Annual Progress and Services Report

October 1, 2013 – September 30, 2014

The **mission** of the Florida Department of Children and Families is 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, 2015

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Florida's Child and Family Services
Annual Progress & Services Report
Federal Fiscal Year October 1, 2013 to September 30, 2014

TABLE OF CONTENTS

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Annual Progress and Services Report

October 1, 2013 – September 30, 2014

The APSR will address:

Collaboration

Chafee Foster Care Independence, and Education and Training Voucher Programs

Service Array

Monthly Caseworker Visits

Adoption Incentive Payments

Child Welfare Title IV-E Waiver Demonstration

Promoting Safe and Stable Families

Child Abuse Prevention and Treatment Act (CAPTA)

Financial

INTRODUCTION

The mission of the Florida Department of Children and Families is 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.

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

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

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

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

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

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

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

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

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

CHAPTER I. Collaboration

Engagement, Collaboration, and Coordination

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

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

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

- The Department's Regional offices along with each of the Community Based Care (CBC) Lead Agencies continue to collaborate with other state and local providers to coordinate efforts on mutual families.

- Extensive collaboration between the Department of Children and Families, the courts, Guardian ad Litem Program, and community agencies led to many innovative court processes that helped to facilitate timely permanency. The CBCs, local agencies and external stakeholders provided input into this Annual Progress and Services Report.

- In addition to state level partners, communities have worked together with local governmental agencies, such as schools and housing, employment and law enforcement agencies, courts,

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

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

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

- Coordination of physical and behavioral health services that involved shared data;

- Collaboration and coordination with agencies responsible for services to the developmentally disabled and public education so child welfare client needs were being properly addressed;

- Alignment of services and supports when child welfare and juvenile justice issues overlapped;

- Identification of resources for child care, employment, and other services under the responsibility of non-child welfare agencies; and

- Designation of "champions" for children and families whose needs were unusually complex and were being met across different agencies' areas of responsibility.

Ongoing Collaboration

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

State level

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

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

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

- The Agency for Health Care Administration (AHCA), such as for the Health Care Oversight and Coordination Plan, Medicaid payments and managed care for children, and for psychotropic medication prescription data. Refer to Appendix C- Health Care Oversight and Coordination Plan.

- The Agency for Persons with Disabilities (APD) and the Department of Juvenile Justice (DJJ), regarding services for children served by more than one agency.

- The Department of Health (DOH) regarding services and various health issues for children involved with child welfare. The Children's Medical Services (CMS) Program in the Department of Health is a significant partner across the state. CMS develops, maintains, and coordinates the services of multidisciplinary child protection teams (CPT) throughout Florida. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services.

- The Department of Education (DOE), working on educational issues for children and youth. The Department is participating in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state. In January of 2015, the Department requested educational data from the Department of Education for the purpose of trend analysis. Casey Family Programs has agreed to provide analysis of the resulting files and meet with the Department in early June to review the findings and determine appropriate benchmarks for improvement.

- Florida's Department of Revenue, Child Support Program has been a partner with the Department for many years to develop and align practices in support of children involved in the child welfare system. One such joint initiative underway during the report period involves paternity establishment and securing amended birth certificates for children known to both Child Welfare and Child Support Programs from the Department of Health, Bureau of Vital Statistics free of charge. The children's birth certificates are amended when paternity is established.

- The court system, particularly partnering with the Office of Court Improvement (OCI) on various training activities such as the annual Dependency Summit. The dependency Court Improvement Program and the Department of Children and Families have been meeting on a monthly basis since January 2007. Slowly, over the years, additional child welfare partners have joined the meetings to further enhance collaboration opportunities. For the past eight years, the primary focus of the meetings has been to exchange information. Generally, the agenda included: activity Update/Accomplishments from each participating agency, announcements, legislative Update/Accomplishments, and information related to the federal Child and Family Services Review/Program Improvement Plans. In addition to the Court Improvement Program and the Department of Children and Families, the meetings now consist of representation from the following partners: Guardian ad Litem, University of South Florida, Department of Education, Children's Legal Services, Office of Regional Counsel, Department of Juvenile Justice, Florida Institute for Child Welfare, Center for Prevention and Early Intervention, Agency for Persons with Disabilities, Department of Health, Florida Coalition for Children and the Executive Office of the Governor.

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

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

- The Department and Florida's Department of Law Enforcement (FDLE) have been partners for over a decade. Since 2003 the Department has co-located a position in the FDLE Missing and Endangered Persons Information Clearing House to ensure that all children missing from the care and supervision of the state are properly reported as such with local and state law enforcement and the national center for missing and exploited children. Results are that we are capable of processing @ 9,000 missing child reports on an annual basis and locate 56% of the missing children within one day and 85% within 7 days.

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

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

- The Ounce of Prevention Fund of Florida, heavily involved with the Department's various prevention activities and programs such as Healthy Families Florida.

- Florida Guardian ad Litem Program (GAL) has continued to have a close working relationship at the state and local level with the Office of Child Welfare and Children's Legal Services. For instance, a conference focused on children with disabilities was co-hosted by GAL and the Department in May 2014. The next GAL Disabilities Summit is scheduled for May 19 – 22, 2015.

- Tribal organizations, Seminole and Miccosukee tribes, have continued to work in concert with the Office of Child Welfare and the Regions. For example, in Broward County the CBC lead agency, ChildNet, has established a specialized unit to work with the tribes.

- Former foster youth, such as the Florida Youth SHINE organization and the Independent Living Services Advisory Council.

- The Child Welfare Advisory Council, formed by the new Sunshine Care Health Maintenance Organization for managed care of the child welfare population.

- Florida State Foster/Adoptive Parent Association, for training and other events for foster/ adoptive families, and non-relative caregivers.

- The Florida Coalition for Children, long-term advocates for abused, neglected, or abandoned children; significant membership includes most of the Community-Based Care lead agencies and case management organizations.

- Florida's Office of Early Learning/Early Learning Coalitions, which coordinate provision of early education to at-risk children.

- Florida Coalition Against Domestic Violence, engaged in development and incorporation of policy and practice specific to families and children experiencing family violence.

- Children's Medical Services, which has partnered with the Department to develop collaborative and aligned policies within DCF and DOH for children in out-of-home care.

Collaboration for the Annual Progress and Services Report (APSR)

Most of the planning and service delivery throughout Florida's child welfare system is continual and broad. The statewide Child and Family Services Review (CFSR) Committee was formed with representatives of the Department (state and region), CBCs, and Sheriffs who reached out to other local partners, and provided input on local needs assessment including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, and strategies and initiatives. This committee's charge includes the APSR.

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

<u>Northwest Region:</u>

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

Circuit 1

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

- The Community Alliance was revamped to create a mini alliance for each of the four counties in Circuit 1 and one overall Alliance where data and information is shared across the Circuit.

- Prayer breakfasts held twice to share the mission and needs of children and families in dependency, Departments of Juvenile Justice and Children and Families programs.

- Circuit 1 has an active Infant Mental Health Vision Council that oversees and promotes awareness and understanding of infant mental health services. The Vision Council is presently establishing a number of training opportunities for the area.

- Service Integration meetings are held throughout Circuit 1 in each of the four counties. A multitude of representatives from provider and state agencies attend these meetings where information is exchanged on a wide range of child and family topics. Integration meetings provide an ongoing opportunity for providers to network and promote various programs and services in an effort to

enhance the integration and collaboration of child welfare and behavioral health services in the community.

Circuits 2 and 14

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

- Big Bend Community Based Care (BBCBC) collaborates with multiple and diverse community organizations including DCF and their provider network to develop and manage a System of Care that demonstrates quality programmatic and financial outcomes through coordination, transparency and efficiency. BBCBC's approach to developing a network of care is grounded in collaboration and the coordination of services.

- BBCBC has implemented a new innovative approach for collaboration referred to as the Dream Team. The Dream Team consists of multi-agency stakeholders in the foster care arena. Its purpose is to bring to the table problem solving ideas, innovative thinking and planning to address the various issues regarding recruitment and retention. As a direct result of the Dream Team, BBCBC has: contracted with the National Quality Parenting Consultant, Carole Shauffer, for assistance in designing and planning recruitment initiative, increased community awareness of the critical need of foster homes through faith-based and business-based community activities, implemented local policy changes to enhance foster home recruitment and retention efforts, created sub committees to address areas of improvement and effectively changed policy to better meet the needs of recruitment and retention.

- The Circuit 2 & 14 Community Alliance/Community Action Team is a forum through which services for children are planned, organized and coordinated. It serves as a conduit for information between providers, state agencies, consumers and the general public.

- The Managing Entity Governing Council recently joined the Circuit 2 Alliance for a joint meeting. Attendee's include statutorily required members from the school board, law enforcement, county commission, United Way and the court system. Community members include: 2-1-1 Big Bend, Adreima, Veterans Services, Apalachee Center, Agency for Health Care Administration, Brehon Family Services, Capital City Youth Services, Career Source, Children's Home Society, Department of Juvenile Justice (DJJ), Disc Village, Florida Coalition Against Domestic Violence, Florida Diagnostic & Learning Resource Center, Florida State University (FSU) Young Parents Project, Gadsden County Healthy Start, Generations, Guardian Ad Litem, Healthy Families, Live the Life, Living Stones, Magellan Health, Representative Rehwinkle-Vasilinda's staff, Tallahassee Memorial Regional Hospital, VAU, and Whole Child Leon.

- The Circuit 14 Community Alliance for Families (the CAFF) is comprised of organizations or individuals entering into formal "Membership Agreements" to improve the system of care within the six county area. Those represented as members are: United Way of Northwest Florida, Inc., Fourteenth Judicial Circuit Courts, Bay County Sheriff's Office, Calhoun County Sheriff's Office, Gulf County Sheriff's Office, Holmes County Sheriff's Office, Jackson County Sheriff's Office, Washington County Sheriff's Office, Bay County School System, Calhoun County School System, Gulf County School System,

Holmes County School System, Jackson County School System, Washington County School System, Bay County Department of Health, Calhoun County Department of Health, Gulf County Board of County Commission, Holmes County Department of Health, Jackson County Department of Health, Washington County Department of Health, Department of Children and Families, foster parent, parents, youth involved in the dependency system, youth involved in the delinquency system, Parents and Families of Lesbians and Gays, Washington/Holmes County Domestic Violence Task Force, Emerald Coast Behavioral Hospital, Early Learning Coalition of Northwest Florida, Inc., Kinship Parents of Bay County, Gulf Coast Children's Advocacy Center and others are currently pending. In addition, Circuit 14 has forty-five other participants representing the following agencies: Big Bend Community Based Care, Guardian ad Litem Program, Catholic Charities, Children's Home Society, Florida Therapy, Life Management Center of Northwest Florida, Inc., Habilitative Services of Northwest Florida, Chemical Addictions Recovery Effort, Inc., Anchorage Children's Home, Panhandle Area Educational Consortium, Child Protection Team, Department of Juvenile Justice, Healthy Start of Bay County, Chipola Healthy Start and others are added as needed.

- Parents and Providers Advocating for Children Together (PACT) is a consortium of early childhood providers, parents and community leaders who focus on a community level investment in the social, emotional, developmental and behavioral well-being of young children and their families in the Gadsden and Leon County area. They are working with Family Café, youth organizations and MyFest.

Northeast Region:

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

Circuits 3, 4, 7 and 8

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

Circuits 3 & 8

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

- Partnership for Strong Families conducts Provider Meetings every other month. These meetings are an opportunity for training (service specific and agency specific), open discussion and communication around service expectations. Providers are also able to bring local Update/Accomplishments, trainings, or information to share with the group. New and emerging needs are identified through this group, and future training opportunities are devised.

- Lutheran Services Florida (LSF) recently added Partnership for Strong Families to their care coordination process to identify fragmentation of services for the most vulnerable populations. They are working to review the families who have cycled through the children welfare system to identify barriers to services and provide assistance if able. Through this process, gaps and needs are also discussed to improve the larger system.

- Partnership for Strong Families has joined the local School to Prison Pipeline community workgroup in looking at ways to decrease the number of youth arrests at school. The group is currently looking at the overall social service model in the community to ensure students and families have access to services.

- Child Welfare/Domestic Violence Quarterly Leadership Team Meeting- This is a collaborative meeting between the five Domestic Violence Shelters for the 13 county catchment area. The meeting focuses on improving the response to Domestic Violence and looking at ways to create a unified shift in practice.

- PSF created the Human Trafficking Review Team in collaboration with Department of Juvenile Justice and Department of Children and Families along with community agencies who also serve this population including Law Enforcement, Medical, Clinical and other community agencies. The team is a multidisciplinary team that has expertise or experience working with the human trafficking (HT) children that is focused on information sharing between agencies and assessment and planning for identified youth. The team also identifies gaps in services or barriers to services that the team or multi-agency collaboration can work together to solve. The team assists with determination of children who meet Safe Harbor criteria and placement recommendations. The team reviews safety, well-being and permanency for children who are victims of human trafficking.

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

Circuit 4

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

- The Family Preservation Department at Family Support Services of North Florida collaborates with traditional child welfare stakeholders, but also forged strong partnerships with groups such as local shelters, community center, faith-based organizations, and early learning programs.

- Family Support Services also has Strengthening Ties Empowering Parents (STEPS) workers co-located in the local elementary schools to weave together a stronger network of support. STEPS uses evidence-based parenting training, Active Parenting Now and Active Parenting of Teens, to work with at-risk families.

- Family Support Services collaborated with the Department of Juvenile Justice (DJJ) to implement the Crossover Youth Model developed by Georgetown University to address the needs of children who are in both the child welfare and DJJ systems. Each crossover youth is required to have a multi-disciplinary team (MDT) staffing within 10 days of arrest. The State Attorney's Office and the Public Defender attend by conference call. The Juvenile Probation Officer, Intensive Delinquency Diversion Services provider and School Board Representative also attend. Any other people that play a role in the child's life (foster parent, GAL, etc.) are invited and encouraged to attend.

- In 2014, FSSNF entered into a collaborative partnership with the Court, Department of Juvenile Justice, Deloris Barr Weaver Policy Center, State Attorney, and Public Defender to develop and implement the Girls Court model. The Girls Court model affords teens a multi-disciplinary team approach to assessment and service provision. Girls who may otherwise have been sent to commitment programs participate in counseling, enrichment activities, girls' empowerment group activities, and therapeutic services when needed. The first cohort began receiving services in September 2014 with outcome data being collected by the Deloris Barr Weaver Policy Center.

- Family Support Services has been on the forefront of leveraging the court system to improve outcomes for children through strong relationships within the judicial systems and through the Model Court Initiative, an evidence-based practice which has strengthened collaboration with our local child welfare partners. The Model Court designates one judge to hear both dependency and delinquency cases and a General Magistrate to oversee the Independent Living/Extended Foster Care court docket, thereby ensuring continuity in the coordination of services to the child, especially as it relates to his or her education and service needs.

- Family Support Services (FSS) staff member is past president of Florida Youth Shine. Currently a former foster child holds the position of Legislative Chair on the statewide board. Florida Youth Shine (FYS) is a youth-run, youth-driven organization open to teens and young adults between the ages of 13 and 24 who were in Florida's child welfare system. FYS was created as a mechanism to include the voices of foster and former foster children in forums where decisions about child welfare are made. Members consulted with DCF on the Independent Living Re-Design bill prior to it entering legislative session and continued to advocate for the bill as it went through the legislative session. Members have participated in training child welfare staff on The Trauma of Removal. Members advocate for current children in foster care by facilitating workshops in leadership seminars for teens. FSS is now developing a new partnership with the Jacksonville Youth Council to allow youth more opportunity to advocate and get connected locally.

- Family Support Services, in collaboration with community partners, creates and implements enrichment activities for teens such as: SPLASH = SCUBA Promotes Life goals And Supports Healthy living.   Participants received their SCUBA certification on a diving trip to the Keys. This program is accomplished in partnership with FL State Parks, YMCA, Suba Lessons Jax, the University of Miami and

the Professional Association of Diving Instructors. Another enrichment program is Tour de TRAILS = 50 mile bicycle riding challenge on an established bike trail; youth received a high-end crossover bicycle and gear. This program is accomplished in partnership with the YMCA, Jacksonville Sheriff's Office and Open Road Bicycles (San Marco). Two other enrichment programs focus on the development of more traditional skills. Passport to Leadership is a 6 month program concentrating on leadership skills, employment skills, community volunteerism and education planning. This program is accomplished in partnerships with Disney's Epcot, Vistakon, City of Jacksonville, and WorkSource. "The Challenge" is the newest program to Family Support Services, created in 2015 to take youth outside of their comfort zone and force them to rely on themselves and others to accomplish goals. Young people who participate in this program are taking part in activities that will have them learning "by accident". This is accomplished in partnership with the University of North Florida, The Edge Rock Wall, Yoga 4 Change, Red Fox Stables and FL State Parks. Volunteerism has been incorporated into all Independent Living programs through partnerships with Habijax, Clara White Mission, Humane Society and Jacksonville Beach so the young people are exposed to the value of giving back. The Life Skills Learning Series continues to be part of the FSS Youth Development Program for 17 year olds transitioning from care.

- Kids First of Florida currently has ten month permanency staffings that include the GAL, Service Providers and CLS. An additional five month permanency staffing is in the process of being implemented. Parenting classes in the jail recently started and plans are being developed to start group parenting classes for incarcerated parents. Cases that are nearing twelve months, and those nearing twenty-four months are reviewed at the monthly Supervisors' meeting to assure all means have been taken toward establishing permanency. The Kids First of Florida Safety Practice Expert trains service providers on caregiver protective capacities to assure the focus for the service delivery is the same for everyone.

Circuit 7

Circuit 7 has two CBC lead agencies. Community Partnership for Children is the CBC lead agency for Flagler, Putnam and Volusia Counties. Family Integrity Program serves as the lead agency for St. Johns County.

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

- The Department of Children and Families, Community Partnership for Children, Children's Home Society, Junior Achievement of Volusia County, Florida United Methodist Children's Home and the Center for Business Excellence have joined together to develop Career of Choice. Career of Choice is a unique enterprise developed to stimulate and motivate foster youth ages 15 to 17 to strive for employment in their chosen career. It provides on-site tours of facilities and presentations of specific careers by employees in that field. The presentations include the work involved, career opportunities and the educational or training requirements needed for the career choice. Career of Choice answers a strong need in the dependency system. Youth that have entered the foster care system and are approaching adulthood are frequently behind in school, do not have a clear vision for the future and often see no benefit to fully apply themselves to educational endeavors. The mission of the Career of Choice program is to instill an interest in

a particular career field and thus motivate youth to strongly pursue the educational or training path needed for employment in their desired career.

o   Community Partnership for Children coordinates with churches and other non- traditional community providers to host recruitment events for fostering, adopting and mentoring. A special focus is done for recruitment regarding teenage children.

