courts All-Sites meeting for judges, attorneys, and stakeholders. The meeting included presentations on medication-assisted treatment and best practices within this problem-solving court
- The OCI has scheduled a virtual Early Childhood Court (ECC) All-Sites meeting in April 2021. This meeting will convene ECC teams from across the state to provide networking opportunities and highlight best practices.
- The OCI provided staff support to the Dependency Court Improvement Panel in the submission of the following Panel-recommended workshops for the 2021 Child Protection Summit:
  - The Next Big Step--Shifting from Reasonable to Justice-Centered Exhaustive Efforts!
  - THE BIG 10: a family court toolkit with ten tools to embrace a trauma-responsive approach.
  - Breathing Life into FL Law: Relationship Based Child Welfare Through the Eyes of Lived Experience
  - Relentlessly Supporting Relationships: The New Priority for Legal Representation in Child Welfare
  - So, my case in being assigned to a Specialty Court, now what?
  - Kristen Solomon, Craig McCarthy, Candice Brower, Magistrate Kimber Strawbridge

- Using the Science of Attachment to Support Decision-Making
- Animal Cruelty and the Link to Child Abuse

### Training Plan Updates

The Office of Child Welfare (OCW) Training Unit's vision is to develop best-in-class child protective professionals that are competent, mission-driven, and committed to achieving the outcomes of safety, permanency, and well-being for children. In line with the vision, the OCW Training Unit continues to team up with all training units in the Community-Based Care Lead Agencies (CBCs), the Florida Coalition for Children, universities, the Florida Certification Board, sheriff office grantees, the six Department regions, Children's Legal Services (CLS), and the Office of Court Improvement to aid the Department in its mission of protecting the vulnerable, promoting strong families, and advancing family and children well-being.

**Structural Changes:** The Office of Child Welfare Training Unit is moved under Quality Office to be part of the Office of Quality Education and Training team to centralize and standardize training within the Department. The OCW training manager directly reports to Education and Training Director.

**Personnel Changes:** The OCW Training Unit welcomed three new instructional designers, an evaluation expert, and a multimedia specialist.

**New Training Updates:** The Department has committed to move from a crisis agency to a prevention agency, increase prevention services delivery and reduction in foster care placements, and increase the service quality and accountability. To accomplish these goals, the Department is in the process of implementing a four-phase plan. The first phase, Path Forward, was implemented to maximize Florida's title IV-E claiming to sustain Florida's child welfare system and provide prevention resources to families, diverting them from a crisis. For the first phase, the OCW Training Unit designed and delivered training to child welfare professionals based on how their respective duties were affected.

Currently, the Department is implementing the second phase, Quality Placement and Setting Alignment. To support this phase, the Office of Child Welfare Training Unit is presently designing and delivering child welfare professionals training on the new/updated procedures and the Florida Safe Families Network (FSFN) updates.

**New Supervisory Learning and Development Summits:** The Office of Child Welfare Training Unit implemented Supervisory Learning and Development Summit to unite child welfare supervisors through education, inspiration, and engagement on strategic initiatives. The virtual approach provides effective learning and development with a shared vision and hope. A variety of nationally recognized experts delivered training to supervisors in specific topics (e.g., domestic violence, sexual abuse, Lessons in Leadership, etc.). The first summit was held in May 2020; more than 500 supervisors attended eight different sessions. The second summit was held in January 2021, with many child welfare professionals in attendance. Due to the high demand for future sessions, the OCW Training Unit will hold these summits every six months. The next one is scheduled for July 2021.

**COVID-19 Effects on Training:** To provide on-going learning and development opportunities during the pandemic, the Department and child welfare agencies utilized virtual learning platforms, such as Learning Management System (LMS), GotoTraining, Zoom, and GoToWebinar. A hybrid approach (classroom-based and online learning) was used to deliver pre-service and in-service training to prepare new child welfare professionals effectively and safely. Currently, the Department and agencies are transitioning to classroom-based training while ensuring the safety of the trainers and trainees.

### **Children's Legal Services Trainings and Resources:**

Children's Legal Services has a dedicated training team who provides attorneys with regular trainings and resources. In addition, the training team assists circuits with leading an extensive on-boarding process for new attorneys, scheduling regular office hours for questions and best practice discussions, provides a 4-day new attorney training quarterly, and a 2-day annual training.

The New Attorney Training curriculum includes:

- Philosophy of CLS/DCF
- Professionalism
- Florida Practice Model
- The Decision regarding shelter
- Legal Writing
- Trial Preparation
- Direct Examination of a Fact and Expert Witness
- Child Specific Considerations
- Case Plans and Case Goals
- Cross Examination and Impeachment
- Judicial Reviews and Permanency Hearings
- Termination of Parental Rights
- Opening Statements
- Closing Arguments
- Self-Care
- Objections and Evidence

In addition to interactive lecture sessions, the attendees receive hands on experience with professional critiques using a sample case with sample facts and evidence. Each attendee participates in the following hands-on workshops:

- The Powerful Pen-Legal Writing
- Trial Preparation
- Direct Examination of a Fact and Expert Witness
- Cross Examination and Impeachment
- Admitting and Using Evidence
- Closing argument

The Children's Legal Services Training Team also provides ongoing training through live trainings, webinars, and recorded trainings.

- Florida Practice Model: Formula for Success Series:

- Part 1: History and Application
- Part 2: Impending Danger and FFA
- Part 3: Safety Planning
- Part 4: Conditions for Return
- Termination of Parental Rights Mock Trial
- FSFN University
- Digitally Organizing Your Work Life
- TPR Grounds: Part 1, Part 2, Part 3
- Title IV-E Check-in: A Review of our Responsibility and Progress
- Let's Get TECHNical: Ethics, Discovery, and Trial
- Direct Examination: It Takes Work
- Witness Control: Guiding Their Testimony
- Professionalism and Ethics
- FSFN Refresher

The Children's Legal Services Training Team also coordinates trainings by experts in their field. These trainings included:

- A Primer on Legal Writings for CLS
- More Effective Drug Testing- Understanding, Detecting, and Responding to Urine Dilution
- How to Recognize Verbal and Nonverbal Cues of Deception
- View from the Bench
- Child Protection Team: From Referral to the Courtroom
- Physical Child Abuse Injury Reconstruction
- Medicated Assisted Treatment
- Taming the Email Beast
- Emotional Intelligence
- "Pick Me! A Unique Perspective, the Product of a Broken Child Welfare System"

The Children's Legal Services Training Team also provides written resources to our attorney. These range from a monthly Training Flash, quick guides, and pleadings bank. Some of these written resources include:

- Virtual Hearings and Trials Quick Guide
- FSFN Policy Guide
- Court Reference Guide
- Daubert Quick Guide
- Florida Practice Model Quick Guide
- Authenticating Text Messages Quick Guide
- Mediation Quick Guide
- CFOP Quick Guide

## Activities in Support of Florida’s Current Staff Development and Training Plan

### Goal: Professionalize and Strengthen the Training Infrastructure

#### Initiative 1.1 Trainer Credentialing:

The Department’s contract with the University of South Florida to develop and deliver a standardized statewide Trainer Coaching and Competency Program (TCCP) for all pre-service child welfare trainers provided services by March 2021.

Between June 2020 – March 2021, 40 trainers have been credentialed through TCCP. The table below shows a breakdown of the number of trainers:

	20-June	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	Total
Level 1	0	0	0	0	0	0	1	0	0	1
Level 2a & 2b	6	6	6	6	9	1	3	3	1	41
Level 3	25	3	1	1	9	8	3	0	0	40

Future Plan: As the contract with USF ended in March 2021, the OCW Training Unit, in collaboration with Quality Office Training Unit, offers an internal program to certify new pre-service/in-service trainers with high-quality training to the new child welfare professionals.

#### Initiative 1.2. Professionally Developed Pre-service Curricula

The Office of Child Welfare Unit has conducted a needs assessment to identify the gap in pre-service training. The assessment included surveying child welfare supervisors on new child welfare professionals (who completed the Pre-service training and have been on the job less than six months), interviewing with certified child welfare professionals, and conducting focus groups with trainer managers. Also, the Florida Institute for Child Welfare conducted a Kirkpatrick Level III Evaluation<sup>30</sup> to measure newly hired child welfare professionals’ preparedness upon completing pre-service training.

The results revealed that while the trainees found the content to be informative in child development, Florida’s Child Welfare Practice Model, etc., the recommendation was to include the experiential activities that provide opportunities to practice skills and apply knowledge to authentic work situations and offer flexible learning options (i.e., simulation and virtual reality, e-learning, case-based pre-work, instructor-led classes, and virtual-led classes).

In line with these results, the new pre-service training goal is to provide environments for the new child welfare professionals to practice their skills in a similar environment to the complex situations they will encounter and provide them learning and development opportunities with different mediums. The first step toward that goal was to partner with Zero Abuse Project Training Team to create a Family-Centered, Trauma-Informed, Strength-Based Practice pre-service training. Zero Abuse is a 501(c)(3) non-profit organization with a mission to stop generational child maltreatment. Zero Abuse facilitates national and international deployment and instruction of the Child Advocacy Studies (CAST) curriculum. Twenty-eight states (i.e., Illinois, Missouri, Indiana, etc.) have implemented CAST in disciplines, such as Social Work, Psychology, Criminal Justice, Medicine, Law, and more to empower learners with knowledge and skills that will make child welfare professionals proficient in recognizing and responding to child maltreatment and have seen significant decreases in turnover.

The CAST curriculum will be incorporated into the pre-service training to enrich the content. In addition, two types of simulations will be added: onsite simulation and Virtual Reality (VR). Onsite simulation is for experiential learning in a realistic physical environment (e.g., house, etc.) specifically designed to recreate situations that child welfare workers might encounter in the field. For the simulation part, the OCW Training Unit will use FORECAST, a problem-

based simulation training designed and delivered by The Child Protection Training Academy at the University of Illinois at Springfield (UIS) and the University of Missouri at St Louis. The FORECAST simulation will allow new child welfare professionals to practice specific behaviors beyond current skill levels and offer coaching, feedback, and reflection opportunities. The simulation will be conducted after completing the classroom part of the training. Also, VR will be incorporated into pre-service to replace labs so that new child welfare professionals can practice soft skills, such as engaging with families, interviewing children, etc. Accenture Re-Imagined Child Welfare will be used for the VR competence of the training.

Future Plan: The pre-service curriculum is currently in the design and development phase. The curriculum will be piloted in July 2021 in one of the regions. The updated curriculum will be implemented in September 2021.

### **Initiative 1.3: Leadership and Guidance**

To strengthen the relationship among the siloed training units in Florida's child welfare institutions, the OCW Training Unit was planning to create an advisory board. Due to COVID-19, the board decision has been on hold. However, moving to a virtual environment also enabled the OCW Training Unit team to schedule regular monthly meetings with regional training teams, CBC training teams, and SO training teams to discuss training needs, plan upcoming training sessions, and share best practices and available resources. These meetings allowed the regional and partner training team members to get to know each other, communicate better, and create a shared vision for all agency's training units.

Future Plan: The OCW Training Unit will continue the effort of setting a training advisory board in April 2021.

## **GOAL 2: Promote a Culture of Career-Long Learning**

### **Initiative 2.1: Career-Long Learning**

Career Ladder is a new initiative implemented by the Department, and it is designed to increase employee engagement and retention. The Child Protective Investigations Career Ladder model includes creating three new classification levels (CPI II, CPI III, and CPI Supervisor II). The OCW Training Unit is tasked to create multi-layered development opportunities in line with the Career Ladder Initiative to propel and support employee advancement, engagement, and retention.

The OCW Training unit started designing and implementing specialized training for CPIs. The CPI Career Ladder Professional Development training strategy is based on a continuous learning model and provides program-specific competency and professional development opportunities. The training strategy also incorporates CPI accountability to measure the transfer of learning throughout the program regarding classroom, online, and hybrid training delivery. Also, CPIs will have opportunities to practice skills and apply knowledge to authentic work situations. The Department proposes five major learning and development opportunity categories:

- 1. Specialty Training:** This category provides learning opportunities for CPIs in technical knowledge and competence areas to support Florida's practice model and to enhance performance, such as Domestic Violence, Human Trafficking, Substance Abuse & Mental Health, Child Fatality/Critical Injury Investigations, Substance Exposed Newborn, Physical Abuse, Sexual Abuse, Opioid Response, Institutional Abuse or Neglect, and Medical Neglect. The Department and the Institute will collaborate to create specialized certification programs for CPIs.
- 2. Teamwork and Leadership:** The Department will offer courses to CPIs on teamwork and leadership that include Coaching, Certified Public Manager Program, Frontline Leadership Development Program, and Mid-level Leadership Development Program.
- 3. Mentoring:** The Department will establish a formal mentoring program for CPIs. Provisional CPIs, CPIs, CPI IIs, Specialist CPIs, and Advanced CPIs will be paired with Senior Advanced CPIs utilizing a formal process. This process

will provide new CPIs professional and personal development opportunities by Senior Advanced CPIs. The mentoring program will provide organized training, development activities, and evaluation of the pairs for one year.

**4. Professional Development:** This training category will offer different courses to help CPIs and CPI Supervisors develop new skills, stay up to date on current trends, and advance their career. Professional Development courses include Conferences, Business Writing, Advanced Computer, and Personal Skills Training.

**5. Supervisory Training:** The Department, in collaboration with Strong Foundations, is creating a certified supervisory training program for all CPI Supervisors (described below). The purpose is to create a specialized supervisor certification program to increase the understanding of core supervisory competencies and enhance coaching and supervision.

Future Plan: The Department will continue to expand learning and development opportunities for both CPIs and CPI Supervisors. The training will also utilize continuous quality improvement to revise and enhance the career ladder's learning and development opportunities that use an individual professional development plan.

#### **Initiative 2.2: Supervisor Professional Development**

Strong Foundations is a cooperative agreement awarded to Embrace Families under a Children's Bureau's grant for Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes. Strong Foundations is partnering with OCW, the Florida Certification Board, Heartland for Children, and Citrus Family Care Network to develop and implement a supervisor model and certification process for all child welfare professionals. The purpose of the project is to help supervisors increase their understanding of core supervisor competencies and enhance their ability to coach, mentor, and supervise. CPI Supervisors, CM Supervisors, and Licensing Supervisors will go through becoming certified supervisors. A third-party will be used to certify supervisors once they complete the training and pass the 6-month process.