Central Region:

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

Circuit 5

Kids Central, Inc. (KCI) is the Community Based Care Lead Agency for Circuit 5 serving Citrus, Hernando, Lake, Marion and Sumter Counties. The KCI current community-based care model of care represents a comprehensive redesign of the state's child welfare system, which allows for increased local control, accountability and flexibility to better serve the communities in Circuit 5. To accomplish this objective, Kids Central has developed strong relationships and collaborations with a variety of local agencies to provide a comprehensive range of services including: prevention, diversion, case management, in-home and out-of home care, foster care, family reunification, adoption, Independent Living Services, Kinship Care services, Healthy Start, and community engagement.

- Kids Central's major partners in local service delivery are: The Centers provides o Case Management services for Citrus and Marion Counties. Children's Home Society is used in Hernando, Sumter and Lake Counties. Youth and Families Alternatives provide all Adoption Case Management services in Lake, Hernando and Marion Counties. Additional collaborations exist with the University of Florida, the local judicial systems, Guardians Ad Litem, Children's Legal Services, Department of Juvenile Justice, Healthy Start Coalitions, Safe Kids Coalition, City of Eustis, Ocala Parks and Recreation, local Colleges, School Systems, and the Circuit 5 Community Alliances for each county, faith based agencies and grass roots organizations. Finally, Kids Central has engaged the community at large including, but not limited to, interested citizens and businesses as partners in our system of care. Each partner joins Kids Central in bringing its programmatic expertise, history of experience and community relations.

- Kids Central is committed to the youth that are a part of the Independent Living Program. Equipping young people with the necessary skills to make positive choices is part of the discussion at the monthly meetings. These monthly meetings are interactive where KCI engages and encourages information sharing among the youth. KCI's framework supports fundraising, education, peer support and other life learning events. The Kids Central Independent Living Program (ILP) coordinates the Youth Advisory Council that is held on the third Tuesday of the month.

- The Circuit 5 DCF Community Development Administrator facilitates regular, monthly Circuit 5 Local Review Team calls, on the 2nd Fridays of each month. The call serves as a forum for agencies to come together to discuss issues and topics that affect children in common.

Circuits 9 and 18

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

- Foster/Adoptive Parent Associations, Post Adoption Support Groups/Services, Youth Advisory Boards and the Provider (Advisory) Board are in place and offer opportunities to share information, obtain needed peer support and receive support and to have a voice in service delivery and improvements.

- Stakeholders meet with the judiciary during the Dependency Court Improvement Summit annually during the Circuit breakout sessions and during frequent brownbag lunch meetings hosted by the Court. The Guardian Ad Litem program, parents, youth (when developmentally appropriate) and caregivers are invited to all case planning/progress team meetings involving the child (Family Service Team Meetings, Placement Support Staffings, Treatment Team/Level of Care Staffings) and Youth Transition Team Staffings (as determined by the youth).

Circuit 10

Heartland for Children (HFC) is the provider of foster care and related services in Circuit 10, Hardee, Highlands and Polk Counties. HFC strongly believes that success in providing services for children involves fully engaging the local community. As a result, the past 10 years has seen the development of solid community partnerships, the fostering of connections to a variety of stakeholders including but not limited to:
- the courts
- social services providers
- businesses
- neighborhoods
- schools
- faith-based community
- foster and adoptive parents
- substance abuse providers
- mental health providers
- advocates working against domestic violence

- HFC maintains visibility and presence through participation in numerous community meetings and forums, community outreach events and brand development. Participation in these work groups, task forces and forums promotes cross system /cross program collaboration and integration. For example, HFC participates in the Children's Services Council of Highlands County, the Polk Safe Haven Coalition, the Polk Vision Quality of Life Task Force, Polk Vision, Building a Healthier Polk Initiative, the Healthy Start Coalition, the Trauma Informed Coordinating Council, the Polk County Domestic Violence Task Force and the Bartow, Lakeland and Highlands County Chambers of Commerce, Safe Kids Coalition, Drug Free Highlands, monthly foster and adoptive parents team meetings, monthly

Behavioral Heath leadership meetings, monthly mental health and substance abuse provider meetings to discuss service integration (FIS and FITT programs), as well as ongoing partnerships with domestic violence advocates co-located in our protective investigator locations, and the Circuit 10 Human Trafficking Taskforce. Participation in these various groups allows HFC to solidify relationships with community stakeholders, receive ongoing input on the system of care's responsiveness, exchange information, continuously educate others about our system of care, and integrate services and programs. One example of the cross system/program collaboration would be the commitment of the Children's Services Council of Highlands County to recruit an additional 25 foster families.

- Additionally, HFC strengthens its presence in the community by participating in community events such as the United Way Back to School Bash, Polk County Family Week, Highlands County Family Week, YMCA Healthy Kids events, Pinwheels in the Park and the Junior League of Winter Haven's family day events.

- Heartland for Children has demonstrated a history of utilizing a variety of methods to conduct ongoing assessment of our system of care's responsiveness in meeting the needs of children, youth and families. These assessments include both the roles that HFC employees fulfill as well as those of contracted service providers and stakeholders. HFC values and acts upon the input we regularly receive through our extensive collection of surveys. These surveys include: foster parent surveys, relative caregiver surveys, stakeholder surveys (includes PIs, CLS, GAL, Courts, service providers and other related community organizations), youth exit interviews, Placement Quality Assurance calls (gathers input about the process of the child being placed and additional needs), Placement survey tool (for PIs and CMs), and the HFC employee survey. These items are utilized to provide assessment of our system and stakeholders' effectiveness in addition to data gathered through our Quality Service Reviews, file reviews, contract performance measures and scorecard measures.

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

- HFC has robust stakeholder integration in their system of care. Below are examples of some community partnerships developed by HFC either through the identified formal agreements or through informal, but valuable, relationships. HFC has taken the lead to create community-based solutions for serving our population.

- HFC has developed interagency agreements with all local school districts and early learning coalitions in Circuit 10. HFC also has strong, open relationships with other agencies/ organizations that furnish educational and vocational services and supports for children in the child welfare system. The coordination of services and supports across these agencies is critical to positive educational outcomes for children.

- HFC has a dedicated Education Specialist who serves as a point of contact between the school systems and HFC. HFC partners with the local school districts to support better communication regarding individual child educational issues through the use of a school liaison model. Each local charter and public school identifies a Child Welfare Liaison, usually a guidance counselor, to represent their particular school. The school liaison model has been in place since the 2008-2009 school year.

These school liaisons attend annual training provided by HFC that includes child abuse identification and reporting, local child welfare system structure, and system Update/Accomplishments. Although child abuse identification and reporting training from the command center will be online for school personnel this year, HFC will continue to work with DCF and the school systems to provide training topics that keep children safe and that help get children connected to needed resources that will improve educational outcomes.

- Since HFC began its relationship with the Devereux Center for Resilient Children (DCRC), over 500 child serving professionals in the community have participated in training related to child and adult resiliency, protective factor development, social emotional screening, strength-based approaches for working with families, and positive behavior management training (FLIP-It). Participants in these trainings have included representatives from local Head Start programs, Case Management Organizations, Healthy Families, child care centers, Child Find, local schools, Early Steps, Early Learning Coalitions and other agencies within the circuit who provide services to young children and/or their caregivers.

- HFC has identified points of contact within the agency to actively serve on the Polk, Highlands, and Hardee County Human Trafficking Task Force. HFC monitors the runaway activities of youth in care and facilitates specialized staffings for youth with high numbers of runaway incidents. One of the purposes of these staffings is to ascertain if there are indicators that the child may be a victim of human or commercial sexual exploitation. As a result of the efforts to provide resources and to participate in community task force activities, there is an observed an increase in communication and coordination of efforts regarding minor victims.

- There are twelve (12) distinct law enforcement agencies in Circuit 10. HFC has strong working relationships with these agencies both at the leadership level and with front line staff, and there are either formal working agreements with each agency or an agreement is under development.

- HFC has a strong working relationship with CLS, which has always been willing to collaboratively solve problems. In response to requests from CLS to coordinate a project with the Case Management Organizations (CMOs) to improve the quality of court documents, the Heartland Legal Workgroup was established in August of 2012. The Legal Workgroup continues to meet every other month and it has become apparent that a coordinating body of representatives from CLS, CMOs and Heartland provides a collective systemic voice and conduit for the complexities of dependency court issues.

Circuit 18
Brevard Family Partnership (BFP) is the provider of foster care and related services in Circuit 18, Brevard County. Major stakeholders include the Department of Children and Families, Children's Home Society, Devereux Florida, Impower, Crosswinds youth Services, Department of Juvenile Justice and the Guardian Ad Litem Program.

- Human Service Agencies throughout Brevard County, along with Brevard Public Schools, States Attorney's Office, DJJ, United Way, and County Government are members of Together IN Partnership which is a committee staffed by Brevard County Government and meets for the purpose of information sharing, and finding solutions to issues that arise in the human services areas. Sub committees include child substance abuse, and family management.

- Brevard Family Partnership is a pilot Youth Thrive site. BFP supports and helps coordinate a Youth Advisory Council which is comprised of youth in out of home care and young adults who have exited foster care and continue to receive services. Members of the Youth Advisory Council are advocates in the community, and to state legislators. BFP has implemented Quality Parenting Initiative (QPI), and have integrated their foster parents into their training and system of care. BFP contracts with the Woman's Center, a local domestic violence service agency to have professional staff out-posted in care centers with case management's staff. These professionals provide technical assessment and resources to families served within the system of care. BFP also contracts with Aspire to provide substance abuse professionals to be out-posted with case management staff. They provide technical assistance, assessments and service referrals to families in need of their services.

SunCoast Region

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

Circuits 6 and 13

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

- Eckerd Community Alternatives (ECA) believes that building an effective and sustainable system of care is accomplished by creating an environment that supports change, develops connectivity and conveys information to all stakeholders. Collaboration is achieved through frequent and transparent communication through the following venues:

- Weekly Data Report is disseminated to multiple stakeholders in an effort to keep them engaged in the progress of the local child welfare agency. Weekly Performance Improvement Calls are initiated and facilitated by ECA every Monday morning and includes representation from our subcontracted Case Management Organizations (CMO), Child Protective Investigations (CPI), Department of Children and Families (DCF) contract management, Guardian Ad Litem Program, Juvenile Welfare Board or Children's Board, as well as a host of other key stakeholders.

- Monthly All Management Meeting serves as an opportunity for management staff to network, team build and increase their skill set. In addition, supervisors are provided a forum to address systemic issues and policy interpretation, share best practices, develop improved processes, recommend change and work together towards common goals.

- Bi-weekly Program Director's meeting brings key executive management level staff together to collaborate and discuss case management processes, requirements, issues, performance, fiscal benchmarks and other identified issues. It is an opportunity to share best practices, complete data analysis, and provides a forum to maintain a systems perspective in a community based care environment

- Monthly Community Alliance Meetings are held in all three counties and provide an opportunity to report progress on the programmatic and financial status of the community based care lead agency. The Alliance consists of providers, child serving agency community leaders, and representatives of the judicial branch.

- Stakeholder/ Provider Workgroup meetings are held quarterly to bring together agencies that have contracts with ECA along with stakeholders in the community. This meeting is used to communicate, discuss monitoring processes, review contract requirements and exchange best practices.

- The Foster/Adoptive Task Force Meeting brings Foster Parent Association leaders together with ECA lead agency management staff, CMO management staff and others that are collaboratively identified to assist with the foster parent program. Meetings are used for educational topics, distribution of foster parent resources and dialogue between case management staff and foster parents.

- Monthly Leadership Communiqués are distributed to all system stakeholders that describe important performance highlights, upcoming events, and ways the community can contact the Executive Director of each Circuit.

- ECA's website www.eckerd.org has served as a tool for information exchange for foster and adoptive parents, child welfare service providers and parents looking for services. It is also a tool for sharing information about training opportunities for case managers, protective investigators and other groups within the System of Care. It also serves as a repository of all weekly data packets.

- ECA has been actively involved and participated in multiple community meetings. These community meetings have served as networking opportunities and have provided opportunities for services to be expanded as new contracted providers were identified. This expansion has broadened the scope of services for families.

Circuit 12

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

- o Over the past few years, the YMCA has focused on strengthening its relationships with local governments and has been cognizant of the balance required of a lead agency that is both a funder and service provider. This has resulted in improved

communication and actions that demonstrate the YMCA's desire to assure needed services are provided by the agencies with the greatest expertise.

- o The YMCA took a lead role in writing the Circuit 12 Child Abuse Prevention Plan (CAPP), and has assumed responsibility for coordinating participation of community providers and, ongoing, assuring plan Update/Accomplishments.

Circuit 20

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

- CNSWFL is a partner with the Dunbar 21st Century Collaboration. This collaborative is made up of faith-based and community organizations that serve a specific community in Lee County.

- The Children's Network is an active participant in the Florida Coalition for Children (FCC), along with the other CBC agencies in Florida. This group facilitates member collaboration and resource sharing and alongside their members and educates state and local policymakers on the needs of Florida's foster, adoptive and in-crisis families. Maintaining a strong presence in Tallahassee, the location of the association headquarters, FCC works with lobbyists, elected officials, child welfare advocates, and members of the public to monitor and affect legislation relevant to our members and the children and families they serve. (information reproduced from the FCC website)

- As part of the lead agency's community development activities, the Children's Network has used media to raise awareness about the issues of child abuse and neglect. Staff members have appeared on local television and radio shows. Children's Network funded a billboard campaign to recruit foster and adoptive parents. The lead agency has worked with local groups to host a variety of events throughout the year. These include Easter egg hunts, summer camp, holiday parties and gifts during December and other child-focused activities. The agency recognizes its foster parents by hosting an appreciation dinner.

- CNSWFL collaborates with the Youth Law Center to improve and enhance the foster care system by providing training and support. The purpose of the Quality Parenting Initiative (QPI) is to bring a professional approach to foster parenting. The lead agency and its licensing providers are closely aligned with the Southwest Florida Foster and Adoptive Parent Support Association (SWFLFAPA) in Circuit 20. The CBC's Director of the Programs Department, the Foster Parent Liaisons who serve as conduits between the foster parent community and the agency, along with the President of SWFLFAPA, meet frequently to assure there is open communication across all agencies, to evaluate the efficacy of strategizes implemented to improve foster parents outcomes: retention, inclusion in decision making etc. and to strategize and evaluate supportive services provided to foster parents.

- The Children's Network collaborates with a foster parent couple who are volunteers and are available 24 hours a day, 7 days a week to work with foster parents on any issues they might have. These veteran foster parents assist fellow foster parents to navigate the system and obtain the help they need.

Southeast Region

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

Circuits 15 and 17

The Lead Agency for Circuits 15 and 17 is ChildNet, Inc. ChildNet provides comprehensive case management to families and children in Palm Beach and Broward Counties. ChildNet firmly believes that a lead agency's constant, comprehensive, and effective work with the local network of agencies providing and funding health, education, and human services is absolutely critical to the success of any Community-Based Care initiative. In service of this belief ChildNet, in 2002, developed a Network Management Plan which it has since Updated/Accomplishments multiple times, most recently with its transition to Circuit 15. The Plan now directs ChildNet efforts in both circuits, is reviewed annually, and adjusted to reflect the unique needs and resources of each Circuit. The Plan includes the following core beliefs:

- Truly successful Community-Based Care requires the fullest possible support from the fullest possible array of those who locally provide and fund medical and dental, behavioral health, developmental disabilities, juvenile justice, education, and other social services for local children and families;

- Establishing and maintaining that support requires consistent, continuing, and honest communication and partnership with all these vital CBC stakeholders; and

- Establishing and maintaining that communication and support is sufficiently important to require the focused attention of a distinct Service Coordination Department within ChildNet.

- ChildNet has maintained a long-standing and well-developed relationship with the local Agency for Persons with Disabilities (APD) office in Broward County, and is diligently working to develop that same communication and partnership with APD in Palm Beach.

- ChildNet's collaboration is enhanced through quarterly APD Medicaid Waiver "wait list" staffings, where each dependent child under ChildNet's care is discussed with a multi-disciplinary team, including the child welfare case manager, APD, school representative, caregivers, therapists, and Guardian Ad Litem, in order to ensure their service needs are met and critical information is shared with all involved parties.

- ChildNet has done multiple analyses of its teenage clients that consistently reveal that approximately half of the local teens in foster care have had at least one referral to the Department of Juvenile Justice (DJJ). This makes it imperative that the CBC lead agency's collaboration with DJJ be intense and constantly improving.

- A local interagency agreement between ChildNet and DJJ in Broward several years ago describes each agency's processes for serving shared clients and the methods for collaboration to access appropriate behavioral health services for them and their caregivers. It also describes the responsibilities of each agency in preventing the entry of delinquent youth into the dependency system via Sua Sponte order as a result of their delinquency. However, rather than simply recreate a similar document from scratch in Palm Beach, ChildNet will make use of the existing Memorandum of Understanding developed by the local Crossover Committee of which ChildNet's

Executive Director is now a member with representatives from DJJ, Court Administration, Legal Aid, Children's Legal Services, the State Attorney's Office, the Public Defender, and the DCF.

- ChildNet is ensuring that specialized segments of the dually delinquent youth population for whom it is responsible are being effectively and appropriately served by having the Executive Director join and work with both the local Juvenile Reentry Task Force and the Domestic Violence Subcommittee of the Juvenile Detention Alternatives Initiative.

- ChildNet maintains a central role in broader DJJ planning and operations as a result of the membership of the Chair of its local Advisory Board on the Circuit 15 Juvenile Justice Board.

- Southeast Florida Behavioral Health Network (SEFBHN) is Circuit 15's Managing Entity (ME) for substance abuse and mental health. ChildNet has been working extremely closely with SEFBHN since it began operations on October 1, 2012. ChildNet's Executive Director in Circuit 15 is a member of the SEFBHN Board of Directors and recently was elected Secretary of that Board. He and ChildNet's Director of Service Coordination currently meet at least monthly with the ME's CEO to develop and refine the Circuit's Child Welfare Integration Plan and the interagency agreements intended to support it. The fruits of this relationship have already been substantial.

- ChildNet representatives have been an integral part of the team that has developed and implemented a totally new approach to the use of Family Intervention Specialists (FIS) so that efforts are now focused on working intensively with those families who either fail to follow through with such assessments which are now scheduled with an array of substance abuse providers or fail to engage in the treatment services recommended by these assessments.

- The two agencies have also worked closely in development of the Family Recovery Program a local pilot project funded by the DCF whose overarching goal is improved integration of child welfare and substance abuse and mental health services. The program, launched in October, 2013, involves an attempt to timely engage substance abusing parents whose children are being or have just been removed in a substance abuse assessment and the treatment services it recommends.

- ChildNet is also especially proud of Circuit 17's selection as one of the Center for Juvenile Justice Reform at Georgetown University's Public Policy Institute's 13 national sites for the Cross-Over Youth Practice Model (CYPM). As part of this important project ChildNet, DJJ, and other related system partners, such as DCF, Legal Aid, the Guardian Ad Litem Program, service providers, the public schools, the Children's Services Council, and local law enforcement developed protocols and policies to improve the identification and handling of dually-involved youth. Though formal Georgetown involvement has concluded, ChildNet continues to lead regular meetings of this group that ensure that the work of the CYPM continues. ChildNet has begun and will continue to share with its partners in Circuit 15 the processes and protocols that have been developed as part of this initiative. It is vital to note, however, that Circuit 15's Crossover Committee had already identified and implemented local Palm Beach versions of many of such protocols.

- ChildNet plans to duplicate in Circuit 15 its successful collaboration with the local housing authorities in Circuit 17. Fully supported by DCF, ChildNet has made multiple applications to the federal Housing and Urban Development department (HUD) under its Family Unification Program (FUP). The most successful of these resulted in the receipt of housing subsidies valued at approximately $1.8 million dedicated exclusively to meeting the needs of either child welfare families seeking reunification of their children or teens transitioning out of the local child welfare

system, an award which was the largest in the nation. ChildNet subsequently also worked with local housing authorities and behavioral health care providers on a successful application to the federal Health and Human Services administration (HHS) for a grant that now provides more than $1 million in supports to this very same population including a countywide ChildNet Housing Coordinator who assists case managers and families in the timely identification and access of all available low cost housing opportunities.

- In Palm Beach, ChildNet has begun work with local non-profit organizations with particular expertise in low cost housing such as Community Partners and the Lord's Place to identify funding that would support increased housing options for child welfare clients including seeking to access FUP vouchers previously awarded to the Palm Beach County Housing Authority but not currently addressing the needs of child welfare populations. ChildNet is also seeking to develop Florida Housing Finance Corporation Memorandums of Understanding for Special Needs Housing Services with major affordable housing developers.

Circuit 19

Devereux Community Based Care of Okeechobee and the Treasure Coast (DCBC) is the Lead Community Based Care Agency serving children and families in Circuit 19, Indian River, Martin, Okeechobee, and St. Lucie Counties. DCBC was awarded the Lead Agency contract in November 2013.

- Devereux CBC has developed a phased approach to the implementation of a county management model in St. Lucie and Martin Counties. In contrast to prior community engagement approaches that emphasized centrally driven stakeholder relationships, the county model provides a focal point for Devereux CBC's engagement of county level stakeholders in each of our four counties. This will allow deeper partnerships that capitalize on the unique flavor, areas of strength and priorities that exist in each county, allowing us to tailor services and capitalize on existing local resources and services to complement the community base care funded array of safety management and family support services.
    - Major collaborative partners include
        o Department of Juvenile Justice,
        o Substance Abuse and Mental Health
        o Child Protective Investigations
        o Children's Services Council's
        o Helping People Succeed - BRAIN Program
        o Early Learning Collation - Childcare
        o School Boards
        o Department of Children and Families
        o Southeast Florida Behavioral Health Network Children's Legal Services
        o Florida Youth SHINE
        o Circuit 19 GAL Program
        o Healthy Start
        o Florida Atlantic University
        o Barry University
        o Domestic Violence Centers - Safe Space and Martha's House
        o House of Hope.

Southern Region

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

Circuits 11 and 16

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

- Major collaborative partners in the Southern Region include: Department of Children and Families, Our Kids, Law Enforcement, the State Attorney's Office, the CBC Alliance, the court system, Full Case Management Agencies (FCMAs), Managing Entity (South Florida Behavioral Health Network), Florida Foster Care Review (Citizen's Review Panel), foster and adoptive parents, Miami-Dade County Public Schools, youth and service provides, and other community organizations.

- The Children's Trust (Miami-Dade's independent special district for children's services) is an approximately $100 million dedicated source of funding for the needs of children and families in Miami-Dade County. It is the recognized lead agency for the prevention of negative factors and the promotion of positive outcomes with funded service and advocacy programs for all children and families. The Children's Trust board has the breadth of representation (33 public, not-for-profit and private sector members), scope of expertise (with its 90 person staff) and greater resources than ever before in Miami-Dade County to focus on prevention and early intervention services to address the needs of this community's children and families.

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Chapter II. Service Delivery Structure and Capacity

Services Continuum

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

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

> (a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

> (b)To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. (Subsection 39.001(1), F.S.)

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

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

Update/Accomplishments

Florida Statutes: 2014 Legislation

Five bills passed by the Legislature during the 2014 session directly impact child welfare. These changes in law went into effect in July 2014, unless otherwise noted.

Senate Bill 1666 was signed into law June 23, 2014. This bipartisan legislation strengthens current child welfare laws and increases resources to protect children from abuse and neglect. The bill creates a new Assistant Secretary for Child Welfare; amends and creates new definitions in Chapter 39; codifies the Department's Safety Practice; expands services to medically complex children; creates hiring preferences for child protective investigators; and provides other child welfare specific guidance and instruction specific to the delivery of child welfare and child protection services.

House Bill 977, "Keys to Independence," was signed into law on June 23, 2014. This bill serves as a continued emphasis on normalcy. Eight hundred thousand dollars of recurring funds was appropriated to operate a statewide, three year pilot for youth in licensed care to gain access to vehicle insurance, funds to support driver education, and assistance with securing driver licenses and learner permits. The provisions of the law extend to all eligible youth in licensed care to include those young adults in Extended Foster Care up to the availability of funding from year to year.

House Bill 561, Attorneys for Dependent Children, was signed into law on June 25, 2014. This legislation requires the appointment of an attorney to represent dependent children who have special needs, unless a pro bono attorney represents the child. To ensure potentially eligible children's access to an attorney, the Department was tasked with identifying all dependent children who: reside in a skilled nursing facility or is being considered for placement in a skilled nursing home; is prescribed a psychotropic medication but declines assent to the medication; has a diagnosis of a developmental disability as defined in law; is being placed in a residential treatment center or being considered for placement in a residential treatment center; or is a victim of human trafficking.

In addition, there were two significant human trafficking related bills passed during the 2014 legislative session. House Bills 989 and 7141 were each signed on June 17, 2014. House Bill 989 is intended to increase the criminal prosecution of human trafficking criminals, while House Bill 7141 enhances training requirements for child welfare and juvenile justice staff who work with victims of human trafficking, create certification requirements for safe houses and safe foster homes; and mandates use of an assessment tool to ensure the identification of the appropriate services to help victims of human trafficking.

Florida Administrative Code (F.A.C.)

The Department published or finalized the following rules relating to child protection and child welfare during the time period October 1, 2013 to September 30, 2014:

1. Chapter 65C-13, Foster Care Licensing. The rule chapter on foster home licensing was amended to reflect legislative changes to the extension of foster care, outline the responsibility of foster parents to deliver life skills training, and to address pool safety requirements and normalcy.

2. Chapter 65C-29, Protective Investigations. The Department amended several rules within Chapter 65C-29, Protective Investigations, to make rule language reflective of 2014 legislative changes to Chapter 39, F.S.; add clarifying language implementing safety assessments and safety planning and simplify wording and resolve issues of ambiguity.

<u>Future Plans</u>

During FFY 2014-2015, the Department will continue to Update/Accomplishments current administrative rules to ensure the newly enacted legislation is fully outlined for the standardized practice approach and for mobilizing family resources and networks, engaging community expertise, and planning interventions. The Department will be reviewing and revising, where applicable, the following Administrative Rules:

3. Chapter 65C-38, State Automated Child Welfare System (SACWIS) Checks for the Placement of Children (formerly titled Criminal History and Abuse Record Checks for the Investigation of Reports for Abuse, Neglect, or Abandonment and for the Placement of Children). The proposed

amendments to rules will establish standards for evaluating information contained in the automated system relating to persons who must be screened for the purpose of making placement decisions.

4. Chapter 65C-41, Extension of Foster Care. The new rules address transition and case plan requirements; set forth the conditions for discharge from extended foster care; and provide an appeal procedure for young adults determined to no longer be eligible for, or denied readmission into, extended foster care.

5. Chapter 65C-42, Road to Independence. The rule amendment will provide definitions of relevant terms; establish application processes for Postsecondary Services and Support and Aftercare Services; and provide an appeal procedure for young adults determined to no longer be eligible for, or denied entry into, either of the programs.

Prevention

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

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

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

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

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

Update/Accomplishments

Evidence-based primary and secondary prevention programs:

- The Department and CBCs continued to build partnerships in the community, which significantly impact the quality, effectiveness, and efficiency of children and family services at the local level. Collaborate on a community basis with local governments and community alliances to work towards family needs such as labor, housing, prevention programs; evidence-based home visiting programs such as Healthy Families, Head Start and Nurse Family Partnership, and education needs such as Head Start and Vocational Rehabilitation.

- A number of CBCs invested in families up front, before a call to the abuse hotline, to reduce the likelihood the children will be abused or neglected and need help later. Prevention programs include:
  - Neighborhood Projects
  - Family Team Coaching
  - Kinship Care
  - After School Funding
  - Healthy Start
  - End Kids Tears
  - Resource Center
  - Baby Sleep Basics
  - Family Team Conferencing.

- Other partnerships such as the one between Kids Central and Lowell Correctional Institution and Munroe Regional Medical Center in Marion County to divert children born to inmates keeping them out of foster care. Lowell identifies expectant inmates and a Kids Central Family Preservation Specialist assists the mother with identifying temporary or permanent caregivers available to safely care for the infant. From July 1, 2013 through June 30, 2014 there were 168 documented visits with the inmates. There were 74 women who received services during the time period. Of the 90 babies born, 64 were successfully diverted. There were six inmates released prior to their scheduled delivery. There were 12 infants sheltered and two born stillborn.

- As a key component of Family Preservation, Kids Central utilized internal and contracted diversion programs to divert families from the formal child welfare system. This community approach allowed Kids Central and its partners to put family support services in place without separating the family.

- During 2013-14 evidenced-based programs were implemented in many circuits across the state. For example:

  - **Nurturing Parenting Program** is a new evidenced-based in home parenting program. Initially the program only accepted referrals from Child Protective Investigators for cases deemed low risk. During the course of the year, the program began accepting referrals for intermediate risk families.

  - **Family Group Decision Making (FGDM)** addresses the needs and incorporates the strengths of families in relation to child safety, permanency and well-being. The FGDM approach considers family strengths, family engagement and informed family decision-making as core values when

working with children and families. FGDM empowers families to take an active and leadership role in developing plans and making decisions to promote the safety, permanency, and well-being of their children. The FGDM service models are considered best practice approaches to serving the needs of families who are at risk of entering the child welfare system. Utilizing a model that supports family involvement over the entire course of the case, as opposed to a one-time event, truly demonstrates actualization of a family-centered, empowerment-focused paradigm.

o **Family Behavior Therapy (FBT**) is an evidence-based practice model for the treatment of substance abuse. Kids Central in Circuit 5 continues to work closely with the model developer to institute FBT. It has demonstrated effectiveness in achieving outcomes related to drug and alcohol use, depression, family relationship problems, employment and/or school problems, and conduct disorder symptoms.

o **Parenting Journey** will enhance the quality of care for families facing challenges relating to the occurrence of abuse, neglect and abandonment of their children which brought them to the attention of the child welfare system. The program helps parents explore the connection between how they were parented and how they are raising their own children. The Parenting Journey helps parents identify negative patterns and replace them with healthy, strength-based parenting approaches. Parenting Journey will primarily serve unsafe families receiving formal case management services whose children are in out of home placements.

o **Model Courts Evidence-Based Parenting Initiative** was expanded to 13 out of 20 circuits and includes the 11th circuit (Miami-Dade) and the 20th circuit (Collier County). The goal of the model courts project is statewide implementation of evidence-based parenting programs. Enabling parenting providers to offer evidence based programs is only part of the project; another key component involves Dr. Katz helping providers develop effective ways to convey information on parental progress to the judges and magistrates in the courtroom. Dr. Katz is the director of the University of Miami, Linda Ray Intervention Center.   The primary court -related activities that Dr. Katz will work on with providers are behavioral observations of parent - child dyads and templates for reporting ongoing progress to the court. Dr. Katz will also work with providers to ensure that parent -child interactive components are implemented and that site logistics are appropriate to accommodate these interactive activities. Judges and magistrates having pertinent information in court on parents' quantifiable progress in a program as opposed to simply observing that a parent has received his or her certificate of completion for a course is a crucial feature of this initiative. Clear, reliable information that is reported consistently will help judges make better informed decisions in the cases they hear.

o **Family Connections (FC)** is a multi-faceted, community-based service program that works with families in their homes and in the context of their neighborhoods. FC offers linkage and referral, case management, in-home intervention, and service plans using an evidenced-based family assessment. The goal of FC is to help families meet the basic needs of their children and reduce the risk of child neglect. Nine practice principles guide FC interventions: community outreach; individualized family assessment; tailored interventions; helping alliance; empowerment approaches; strengths perspective; cultural competence; developmental appropriateness; and outcome-driven service plans. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety and wellbeing outcomes. FC is based on several core components including:

- Extensive outreach and engagement
- Emergency and concrete service provision
- Utilization of a comprehensive family assessment
- Development of outcome-driven service plans
- Change focused interventions
- Advocacy/service facilitation
- Multi-family activities
- Service plan evaluation

<u>Future Plans</u>

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

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

Intake

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

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

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in Florida Safe Family Network, which is then forwarded to Crime Intelligence staff to complete criminal history checks. The complete abuse/neglect report is then forwarded to the appropriate investigative office in the county where the child is physically located or, if the child is out of state, the location the child will reside upon returning to Florida.

Hotline Crime Intelligence staff complete criminal history checks for investigations to include subjects of the investigation for both child and adult abuse reports, other adult household members, and children in the household 12 years or older. Staff also complete criminal history checks for emergency and planned placements of children in Florida's child welfare system.

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

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;

- National Crime Information Center (NCIC) –National criminal history records and dispositions;

- Hotfiles (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders;

- Department of Juvenile Justice (JJIS) – Juvenile arrest history;

- Comprehensive Court Information System (CCIS) – Florida court case information;

- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database current drivers history, license status, photos, signature;

- Department of Corrections (DOC) – current custody status, supervision, incarceration information;

- Justice Exchange Connection– Jail databases for current incarcerations, associated charges, and booking images.

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

Fingerprint submissions must be obtained within 10 days for all persons in the placement or potential placement home over the age of 18 years following the Hotline's query of the NCIC database for the purpose of a placement initially requested by an investigator or case manager.
By adding statutory language on investigation and placement criminal background screening to Chapter 39, Florida's dependency statute, the federal requirements are more clearly defined as it relates to criminal background screening for adoptive parents, relative and non-relative placements.

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

<u>Update/Accomplishments</u>

On July 1st, 2014 the Florida Abuse Hotline was transitioned from Operations to the Office of Child Welfare. As a part of this transition, two positions were created within the Office of Child Welfare to provide support to Hotline Operations. The first was a Hotline Policy and Practice Specialist who works closely with the Child Protective Investigative and Case Management Specialists to ensure the development of seamless policy that supports our Child Welfare Model. Additionally, the creation of a Continuous Quality Improvement Specialist for the Hotline.

Within Hotline Operations, the management team was updated to include a Fidelity Team and a Practice Team. The Fidelity Team encompasses Quality Assurance, Training and the Hotline Specialists. The Practice Team encompasses the call floor. There is also a Data Analytics Team and Human Resources Team.

<u>Future Plans</u>

In January 2015, the Hotline will initiate a series of trainings with the purpose of further developing the skills needed to continue the implementation of Florida's Child Welfare Model. These trainings include, an initial Booster Training that further develops knowledge around the key concepts and an application based training that takes the knowledge and shows how it is applied. Additionally, there will be a review completed in May 2015 by ACTION that will determine baseline fidelity to the model at the Hotline.

The Secretary is developing a Priority of Effort initiative to enhance quality of decision making at the Hotline. The goal of the initiative is to ensure that Hotline counselors have a consistent understanding of maltreatments, patterns of abuse and neglect, potential danger threats, parental protective capacities and child/adult vulnerability using Florida's new child welfare practice model.

Protective Investigation

Child protective Investigation is designed to provide in-person response, 24 hours a day, to reports of abuse and neglect for the purpose of investigation and to determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his/her own home, or to protect the safety of the child through emergency removal and foster care placement. Child protective investigations and related legal actions are subject to prescriptive statutory requirements in Chapter 39, Florida Statutes.

The Department is responsible for conducting child protective investigation in 61 of 67 Florida counties, while contracting with sheriffs' offices in the remaining 6 counties. All child protective investigators (CPI) are responsible for two types of investigations: in-home investigations for a child residing with his/her parent or caregiver and out-of-home investigations when allegations of abuse/neglect occur while a child is in a Department-licensed facility, child care program, foster home or institution, or when a child is being cared for by an adult caregiver such as an adult sitter or relative care provider.

Florida's new child welfare practice model provides a set of common core constructs for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. To accomplish this, the Hotline first gathers information in the information domain areas to determine whether present or impending danger is suspected. The investigator gathers further information related to the six specific information domains and assesses it in order to determine: (1) the presence of danger

threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian in the household who has sufficient protective capacities to manage the identified danger threat in the home. The totality of this information and interaction of these components are the critical elements in determining whether a child is safe or unsafe and the risk of subsequent harm.

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

Florida's practice model includes the expectation that when children are safe and at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the investigator should diligently strive to facilitate the parent's understanding of the need for taking action to protect their children from future harm.