Strong Foundation team designed and developed the training in accordance with core competencies. A team of 17 psychometricians is currently writing items to develop a bank of questions for the test. The supervisor certification standards have been approved. The item-writing and validation process is anticipated by May/June 2021.

Future Plan: The Supervisor Training program will be piloted in April 2021. As an important partner of this project, the OCW Training Unit is engaging with the project team and overseeing the process.

#### **Initiative 2.3: Proficiency in Florida's Child Welfare Practice Model**

The OCW Training Unit, partnering with the Department's Quality Office, is implementing an internal proficiency process for CPI Supervisors and Managers to assess fidelity to the Practice Model and provide guidance to the new CPIs. The purpose of the internal proficiency process is to provide training to supervisors, program managers, and operational program managers that provides advanced knowledge of the practice model and coaching required for skill application at an expert level. The proficiency process includes training, coaching, and consultation.

Future Plan: An on-going assessment and evaluation will be conducted to improve the internal proficiency process. Once the CPI Proficiency process is fully implemented, the Quality Team and the OCW Training Unit will create a case management proficiency process.

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

#### **Initiative 3.1: Continuous Improvement of Training**

The OCW Training Unit uses the Learning Management System (LMS) in the State of Florida PeopleFirst platform. Although the LMS allows training registry, delivery, and tracking, the system cannot track training activities for child

welfare professionals who are not state employees, such as those employed by private agencies or municipalities. To reach out to those who cannot access to the Department's LMS, the OCW Training Unit uses Florida's Child Welfare Center site to share and track different training.

The OCW Training Unit uses data to develop training and evaluation of any new training initiatives. The OCW Training Unit implemented Learning Transfer Evaluation Model (LTEM) to measure effectiveness of training and transfer of learning. All e-learning courses and webinars are followed up with an LTEM questionnaire. The OCW Training Unit has one dedicated "Evaluation/Implementation" staff who monitor and assess the evaluation results. The evaluator provides that feedback on the training courses to instructional designers. That feedback is used to improve on-going training.

Also, the OCW Training Unit surveys child welfare supervisors every six months to learn about their observations for the new child welfare professionals who have completed various training and been certified. The survey results are used to incorporate continuous quality improvement in pre-service and in-service training.

Future Plan: The OCW Training Unit is exploring the option of purchasing a Learning Experience Platform (LXP) that will allow all Florida's child welfare professionals to register, complete all required and optional training, upload training, and complete evaluation.

### **Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance**

The OCW Training Unit requires each the Department region, sheriff office grantee, and CBC to submit annual training plans that incorporate statewide needs. Also, the OCW Training Unit uses quarterly training reports submitted by CBCs, sheriff office grantees, Department regions, and CLS to ensure that critical and required training occurs statewide for all child welfare professionals, foster parents, adoptive parents, and staff in licensed facilities.

A quarterly check-in system is implemented between the Department's Quality Assurance Data Unit (Quality Office) and OCW Training Unit to inform training about designing and delivering Just-in-Time training or performance solutions (e.g., infographic, eLearning, Learning Circles, etc.). If there is knowledge- or skill-related performance issue, the OCW Training Unit creates "Learning Circles" for the frontline staff and supervisors to provide training in a small group setting where learners can discuss concepts in-depth, ask specific questions, and clarify any confusion. Also, the Training Team creates infographics or micro-learning videos to address more specific knowledge discrepancies.

Future Plan: The OCW Training Unit will continue to provide different instructional and performance solutions to support the vision of "best-in-class" and competent child welfare professionals.

### **Training Budget**

Chapter 8 provides the breakdown of the training budget for this fiscal year.

## **OVERVIEW OF THE TRAINING (01/2020-12/2020)**

This overview is a compilation of data submitted by all Community-Based Care Lead Agencies, Sheriff Office grantees, the six Department of Children and Families regions, and Children's Legal Services. The reporting period for state training is January 2020 to December 2020. During the year, 88,300 individuals attended child welfare-related training activities offered by the Florida Department of Children and Families or one of its partner agencies at the estimated cost of \$10,831,481,.07.

The population trained included foster and adoptive parents, Relative and Non-Relative Caregivers, Child Protective Investigators, Case Managers, Licensing Counselors, Adoption Specialists, Independent Living Case Managers, Children's Legal Services employees of other child welfare service providers. The training data is self-reported and therefore is not always consistent.

The tables below show the training breakdowns by the audience, course types, training set, and training providers. Totals vary across the tables because of missing data.

Table 1: Pre-Service Trainee Numbers from January 2020 through December 2020

Course Title	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Core	483	353	358	335	1529	52.6%
Case Management Specialty	359	280	242	272	1153	39.7%
Child Protective Investigation Specialty	29	33	45	48	155	5.3%
Licensing Specialty	9	16	39	4	68	2.3%
<b>Total</b>	<b>880</b>	<b>682</b>	<b>684</b>	<b>659</b>	<b>2905</b>	<b>100.0%</b>

Table 1 shows the numbers of pre-service trainees in 2020 by audience groups. The table shows the structure of Florida’s child welfare structure. The number of pre-service case manager specialty training has the highest percentage compared to our specialties because case management is an all-inclusive category. The category includes Case Managers, Adoption Case Managers, Licensing workers, Quality Assurance, and Case Management Support staff for the above-listed positions. The participation of licensing appears to be low because some agencies may be reporting them under case management.

Table 2: Description of In-Service Trainings in FY 2020

Title IV-E Training Topics Claimable at the 75 Percent Match Rate	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Social Work Practice	3860	3470	3477	5027	15834	18.2%
Mental Health	3093	2576	2276	2321	10266	11.8%
Child Abuse and Neglect Issues	4241	2595	1658	1725	10219	11.8%
Assessment	2142	2633	1380	1544	7699	8.9%
Communication Skills	524	636	1092	1925	4177	4.8%
Ethics Training	460	243	609	1744	3056	3.5%
Permanency Planning	470	436	835	659	2400	2.8%
Cultural Competency	745	319	458	854	2376	2.7%
SACWIS	231	411	286	645	1573	1.8%
Preserving Families	777	166	473	156	1572	1.8%
Referrals to Services	437	220	522	333	1512	1.7%

Title IV-E Training Topics Claimable at the 75 Percent Match Rate	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Substance Abuse	180	134	667	474	1455	1.7%
Title IV-E Policies	167	65	480	409	1121	1.3%
Child Development	394	167	176	155	892	1.0%
Domestic Violence	71	176	329	154	730	0.8%
Independent Living	99	63	457	47	666	0.8%
Effects of Separation	29	6	127	100	262	0.3%
Visitation/Family Time	15	29	58	84	186	0.2%
AFCARS System	3	10	55	6	74	0.1%
Training Topics Not Eligible @75% FFP	3325	2586	6081	8769	20761	23.9%
Total	21263	16941	21496	27131	86831	100.0%

Table 2. shows the in-service training delivered during Year Two of the plan by Title IV-E eligibility category. As in Year One, the most popular courses were Social Work Practice, Child Abuse and Neglect, and Assessment, such as family-centered practice and social work methods (e.g., interviewing and assessment). They do not teach how to conduct a child abuse and neglect investigation. Child Abuse and Neglect Issues are training on the impact of child abuse and neglect on a child and general overviews of the issues involved in child abuse and neglect investigations. These are also not related to how to investigate child abuse and neglect allegations. The number of Mental Health – related training increased in response to the COVID-19 crisis.

Table 3. In-Service Training in 2020 by Audience Groups

Audience Groups	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Case Management	14682	12580	16877	20292	64431	73.0%
Foster and Adoptive Parents	3371	3214	2527	2058	11170	12.7%
Child Protective Investigations	1312	1426	1825	4996	9559	10.8%
Child Legal Services	2293	38	603	206	3140	3.6%
Total	21658	17258	21832	27552	88300	100.0%

Table 3 shows that in 2020 case management had the highest percentage of participation in training. This distribution reflects the staffing structure of the state’s child welfare system. The department updated the forms to track better foster and adoptive parents' training.

Table 4. In-Service Training in 2020 by Settings

Training Setting	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Online	16021	10698	8900	20461	56080	63.5%
Classroom	3921	4760	11196	5596	25473	28.8%
Field	1716	1800	1736	1495	6747	7.6%
Grand Total	21658	17258	21832	27552	88300	100.0%

Table 4 shows the environment or setting where the training occurred. In 2020, training was delivered Online due to the COVID-19. Online training is virtual training, where the instructor is not in the same room as the trainee. The majority of the virtual training was webinars. Efforts are being made to increase opportunities for field training by using a case-by-case approach.

Table 5. In-Service Training in 2020 by Providers

Training Provider	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
In-House	16560	13418	16862	21812	68652	77.7%
Other	4775	3591	4590	5461	18417	20.9%
University	323	249	380	279	1231	1.4%
Grand Total	21658	17258	21832	27552	88300	100.0%

Table 5 shows training providers. Most of the training continues to be provided 'In-House.' The In-House category is comprised of training provided by staff from the Department of Children and Families, a Community Based Care Organization, a Case Management Organization, or a Sheriff's office that provides Child Protective Investigations. The University category includes training provided by trainers from or contracted through a university. For the 'Other' category, trainers are from or contracted through an outside organization. Examples of these include Action for Child Protection, Safe and Together Institute, Florida State University, University of South Florida, or a local provider.

Table 6. Foster and Adoptive Parent Training in 2020

Course Title – For Foster and Adoptive Parents Training	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Fostering Topics	994	1203	53	1633	3883	33.6%
Parent Recourses for Information, Development and Education (PRIDE)	999	870	530	128	2527	21.9%

Course Title – For Foster and Adoptive Parents Training	Number of Attendees					
	Q1	Q2	Q3	Q4	Year Total	Percentage
Quality Parent Training	513		1151	83	1747	15.1%
Accelerated Passport to Parenting	257	265	253	79	854	7.4%
Mental Health topics	88	343	36	64	531	4.6%
Social Work Practice Topics	122	180	187	24	513	4.4%
Adoption Information Night/Orientation	81	70	63	68	282	2.4%
Other	235	22	4	-	261	2.3%
Adoption 101	64	87	50	2	203	1.8%
Trust-Based Relational Intervention (TBRI®) 101 Trainings 5 Parts	7	-	122	2	131	1.1%
Adoption Specialized 101 Class	20	47	31	8	106	0.9%
Professional Parenting Training	54	15	34	-	103	0.9%
Human Trafficking	6	85	9	-	100	0.9%
Florida Foster & Adoptive Parent Association (FAPA)	69	2	14	-	85	0.7%
Independent Living Topics	13	45	2	-	60	0.5%
Positive Parenting	-	8	19	27	54	0.5%
Child Development Topics	3	6	32	8	49	0.4%
Cultural Competency Topics	11	2	11	-	24	0.2%
Quality Parenting Initiative (QPI) Training	3	-	4	2	9	0.1%
10 things foster / Adoptive parents should know	5	-	-	-	5	0.0%
Communication Skills Topics	1	-	2	-	3	0.0%
Permanency Planning Topics	-	3	-	-	3	0.0%
Preserving Families Topics	-	3	-	-	3	0.0%
Using Logical Consequences for young children	-	3	-	-	3	0.0%
Domestic Violence Topics	2	-	-	-	2	0.0%
Positive Discipline	2	-	-	-	2	0.0%
Referrals to Services Topics	-	-	1	-	1	0.0%
<b>Total</b>	<b>3549</b>	<b>3259</b>	<b>2608</b>	<b>2128</b>	<b>11544</b>	<b>100.0%</b>

Table 6 shows training provided to foster and adoptive parents in 2020. This list includes Pre- and In-service training courses and activities. Agencies use such curriculum packages as Passport to Parenting, Quality Parenting Training (QPT), or Parent Resources for Information, Development, and Education (PRIDE). Efforts are being made to track training provided to Relative and Non-Relative caregivers.

The State of Florida  
2018-2019 CAPTA ANNUAL DATA REPORT

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1. The number of children who were reported to the State during the year as abused or neglected.

251,176 unique child victims

2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

- A. substantiated; 35,634
- B. unsubstantiated; or (Note: Florida’s count for Unsubstantiated includes no indication findings and Not Substantiated) 222,610
- C. determined to be false. 1,142

3. Of the number of children described in paragraph (2) —

- A. the number that did not receive services during the year under the State program funded under this section or an equivalent State program;
- B. the number that received services during the year under the State program funded under this section or an equivalent State Program; and 35,634
- C. the number that were removed from their families during the year by disposition of the case.

13,552 (July 1, 2019-June 30, 2020)

4. The number of families that received preventive services, including use of differential response, from the State during the year.

24,360 children

5. The number of deaths in the State during the year resulting from child abuse or neglect. There was a total of 101 deaths resulting from abuse or neglect.

6. Of the number of children described in paragraph (5), the number of such children who were in foster care.

Of the 101 deaths referenced above none of the children were in foster care.

- 7.

- A. The number of child protective service personnel responsible for the—
  - i. intake of reports filed in the previous year ;
  - ii. screening of such reports;
  - iii. assessment of such reports; and

**iv. investigation of such reports.**

As Florida contracts out for investigation services in several areas of the state, we cannot state with certainty how many staff are full time versus part time. We can say that there were 2,549 investigators (which includes Child Protective Investigators and Supervisors; and CPI Sheriffs and Supervisors), as many as 201 Hotline Staff Intake Counselors, and 31 Hotline Staff Intake Supervisors.

**B. The average caseload for the workers described in paragraph (A)**

**8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.**

9 hours from time report received to time report commenced *Source: 2020 NCANDS Agency File*

**9. The response time with respect to the provision of services to families and**

**10. For child protective service personnel responsible for intake, screening, assessment, and investigations of child abuse and neglect reports in the State—**

- A. Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;**
- B. Data of the education, qualifications, and training of such personnel;**
- C. Demographic information of the child protective service personnel; and**
- D. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.**

See appendix D.

**11. The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse and neglect, including the death of the child.**

The number of children reunited with their families: 2,265

The number of children receiving family preservation services: 4,546

*Source: 2020 NCANDS Agency File*

**12. The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.**

**The number of children for whom individuals were appointed by the court to represent the best interests of such children:**

38,221 children were appointed to the Guardian ad Litem program  
(10/01/2019-09/30/2020).

**The average number of out of court contacts between such individuals and children.**

While we do not have readily accessible data on the average number of out-of-court contacts, the GAL Standards of Operation provide that it is a best practice for children to be visited once every month.