Update/Accomplishments

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

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

The subcommittees are:

- Policy and Practice Subcommittee
- CQI Subcommittee
- Supervisors Subcommittee

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

http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml

Future Plans

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

- Further development and enhancement of practice guidelines will kick- off in March 2015. The subcommittee will progress to three parallel tracks working on operating procedure simultaneously through a hotline track, CPI track and Case management track.

- Action for Child Protection will complete model fidelity reviews/case reviews to help Florida assess and establish baseline indicators of how we are progressing as a state and where we need to concentrate our resources to achieve full operation.

- As part of the *Structured Decision Making® (SDM)* initial risk assessment's implementation, NCCD Children's Research Center (CRC) will review completed risk assessments and related narrative documentation to identify staff strengths and issues with the risk assessment completion.

In-Home Protective Services

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

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

Out-of-Home Care

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

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

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

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

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

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

Placement options

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

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

Out-of-Home Care offers case management services to children in out-of-homecare when the child cannot remain safely at home and needs temporary out of home care while services are provided to

reunite the family or achieve some other permanency option. As directed by the Florida Legislature, the state has outsourced all foster care [out-of-home care] and related services in an effort to better encourage the engagement of communities and local stakeholders to become partners in promoting issues associated with child safety, permanency and well-being. Florida's contracted non-for-profit Community-Based Care lead agencies (CBCs) provide and oversee out-of-home service activities, as well as related services such as in-home care, placement, and permanency, for their particular area of the state. CBCs also work closely with subcontracted service providers and provide training and technical assistance related to funding criteria and rules in support of collaborative and successful use of resources.

Kinship Care

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

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

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

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

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

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

Update/Accomplishments

The Non-relative Caregiver Payment program was successfully established in July 2014 and is funded by state general revenue. Payments (subject to funds availability) are processed through the Non-relative Caregiver Payment Administrator in the Office of Child Welfare.

Future Plans

The Department will request funding from the Legislature to continue the Non-relative Caregiver Payment program.

Another Planned Permanent Living Arrangement (APPLA)

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

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

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

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

3. The case of a foster child who is 16 years of age or older who chooses to remain in foster care, and the child's foster parents are willing to care for the child until the child reaches 18 years of age.
Another Planned Permanent Living Arrangement is usually utilized as a concurrent permanency option/goal. Therefore, cases with APPLA as a permanency option/goal receive the services attached to the primary permanency option/goal. Some of these services include: independent living services; medical, dental, educational, or psychological referrals; and various services to meet other needs, as recommended by the caregiver.

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

Update/Accomplishments

- The Department of Children and Families has continued its partnership with Casey Family Programs in implementing the Permanency Roundtable (PRT) processes in 11 CBCs. Training and mentoring by Casey Family Programs is provided for staff and stakeholders at each new site with a designated lead and facilitator identified by the new Community Based Care Agency.

- We have seen a reduction in the number of children with an APPLA goal from 549 children in foster care in October 2013 to 487 in September 2014.

Future Plans

- Plans are underway for other Community Based Care lead agencies to develop a PRT implementation plan that begins with a training plan and identification of one staff person from a Community- Based Care Agency with experience in PRT being assigned as a mentor.

- The Department will be modifying the case review system to support implementation of the provisions in the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) that limits APPLA as a permanency goal for youth age 16 and older.   For those children with a

permanency plan of APPLA, the new case review and case plan requirements will also be implemented.

Services to Those Most at Risk

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

Children ages 0-5

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

- On-going efforts to place children ages 5 and under in a more family-like setting have been underway since February 2009.

- Children entering out-of-home care ages 0 to 18, who are Medicaid eligible, receive Comprehensive Behavioral Mental Health Assessments (CBHA) by a licensed mental health professional almost immediately after being removed. This assessment encompasses developmental needs of the child, which is particularly important for the very youngest children.

- A part of the Child Welfare Practice Model in Florida is being expanded to include the assessment of child functioning and vulnerability. Case managers are responsible for ensuring that any impending danger safety plan is working dependably to keep the child safe. The case manager will continuously assess and confirm that the ongoing safety plan is controlling for danger threats and is the least intrusive and least restrictive intervention available.

- Developmental services such as speech and language therapy, occupational therapy, and physical therapy are included in the State Plan for children, which are provided through Medicaid. The Department is working closely with the Early Steps Program. The Early Steps Program administered by Children's Medical Services (CMS) in accord with IDEA, Part C. offers services specifically designed for children under the age of three with developmental delays. Children three and older with a developmental disability may be eligible for specialized developmental services through the Agency for Persons with Disabilities (APD). As with mental health services, children in the child welfare system have a high level of need for health care services and coordination of care.

Update/Accomplishments

- On-going efforts continue to recruit homes and place children ages 5 and under in a more family-like setting.
- Substance-exposed infants present a particular challenge. Births of substance-exposed infants are called into the Hotline for investigation, and subsequent intervention in confirmed cases is crucial. Collaboration with the Substance Abuse and Mental Health community is a key factor in addressing this issue. CW/SAMH Integration Grants implementing eight pilot projects were in process during FFY 2013 – 2014, and are detailed in The Family Intensive Treatment (FIT) Evaluation Report.

http://www.dcf.state.fl.us/programs/samh/publications/FIT%20Report%202015%20Final%20_013015.pdf

- The Escambia County Early Childhood Court Project is a specialized dependency court program that focuses on addressing the needs of families who have come into the purview of the court system because they have abused or neglected their children who are birth to 3 years of age. The program utilizes existing community resources to provide a coordinated and integrated approach to address the underlying issues of abuse and neglect while at the same time enhancing the parent-child relationship and improving permanency outcomes, safety and well-being of the children enrolled in the program. The program is unique in that it intervenes at the family level rather than the individual family member level. Every member of the family is offered the services that they need to enhance family stability and child well-being.
- The Escambia County Early Childhood Court Team consists of: Dependency Judges, Children's Legal Services (CLS), Parent Attorneys, Guardians Ad Litem, Court Administration, Dependency Court Resource Facilitator, Child Protective Investigators (CPI), Family Services Counselors (FFN), Community Mental Health, Substance Abuse and Domestic Violence treatment, agency service providers, Community Prevention and Early Intervention Providers, Early Learning Coalition (ELC), and Healthy Start.
- In Circuit 2, the Comprehensive Emergency Services Center/Renaissance Community Center (RCC) Child Development Workgroup was formed in the summer of 2014 and should open summer of 2015 to address the issue of children of families who are homeless. This small group of dedicated people, representing education, social services, the faith-based community, government and concerned citizens, are proceeding to develop a nurturing environment for the youngest of children. This comprehensive center, Honey's House, will offer a continuum of services to supplement the housing and other social services provided by RCC. All young children aged 0 - 6 will be welcome. Services will vary from a quality early childhood education program, extended care in the evening for parents who work, to developmental screening and therapeutic services. Parents can participate fully in the program through volunteering, parent education and job training. Through a partnership with Goodwill Industries, Honey's House will be located in what is currently the Dick Howser Center for Childhood Services. The proximity to The Prosperity Center at Goodwill will give parents the opportunity for job search and training, knowing their child has a safe place with an educationally enriched child care experience.
- Whole Child Leon is in its 6th year of hosting early childhood screenings in Leon County. Whole Child Leon coordinates and collaborates with over 25 agencies/businesses and 100 plus volunteers to provide twice annual comprehensive developmental screening to infants, toddlers and preschoolers in areas that include speech, social –emotional development, vision, hearing and dental. Children are screened and when issues are detected, their families are connected to appropriate agencies for early intervention assistance. The process used in the Free Community Wide Developmental Screening connects 100% of families immediately at the screening site with early intervention programs. In 2013, Whole Child Leon's community screening initiative was highlighted by Florida's Statewide Screening Task Force as a best practice community initiative. The screening team has offered assistance and support to help surrounding counties coordinate screening events.
- The creation of a new task force, Safe Babies Task Force was created to bring community partners together to promote safe and healthy developmental needs of the 0-3 population who are involved in the child welfare system. A Safe babies court report was created to keep the courts informed of services provided to child and family during quarterly court proceedings. Community resources and identified gaps are discussed in bi-monthly meetings.

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

Future Plans

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

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

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

Human Trafficking and Sexually Exploited Children

One specialized area of out-of-home care services that continued to receive focus is that of human trafficking, where such involves children.   During the report period, the 2014 Florida Legislature expanded the Safe Harbor Law, Section 409.1754, F.S.

Update/Accomplishments

- DCF Secretary Mike Carroll participated as Vice Chair in the inaugural meeting of the Statewide Council on Human Trafficking on August 18, 2014. Secretary Carroll also was named chair of the Resources Subcommittee.

http://www.myfloridalegal.com/newsrel.nsf/newsreleases/4E2A6FEC3EE1CD3085257D11006DD9BF

- The Department implemented the expansion to the Safe Harbor Law. This included
  - o Development of a training protocol for Specialized Human Trafficking Training designation.

  - o More than 300 staff trained within the Department of Children and Families (DCF) and Community-Based Care Lead Agencies (CBCs).
    http://www.centerforchildwelfare.org/LegislativeChanges/CSECtraining7.28.14.pdf

  - o Initiated process to update operating procedures to reflect the components of S 409.1745, F.S., as well as to update the gained knowledge on the population served. This applies specifically to pre-service training materials, training to hotline staff, and maltreatment guides for child protective investigations.

- Ensuring human trafficking cases only go to those individuals identified through the training protocol for Specialized Human Trafficking.
  - o Training Memo distributed to all Family Safety staff and to the Community-Based Care providers through the contract managers.
    http://www.centerforchildwelfare.org/kb/policymemos/RequiremtForSpecializedHT072214.pdf

  - o Verification of assigned staff completed through contract managers and regional Family Safety leadership.

- Creation of tools that track task forces for all areas of the state.

  DCF and CBCs are represented in each of the 20 circuits:
  http://www.centerforchildwelfare.org/kb/humantraf/HT-StatewideTaskForce.pdf

- Development or adoption of initial screening and assessment instruments to identify, determine the needs of, plan services for, and determine the appropriate placement for sexually exploited children.
  - o Created statewide workgroups to develop identification screening tool and service array assessment and tool, including identifying the specialized residential placements for survivors of human trafficking, for female, male, and transgender youth.

  - o December 2014, the workgroup finalized the Department of Juvenile Justice (DJJ)/DCF co-facilitated report, "Restoring Our Kids." This report identified promising practices in Florida and nationally, as well as highlighted strengths and weaknesses in Florida's service array for human trafficking survivors.

- Certification of "safe houses" or "safe foster homes" for victims of human trafficking.

    Drafting of Florida Administrative Code the certification language required for "safe houses" and "safe foster homes."

- Creation of three full-time equivalent positions to implement the provisions of the new law.

    Hiring of two new Regional Human Trafficking Coordinators, who will work on local policy development, plan protocols, and special projects.

<u>Future Plans</u>

- Finalize the Human Trafficking Screening Instrument tool jointly with the Department of Juvenile Justice (DJJ).

- Collectively initiate with DJJ and DCF Train-the-Trainer training including development of the implementation plan.

- Facilitate the development of a work group with the residential providers to discuss programmatic components, best practice and needs/barriers. The providers have a direct conduit to DCF staff through the work group. They are developing policies to transition juveniles into adult programs for extended foster care.

- Rule promulgation next steps include the vetting of proposed language through community stakeholders for feedback.

Quality Parenting Initiative

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

- has the ability to care for the child,

- is willing to accept responsibility for providing care, and

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

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

<u>Update/Accomplishments</u>

- As of end of FFY 2014, all of Florida's CBCs were actively participating in the Quality Parenting Initiative. This involves ongoing technical assistance, as well as special initiatives.

- During FFY 2013 – 2014, QPI, the CBCs and the Department began strategic partnering on a number of initiatives, including:

- o Streamlining licensing requirements;

- o Recruitment & retention of foster homes for teens and children with special needs;

- o Coordinating objectives with the Federal Intelligent Recruitment Grant awarded to four of Florida's CBCs, and directed by the Department.

- Completion of the Year One Workplan for the Federal Intelligent Recruitment Project (FIRP) included the following activities:

  - o Project team members for the diligent recruitment grant built organizational capacity within individual CBCs to assure appropriate staffing as outlined by the project.

  - o Team members conducted the Year One Launch diligent recruitment meeting, outlining expectations, formalizing process boundaries, measuring progress and improving communication within the project team. Deliverables included a project charter, statement of work, partner responsibility matrix and communication plan.

  - o Federal Kick Off Meeting: Responsible key persons attended the Federal Kickoff Meeting for the diligent recruitment (DR) Cluster.

- Project team members conducted individual targeted analyses of children in care in each of the four lead agencies, utilizing AFCARS, SACWIS (FSFN) and local data sources to assess case characteristics, demographic, ethnic-social and geographic characteristics in each Lead Agency catchment area. In addition, the team developed updated data request (FSFN) for use by CBCs in collecting and submitting data to lead agency as part of a standardized process. The data request will detail demographic, geographic and case-level data necessary to identify specific programmatic needs of youth in the target population. The team also created circuit-specific reports based on data to map identified needs, identify service gaps as well as demographic, geographic and ethnic-social data of children in care in each Lead Agency catchment area. The FIRP team reviewed and analyzed reports to determine patterns and gaps, developed an ongoing need projection for the diligent recruitment (DR) cluster.

- The FIRP team provided a report detailing Resource Parent Need Projections based on the targeted population in need of permanency.

- The FIRP project team developed data requests and created ad hoc reports. The partners also obtained demographic, geographic and ethnic-social data that were provided to the marketing firm in order to initiate focus groups and conduct surveys. This produced a needs analysis intended to identify barriers for and special characteristics of resource families where permanency is most likely to be achieved. Overall, this data will be used in further development of recruitment strategies to attract these resource families.

- Development of a stratified marketing/recruitment approach. A facilitated strategic planning sessions with the CBCs was held; developed interviewer guides for facilitation in focus groups; completed one-on-one questionnaires with Resource Family Participants; and conducted focus groups.

- The FIRP team, in collaboration with the Department as the grantee, developed and received approval for Phase II of the FIRP Plan Development.

Future Plans

- The Community-Based Care lead agency and other agencies will provide prospective caregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child.

- Foster parents will continue to be encouraged to participate in the planning, case management, court proceedings and delivery of services for children who are residing in Florida's out-of-home care system.

- A stratified marketing and recruitment approach based on data gathered from the in-depth strategic questionnaire will be developed as a part of FIRP.

Independent Living

In Florida, 943 youth aged out of the foster care system in SFY 2014-2015. These youth set out to establish themselves and their future in Florida's communities without parental guidance. The Independent Living Program provides services to youth in foster care and youth who were formerly in foster care.

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

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

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

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

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

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

- Were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; and

- Have earned a standard high school diploma, or its equivalent; and

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

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

PESS is available for the above described young adults attending Florida Bright Futures eligible schools. There is another option for financial support for 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 Education Training Voucher (ETV) educational stipend payment of up to $5,000, with a state match of $1,250, may be available provided the chosen academic institution meets ETV eligibility requirements. ETV also may be available for a young adult attending a postsecondary institution part-time.

PESS stipends are made monthly to support eligible young adults who are pursuing postsecondary education. The community-based care service provider makes all housing and utility payments for the student. Any remaining funds are disbursed to the student. This arrangement continues until the student can demonstrate the capability to responsibly manage housing and utility payments. Students receiving the PESS postsecondary educational stipend also may be in Extended Foster Care.

Aftercare Support Services. Aftercare Support Services are temporary and/or emergency support payments and services designed to prevent homelessness and meet the immediate needs of young adults formerly in foster care. Young adults formerly in foster care, between the ages of 18-22 years who have "aged out" of an out-of-home placement or who were adopted or placed with an approved guardian after reaching the age of 16 may be eligible for these services. Young adults may receive Aftercare Support Services if they are not currently enrolled in Extended Foster Care, PESS, or the Road-to-Independence Program.

Road-to-Independence Program (RTI). Young adults enrolled in any Independent Living program as of December 31, 2013, including Road to Independence or Transitional Support Services, or children in Subsidized Independent Living may choose to remain in their current program for as long as they retain eligibility for the duration of that specific program.

Any young adult enrolled in a pre-2014 Independent Living Program may choose to opt in to Extended Foster Care or PESS. Young adults cannot participate in both RTI and EFC or PESS.

Update/Accomplishments

- Florida's system of care continued to provide youth ages 13 - 21 in licensed foster care with a variety of services, including assessments, life skills classes, direct case management, educational support, employment training, counseling and support services. The Quality Parenting Initiative continues to assist foster parents in heightening their commitment, skills and knowledge regarding their role in preparing these youth for leaving foster care.

- Services provided included life skills training and financial, educational and social support. Examples of such services are parenting classes, career counseling, therapy and psychological counseling and assistance with time management and organization. These services were funded through a web of federal grants, general revenue dollars, and national, state, and community private funds.

- Accomplishments included: increased numbers of youth participating, emphasis on skill building, strong emphasis on post- secondary access and completion, quantitative and qualitative compilation of data from staff and youth to inform policy and practice and the formulation of draft administrative rule. Florida's stakeholders and providers are committed to continued improvements in this service area.

- The Department's direct partnership with the statewide youth advocacy groups, by attending quarterly meeting, requesting feedback on the system of care form youth that are actively in care, and improving youth access to advocacy events have strengthen the community bond between our front end clients and the Department. Participation by the youth and front line staff was enthusiastic and they expressed appreciation for the opportunity.

Future Plans

- The Department will continue to partner directly with the Florida REACH and Florida College Access Network workgroup to obtain, analyze and provide recommendations on the school stability, reading and math levels, school dropout, and truancy factors of the young adult at the time of entry into dependency care.

- The Department will partner with the Florida College system and the Board of Governors State University System to identify, analyze and provide on campus targeted services to young adults in care.

- The Department will continue to work with its statewide youth focus and youth driven advocacy groups on developing a youth driven customer service review process. The Department will help this workgroup in developing a communication plan to share the youth voice with statewide partners.

- Florida continues to analyze National Youth in Transition Database (NYTD) results in an effort to improve direct service outcomes for youth.

- The Department will continue the collaborative work with ILSAC regarding improvement of services, education of all stakeholders, leaders and staff through in-service training events and identification of areas needing improvement.

Education Information and Service Integration

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

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

The Department participates in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department

collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state.

Update/Accomplishments:

- The Department began an electronic data exchange pilot project between the Department and eight local school districts throughout the state. The Department determined that 13 counties share educational information with case managers through an automated data exchange, 36 counties provide case managers with access to a parent portal, 16 counties provide information upon request, and 2 counties do not have a current process in place for the exchange of educational information. As a result, the Department has adjusted the original plan to develop an automated data exchange system that could be implemented statewide, to instead working to support the individual counties that are encountering data exchange challenges

- As reported above, the Department, Regions and CBCs in a multitude of areas across the state are sharing educational information.

- The Department continued to support the development of Florida Reach, a network for campus support efforts for current and former foster youth enrolled in post-secondary educational institutions. Developed jointly by the Department of Children and Families and Department of Education, Florida Reach identifies best practices, supports statewide data collection and research, and is creating a resource guide for coaches and liaisons to use when working with foster youth and alumni. Florida Reach also focuses on career development opportunities to assist former foster youth in obtaining stable employment.

- Currently, 20 colleges and universities throughout the state have identified campus coaches or liaisons to work with students from foster care. For more information, visit www.myflfamilies.com/reach.

Future Plans:

- The Department will analyze the data that received from the Florida Department of Education to identify trends over the last 3 academic years. The analysis will be used to inform policy and best practices.

- The Department will continue to work with Casey Family Programs. Casey Family Programs will analyze the data and will review the findings with the Department and will assist with determining appropriate benchmarks for improvement.

Adoption

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

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

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

One of the major initiatives Florida uses to recruit adoptive families is the Explore Adoption campaign and associated website. Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is a part of a sibling group. Through public education, expanded partnerships and social media, Explore Adoption invites Floridians to learn more about the children immediately available for adoption in their home state and community. The initiative puts a new face on public adoption by telling many stories of families who have enriched their lives by adopting Florida's children.

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

- Support Groups

    Adoptive parent and youth support groups provide opportunities for adoptive parents and youth to meet with other adoptive parents and youth who are struggling with similar challenges and concerns, generally meet once a month and are appropriate for the languages, cultures and needs of the participants in each community; receive support from umbrella organizations and qualified facilitators when appropriate (e.g., teen support groups); etc. In the rural areas where there are limited numbers of adoptive families, newsletters and group emails are being utilized to provide new information about post adoption services and provide an avenue for some adoptive families to communicate with each other.

    Over 25,000 children have been adopted from Florida's child welfare system in the last eight years. Research has shown that essential to family resilience are social connections, knowledge of parenting and of child and youth development, parental resilience, and concrete support in times of need. All of these can be made available to families through adoptive parent support groups. All of the post adoption services counselors are connected to one of the support groups in their area and assist with providing local community resource persons as speakers for one or more of the support group meetings during the year. Each teen support group has an adoption competent mental health professional facilitating.

- Adoption Competency

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

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

- Post Adoption Services Counselors

  A post adoption services counselor is a staff person designated to respond to the requests and service needs of adoptive parents and their families after adoption finalizations have occurred. The response to requests and service needs should include, at a minimum, information and referrals with local resources, assistance to child protective investigators when an investigation involves an adoptive parent, temporary case management, assistance with subsidy and Medicaid issues and assistance in establishing and maintaining one or more adoptive parent support groups. All post adoption services staff assisted child protective investigators when an investigation involved an adoptive family. The post adoption services counselor assisted by conducting an assessment of the needs and potential services for the adopted child and adoptive family.

  With over 25,000 children adopted from foster care during the last eight years, one or more full time designated post adoption services counselors in each circuit are critical for responding timely to the service needs of adoptive families. The State of Florida and its partners are committed to providing a sufficient and accessible array of post adoption services in each circuit including information and referral services, temporary case management, assistance with assessments during investigations, assistance with subsidy and Medicaid issues and assistance in maintaining one or more adoptive parent support groups for the many adoptive families who face significant challenges as their adoptive children age and experience the various developmental milestones.

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

The Department of Children and Families does not monitor the number of inter-country adoptions completed. If the child of an international adoption is determined to have special needs according to Florida's definition of special needs, the adoptive family would be eligible for post-adoption services provided by the staff of the Community-Based Care (CBC) lead agencies.

When a child from an international adoption is removed due to abuse, abandonment or neglect, the child and family are provided the services in order to help the child and family remain safe, and if the child is

removed, services are provided to assist with reunification efforts. The CBCs self-report these numbers to the Department. The Department annually assesses the types of maltreatments and statuses of these cases.

The Department receives two to three reports of international adoptees removed due to abuse, abandonment or neglect per year. Due to infrequency of such reports, the Department does not plan actions beyond the annual assessment and follow-up, but will continue to monitor these reports for any increase in frequency.

Adoption Incentive Award. Florida received an Adoption Incentive Award for each of the last six years and all of the incentive award payments have been used to assist with Florida's significant maintenance adoption subsidy budget. The primary reason for Florida's significant subsidy budget is the fact that Florida has completed over 3000 adoptions during each of the last six years. During State Fiscal Year 2013/14, an estimated 34,100 adopted children received maintenance adoption subsidies with the average subsidy of $4,600 annually. The Department anticipates continuing net increases in subsidy costs over the next several years, for two reasons:

1) though about 1,800 children age out and no longer require subsidies each year, new families adopting and needing subsidy will greatly outnumber this decrease, and

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

To meet this expanding need, any future incentive funds will continue to be applied toward subsidies.

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

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

Update/Accomplishments

- Adoption awareness campaigns were launched for National Adoption Month in November. The recruitment campaigns utilized a different video of a child available for adoption without an identified family for each day during November.

- Recruitment efforts with the national adoption exchanges, AdoptUSKids and *Children Awaiting Parents,* continued to be emphasized and discussed with adoption staff.

- The statewide Association of Heart Galleries continues to coordinate the efforts of the fifteen Heart Galleries across the state.

- The Department collaborated with the Governor's Office of Adoption and Child Protection to bring the photos from local Heart Galleries to the top of the Capitol as a kickoff for National Adoption Month.

Future Plans

- The Dave Thomas Foundation's Wendy's Wonderful Kids program, has adoption recruitment grants with several CBCs across the state. Wendy's management is interested in increasing the number of grants and will be meeting with the Department to discuss the possibility of expansion in Florida.

- The Department will be developing plans to strengthen the partnership with One Church One Child.

- The statewide adoption specialist will continue to discuss the need for accurate, timely and clean data in our SACWIS system.

Interstate Compact for the Placement of Children (ICPC)

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

The ICPC office collaborates in other ways with our partners, other states, and stakeholders. The use of lead ICPC liaisons within individual CBCs allows a single point of contact for both the CBC and the ICPC office, which streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, quarterly face-to-face meetings, through use of the ICS system, and through daily emails. Additionally, the Compact Administrator participates in the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). The Compact Administrator attends the annual AAICPC conference and serves on various committees within the organization, allowing for the establishment and maintenance of relationships with ICPC central office staff as well as local staff from other states. The Compact Administrator also attends conferences and presents and meetings with both private and public sector partners throughout the year.

The Compact Administrator works with CLS, caseworkers, and representatives from other states on difficult cases, and often facilitates conference calls between Florida workers and other states to ensure positive outcomes for children. Further, the Florida ICPC office provides presentations as needed to the Children's Legal Services attorneys, judiciary, Guardians Ad Litem, Attorneys Ad Litem, case managers, supervisors, licensed social workers, investigators and ICPC liaisons at Community-Based Care Lead Agencies. The Compact Administrator works closely with CLS and members of the judiciary, participating in meetings and presentations throughout the year.

Modernization of the ICPC processes is an ongoing technology effort. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web based data transmission in the spring of 2008. The goal of the modernization project was to eliminate transmittal of paper ICPC files through the mail, reduce the number of persons who handle a file, and shorten the time spent in the approval process. The assignment of cases by state resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. Staff has also gained additional knowledge of the laws and regulations of their assigned states.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. One of the best features of the system is the generation of automatic e-mail reminders and notices for critical dates in the ICPC process. Additionally, the system includes a feature that allows a case specialist who is in receipt of a new case to determine if the child's records are present in FSFN and, if so, to extract the child's demographic information and import it into ICS.

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

Update/Accomplishments

- Florida is involved in conjunction with the American Public Human Services Association (APHSA) in the development and implementation of the National Electronic Interstate Compact Exchange (NEICE) project. The purpose of the NEICE Project is to demonstrate and evaluate the electronic exchange of ICPC case files in real time between states resulting in a streamlining of the ICPC administrative process.

- Florida serves as a pilot state along with the District of Columbia, Indiana, Nevada, South Carolina, and Wisconsin in the NEICE Project. In addition, the Compact Administrator, a case specialist, and IT partners serve as the technical team on the project, providing technical assistance during the development of the national electronic system.

- The pilot states began using NEICE in August 2014 and will continue to use the system through the end of the pilot in May 2015. Nationwide implementation of NEICE is expected to occur beginning in June 2015. As is the case with Florida's system database, Community-Based Care agencies, Guardians Ad Litem, department attorneys, and members of the judiciary can access the NEICE system to view ICPC case files and obtain an updated case status in real time.

Future Plans

Florida will continue to be a part of the NEICE Project and serve as the technical team on the project.

Information System

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

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

- System improvements and defining build content.

- Defining and validating functional requirements and designing the system improvements to support :

  o the Eligibility Enhancement Project.

  o enhancements to National Youth in Transition Database (NYTD) Federal reporting.

  o Adoption and Foster Care Analysis and Reporting System (AFCARS) modifications to improve compliance with Federal guidelines.

Update/Accomplishments:

- During this report period, the FSFN project focused on operational support, implementation of FSFN modifications and enhancements to resolve SACWIS compliance issues.

- In addition, the following enhancement activities were completed for FSFN:
  o Development, testing and implementation of enhancements to National Youth in Transition Database (NYTD) Federal reporting to improve compliance with Federal guidelines.

  o Development and testing of enhancements to the Adoption and Foster Care Analysis and Reporting System (AFCARS) to improve compliance with Federal guidelines.

  o Design for Title IV-E, Medicaid and Temporary Assistance for Needy Families (TANF) enhancements.

Future Plans:

- A common theme identified during the SACWIS Assessment Review Report (SARR) indicated that the FSFN system is not utilized in a manner that is consistent with SACWIS requirements. Significant system enhancements were implemented between 2012 and 2014, to address identified system deficiencies. In order to evaluate the implementation and support full system adoption by the diverse user community, the state established a *FSFN System Adoption Initiative*. The charge of the *FSFN System Adoption Initiative* is to realize Florida's efforts to achieve SACWIS Compliance.

  This initiative is designed to work individually with each CBC agency and Sherriff's office to identify all the systems outside of FSFN that are utilized in the course of business operations, identify which systems are duplicative with FSFN capability, review other systems that support the CBC's business practice and support the development of an individualized System Adoption Plan for each agency. This plan must support an efficient and effective technology process that achieves SACWIS compliance and supports each CBC's systems for their business practice. The purpose of this initiative is to outline, track and monitor the activities required to ensure the FSFN system is fully adopted in a SACWIS compliant manner by all Community-Based Care agencies. We will be in Phase I Scope working with each CBC during the upcoming federal fiscal year.

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

- Phase I Scope:

  ➢ Conduct an onsite technology assessment with each Sherriff's Office and CBC lead agency.

  ➢ Identify gaps in system support of their business processes and identify if the gap is the result of one of the following:

- o FSFN supports the functionality but training is needed.

- o FSFN supports the functionality but it is not aligned with the current business process.

- o FSFN does not have the functionality to support the business process/need.

- o Identify data migration needs to support the CBC System Adoption Plan.

- o Identify where policy clarification or guidance is needed.

- o Create an individualized System Adoption Plan for each CBC lead agency.

- Phase II Scope will support execution of the System Adoption Plans.

- The following enhancement activities are scheduled for FSFN:

1. 10/1/2014 – 12/31/2014

   a. Testing and implementation of enhancements to the Adoption and Foster Care Analysis and Reporting System (AFCARS) to improve compliance with Federal guidelines

   b. Development for Title IV-E, Medicaid and Temporary Assistance for Needy Families (TANF) enhancements.

2. 1/1/2015 – 3/31/2015
   a. Development, testing and implementation of enhancements to National Child Abuse and Neglect Data System (NCANDS) to improve compliance with Federal guidelines.
   b. Testing for the majority of the Title IV-E, Medicaid and Temporary Assistance for Needy Families (TANF) enhancements.
   c. Development for complete automation of the FSFN-FLORIDA system data interface.
   d. Design and Development of policy requirements for SSI income and Relative / Non-relative placements as it relates to eligibility.

3. 4/1/2015 – 6/30/2015
   a. Enhancements to optimize the automation of eligibility determination and/or redetermination processes for three major grants used by the Department for child welfare: Title IV-E, Medicaid and Temporary Assistance for Needy Families (TANF) and provide bi-directional automation for the FSFN-FLORIDA system interface
      i. Enable FSFN to compile all of the factors that make up initial and on-going eligibility.
      ii. Keep an historical system record of changes.
      iii. Notify appropriate staff of such changes in a timely manner.
      iv. Support federal claiming.
      v. Minimize the use of hard copy paper in the eligibility determination business process.
      vi. Separate eligibility processing for Title E and Medicaid: Title IV-E eligibility determination will be located in FSFN and Medicaid will be in FLORIDA.
      vii. Enhance FSFN-FLORIDA interface to ensure "no touch" data exchange between the two systems.
      viii. Update/Accomplishments rules for generating TANF eligibility determination due reports and the General TANF template.

Child Maltreatment Death Reporting

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

Update/Accomplishments

- The Child Fatality Prevention website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. It is our hope that the children's stories will be a call to action for communities to join DCF to work together to meet the needs of their neighbors and protect vulnerable children to prevent future deaths. Additionally, DCF and our community partners will use this data to improve child welfare practice to better protect children and assist at-risk families. The link to the website is http://www.dcf.state.fl.us/childfatality/

Future Plans

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

- The 2014 Florida Legislature created Critical Incident Rapid Response Teams (CIRRT) effective January 2015. A CIRRT investigation is required for all child fatalities reported to the Department in which the deceased child or another child in the family was the subject of a verified report of abuse or neglect during the previous 12 months. The teams are made up of at least five professionals with expertise in child protection, child welfare and organizational management. CIRRT will rapidly determine the need to change policies and practices related to child protection and child welfare.

- The Secretary is developing a Priority of Effort focused on the analysis of child fatalities. Each Region will develop a core workforce of professionals who will serve as Critical Child Safety Reviewers. The Critical Child Safety Reviewers will conduct child fatality case reviews and Quality Assurance system reviews.

- In January 2015, the Department will implement the Critical Incident Rapid Response Team (CIRRT) to conduct immediate onsite investigations of certain child deaths or other serious incidents to identify the root causes of the event. The team responsible for conducting the investigation will be comprised of multi-agency representation and shall include at least five child welfare professionals, the majority of whom must reside outside the judicial circuit where the incident occurred.

  o Investigations of a child death will be initiated as soon as possible but not later than two business days after the case is reported to the Department via the Florida Abuse Hotline. A preliminary report of the investigation is due to the Secretary for the Department no later than 30 days after the investigation begins. The final team report will be posted on the Department's website.

Promoting Safe and Stable Families

A significant portion of the Department's service array for out-of-home services is linked to the Promoting Safe and Stable Families program, particularly with respect to family reunification and adoption services.

The "Promoting Safe and Stable Families" program assists the Department in achieving CFSP Goal Area A: Enhance family-centered practice with an emphasis on child safety, permanency, well-being, and trauma-

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

The impact of maltreatment on children and society is staggering and disheartening. Maltreatment can have devastating immediate and long-term physical, psychological, and behavioral effects on children. Abuse and neglect of children occurs in families from all walks of life, and across all socioeconomic, religious and ethnic groups. Florida believes that expanded and improved prevention efforts and early intervention services contribute to a safe reduction in the number of children in the local dependency system while facilitating a more efficient and timely movement of children to permanency and preventing the reoccurrence of child abuse and neglect.

Through family support, family preservation, time-limited family reunification, and adoption services, Florida's system of care strives to:

- Avert child maltreatment among families at risk through the provision of supportive family services;

- Assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively;

- Address the issues of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997; and

- Strengthen adoptive families by providing support services as necessary so that they can make a lifetime commitment to their children.

Florida's lead agencies work intently and diligently with subcontracted providers to administer training and technical assistance related to funding criteria and rules, which results in collaborative and notable use of resources.

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

The Department continues its determined interest in ensuring the success in new and existing child abuse prevention programs. Embraced strategies continue to be:

- Assessing the current strengths in the public child welfare system and in communities for preventing child abuse and neglect;

- Building effective partnerships with important partners in prevention, including community-based child abuse prevention programs, the faith community, early childhood programs, schools, health care providers and other relevant entities;

- Engaging parent leaders who have experience using services to strengthen their families as key partners in planning, implementing and evaluating prevention activities;

- Reviewing national models of prevention programs and incorporating those that best fit the state's needs and interests; and

- Utilizing training and technical assistance opportunities to support these activities as needed.

Core strategies in serving all families have strived to reflect family-centered practice, a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on those strengths to achieve optimal results.

Family Preservation Services (27.92% of the FFY 2014 Grant)

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

- Information and referral to include substance abuse and domestic violence related services[3];

- Targeting services geographically in zip codes where there is an immense volume of calls to the Hotline;

- Use of Diversion Court[4]

- Use of the Family Team Conferencing Model[5];

- creation of the Clinical Response Teams;[6]

- Creation of Family Preservation specialist positions, and

- Use of Wraparound services.[7]

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

[4] This specialty court division is dedicated to hearing cases involving families in which dependency petitions have been filed, but due to the family's circumstances and level of need, case plan completion is expected in a very short time. The Court is able to closely monitor progress and ensure that the children involved are able to quickly gain safety and stability in the care of their own parents.

[5] 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.

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

[7] Diversion case management services to provide wraparound team facilitation, family advocacy, individual counseling and/or group counseling utilizing the Nurturing Parenting Curriculum.

<underline>Family Support Services (24.30% of FFY 2014 Grant)</underline>

Florida is striving to increase the effects that provide parents or caregivers with accessible support in the community. This support is to encourage and assure the complete safety and well-being of children and families. There are countless examples of extended family members or non-relative persons stepping in, often at some personal sacrifice, providing shelter, transportation, and mentoring. At these crucial times, it was evident that the parents would be incapable of fulfilling the requirements of their case plan without the support of extended family.