**13. The annual report containing the summary of activities of the citizen review panels of the State required by subsection (c)(6).**

See attached.

**14. The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.**

As of December 2020, there were 876 children active as a welfare case who were in a juvenile justice placement. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision.

**15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii)**

This information was not readily available in Florida's SACWIS system. Beginning in November 2013, the Florida's Safe Families Network (FSFN) was enhanced to allow for the documentation of three additional Maltreatments for *Substance Misuse*:

- *Substance Misuse*
- *Substance Misuse - Alcohol*
- *Substance Misuse- Illicit Drugs*
- *Substance Misuse- Prescription Drugs*
- *Substance Exposed Newborn*

2,747. This includes an unduplicated count of children who were verified victims of any of the Substance Misuse maltreatments or Substance Exposed Newborn who were under one year of age based on Incident Date in investigations completed in FFY. Children whose Incident date is prior to their date of birth, children with no date of birth, and children with no incident date are NOT included.

**16. The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et. seq.).**

**The number of children determined to be eligible:**

**The number of children referred in *State Fiscal Year (SFY)*:**

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**APPENDIX B. EDUCATIONAL AND DEMOGRAPHICS FOR CPI IN SHERIFF OFFICES**

**Educational Degree and Experience for Child Protective Investigation Personnel in Sheriff Offices**

<b>Child Protective Investigations</b>	<b>Supervisor s with BSW</b>	<b>Supervisor s with MSW</b>	<b>Supervisor s Avg Years Child Welfare experience</b>	<b>Investigator s with BSW</b>	<b>Investigator s with MSW</b>	<b>Investigator s Avg Years Child Welfare experience</b>
Sheriff Pasco	0	1	17.7	2	0	3.2
Sheriff Hillsborough	1	0	13.7	4	3	4.2
Sheriff Manatee	1	0	16	0	0	3.6
Sheriff Broward	2	0	16	9	4	4
Sheriff Pinellas						
Sheriff Seminole	1	0	18.3	2	0	6.24
Sheriff Walton	1	0	6	0	0	3.6

**Demographic Information of the Child Protective Investigation Personnel in Sheriff Offices**

<b>Child Protective Investigations</b>	<b>Black</b>	<b>White</b>	<b>Other</b>	<b>Hispanic</b>
Sheriff Pasco	10	21	2	6
Sheriff Hillsborough	26	97	8	31
Sheriff Manatee	6	39	0	12
Sheriff Broward	74	9	1	11
Sheriff Pinellas	25	88	3	15
Sheriff Seminole	4	31	1	1
Sheriff Walton	1	10	1	2

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<p><b>6. Duties and Responsibilities</b> - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.</p>		
% of Time	<b>Duties and Responsibilities</b>	
	This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.	
	Conducts investigations regarding allegations of abuse, neglect, abandonment and/or special conditions for children;	
	Collects information through interviews with the children, parents, relatives, neighbors, and other parties associated with the case;	
	Engages families, identifies needs and determines the level of intervention needed to include voluntary services or court ordered dependency services; provides services linkages to agency and community resources based on needs assessment. Provides recommendations for development of case plan to Case Manager;	
	Conducts initial/ongoing child Present and Impending Danger assessments;	
	Develops with the family a signed Present Danger Plan and a signed safety plan for any identified threats and interventions;	
	Arranges emergency placement for any child that cannot safely remain in the home;	
	Notifies state attorney, law enforcement, child protection team and other required individuals as appropriate;	
	Schedules and gathers information for and participates in case staffings;	
	Prepares appropriate reports/documentation in coordination with Children's Legal Services and provides testimony in court;	
	Maintains thorough documentation in the client records/appropriate information system(s) and maintains organized client files;	
	Reports indication of abuse, neglect and/or abandonment to the Florida Abuse Hotline;	
	Establishes and maintains cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children's Legal Services, law enforcement, medical personnel, schools, and other community/agency resources;	
	Ensures effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.	
<p><b>7. Knowledge, skills and abilities, including utilization of equipment, required for the position:</b> Knowledge of theories and practice in child protection. Knowledge of professional ethics relating to child protection and counseling. Knowledge of family-centered interviewing and counseling techniques. Knowledge of investigative techniques. Knowledge of interviewing and observation techniques. Skill in considering child development in guiding placement of children. Ability to recognize indicators of abuse and neglect. Ability to conduct risk and safety investigations. Ability to plan, organize and coordinate work assignments. Ability to understand and apply relevant laws, rules, regulations, policies and procedures. Ability to actively listen to others. Ability to communicate effectively. Ability to maintain well-executed case files. Ability to establish and maintain effective working relationships with others. Ability to utilize computer systems. Ability to write accurate investigative reports.</p>		
<p><b>8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):</b> Incumbents in this job class are required to use a personal vehicle to conduct field investigations, field visitations, or transportation of clients, and must maintain a valid driver's license, vehicle registration, and appropriate automobile insurance. Incumbents will receive a Vehicle Insurance Allowance. See CFOP 40-4, Vehicle Insurance Allowance For Selected Child Welfare and Adult Protective Services Staff, for additional information related to this job requirement. Florida Child Protective Investigator certification obtained within 12 months of hire.</p>		
<p><b>9. Other job-related requirements for this position:</b> On-Call</p>		
<p><b>10. Working hours:</b> (A) Daily from _____ to _____ (B) Total hours in workweek <u>40</u> (C) Explain any variation in work (split shift, rotation, etc.)</p>		
<p><b>11. Agency Use Only –</b>  <b>Check those that apply:</b> Uniform Allowance <input type="checkbox"/> CJIP <input type="checkbox"/> Bond Indicator <input type="checkbox"/> Drug Screening <input checked="" type="checkbox"/> Re-screening <input type="checkbox"/>                  Security Check: No security screen required <input type="checkbox"/> Background investigation required <input type="checkbox"/> Background &amp; fingerprint required <input checked="" type="checkbox"/>                  Fingerprint investigation required <input type="checkbox"/> Access to abuse records <input checked="" type="checkbox"/> Caretaker <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Law enforcement <input type="checkbox"/> Management <input type="checkbox"/>                  Sensitive <input type="checkbox"/> Agency Security Check <input type="checkbox"/> <b>Other:</b></p>		
<p><b>The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.</b></p>		
Incumbent Signature (optional):		Date:
Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer: Miguel Diaz	Title: Human Resources Specialist	Date: 02/27/2020

## POSITION DESCRIPTION

CAREER SERVICE <input type="checkbox"/> SELECTED EXEMPT SERVICE <input checked="" type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/> _____			
<b>POSITION LOCATION INFORMATION</b>		Position Exempt Under 110.205(2)(W), F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Other <input type="checkbox"/> _____	
<b>NAME OF AGENCY:</b> Department of Children and Families		Organization Level: Current: 6031 Proposed:	
<b>DIVISION/COMPARABLE:</b> Office of the Secretary		<b>Position Number:</b> 60002108	<b>FTE:</b> 1.00
<b>BUREAU/COMPARABLE:</b> Office of Deputy Secretary		<b>Current Broadband Level Code:</b> 21-1099-04	<b>Current Class Title:</b> Child Protective Investigator Supv-SES  <b>Current Class Code:</b> <b>8372</b>
<b>SECTION/SUBSECTION:</b> Office of Operations / Northwest Region / Child Protection		<b>Proposed Broadband Level Code:</b>	<b>Proposed Class Title:</b>  <b>Proposed Class Code:</b>
<b>HEADQUARTERS/COUNTY CODE:</b> 003 / 003		<b>Type of Transaction:</b> Change in Direct Reports	
<b>INCUMBENT:</b>		<b>APPROVAL AUTHORITY USE ONLY</b>	
<b>POSITION ATTRIBUTES:</b> EEO: 01 <input type="checkbox"/> 02 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/>  CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/>  11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input checked="" type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____  Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  Overtime: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>Broadband Level Code:</b> 21-1099-04	<b>Class Code:</b> 8372
		<b>Approved By:</b> MD	<b>Effective Date:</b> 02/07/2020
		<b>APPROVED BROADBAND OCCUPATION:</b> Community/Social Service Spec/All Other	
		<b>APPROVED CLASS TITLE:</b> Child Protective Investigator Supv-SES	

CAD: Yes  No

1. **This position reports directly to:** Position Number 60021445 Broadband Level Code 11-9151-02

Broadband Occupation Community and Social Service Managers Class Code 5916 Class Title Program Administrator - SES

2. **Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:**

*Broadband : Class Title : Class Code : Position Number(s) : HQ Location*

21-1099-03 : Senior Child Protective Investigator : 8373 : 60072041, 60070039 : 003/003

21-1099-03 : Child Protective Investigator : 8371 : 60004371, 60070040, 60073939 : 003/003

43-4199-02 : Records Technician : 0045 : :

21-1093-01 : Family Support Worker : 5703 : :

3. **What statutes establish or define the work performed?** Florida Statute 110.205 (2) (V)

4. **This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.:** Yes  No

5. Current budget for which this position is accountable (if applicable):

Salaries & Benefits

O.P.S.

Expenses

---

F.C.O.

Data Processing

TOTAL ALLOTMENT

If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation.

**Duties and Responsibilities** - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	DUTIES AND RESPONSIBILITIES
	<p>This is advanced professional work supervising and directing employees. The primary duty of the incumbent in this position is to spend the majority of their time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to effectively recommend actions such as: hire, transfer, suspend, layoff, promote, discharge, assign, and reward or discipline direct reports. Evaluates employees against established standards and takes appropriate actions when necessary (i.e. recognition, reward, corrective action, etc.).</p>
	<p>Supervise, plan and direct workloads, work flows, deadlines, work objectives and time utilization of subordinate staff in the delivery of protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children.</p>
	<p>Develops performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement. Communicates investigators' compliance with these expectations on a regular basis and provides coaching by acknowledging outstanding performance and providing suggestions on areas for improvement.</p>
	<p>Evaluates employees against established standards and takes any necessary steps for corrective action.</p>
	<p>Promotes career development of investigators by ensuring each individual receives the proper training and leads cross-training efforts on differential investigative skills.</p>
	<p>Reviews casework, assessments and safety plans with investigators, and provides consultation and direction to assure appropriateness, clarity, quality, thoroughness and proper documentation.</p>
	<p>Use management tools in appropriate information system(s) on an ongoing basis to monitor open cases and manage workflow for steady progress to ensure the timeline for actions to be taken are met and to prevent backlog.</p>
	<p>Ensures that CPI operations are within legislative authority and in compliance with required federal, state rules and regulations.</p>
	<p>Identifies improvements and implements adjustments needed to ensure program effectiveness and efficiency.</p>
	<p>Facilitates and participates in the hiring, promoting, demoting, discipline and/or dismissal of employees.</p>

	Collects, analyzes, and reports data regarding child protective investigations.
	Establishes and maintains cooperative working relationships with organizations and other agencies involved with child protective investigations such as community based providers, Children's Legal Services, law enforcement, medical personnel, schools and other community/agency resources.
	Ensures effective communication with deaf or hard-of hearing Customers or companions in accordance with the ADA and/or Section 504 and shall manage service records and report this data and any resources and/or training needs to their designated program point of contact.

7. **Knowledge, skills and abilities, including utilization of equipment, required for the position:** Knowledge of theories and practice of child protection, counseling, social work, investigations and assessments. Knowledge of professional ethics relating to child protection and counseling. Knowledge physical and behavioral indicators of abuse and neglect. Knowledge of effective management skills. Knowledge of interviewing techniques. Knowledge of court procedures and legal requirements. Knowledge of methods of collecting, organizing and analyzing data. Knowledge of management and supervision techniques. Knowledge of family-centered interviewing and counseling techniques. Knowledge of investigative techniques. Knowledge of interviewing and observation techniques. Skill in direct observation of investigator's abilities in interacting appropriately with families, community resources, service providers and other department professionals. Skill in considering child development in guiding placement of children. Ability to recognize indicators of abuse and neglect. Ability to conduct risk and safety investigations. Ability to actively listen to others. Ability to maintain well-executed case files. Ability to write accurate investigative reports. Ability to develop and implement individual case plans. Ability to assess investigators' performance and develop performance improvement plans. Ability to analyze the effectiveness of service programs and identify resources or make adjustments to meet needs. Ability to plan, organize and coordinate work assignments. Ability to communicate effectively. Ability to establish and maintain effective working relationships with others. Ability to effectively supervise staff members. Ability to understand and apply relevant laws, rules, regulations, policies, and procedures. Ability to use computer systems. Ability to demonstrate knowledge of group dynamics. Ability to staff cases. Ability to conduct thorough case staffings and other meetings.

8. **Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):** Valid driver license; Current Florida Child Protective Investigator certification

9. **Other job-related requirements for this position:** Bachelor's Degree, Valid Florida Driver's License. Proficient in the application of the child welfare safety practice model.

10. **Working hours:** (A) Daily from 8:00AM to 5:00PM (B) Total hours in workweek 40 (C) Explain any variation in work (split shift, rotation, etc.)