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

- *Pinwheels for Prevention™,* the Child Abuse Prevention Month Public Awareness Campaign *(*Prevent Child Abuse Florida's Child Abuse Prevention Month statewide campaign) and various other public awareness campaigns designed to increase the protective factors necessary for the well-being of both children and their families;

- parenting classes geared toward various developmental ages and stages and the effects of family violence and substance abuse on children;

- health and nutrition education training sessions;

- home visiting activities and services;

- comprehensive family assessments;

- early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs;

- in-home parent training;

- in-home substance abuse counseling;

- the principle of Family Consultants;[8]

- Family Team Conferencing;[9]

- Early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs; and

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

The Title IV-E Demonstration Waiver has enabled Florida to invest in services and initiatives that generate alternatives to a child's removal from his/her family. One example is Florida's use of Family Support

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8 Family Consultants provide families with resources to engage in positive family activities. This may include bringing games or appropriate movies for the family to play together, arranging for trips to the library for books to read together, assisting families to plan outings to other free or low cost activities (parks, zoos, community events), as well as educating parents regarding ages and stages of child development and how to be their child's first teacher.

9 Through Family Drug Court, involved families participate in Family Team Conferencing. Family Team Conferencing involves all of the people on the case in addition to the supports identified by the parents. The Family Team Conferencing is used throughout the duration of the case to provide support and identify additional service needs of the family as necessary.

Teams that provide round the clock wraparound and in-home services. These services improve the well-being and stability of the family by assisting caregivers in areas of basic housekeeping, budgeting, parenting, understanding child development and awareness of what services exist in their communities.

Another service available to families is therapy by a Licensed Clinical Social Worker (LCSW). LCSWs are available as needed for children and their family members. Family Support plans are created when families have goals that they would like to obtain in order to become self-sufficient, thus no longer being in need of assistance from government or local agencies, as well as some that may be court ordered. Working in conjunction with an Outreach Coordinator who supports and encourages families to work toward attaining the goals they have selected, families may realize possibilities of positively changing their futures. They now have a step by step process to obtain their goals such as obtaining housing aids, gaining stable employment, and furthering education to a better paying job, etc.

Time-Limited Family Reunification Services (22.78% of the FFY 2014 Grant)

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

Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching[10];
- Flexible Support Services[11];
- Family team Conferencing[12] with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families[13];
- Mentoring/Tutoring services[14];
- Therapeutic child care services;
- Behavior Cares[15]
- Transition centers[16];
- Parent (adoptive, biological, caretaker, foster) education and training[17]relationship skill building activities; and

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

[11] 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.

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

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

[14] 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.

[15] Behavior Basics provides behavioral modification plans and tailored parenting tips to assist families in dealing with children before reunification and after reunification. These services are able to assist in preparing the parent for reunification and to support the child and parent in post-placement by providing services in the family home tailored to meet their needs.

[16] Transition Centers provide temporary emergency shelter for children newly removed from their home, children who have undergone a placement disruption; or as day respite for foster parents and/or relative/non-relative caregivers.

[17] 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.

- Quarterly permanency staffing on all children who are in out-of-home care placements.

<u>Adoption Promotion and Support Services (25.00% of the FFY 2014 Grant)</u>

In Florida, the Adoption Promotion and Support Services have served a major role in the adoption of children from the foster care system. These adoptive homes are carefully chosen to ensure it is in the best interest of the child. Pre and Post adoptive services and activities have quickened the process and closely supported adoptive families to forefend disruptions. The adoption of foster children continues to be a state, as well as a local effort, and have received federal bonuses for its adoption performances.

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;[18]
- Child Recruitment Biographies;[19]
- 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;[20]
- Counseling referrals;
- Post-adoption specialists;
- Individual and family counseling for adopted children and/or family members (must be of 12month duration or less);
- Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
- Ongoing parent education and training opportunities for adoptive families; and
- Follow-up support services and liaison to adoptive families.[21]

18In a southern area of the state, Heart Galleries are located in each of the 17 legislators' offices.

19 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.

20 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.

21 Lead agencies designate staff whose sole responsibility is to work with families who need assistance after their adoption is finalized. Staff attempt to locate resources within the community for pre- and post-adoptive families to meet both the child's and family's needs. This person also educates adoptive parents, biological parents, and adoptive children on available resources to obtain family birth information. The Post-Adoption Specialist also documents, records, and maintains casefiles for post adoption services rendered, and provides mini-trainings for staff and community service providers on post-adoptive services and related issues.

Community Facilitation and Innovative Practices

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

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

- Public Awareness and Education Activities occur frequently throughout the state centered around topics such as child abuse prevention and domestic violence.

- Broward County's Heart Gallery a private non-profit managed by its own Board of Directors. ChildNet and the Heart Gallery share an active partnership through co-hosting of fun filled photo shoots at interactive locations, matching events with waiting families and children, and collaborating about general and targeted recruitment**.**

- Exchange Club CASTLE Safe Families Program is an evidence-based, home visitation parenting program designed to help families with minor children remain together. Through long-term (up to one year) intensive (at least weekly) visits from parent educators, families learn positive parenting techniques and family-friendly role modeling. Families work with Parent Educators to resolve challenges and issues. Parent Educators meet families where they are, so they are allowed to proceed at their own pace. They can remain enrolled from a minimum of 16 weeks up to one year. Safe Families addresses child abuse and neglect by working one-on-one with parents to change harmful or negligent patterns and replace them with positive approaches to raising and disciplining children. By first addressing risk factors that lead to abuse, and then building in protective factors that create family stability, Safe Families deals with the problem directly, and stays with a family until the job is complete. As a result, parents learn the skills necessary to become strong parents, leading to safe children and long-term stability for families. Safe Families benefits parents and children long after they have completed the program. Parents are taught to raise their children in healthy, positive and nurturing ways. When parents are given the tools they need to successfully raise their children, they are able to remain together and children do not enter the state child protection system. In families who have experienced abuse over generations (parents who were abused as children), the cycle of abuse is broken, and harmful parenting techniques are eliminated rather than being passed down to the next generation. Most importantly, children are kept safe from harm, and consequently have the chance to thrive and grow into positive, strong and successful adults. Safe Families benefits parents and children long after they have completed the program. Parents are taught to raise their children in healthy, positive and nurturing ways. When parents are given the tools they need to successfully raise their children, they are able to remain together.

- Kinship Program at Kids Central: More than 6 million children in the US live in households headed by relatives other than their parents who provide full-time care, nurturing and protection. Of these, 4.5 million are cared for by their grandparents. By conservative estimates, these caregivers are saving

taxpayers more than $6.5 billion per year in federal foster care costs. In Florida, 258,952 children live In grandparent-headed households (7.1% of all the children in the state). There are another 86,152 children living in households headed by other relatives (2.4% of all the children in the state). In mid-2005, Kids Central convened a Kinship Care workgroup of various community providers and community entities to identify services and service gaps for relative (kinship) caregivers.   With encouragement from the community, the Kinship Program was created at Kids Central.   A multitude of services are available to kinship families in five counties, Sumter, Marion, Citrus, Hernando, and Lake County and the services continue to evolve to meet the needs of the relatives.

- Inmate Diversion Program at Kids Central Kids Central continued its partnership with Lowell Correctional Institution and Munroe Regional Medical Center in Marion County to divert children born to inmates keeping them out of foster care. Lowell identifies expectant inmates and a Kids Central Family Preservation Specialist assists the mother with identifying temporary or permanent caregivers available to safely care for the infant. From July 1, 2013 through June 30, 2014 there were 168 documented visits with the inmates. There were 74 women who received services during the time period. Of the 90 babies born, 64 were successfully diverted. There were six inmates released prior to their scheduled delivery. There were 12 infants sheltered and two born stillborn.

Administration (0% of the FFY 2014 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 following table displays the specific details regarding the differences between the estimated and actual grant award.

FFY 2014 Title IV-B Part II, PSSF	Estimated Award	% of Est. Award	Actual Expend as of 9/30/14	% of Actual Expenditures	Difference
Family Preservation	$ 4,860,216.00	27.64%	$ 2,792,165.96	27.92%	0.28%
Family Support	$ 4,413,976.00	25.10%	$ 2,430,800.10	24.30%	-0.80%
Time Limited Family Reunification	$ 3,894,929.00	22.15%	$ 2,278,457.51	22.78%	0.63%
Adoption Promotion & Support	$ 4,416,560.00	25.11%	$ 2,500,480.01	25.00%	-0.11%
Administration	$ -	0.00%	$ -	0.00%	0.00%
Actual Total Award	**17,585,681.00**	**100.00%**	**$ 10,001,903.58**	**100.00%**	**0.00%**

Chapter III. Florida's Assessment of Performance

Florida's third round CFSR is scheduled to begin in April 2016. As such, the Department and stakeholders are currently engaged in a detailed assessment of the child welfare system. The Statewide Assessment for the CFSR will be in-depth and the APSR will be amended to reflect the results.

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

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

The following performance assessment is based on multiple sources. The most important ongoing initiative is implementing the new practice model, which is rooted in a sound knowledge base and a practice approach that is safety-focused, family-centered, and trauma-informed. Florida's Title IV-E Waiver demonstration allows the Department and its partner lead agencies to create a more responsive array of community-based services and supports for children and families. Flexible use of IV-E funding supports child welfare practice, program and system improvements that will continue to promote child safety, permanency and improve child and family well-being. This strategic use of the funds allows community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions.

Information for the Assessment was gathered through a collaborative process. The statewide Child and Family Services Review (CFSR) Statewide Planning Committee was formed with representatives of the Department (state and region), CBCs, Sheriffs, Courts, Foster Parents, Youth, Guardian ad Litem, and other state agencies. The committee members reached out to other local partners, and provided input on local needs assessment including performance measurement gaps on outcomes and systemic factors, particular focus areas for services or specific population groups, and strategies and initiatives. This committee's charge includes the APSR. Additional information was gathered through the Child Welfare Task Force and community stakeholders.

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

- Florida's Child and Family Services Review (CFSR) Data Profile: June 5, 2015. The data is derived from Florida's submissions of National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis Reporting System (AFCARS).

- Florida Safe Families Network (FSFN). FSFN is the Department's automated child welfare case management system.

- Florida's child welfare trend reports and performance dashboard. These data are available on Florida's Center for Child Welfare, under Quality Improvement. The link is

  http://centerforchildwelfare.fmhi.usf.edu/Index.shtml#

- Quality Assurance (QA) case reviews. Data from the Case Management QA reviews, the Child Protective Investigations Rapid Safety Feedback Reviews and Case Management Real Time Rapid Feedback Reviews.

Each performance measure was aligned with the Child and Family Services Review (CFSR) structure of outcomes and systemic factors. Under each outcome, measures were aligned with the CFSR Items for more detailed analysis, where feasible. By triangulating information from the various sources, we were able to discern whether overall performance is a strength or concern.

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

CONCERN. National standards for both measures were met in FY 2014ab. Although the state met the national standard for FY 2014ab, the level of performance must be sustained.

The Rapid Safety Feedback investigative real time quality assurance reviews show viability of safety plans and the incorporation of safety intervention strategies as a concern during the January 2014 through June 2014 review period. The major practice concern is ensuring that safety plans are being followed. Staff are improving on identification of danger threats, sufficient safety plans to manage and control for the danger, and appropriately identifying, referring and engaging the family with safety services. However, this fluctuation in performance is due in part to the early implementation stages of the new Child Welfare Practice Model.

Florida Performance
Compared to National Standards
Safety Outcome 1

	National Standard	Florida FY2011ab	Florida FY2012ab	Florida FY2013ab	Florida FY 2014ab
Absence of Maltreatment Recurrence	94.60%	92.80%	92.80%	94.10%	95.1%
Absence of Child Abuse and/or Neglect in Foster Care (12 months)	99.68%	99.34%	99.39%	99.02%	99.94%

Source: Florida CFSR Data Profile Dated 6/5/2015

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

STRENGTH. Strength is demonstrated in commencing investigation cases and seeing alleged victims within 24 hours. Florida consistently commences investigations and sees child victims within 24 hours of a report being generated at the Abuse Hotline. The average response time is 10.7 hours (CFSR Data Profile: 6/5/2015).

Florida Performance
Compared to National Standards
Safety Outcome 1
Item 1: Timeliness of Initiation of Report of Child Maltreatment

CPI Scorecard Measure	State Standard	1/2014	6/2014	9/2014
% Seen<=24 Hours	85.0%	91.2%	98.0%	97.0%
% Immediate Commenced <=4 Hours	98%	98.0%	95.8%	95.52%
% 24 Hour Commenced <=24 Hours	99.5%	99.8%	99.7%	99.76%

Source: Florida CFSR Data Profile Dated 6/5/2015

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

CONCERN. Maltreatment during in-home services is not meeting the state standard and is a concern. Performance has declined during the report period.   For case management services (CMS), the Real Time Rapid Feedback quality assurance reviews show safety planning is sufficient in only 59.7% of cases reviewed during the January 2014 to June 2014 period.

While changes in and an expansion of the community-based service array have occurred due to the flexibility afforded through the Title IV-E Waiver demonstration, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families.

This change in performance is attributed in part to the shift to the new Child Welfare Practice Model (refer to Chapters II and IV) and is anticipated to greatly improve as staff gain proficiency in the new model.

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

MIXED. Strength is shown in no maltreatment after termination of out of home care and in-home services combined. There is mixed performance on no recurrence of within 6 months of the received date of an investigation resulting in verified maltreatment.

A description of the measures is located at
http://www.dcf.state.fl.us/performance/cbc/CBC_Scorecard_Methodology.pdf

Florida Performance
Compared to National Standards
Non Recurrence of Maltreatment within 6 Months

CPI Scorecard Measure	State Standard	12/2013	6/2014	9/2014
6. No Recurrence of Maltreatment in 6 Months [of received investigation].	94.6%	94.0%	95.0%	94.35%

Source: Florida CFSR Data Profile Dated 6/5/2015

Florida Performance
Compared to National Standards
No Verified Maltreatment within 6 Months of Termination of Services

CBC Scorecard Measure	State Standard	12/2013	6/2014	9/2014
3. No Verified Maltreatment within 6 Months of Termination of In-Home & Out-of-Home Services	95.0%	94.4%	96.2%	96.6%

Source: Florida CFSR Data Profile Dated 6/5/2015

Florida Performance
Compared to National Standards
No Verified Maltreatment During In-Home Services

CBC Scorecard Measure	State Standard	6/2013	6/2014	9/2014
2. No Verified Maltreatment During In-Home Services	97.0%	96.6%	96.5%	96.6%

Source: Florida CFSR Data Profile Dated 6/5/2015

Item 3. Risk and safety assessment and management

CONCERN. The shift to a new practice model was predicated on a system that was incident driven. The performance level, while below the state standard, is beginning to improve. The Real time quality assurance reviews show slight improvement for both CPI and Case Management. Additional safety plan training and technical assistance for staff is occurring. It is expected that the state's performance will continue to improve as we continue to implement the new practice model and staff become more proficient with the practice model.

Case Management Services
QA Case Review Findings

Case Management Quality Assurance Review Annual Report	Jan - Sept 2014 % Strength
2 Were initial and on-going assessments conducted to assess risk and safety concerns relating to the child(ren) in their home?	71.8%
3 If safety concerns were present, did the agency develop an appropriate safety plan with the family?	67.5%
4 If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services?	67.5%
5 Are background checks and home study or assessment sufficient and responded to appropriately?	75.0%

Source: DCF-QA Web Portal

Child Protective Investigations
QA Case Review Findings

CPI Rapid Safety Feedback	Jan – Feb 2014 % Strength	Jan - Sept 2014 % Strength
1. Are the prior child abuse and neglect reports, prior services, and criminal history information obtained timely, accurately summarized, and used to assess patterns, potential danger threats, and the impacts on child safety?	41.1%	47.3%
2. Is sufficient information collected and validated?	34.7%	39.7%
3. Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently analyzed to determine the caregivers' ability to control the identified danger threat or safety concern?	53.2%	58.5%
4. Is the Safety Plan viable and does it incorporate safety intervention strategies implemented in response to an identified danger threat or safety concern?	37.1%	35.8%

Source: DCF-QA Web Portal

Case Management Services
QA Case Review Findings
Percentage of Strengths by Item

Case Management Rapid Safety Feedback	Jan – Mar 2014 % Strength	Jan – June 2014 % Strength
2. Is safety planning sufficient?	60.7%	59.7%
3. Is the parent's behavior change monitored as it relates to danger threats and safety concerns?	74.8%	76.6%
4. Is the case manager aware of any emerging dangers and, if so, are they followed up on urgently?	64.6%	65.4%
5. Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?	66.4%	68.4%
6. Is the frequency of contacts with the child and family sufficient to ascertain and respond to known threats and emerging dangers?	70.1%	70.1%

Source: DCF-QA Web Portal

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

CONCERN, but more strength than concern. The national standard has been exceeded for Composites 2 (adoption) and 3 (permanency after long period of time). There is concern regarding Composite 1 (timeliness and permanency of reunification) – the state is below the national median and/or there has been declining performance over time for the three timeliness measures in that composite, though showing recent improvement on the one permanency measure. There is also concern regarding Composite 4 (placement stability); though improvement over time is shown for the three measures – that is, the number of placement settings for children in care for<12, 12-24, and >24 months exceeds the median, but the state is below the 75th percentile for children in care less than 12 months.