11. **Agency Use Only –**  
**Check those that apply:** Uniform Allowance  CJIP  Bond Indicator  Drug Screening  Re-screening   
Security Check: No security screen required  Background investigation required  Background & fingerprint required   
Fingerprint investigation required  Access to abuse records  Caretaker  Financial  Law enforcement  Management   
Sensitive  Agency Security Check  Other:

***The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.***

Incumbent Signature (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/> Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title: Human Resources Specialist	Date: 02/10/2020

[ANNUAL REPORT: Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report](#)

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## ANNUAL ADOPTION SURVEY

July 2019 – June 2020

Department of Children and Families

Office of Child Welfare

November 13, 2020

Chad Poppell

Secretary

Ron DeSantis

Governor

**INTRODUCTON:**

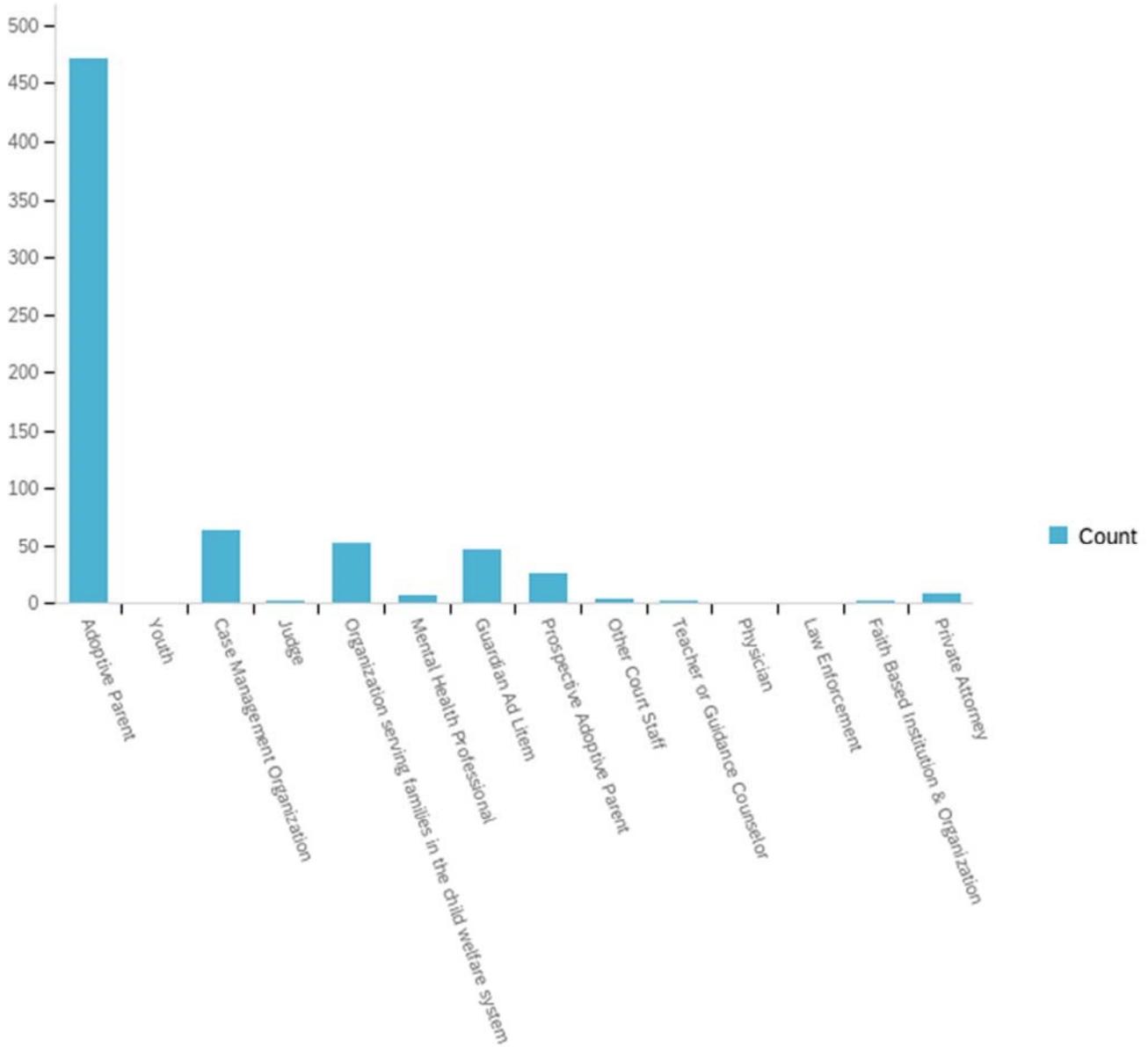
In an effort to improve, the Department of Children and Families is soliciting your feedback through the Annual Adoption Survey. Your perspectives, input and support are critical to the continued growth of our child welfare system.

The Annual Adoption Survey should take approximately 7 minutes to complete. Responses to this survey are anonymous.

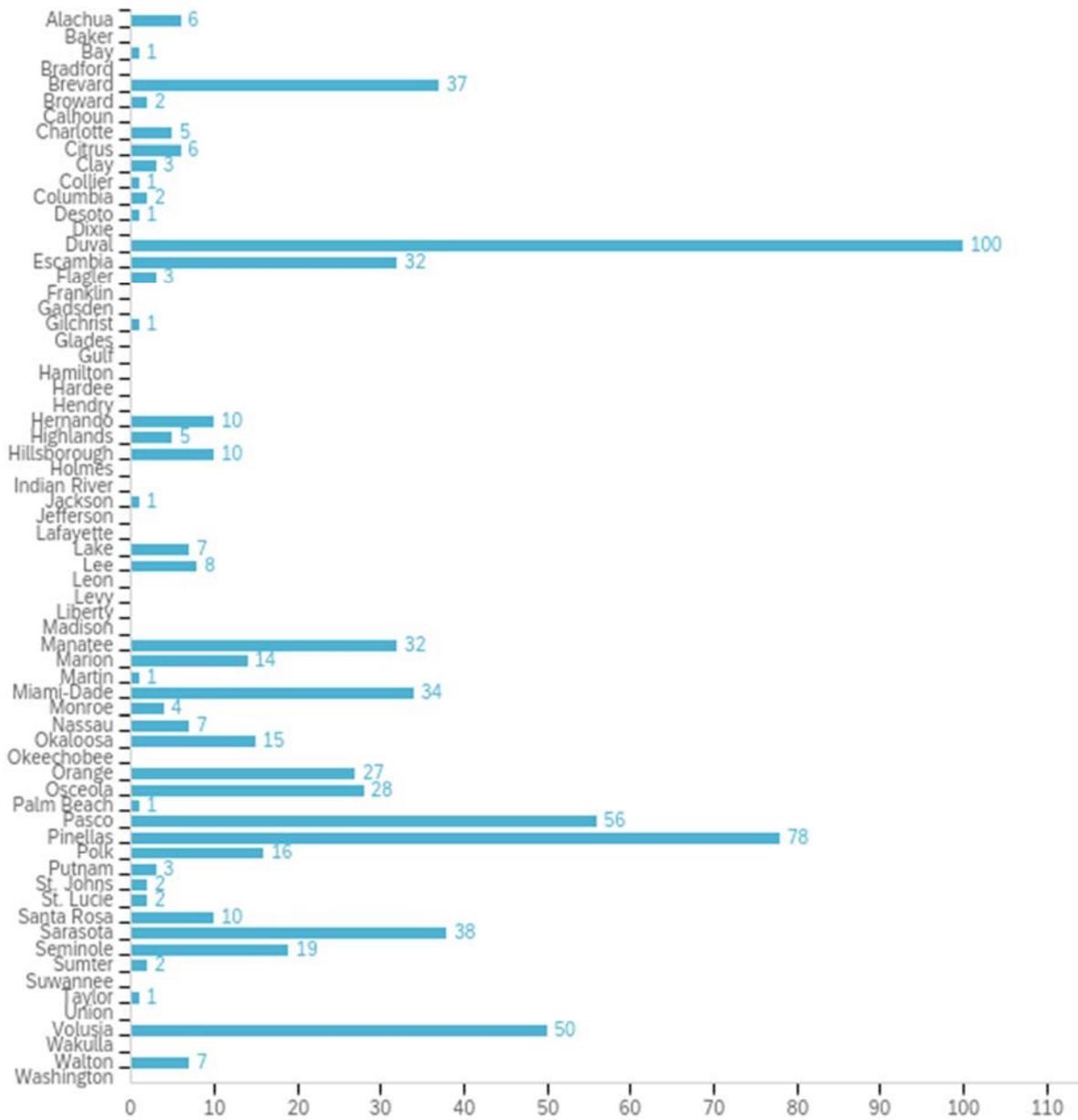
Thank you in advance for your response.

## Annual Adoption Survey -2019-2020

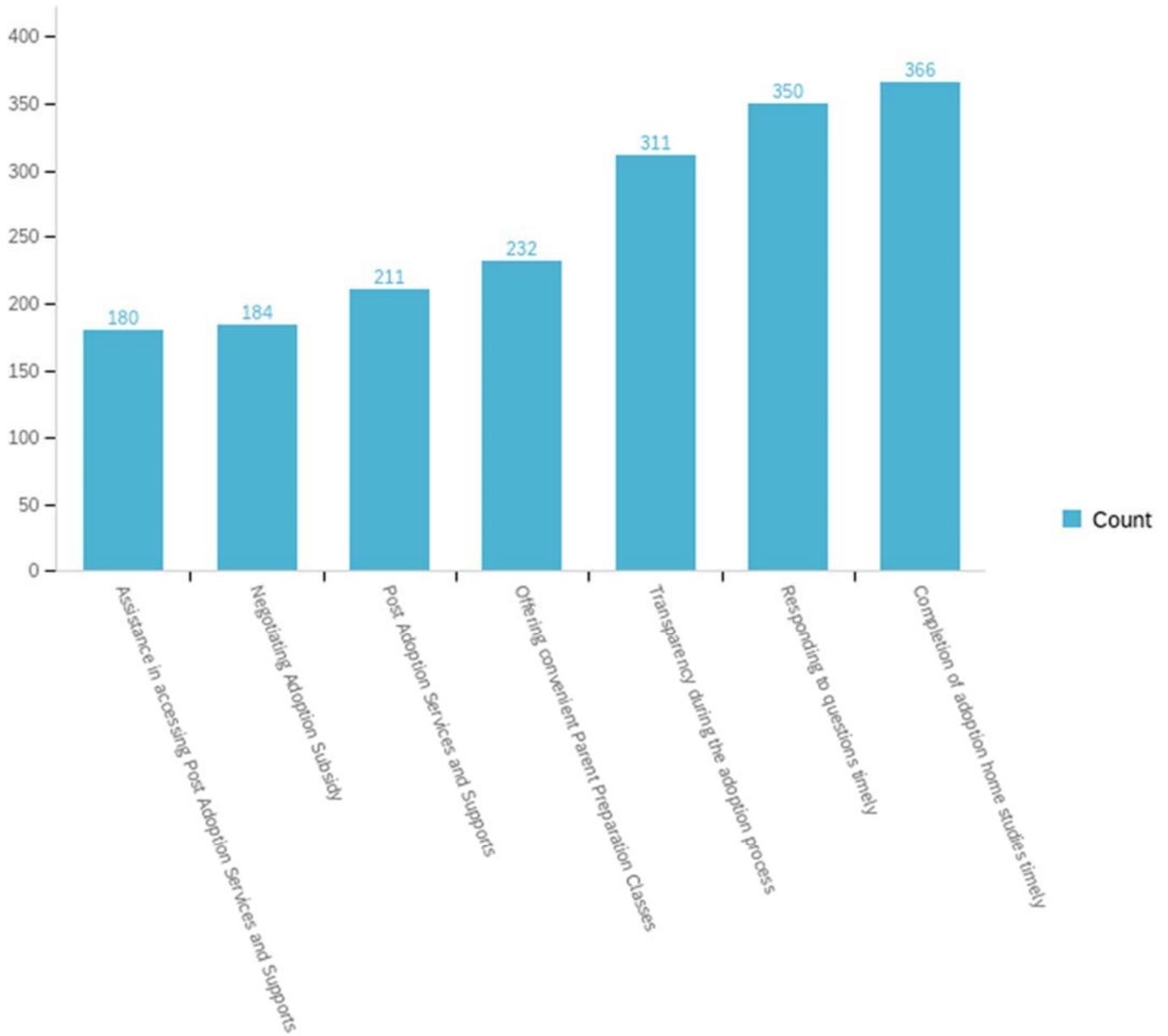
Please select your primary involvement in the adoption process, if any:



What is the primary county you work in or worked with during your adoption process?

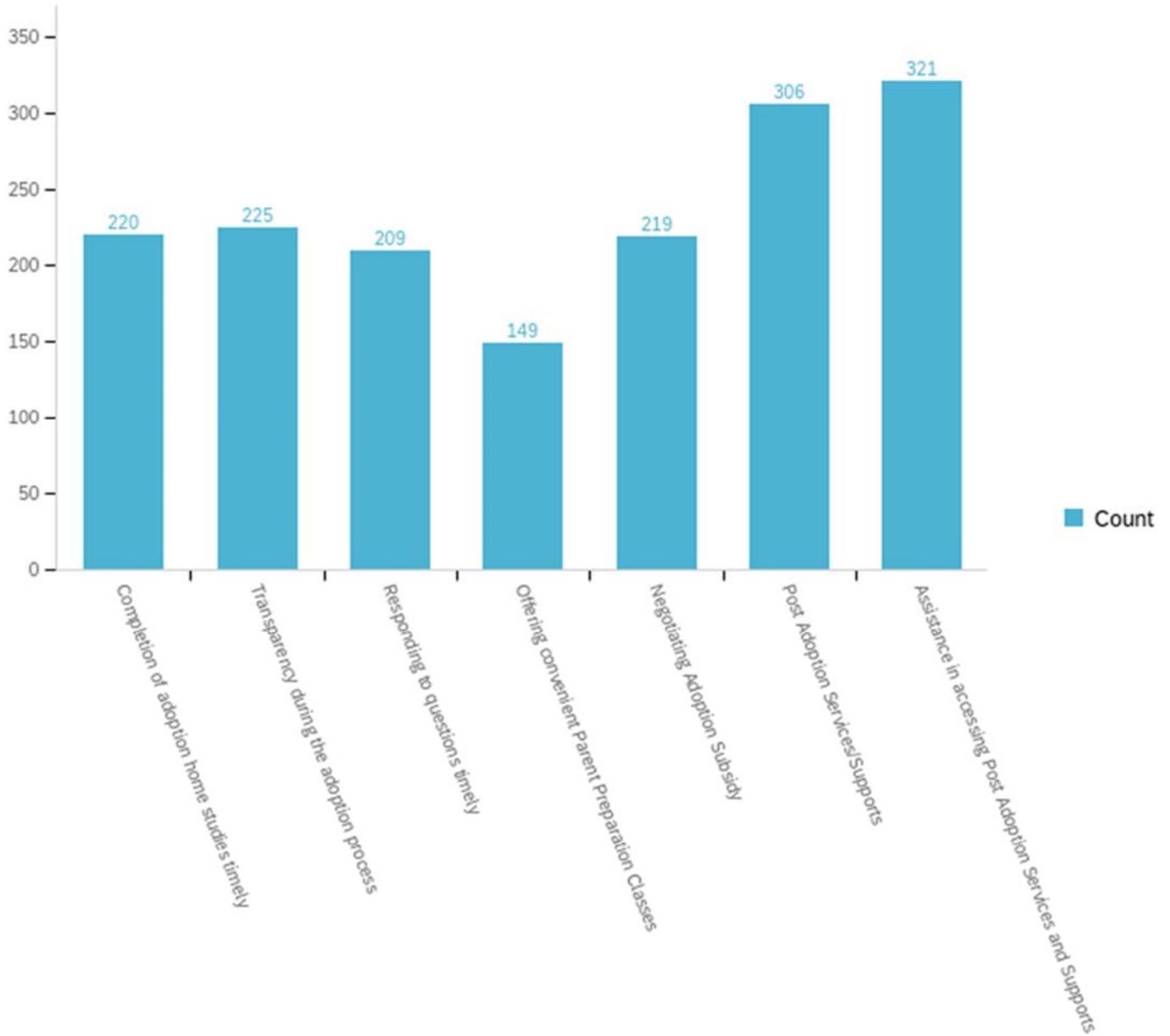


What area(s) does your lead Community Based Care Agency and/or Case Management Organization Agency excel in?  
Please select all that apply.