**Florida Performance
Compared to National Standards
Reunification**

	National Standard	Florida FY2012ab	Florida FY2013ab	Florida FY2014ab
Composite 1. Timeliness and Permanency of Reunification	122.60	110.60	110.4	116.3
Measure C1 - 1:Exits to reunification in less than 12 months	median = 69.9%, 75th percentile = 75.2%	73.00%	70.30%	75.5%
Measure C1 - 2:Exits to reunification, median stay:	median = 6.5 months, 25th percentile = 5.4 months NOTE: ↓ is preferred	med = 8.0 months	med = 8.6 months	med = 7.4 months
Measure C1 - 3: Entry cohort reunification in < 12 months	median = 39.4%, 75th Percentile = 48.4%	34.8%	37.0%	34.7%

Source: Florida CFSR Data Profile Dated 6/5/2015

**Florida Performance
Compared to National Standards
Permanency**

	National Standard	Florida FY2012ab	Florida FY2013ab	Florida FY2014ab
Measure C1 - 4: Re-entries to foster care in less than 12 months	median = 15.0%, 25th Percentile = 9.9% NOTE: ↓ is preferred	15.9%	14.9%	15%
Composite 2: Timeliness of Adoptions	106.4	161.0	169.9	163.8
Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time	121.70	139.80	144.2	144.5

Source: Florida CFSR Data Profile Dated 6/5/2015

**Florida Performance
Compared to National Standards
Placement Stability**

	National Standard	Florida FY2012ab	Florida FY2013ab	Florida FY2014ab
Composite 4: Placement Stability	101.5	95.2	98.6	97.3
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months	national median = 83.3%, 75th Percentile = 86.0%]	85.8%	87.4%	84.9%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.	national median = 59.9%, 75th Percentile = 65.4%]	64.7%	65.8%	65.8%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.	national median = 33.9%, 75th Percentile = 41.8%	28.9%	33.0%	34.6%

Source: Florida CFSR Data Profile Dated 6/5/2015

Item 4   Stability of foster care placement

MIXED. Strength (exceeding standard) for the number of placements on the CBC scorecard measure. Case management QA data shows concern for stable placement. The implementation of the Foster and Adoptive Home Diligent Recruitment and Retention Plan and the additional resources available from the Diligent Recruitment Grant will assist with improving this permanency measure. It is expected that the focus on targeted populations will improve recruitment and retention of foster families. (See also the national composite 4, placement stability.)

Florida Performance
Compared to National Standards
Placement Stability

CBC Scorecard Measure	State Standard	6/2013	6/2014	9/2014
4. Children in Care 8 Days - 12 Months with No More than Two Placements	86.0%	86.9%	87.3%	86.2%

Source: Florida CFSR Data Profile Dated 6/5/2015

Case Management Services
QA Case Review Findings
Placement Stability

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
6. Is the child in a stable placement at the time of the review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goals?	82.1%

Source: DCF-QA Web Portal

Item 5. Permanency goal for child.

Strength. Case Management QA measure for appropriate case plan goal is above 80%.

QA Case Review Findings
Case Management Services
Concerted Efforts to Reunify

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
8. Are concerted efforts being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement?	85.5%

Source: DCF-QA Web Portal

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

STRENGTH. The QA case management review measure for reunification, guardianship or permanent placement with relatives is above the statewide standard of 80%. Florida has a historic pattern of exceeding goals for adoption. Counts of children with the goal of other permanent living arrangement

(APPLA) are monitored through a separate trend report22. The count has remained below 600 (out of more than 19,000 in out of home care). The Department's strong emphasis on permanency for this population, particularly through initiatives such as the Permanency Roundtables described in Chapters II and IV, has resulted in an overall decrease in the percentage of the out of home population with the primary goal of APPLA. In July 2013, 563 children had this as their primary goal, and in September 2014 this was down to 487. Ongoing efforts as part of the Permanency goal in Chapter IV promise to continue this positive trend, as will implementation of the provision under Public Law 113-183 to limit APPLA as a permanency goal for youth age 16 and older.

QA Case Review Findings
Case Management Services
Concerted Efforts to Reunify

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
8. Are concerted efforts being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement?	85.5%

Source: DCF-QA Web Portal

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

CONCERN. Case Management QA items show mixed results in aspects of continuity and connection. This is an area in need of improvement statewide. The QA data identified case management in the Central and Suncoast Regions as being particularly weak. Chapter IV, Goal 2 includes discussion of ongoing interventions that support child welfare staff in building family relationships and connections, particularly the Practice Model and pre-service training. This is also related to aspects of Well-Being Outcome 1

Item 7. Placement with siblings

Strength. Case Management QA data shows the state standard of 80% was exceeded. This is an improvement over the prior year.

QA Case Review Findings
Case Management Services
Placement with Siblings

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
9. Were concerted efforts made to ensure that siblings in out-of-home care are placed together unless a separation was necessary to meet the need of one of the siblings?	94%

Source: DCF-QA Web Portal

Item 8. Visiting with parents and siblings in foster care

CONCERN. Case Management QA data is below 80%; this is a decline in performance from the prior report period.

QA Case Review Findings
Case Management Services
Frequency and Quality of Visitation between a Child and Family

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
10. Were concerted efforts made to ensure that visitation between a child in out-of-home care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members?	77.4%

Source: DCF-QA Web Portal

Item 9. Preserving connections

MIXED. QA data shows concerted efforts to maintain child's important connections to be strength.   The state standard of 80% was met when making concerted efforts to maintain the child's connections to neighborhood, community, faith, extended family, Tribe, school and friends.

Key indicators report allows management to monitor the level of children placed outside of removal area, though no "target" is set. For example, the percentage of children placed in a county other than the removal county is 34.1% for the month of September 2014. Since September 2014 the percent of children placed in a county other than the removal county is starting to rise slightly over 35%. The Foster and Adoptive Home Diligent Recruitment and Retention Plan (See Appendix B) should assist with improving the availability of placements in a proximity close to the child's own home. Additionally, the Diligent Recruitment Grant focus on targeted populations should improve recruitment and retention of foster families. Ultimately, the Grant should assist with improving the availability of placements for children in homes that are in close proximity to their parents.

QA Case Review Findings
Case Management Services
Family and Community Connections

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
11. Were concerted efforts made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, friends?	83.1%
13. Concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation?	75.5%

Source: DCF-QA Web Portal

Item 10. Relative placement

CONCERN: The state standard of 80% to make concerted efforts to place a child with relatives was not met. Performance is starting to decline.

QA Case Review Findings
Case Management Services
Placement with Relatives

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
12. Were concerted efforts made to place the child with relatives when appropriate?	77.2%

Source: DCF-QA Web Portal

Item 11. Relationship of child in care with parents

CONCERN. QA data shows low levels for making concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) to be of concern.

QA Case Review Findings
Case Management Services
Promoting Family Relationships

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
13. Concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation?	75.5%

Source: DCF-QA Web Portal

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

CONCERN. Case Management QA data shows concerns with frequency and quality of caseworker visits. The Waiver demonstration focuses on aspects of well-being that are crucial to child and family development. Florida will test the hypothesis that capacity building, system integration and leveraging the involvement of community resources and partners yield improvements in the lives of children and their families. Through implementation of Florida's new practice model, each component of the system will work as an integrated unit, equipped to gather better information, relay information faster, conduct more quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child and family's safety and independence. The practice model is an integrated approach to ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills).

Performance concerns around engaging and visits with parents is an ongoing focus. The aspects of professional practice related to engaging, partnering, and planning for family change embedded in the

Practice Model are critical components of the progress for Goal 3 in the Plan for Improvement (Chapter IV).

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

STRENGTH. Case Management QA measure is above the 80% state standard.

QA Case Review Findings
Case Management Services
Needs Assessment

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
14. Were concerted efforts made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services?	81.5%

Source: DCF-QA Web Portal

Item 13. Child and family involvement in case planning

CONCERN. Case Management QA measure related to actively involving all case participants is below 80%. Real Time Rapid Feedback quality assurance reviews also shows case planning to be an area in need of improvement so that case plans are individualized for the family's needs and related to the known dangers.

QA Case Review Findings
Case Management Services
Parental Involvement in Case Planning

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
15. Were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	72.8%

Source: DCF-QA Web Portal

QA Case Review Findings
Case Management Services
Case Plan Individualized to Family Needs

CMS Real Time Rapid Feedback	Jan – March 2014	Jan – Jun 2014
1. Is the case plan individualized for the family's needs and related to known dangers?	74.8%	75.9%

Source: DCF-QA Web Portal

Item 14. Caseworker visits with child

MIXED. Key indicator report[23] shows the percentage of children seen timely is slightly below target (this measure is also related to Safety). Statewide performance is slipping. The Case Management QA reviews show the quality of the visits as an area in need of improvement.

Florida Performance
Compared to National Standards
Children Seen Timely

Key Indicator Report Measure	State Standard	3/31/2014	06/30/2014	09/30/2014
Percent of In-State Children Seen Timely	99.5%	99.3%	98.6%	98.6%

Source: Florida CFSR Data Profile Dated 6/5/2015

QA Case Review Findings
Case Management Services
Frequency and Quality of Visits with Children

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
16. Is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals?	66.6%

Source: DCF-QA Web Portal

Item 15. Caseworker visits with parents

CONCERN. Key indicator report shows that performance is not meeting state targets for visits with mother or father. Both Case Management QA data and Real Time Rapid Feedback QA review data indicate that this is an area that continues to be in need of improvement. Through training and technical assistance, documentation surrounding what occurred during the visit as well the quality of visits is expected to improve.

Florida Performance
Compared to National Standards
Parental Contacts

Key Indicator Report Measure	State Standard	3/31/2014	6/30/2014	9/30/2014
Percent of Required Contacts with Mother, OHC, Goal Reunification	70%	70.3%	68.5%	66.0%
Percent of Required Contacts with Father, OHC, Goal Reunification	60%	47.8%	44.7%	42.6%

Source: DCF-QA Web Portal

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[23] Children Seen/Not Seen statewide by District by Agency

QA Case Review Findings
Case Management Services
Frequency and Quality of Visits with Parents

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
17. Is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?	63.6%

Source: DCF-QA Web Portal

QA Case Review Findings
Case Management Services
Frequency and Quality of Visits with Children

CMS Real Time Rapid Feedback	Jan – Mar 2014	Jan – Jun 2014
5. Is the quality of contacts sufficient to ascertain and respond to known threats and emerging dangers?	66.4%	68.4%
6. Is the frequency of contacts with the child and family sufficient to ascertain and respond to known threats and emerging dangers?	70.1%	70.1%

Source: DCF-QA Web Portal

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

CONCERN. QA case management data shows concerns in making concerted efforts to assess children's educational needs and addressing them in case planning. The Scorecard shows continued improvement in the percent of former foster youth obtaining a GED.

Item 16. Educational needs of the child

MIXED. See Well-Being Outcome 2 above.

Florida Performance
Compared to National Standards
Educational Wellbeing

Key Indicator Report Measure	State Standard	3/31/2014	6/30/2014	9/30/2014
Percent Children 5-17 in OHC with K-12 Report Card Entered	90.0%	94.4%	97.1%	91.6%
Percent Former Foster Youth Ages 19-22 with Diploma or GED in FSFN	65.0%	66.1%	67.4%	68.8%

Source: Florida CFSR Data Profile Dated 6/5/2015

QA Case Review Findings
Case Management Services
Educational Wellbeing

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
18. Did the agency make concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and were identified needs appropriately addressed in case planning and case management activities?	75.8%

Source: DCF-QA Web Portal

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

CONCERN. Key indicators show concerns (below standard) in provision of medical services, immunizations, and dental care. There is strength in health record keeping in FSFN according to the key indicators. The Case Management QA Reviews show that physical and mental health needs is an area in need of improvement.   CPI case review QA shows concern (below standard) for referrals for medical examinations, developmental screening, and evaluations of parents and children.

As previously stated, the extension of the IV-E Waiver demonstration focuses on aspects of well-being, especially an integrated and collaborative approach with multiple partners such as substance abuse and mental health. The waiver demonstration allows for the integration of a Trauma Focused and Trauma Informed Care model of service delivery at the local level. Family engagement and family-centered planning using promising and evidence-based practices is improving the quality of caseworker visits with families and children and fostering connections between families. The implementation of promising and evidence-based practices is anticipated to improve well-being outcomes.

Item 17. Physical health of the child
CONCERN. See analysis under Well-Being Outcome 3 above.

Florida Performance
Compared to National Standards
Physical Health Wellbeing

Key Indicator Report Measure	State Standard	3/31/2014	6/30/2014	9/30/2014
Percent of Children with Medical/Mental Health Record in FSFN	99.5%	99.9%	99.9%	99.8%
Percent of Children with Medical Service in the Last 12 Months	98.0%	97.2%	96.1%	95.2%
Percent of Children with Immunizations Up to Date	99.0%	98.2%	97.8%	97.6%
Percent of Children with Dental Service in the Last 7 Months	94.0%	92.2%	91.5%	89.2%

Source: Florida CFSR Data Profile Dated 6/5/2015

QA Case Review Findings
Case Management Services
Healthcare Screenings

CPI Rapid Safety Feedback	Jan – Mar 2014	Jan – Sept 2014
2.4. Are there referrals for medical examinations, developmental screening, and evaluations of parents and children?	57.9%	66.9%

Source: DCF-QA Web Portal

QA Case Review Findings
Case Management Services
Meeting Health and Dental Needs

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
19. Has the agency addressed the physical health needs of the child, including dental health needs?	78.2%

Source: DCF-QA Web Portal

Item 18. Mental/behavioral health of the child

CONCERN: See analysis under Well-Being Outcome 3 above.

QA Case Review Findings
Case Management Services
Meeting Behavioral Health Needs

Case Management Quality Assurance Review	Jul – Sept 2014 % Strength
20. Has the agency addressed the mental/behavioral health needs of the child?	76.4%

Source: DCF-QA Web Portal

Systemic Factors
Statewide Information System

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

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

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

The management report on Healthcare Service Information for Children in Out-of-Home Care show that the percent of children with medical/mental health records in FSFN is above 99% (99.8% during September, 2014). Children's Legal Services Quality Assurance also assesses the timeliness and accuracy of entry of legal information into FSFN. The expectation is that legal information will be entered in FSFN within five days.

The Department is continuing to modify the system to meet the functional requirements remaining from the SACWIS Assessment Review (SARR) in February 2014. Reports on the progress of these plans toward successful completion are provided to ACF as part of the annual Advance Planning Document process. System enhancements completed addressed several of the SACWIS requirements critical to child welfare success for children and their families, including:

- Investigation; collecting and recording investigation information, generating documents as needed.

- Assessment; determining and recording risk assessment, collecting and recording special needs/problems, determining and recording needed services, client contacts, and referrals to other agencies.

- Case management; preparing and documenting service/case plan, matching services to needs, generating documents, supervisory approval of plan.

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

Data on the quality of information relating to the four specifically required components for the state information system (status, demographic characteristics, location, and goals for the placement of every child) is readily available. FSFN data is reliable and contains the required demographic information. Since FSFN is used for all case management activities, data completeness for expected elements is some

indication of the level of compliance on other factors. Additional data quality and validity initiatives were addressed as part of the Plan for Improvement (see Chapter IV).

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 is directed in statute, particularly Chapter 39, F.S., Proceedings Relating to Children, which defines processes and timeframes for judicial hearings and adoption proceedings, case planning requirements, termination of parental rights, and parental/caregivers rights relating to hearings and proceedings consistent with federal requirements.

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

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

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

Florida Statute details the process for the periodic review of the status of each child, stating that the court has continuing jurisdiction and is required to review the status of the child at least every 6 months or more frequently if the court sees necessary or desirable.

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

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

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

The Department is amending the administrative code to comply with the new requirement from Public Law 113-183 to notify relatives including parents of the child's siblings when custody is removed from a parent.

Case Management QA results for the first quarter of the 2014/15 fiscal year indicated that of the sampled cases 72.8% were successful in meeting the standard "concerted efforts were made to involve parents and children in the case planning"

QA Case Review Findings
Case Management Services
Involving Parents and Children in Case Planning

Case Management QA Review	Jul – Sept 2014 % Strength
15. Were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?	72.8%

Source: DCF-QA Web Portal

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

Summary: The case review process is well institutionalized and systematically tracked and monitored. Additional emphasis will continue to be placed on ensuring all participants, particularly the parents and current caregivers, are fully involved and informed about the child's case. More work is needed on notifying parents, foster parents, pre-adoptive parents and relative caregivers of hearings and the right to participate, though performance in this area tends to vary across the state. In some areas courts may not allow participation, which also indicates a need for ongoing education and collaboration. This topic is

included in the Plan for Improvement, Chapter IV, under Goal 2 (Objective A with the Quality Parenting Initiative and Objective B, collaboration with the court system and Children's Legal Services).

Quality Assurance System

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

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

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

Though Florida has a well-integrated, broad and intricate approach to quality, in the spirit of CQI there is always room for improvement. Gaps are noted in:

- some inconsistencies in standards used, particularly between Sheriff and Department protective investigation;
- reporting may not summarize trends and practices at the state level based on local information;
- the ability of the CQI process regularly to identify certain process and descriptive or root cause data, such as service gaps, and success of recruitment and retention plans;
- coordination in the "feedback loop" – use of quantitative and qualitative data to inform improvement in the child welfare system, including formal program evaluation and research.

Summary: The state's Continuous Quality Improvement (CQI) System is intrinsic to its child welfare practice and management. However, in order to ensure consistent, comprehensive analysis of performance and most effectively support systematic improvement, enhancements of the CQI system are underway. See Chapter IV, Florida's Improvement Plan, Goal 3, Objective D, for strategies related to CQI.

Staff and Provider Training

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

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

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

Florida law requires all staff who provide child welfare services (this includes all investigators and case managers) to earn a child welfare certification through a third-party entity. The requirements for the certification include: meeting formal education requirements, participating in the department-approved pre-service training program, passing the written pre-service exam, completing 1,040 hours of on-the-job experience, and receiving 46 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.

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

> 1.5.5.   Licensing Tasks
> The Lead Agency shall perform Licensing Tasks, including, but not limited to:
> 1.5.5.1. Compliance with licensing requirements as described in sections 409.175 and 409.145(2)(e), F.S., Chapters 65C-13, 65C-14 and 65C-15, F.A.C., and 42 U.S.C. §671(a)(20)(B)(i)-(ii).

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

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

The Department's approach to training is focused primarily on function, e.g., child protective investigation and case management, and responsibilities lie in both statewide and local levels of the organization; generally, pre-service at the state level and in-service at the local level (though not exclusively for either). See Appendix E, Training Plan, for details related to this assessment. In general, gaps were noted in:

- Inability to judge adequacy of training resources statewide;
- Need for trainer credentialing;

- Variable quality of in-service training materials and curricula;

- Updating knowledge about evidence-based practice, through formal review and research;

- Sharing of trainer resources;

- Minimal state level infrastructure;

- Professional development ; and

- Assessment of training quality through evaluation of results.

Summary: The Department is strong in its capacity to identify needs for training and provide ongoing training for staff, parents, and others based on local needs and in response to changing circumstances. However, as indicated in the training plan, the goals include strengthening the training infrastructure for consistency and quality, including professionalization, career-long learning, and integration into Continuous Quality Improvement.