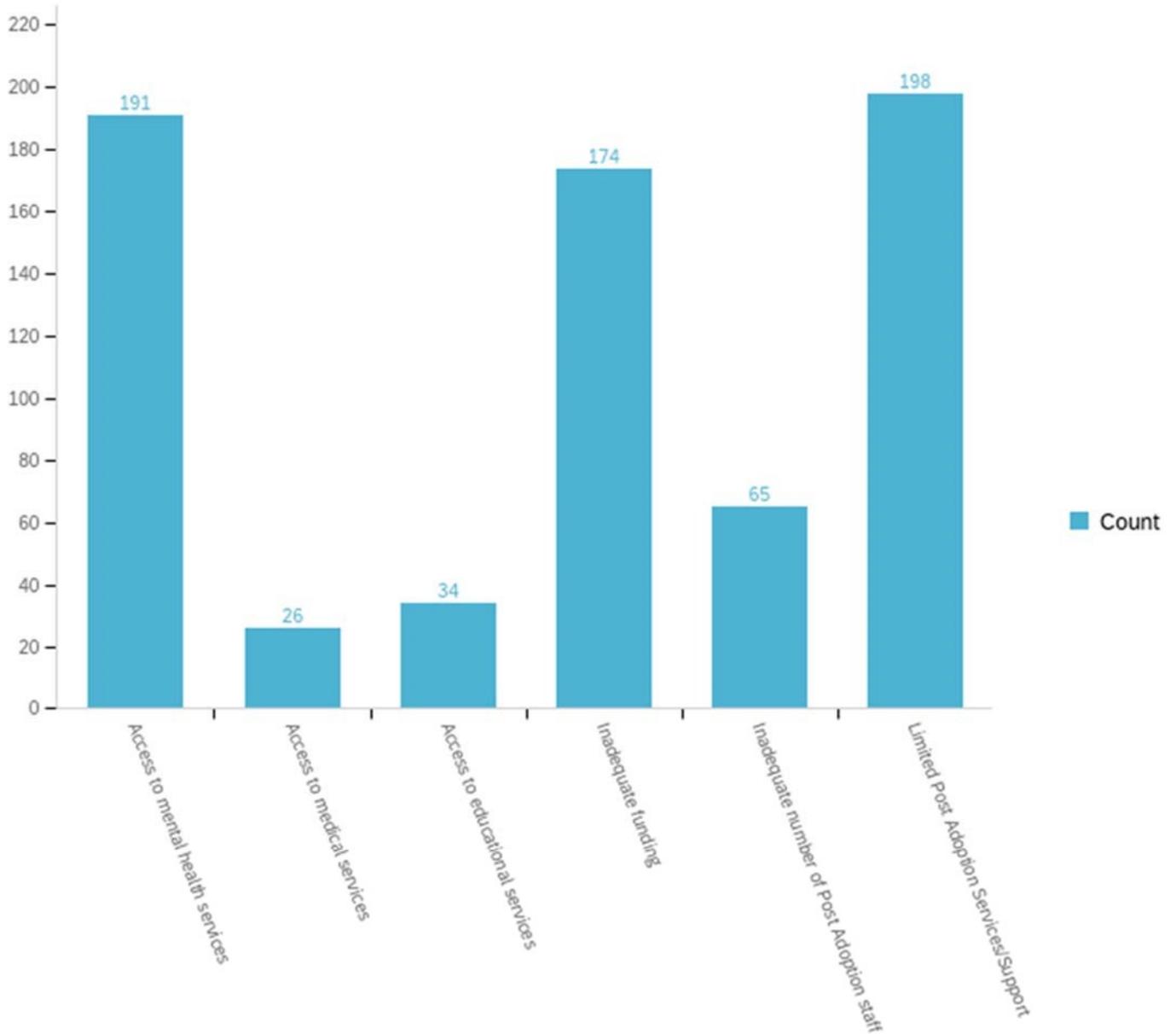


What area(s) does your lead Community Based Care Agency and/or Case Management

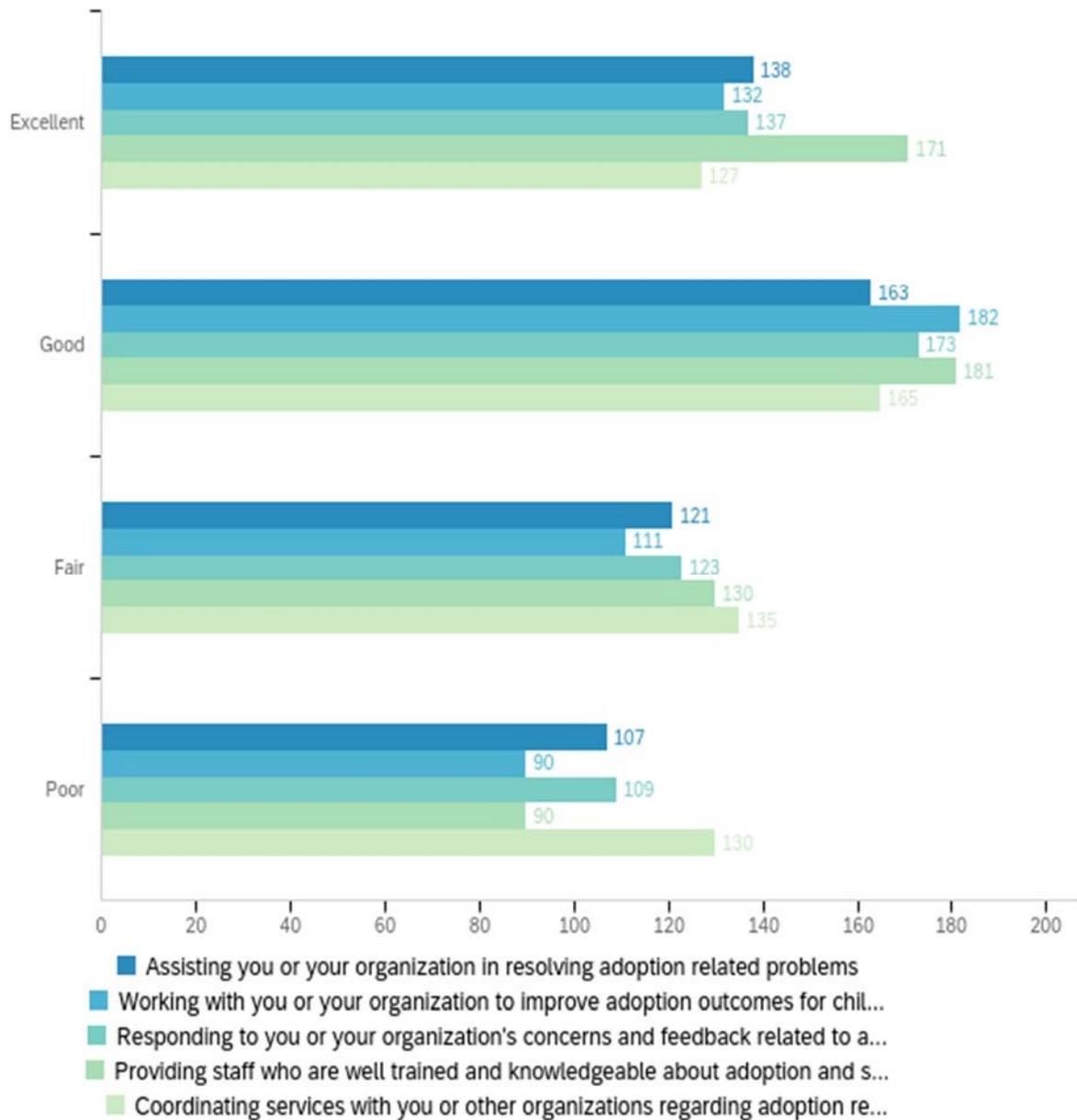
Organization Agency need to improve in? Please select all that apply.



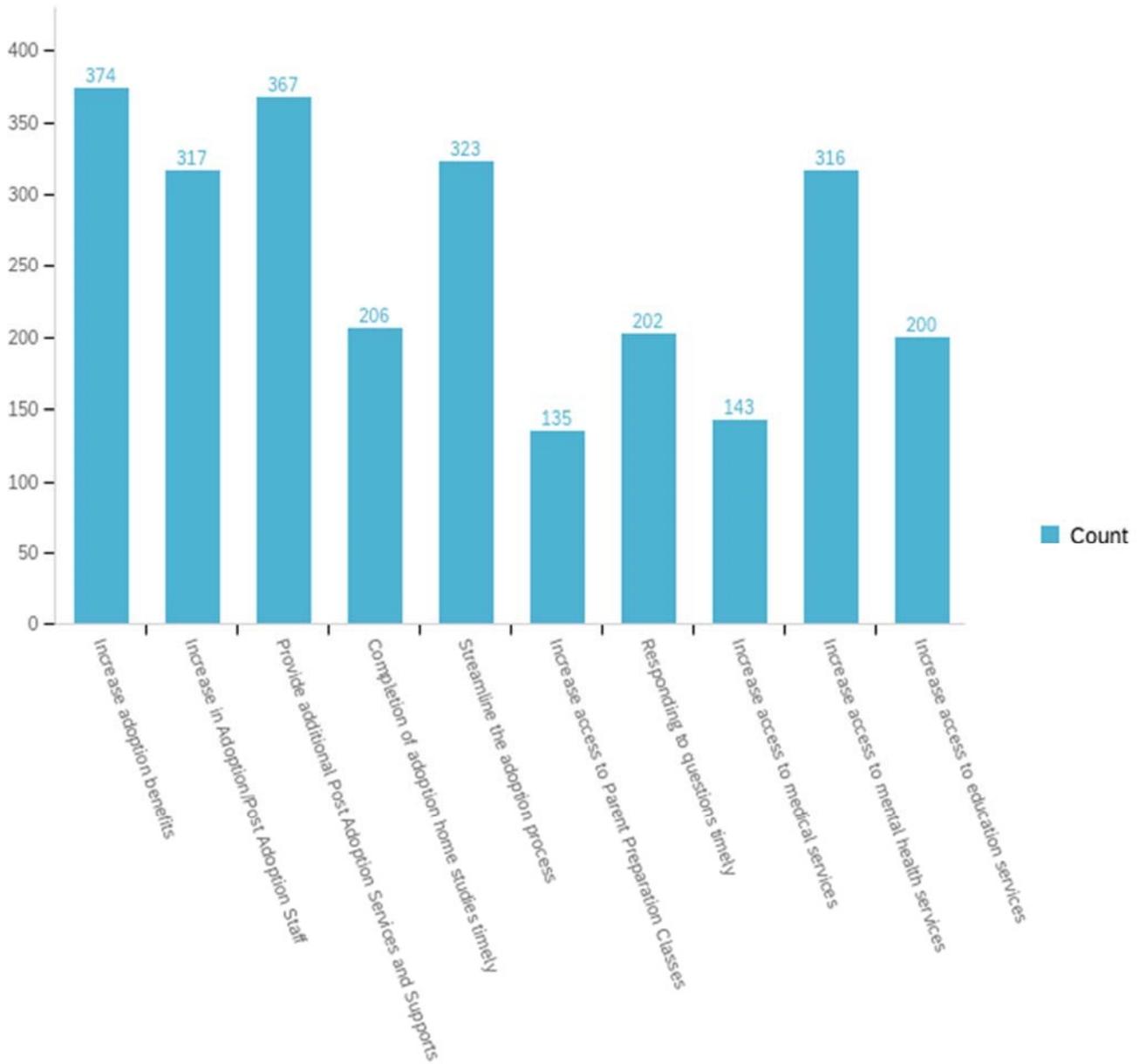
What do you believe is the number one challenge affecting the stability and well-being of Florida's adoptive children?



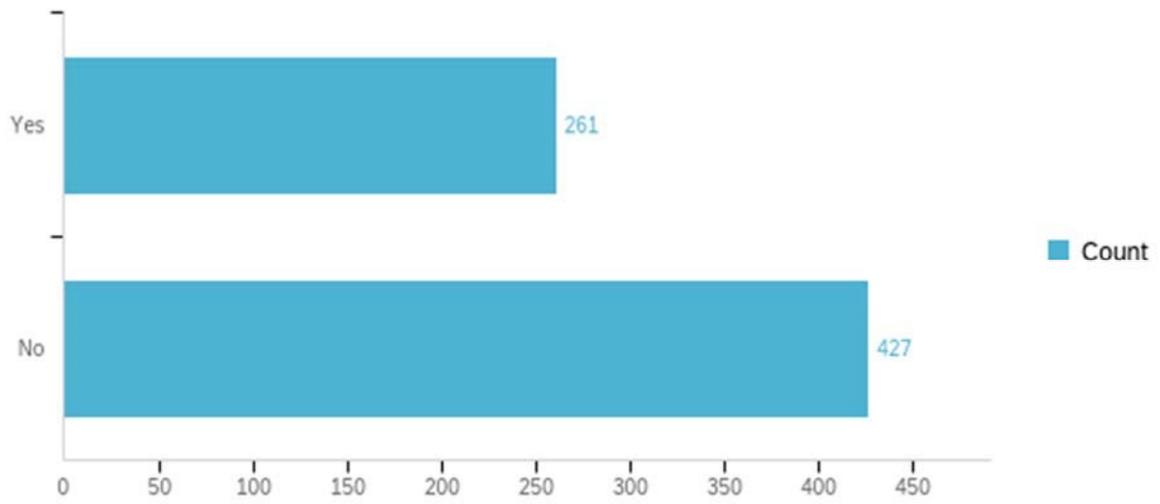
Based on your experience during the last 12 months, please rate the quality and timeliness of the following:



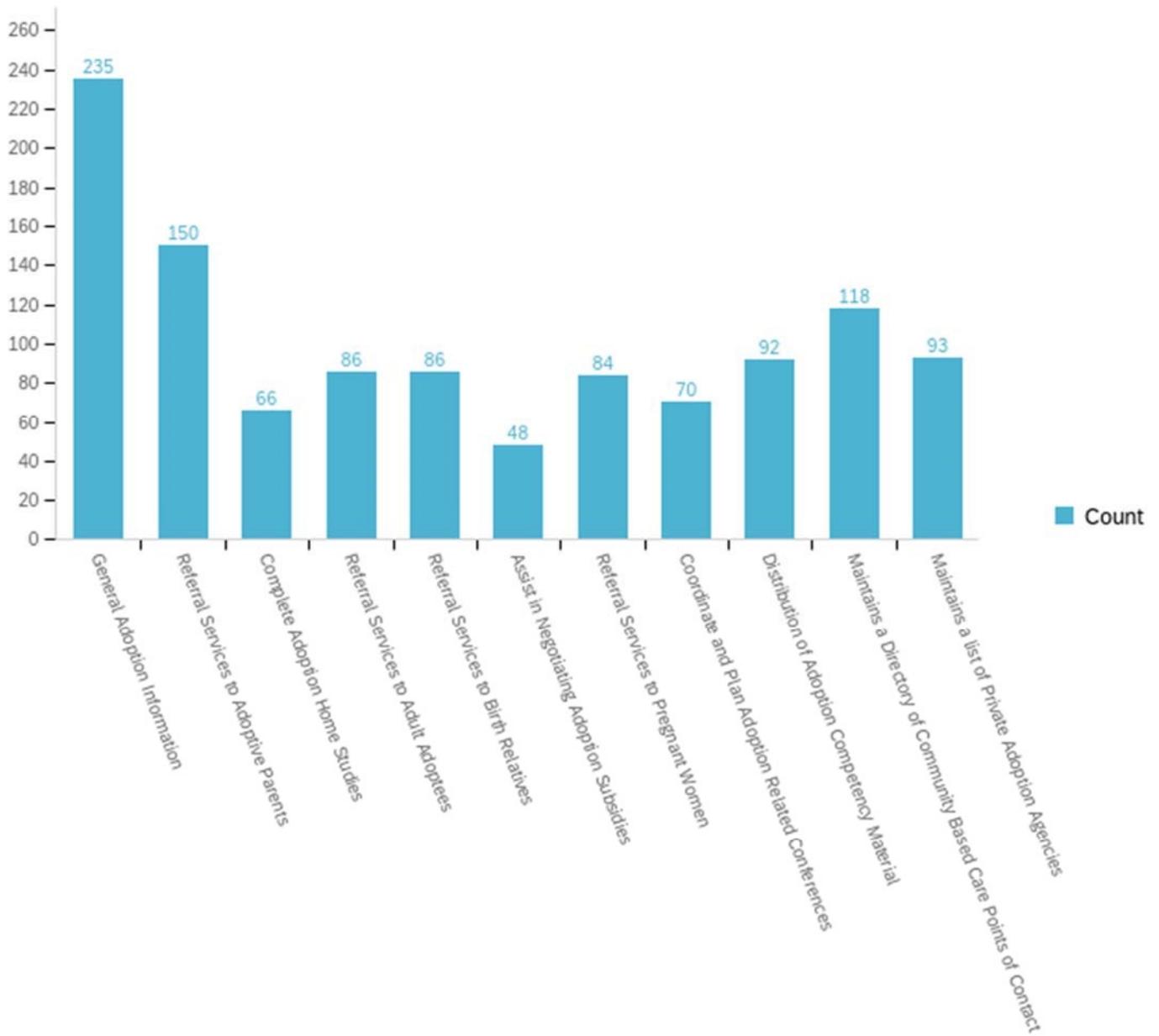
In what way can the state of Florida improve their adoption service delivery? Please select all that apply.



Are you aware that the State of Florida has an Adoption Information Center?



Based on the knowledge, what services does Florida's Adoption Information Center offer? Please select all that apply.



Florida's Adoption Information Center provides adoption information and referral services to adoptive parents, adult adoptees, birth relatives, pregnant women and professionals.

Please visit the Adoption Information Center at [adoptflorida.com](http://adoptflorida.com) or contact them at 1-80096-Adopt.

Thank you for participating in this survey.



# **POST ADOPTION SERVICES COMMUNICATION SURVEY**

Department of Children and Families

Office of Child Welfare

November 13, 2020

Chad Poppell

Secretary

Ron DeSantis

Governor

**INTRODUCTION:**

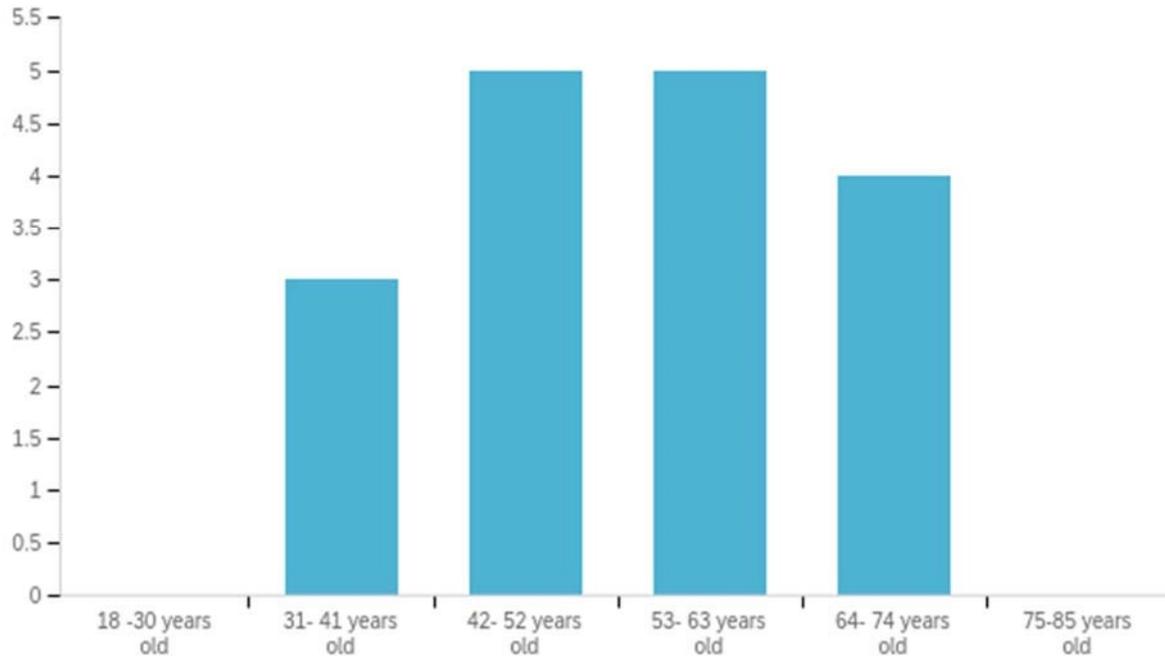
In order to assess the quality and quantity of our post adoption programs, we need to hear from our adoptive parents who are the true customers of post adoption services. Post adoption services include all services and staff available to assist you as an adoptive parent and your adopted child, until the child turns age 18.

Please help us by taking a little time to answer the questions below. The Post Adoption Communication Survey should take less than 15 minutes to complete. Responses to this survey are anonymous.

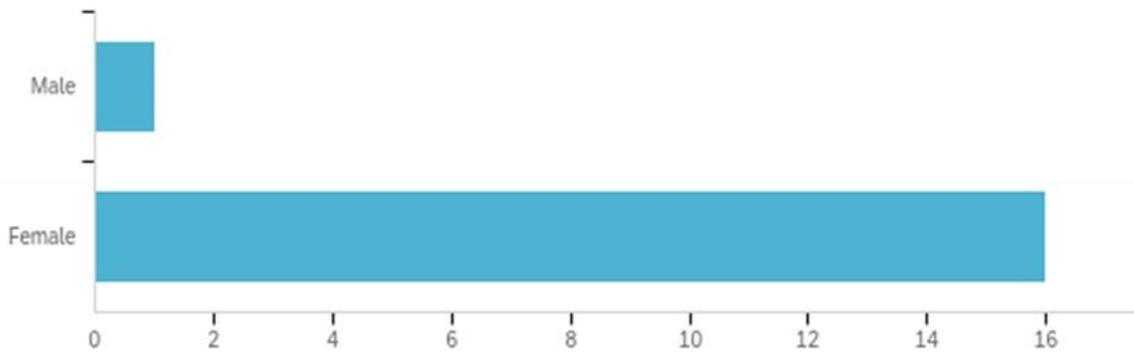
We very much want to hear from you and appreciate your input. Please call 1-800-96- ADOPT if you have questions.

Thank you in advance for your response.

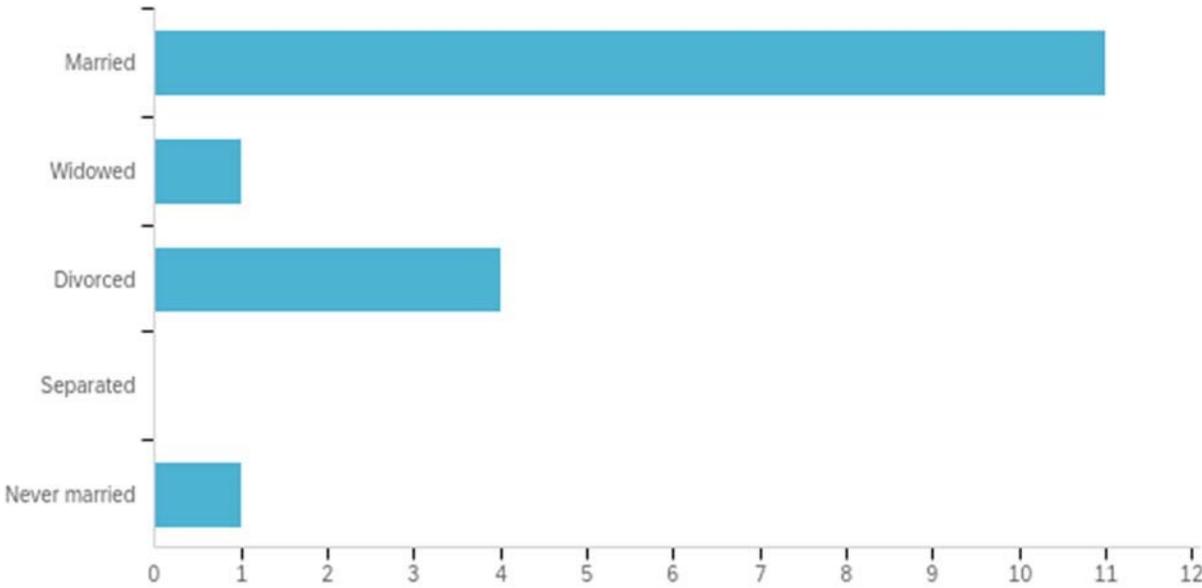
Please indicate your current age range:



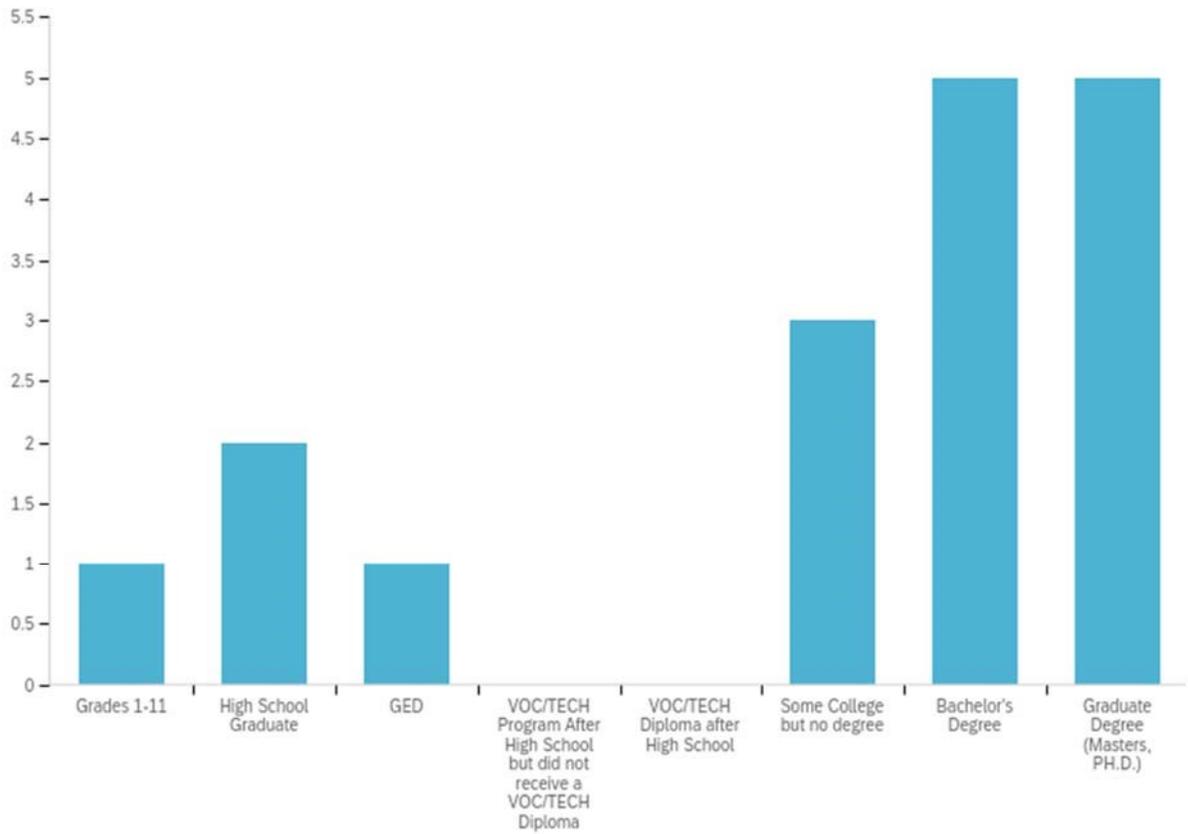
Please indicate your gender.



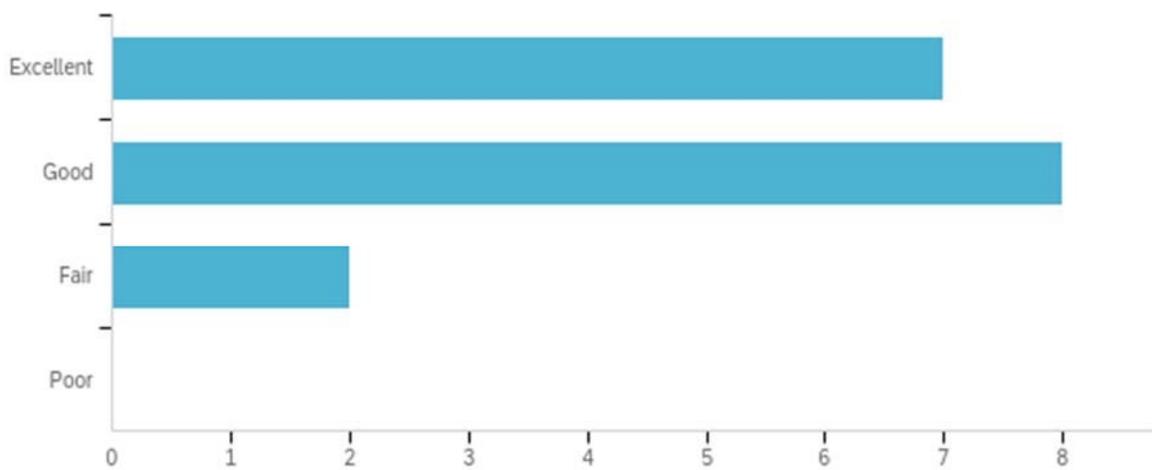
Are you currently ...



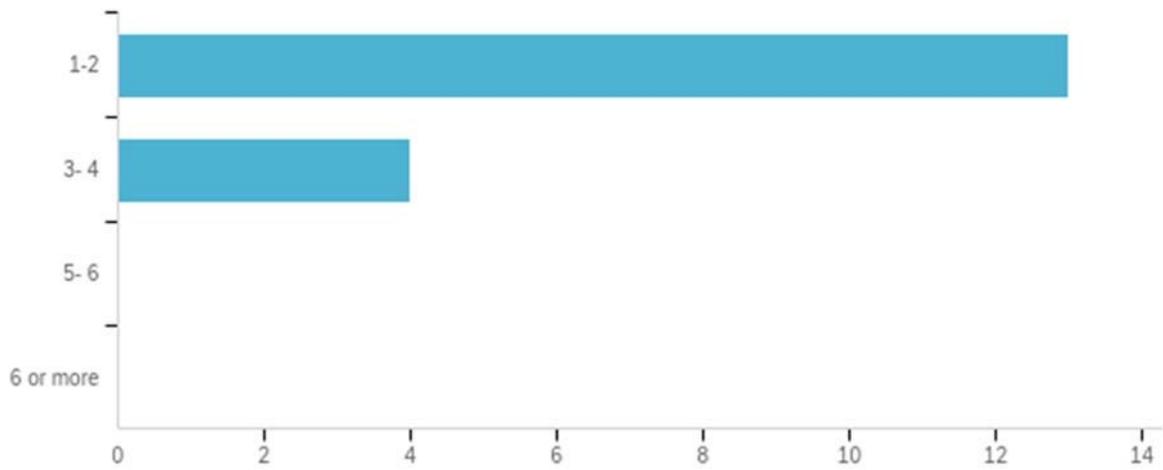
What is the highest level of schooling you have completed?



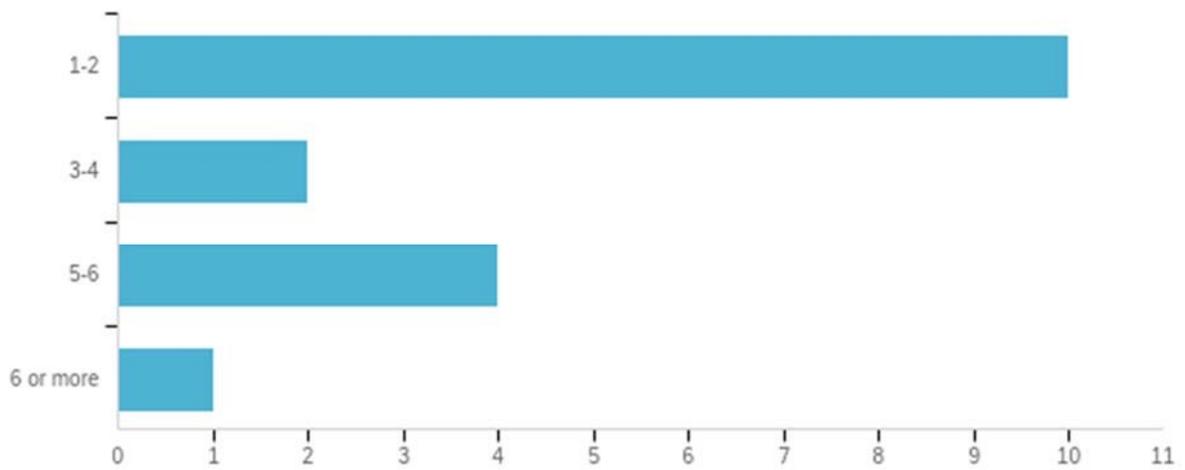
In general, how would you describe your physical health? Would you say it is ...



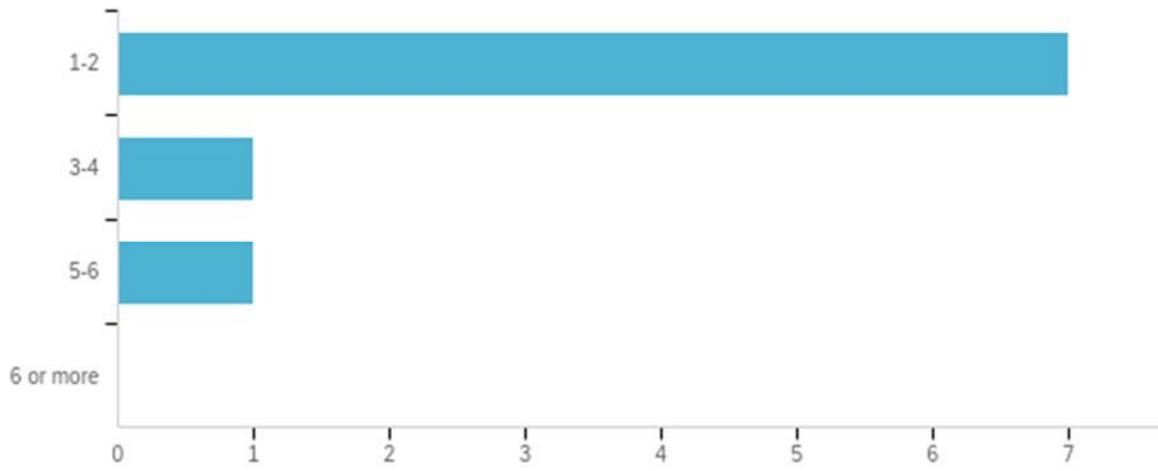
Please indicate how many adults age 18 and older, including yourself, currently reside in your household?



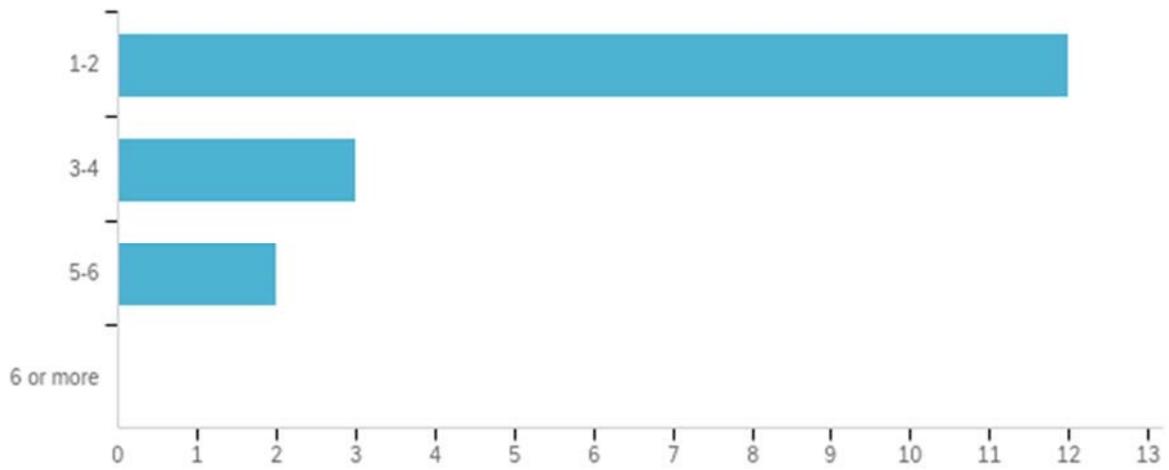
Please indicate how many children (under age 18) currently reside in your home?



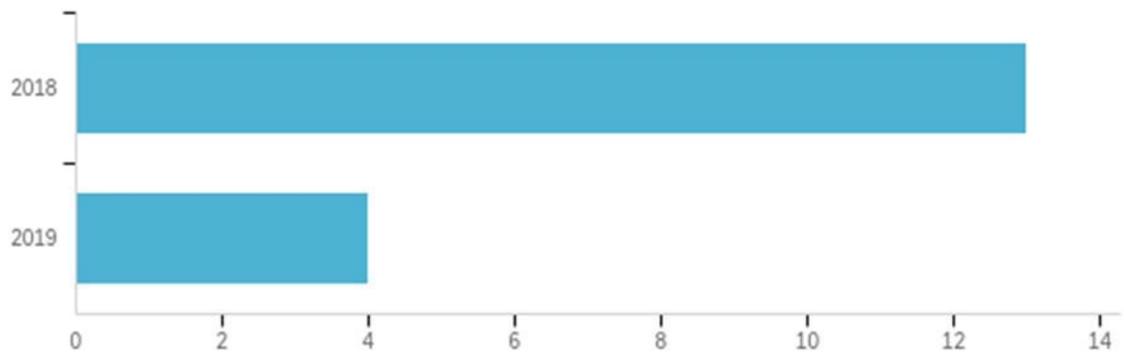
Of the children living in your home, how many are your biological children?



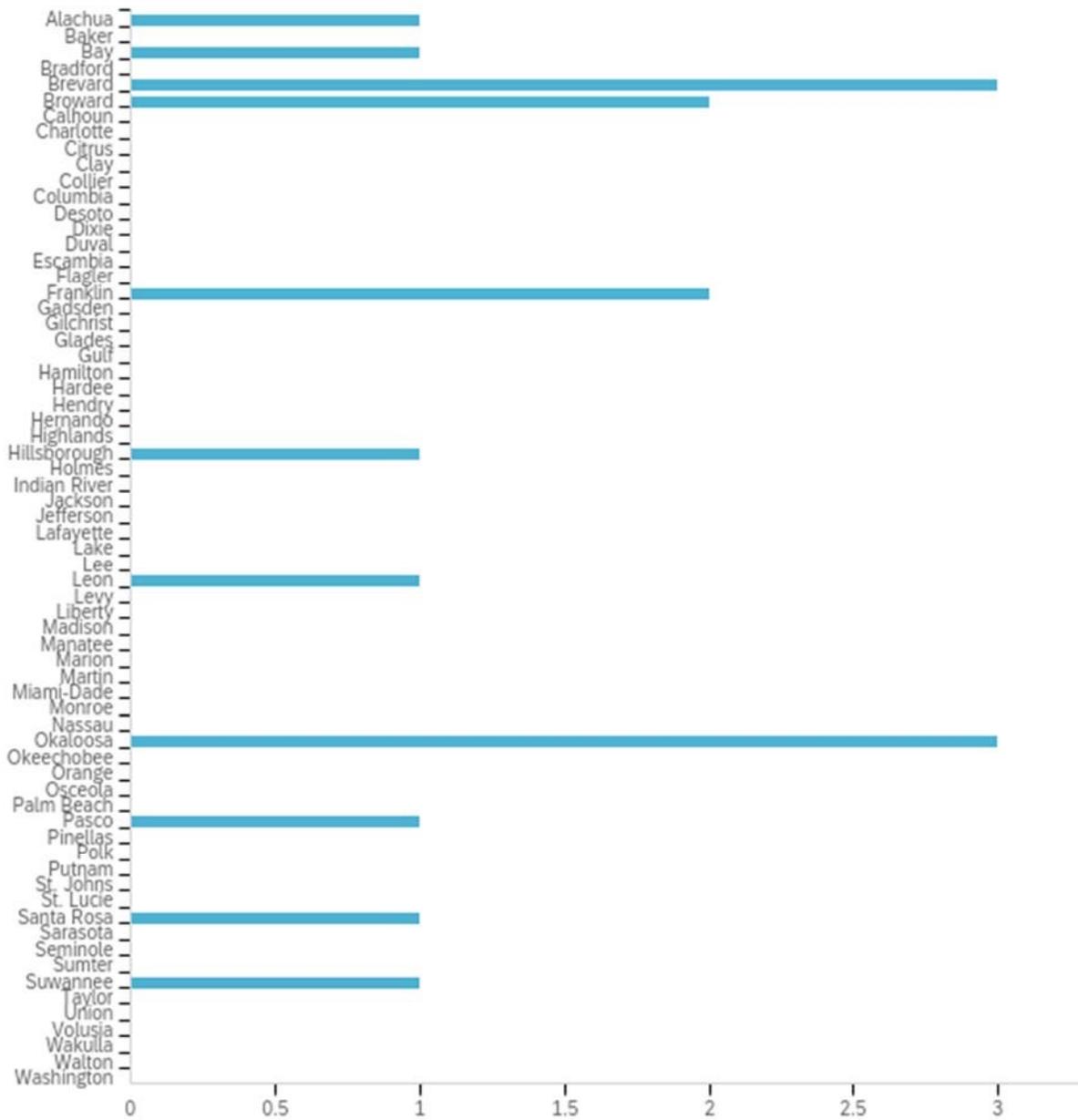
Of the children living in your home, how many were adopted?



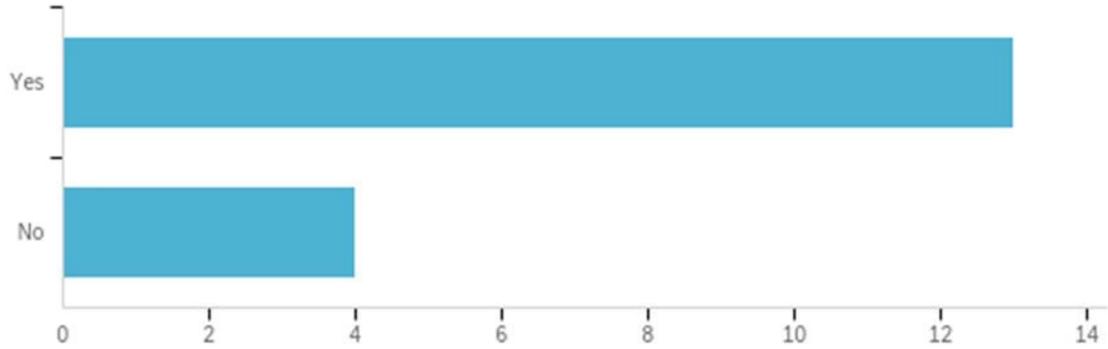
In what year did your first adoption finalize?



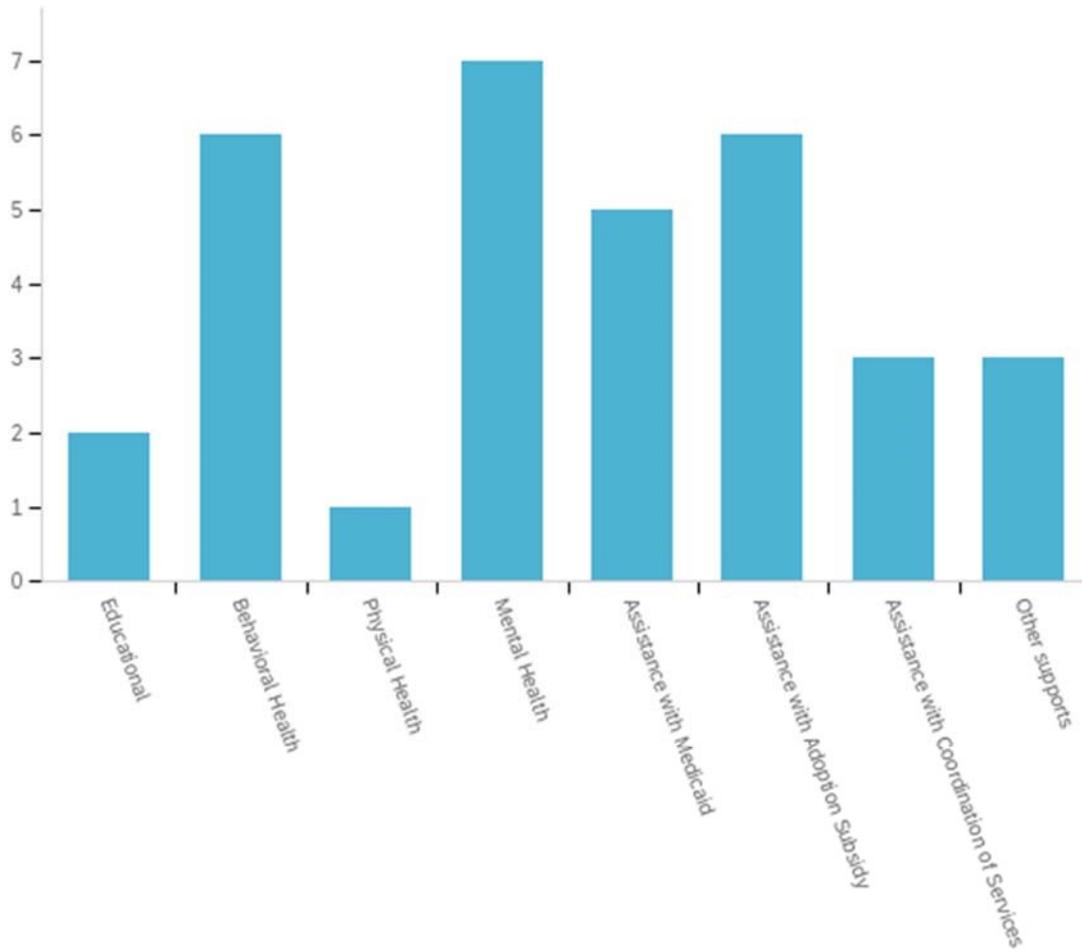
In what county did you finalize your Adoption



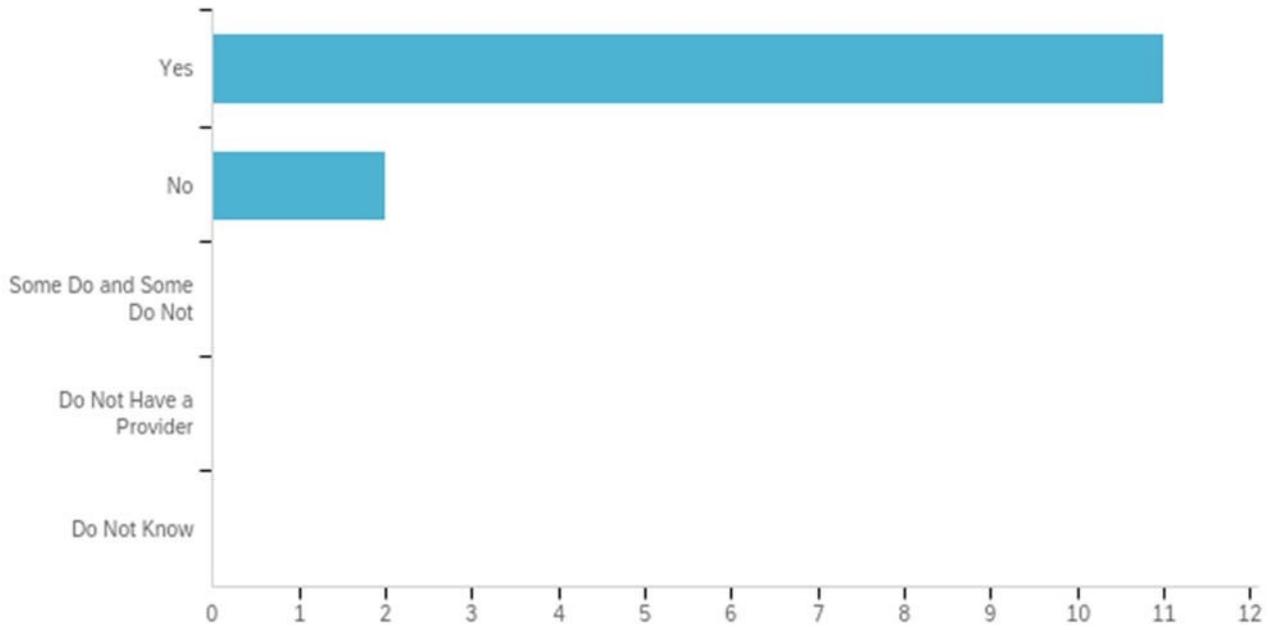
Has your family received Post Adoption Services/Supports since finalization?



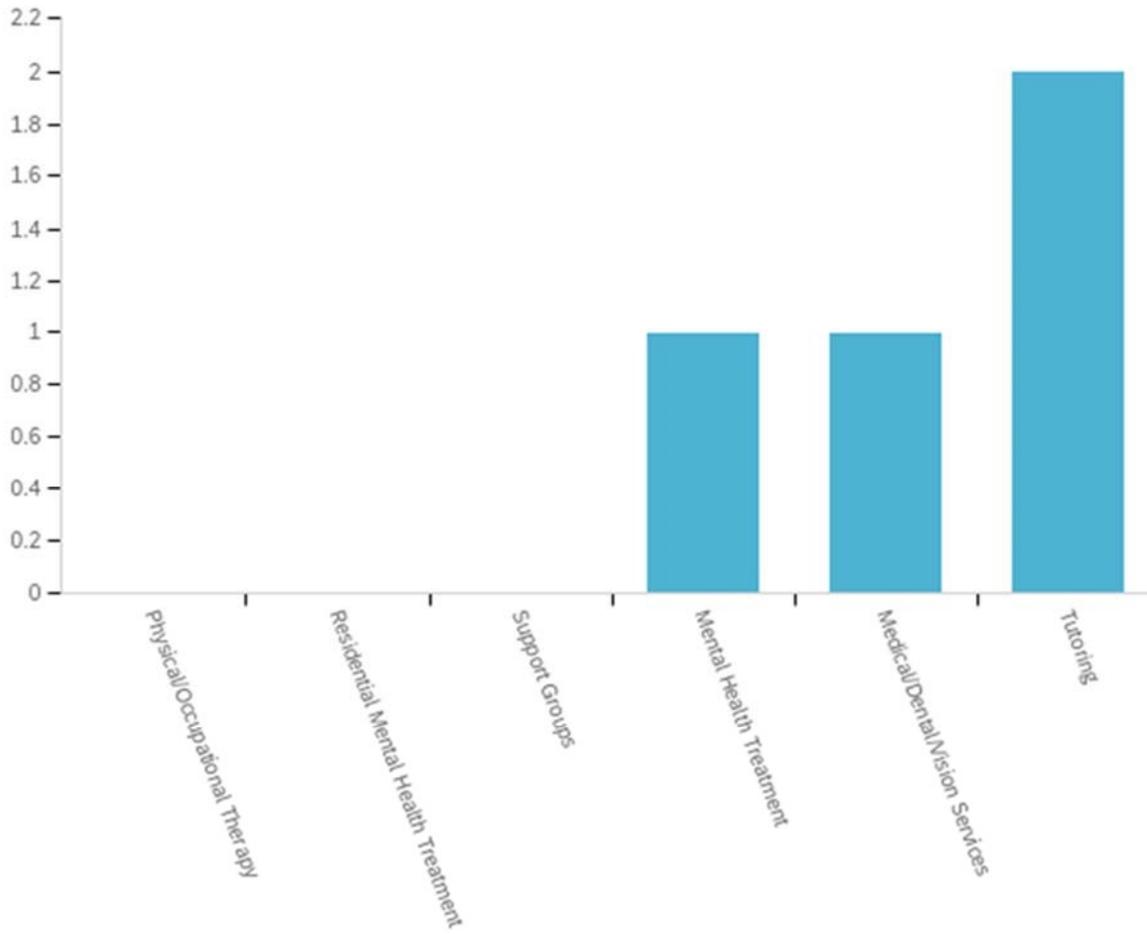
What type of Post Adoption Services has your family received. Please select all that apply.



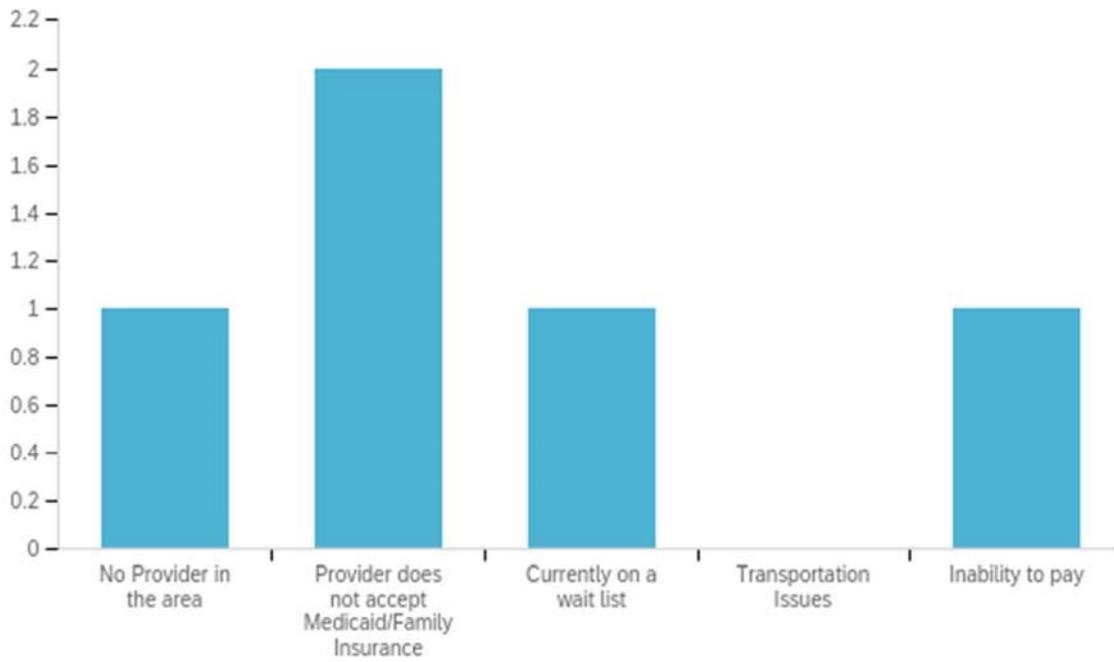
Do you feel the providers of the Post Adoption Services understood the issues that your adopted child and family have related to adoption?



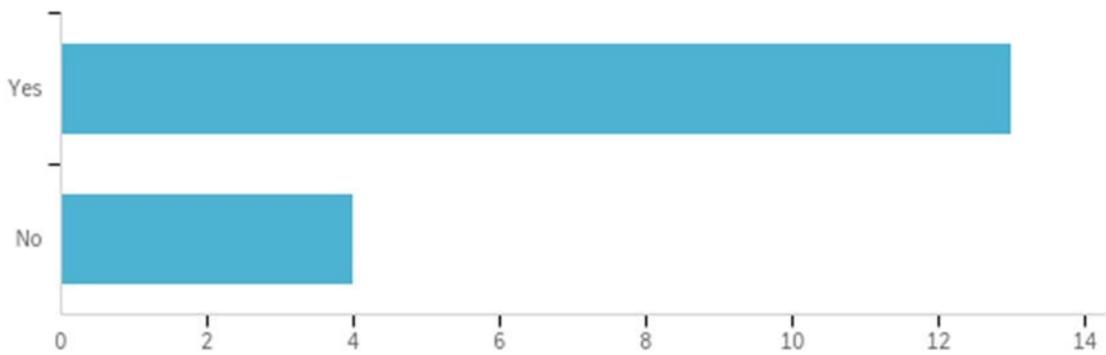
What services have you tried to access but are unable to receive? Please select all that apply.



A service my child and/or my family needs is unavailable because of the following: Please select all that apply.



Do you feel comfortable asking your Post Adoption Worker for additional help/assistance?



Please indicate why you are uncomfortable asking your Post Adoption Worker for additional help/assistance?