Service Array and Resource Development

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

1. *Services that assess the strengths and needs of children and families and determine other service needs.*

2. *Services that address the needs of families in addition to individual children in order to create a safe home environment.*

3. *Services that enable children to remain safely with their parents when reasonable, and*

4. *Services that help children in foster and adoptive placements achieve permanency.*

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

As described in Chapter II, services for children and families are delivered in all geographic areas of the state with the oversight of either Department regions and sheriffs (child protective investigation) or Community-Based Care lead agencies and their subcontractors (all other child welfare/"foster care and related services"). CBC contracts fully delineate the service array, including assessments (family functioning, behavioral health, risk, and others) and the use of individualized services.

However, as mentioned in the Quality Assurance Systemic Factor above, the ability to systematically assess the level of service individualization and gaps could be improved; and where they are assessed, some performance levels should be improved.

- The July – September 2014 Case Management Quality Assurance review found that 81.5% on standard 14: Concerted efforts made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review]

or an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provide the appropriate services.

With the Implementation of the new practice model, Florida has taken this opportunity to define and assess Florida's service array. Florida recently embarked on a service array assessment in partnership with the Florida Coalition for Children's (FCC) Prevention and Diversion subcommittee. Our Frist step in this service array assessment was to reach consensus as state in defining the different service types and to have a greater understanding of the types of services available, their level of effectiveness and the evidence supporting the services as well as well as trauma informed services and develop a plan of action based upon the results of the survey.

We are currently synthesizing and analyzing data received from CBCs as part of the statewide survey to assess our family support services and safety management services baseline. This data will be used to ascertain next steps in service gaps and evaluate outcomes for services currently utilized.
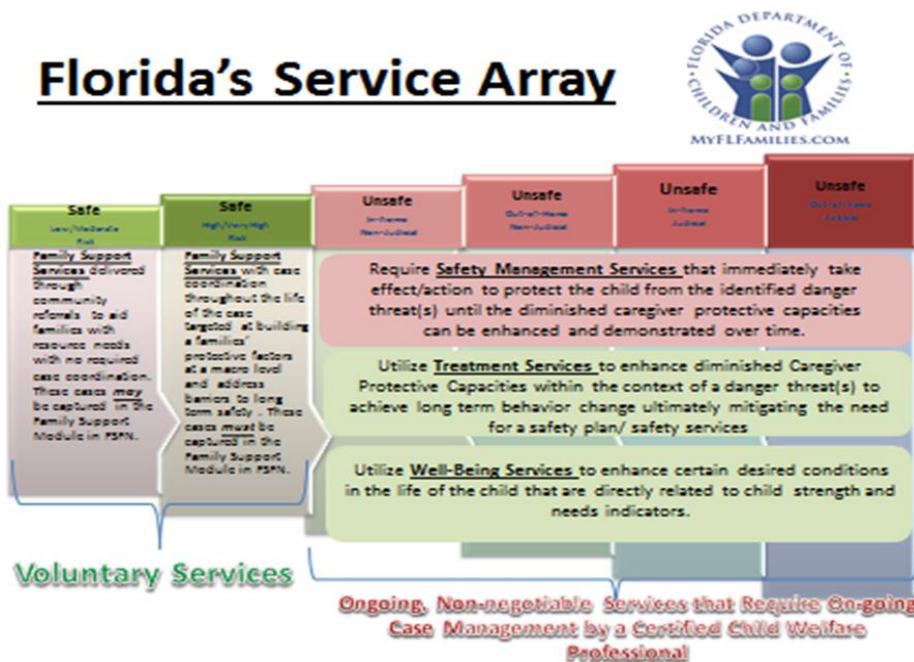
Florida's flexible funding Waiver demonstration has made possible changes in and an expansion of the community-based service array (see Chapter VII.) However, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. It is expected that capacity building, system integration and leveraging the involvement of community resources and partners will yield improvements in the lives of children and their families. Expanded services, supports, and programs may include, but are not limited to:

- Development and implementation of family-centered evidence-based programs and case management practices to assess child safety; support and facilitate parents and caregivers in taking responsibility for their children's safety and well-being; enhance parent and family protective factors and capacity; develop safety plans; and facilitate families' transition to formal

and informal community-based support networks at the time of child welfare case closure. Refer to Chapters I and II for more detailed information services at the local level.

- Early intervention services for families to prevent crises that jeopardize child safety and well-being.

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

- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.

- Services that promote expedited permanency through reunification when feasible, or other permanency options as appropriate.

- Improved needs assessment practices that take into account the unique circumstances and characteristics of children and families.

- Long term supports for families to prevent placement recidivism.

- Strategies that increase children's access to consistent medical and dental care; improve adherence to immunization schedules and well-child check-ups; and holistically address the physical, social/emotional, and developmental needs of children.

Summary: There is a wide array of services available across the state. We are experiencing some success on individualizing services to meet family needs, however improvements are needed in the availability and accessibility of some critical services in the more rural areas. Florida's Plan for Improvement (Chapter IV) will address the findings from the service array survey and include other action as appropriate. Of particular note is the expansion of the model courts evidence parenting initiative. This evidence-based program is in 13 of the 20 circuits including the 11th circuit (Miami-Dade) and the 20th circuit (Collier County).

Agency Responsiveness to the Community

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

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

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

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

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

- local housing authorities
- workforce agencies,
- agency performing child protective investigations, whether Department or county sheriff, as well as local law enforcement,
- Federally Qualified Health Care Centers or Rural Health Care Centers,
- Managing Entities for behavioral health, and
- task forces relating to human trafficking.

Outreach to communities for input in planning and reporting activities is through formation of a workgroup or committee such as the most recent Statewide CFSR Committee, the Statewide Child Welfare Task Force, the Child Welfare, Substance Abuse and Mental Health Integration Team, the Executive Office of the Governor's Office of Adoption and Child Protection, and the ongoing Child Welfare/ Office of Court Improvement joint meetings that also include Children's Legal Services, Department of Education, and Guardian ad Litem representatives.

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

Summary: Florida has a strong history of collaboration in the community, and has many means through which community input is sought and embedded in planning and service delivery. We are building on these successes as we move forward.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

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

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

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

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

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

Contract managers and the central Contract Oversight Unit test compliance with contract requirements, including licensing. Regional Licensing Units conduct annual management reviews to assure compliance with standards.

Background checks are a fundamental aspect of licensing and of placement in non-licensed settings.

The statewide case management reviews completed in the first quarter of SFY 2014/15 show this as a strength. The information obtained from the background checks and home studies is being assessed and used appropriately to inform licensing and placement decisions.

QA Case Review Findings
Case Management Services
Background Checks and Home Studies

Case Management QA Review	Q 1 Jul – Sept 2014
7. Are background checks and home study or assessment sufficient and responded to appropriately?	88.4%

Source: DCF-QA Web Portal

Recruitment

Recruitment of a diverse, extensive array of foster and adoptive homes is a major focus of the Department and CBCs. Responsibility for these tasks is included in the CBC contracts. A few indications as to the success of this effort are found in the key indicator report on foster parent recruitment reviewed by executive leadership.

Recruiting is a very collaborative effort, exemplified by the Department's work with the Casey Family Programs and the Dave Thomas, Wendy's Kids, Foundation. Regular analysis at the state level of the demographic characteristics of children awaiting adoption also provides input to efforts for recruiting homes that fit specific child needs. Currently a special recruitment effort is underway for homes for children with complex medical needs. Perhaps the most telling indicator is that the Department has

successfully finalized adoptions for over 3,000 children a year for the past five years, and received federal adoption incentive funding for this success.

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

Cross-jurisdictional resources

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

Summary: The Department has substantial and successful processes in place for licensing, background checks, recruitment, and cross-jurisdictional activity. However, in order to improve child and family permanency and well-being, a broad mix of homes continues to be necessary. Efforts will continue to focus around children awaiting adoption who have been in care for long periods of time. This factor will be addressed in Chapter IV, Goal 2.

Chapter IV. Florida's Plan for Improvement

Overview

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

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

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

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

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

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

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

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GOALS AND OBJECTIVES

Goal 1

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

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

Florida Performance
2012-2014

Table 1. Safety Outcome 1 Three-Year Performance on National Standard Measures

Measure	National Standard	Florida FY2012ab	Florida FY2013ab	Florida FY2014ab
Absence of Maltreatment Recurrence (CFSR Data Profile # VI – national standard: 94.60%)	94.60%	92.80%	94.10%	95.1%
Absence of Child Abuse and/or Neglect in Foster Care (12 months) (CFSR Data Profile # VII – national standard 99.68%)	99.68%	99.39%	99.02%	99.94%

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

In addition to identifying and investigating instances where children are potential victims of child maltreatment, taking action to offset or prevent such harm is also critical. Preventing child maltreatment, particularly for the youngest and most vulnerable, is important for reducing harm to children in the short term (injury, fatality, removal from the family, etc.).   The verified child maltreatment rate in Florida has remained above the 2008 baseline for several years (between 11 and 13 per 1,000 children in the general population, with a rate of 11.41 per 1,000 in SFY 2013-2014[24]).

Objectives: There are five objectives related to goal 1:

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

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

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

3. Objective C: Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, and education).

4. Objective D: Staff and provider training will support skill development in areas of emphasis, particularly identification of safety and risk.

5. Objective E: The state's child welfare information system, FSFN, will have accurate and timely data that supports child safety.

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

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

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

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

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

    The Department of Children and Families is transforming the way that it conceptualizes and executes its mission by reengineering, transforming, and improving the capabilities of staff, operational processes, and supporting technologies. The Office of Child Welfare (OCW) provides leadership and supports coordination among all of the major implementation providers. At the heart of the change is the new (Safety) Child Welfare Practice Model, which began implementation in 2013. The new Child Welfare Practice Model is Florida's integrated approach to:
    • Initial identification of potentially unsafe children by the Florida Abuse Hotline;
    • Further assessment of safety and safety decision making by investigators;
    • Ongoing safety management and service provision to enhance parental protective capacities (emotional, cognitive and behavioral), address and enhance child well-being needs (emotional, behavioral, developmental, academic, relationships, physical health, cultural identity, substance abuse awareness, and adult living skills); and
    • Providing a framework for safe reunification (conditions for return) or decision-making points for other needed permanency options by case managers.

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

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

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

- Are danger threats being managed with a sufficient safety plan?
- How can existing protective capacities be built upon to make changes?
- What is the relationship between danger threats and the diminished caregiver capacities - What must change?
- What is the parent's perspective or awareness of his/her caregiver protective capacities?
- What are the child's needs and how are the parents meeting or nor meeting those needs?
- What are the parents really and willing to work on in the case plan to change their behavior?
- What are the areas of disagreement with the parents as to what needs to change?
- What change strategy will be used to address diminished protective capacities?

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

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

The assessment of well-being and the attention to children's strengths and needs is included in every FFA-O and Progress Update/Accomplishments. Child strengths and needs items measure the extent to which certain desired conditions are present in the life of the child within a recent timeframe. The child indicators are directly related to a child's well-being and success (emotion, behavior, family and peer relationships, development, academic achievement, life skill attainment). When the Department is involved with families whose children are unsafe, the case manager is responsible for assuring that the child's physical and mental health, development and educational needs are addressed by their caregivers as well as other caregivers when the child is in an out of home setting. The information gathered through assessment of these indicators is used to systematically identify critical child needs that should be the focus of thoughtful case plan interventions. The information needed by the case manager to complete the assessment will be gathered from the child, parent and other caregivers,

and collateral source such as child care providers, teachers and/or other professionals. The scaling constructs for measuring the strength or need are as follows:

A=Excellent: Child demonstrates exceptional ability in this area

B= Acceptable: Child demonstrates average ability in this area

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

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

The Child Welfare Task Force has the responsibility to lead, guide, direct and advise the statewide implementation of the safety methodology and administration of the Children's Justice Act Grant (CJA Grant).   This Task Force, comprised of a wide variety of partnering stakeholders, also provides a forum to make sure that the implementation of the child welfare practice model continues to be implemented with high fidelity. The Task Force members act as the vocal and visible ambassadors throughout the state and as representatives of their specific fields of expertise. The team meets quarterly to carry out its charge and receive updates for its various subcommittees. See Chapter III, Protective Investigation on page 35.

Florida is using implementation science to carry the Practice Model forward to full sustainability. Florida is in the initial implementation stage with practice sites identified throughout the state with ongoing focused skill building and competency training. The Department has worked with several national experts to develop Florida's Safety Methodology:

• ACTION for Child Protection, Inc.

• Children's Research Center of the National Council on Crime and Delinquency (CRC)

• Casey Family Programs

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

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

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

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

Safety Methodology Implementation

The illustration on the following page provides a county by county assessment of implementation efforts since July 2014. Currently approximately 81% of child protective investigations initiated through February 2015 were worked utilizing the practice and FSFN system support of Florida's new child welfare practice. This a considerable increase from 27.4% in June of 2014.

Child Protective Investigations Safety Methodology Implementation Status
February 1 – February 28th 2015
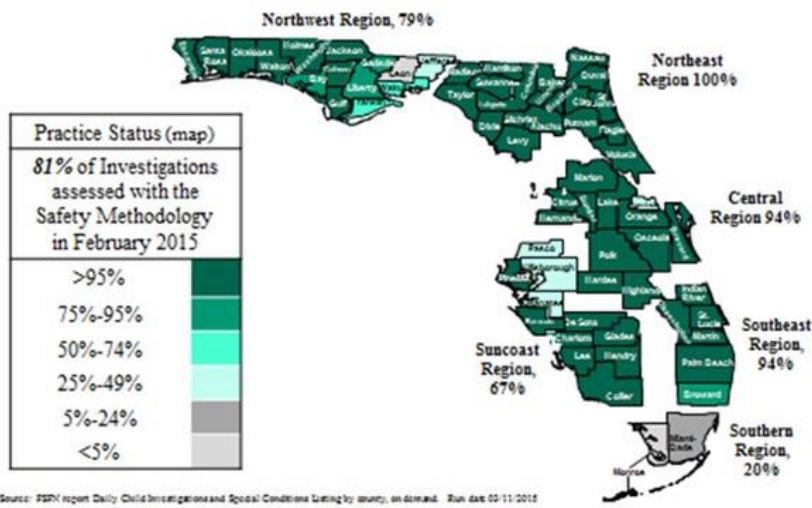
The Community Based Care (CBC) and Case Management Organizations (CMO) in Florida are continuing to progress in implementation as well. Though their progress has been slower, their commitment to this transition to new practice is evidenced in their collaboration and partnership. The illustration below reflects the total number of cases in each county that have an approved ongoing family functioning assessment captured in the system. The family functioning assessment is the first new practice process/tool to be completed after case transfer to ongoing case management.

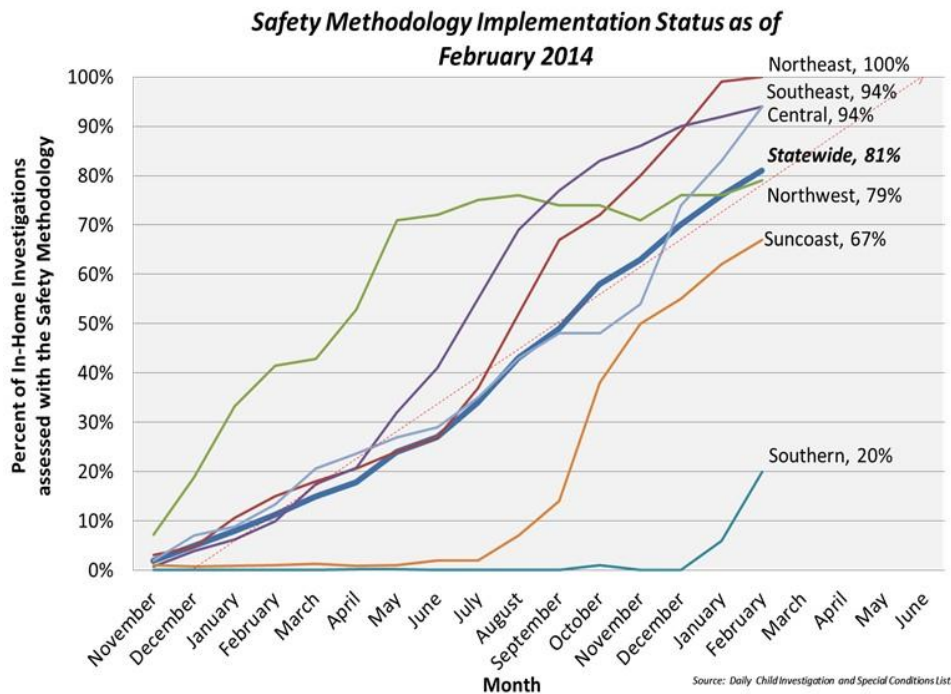Ongoing Services Safety Methodology Implementation Status as of 03/08/15
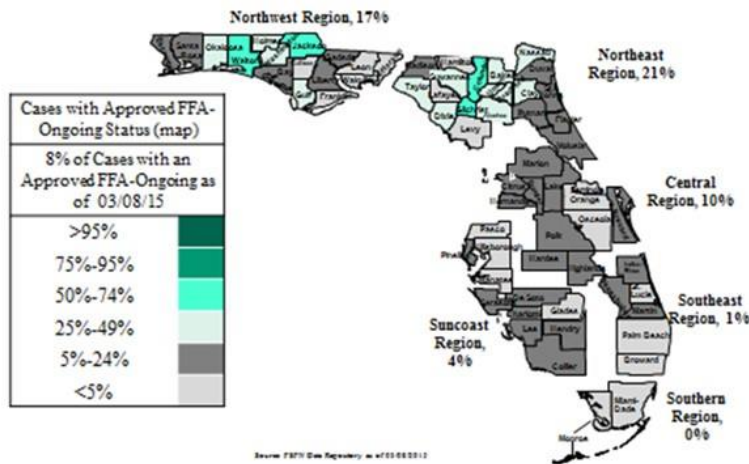
Source: FSFN

Year One Update:

Targeted Activity: Continued implementation of the Child Welfare Practice Model. This intervention is a very broad, integrated approach that affects child safety through increased intake analyst (Hotline) and child protective investigator ability to identify, assess, and make decisions about potentially unsafe children. It also includes aspects of case management and services for permanency and well-being, which are discussed under the goals related to those outcomes. The Child Welfare Practice Model emphasizes the least intrusive approach with the family that will keep the child(ren) safe. The targeted activities for this strategy are built around the project implementation phases as defined under Implementation Science. Specific activities for the report period or year1 are described in the explanation of the Practice Model.

In July 2014 through 2015 the implementation of Florida's new child welfare practice has remained the primary focus for the Department of Children and Families. Using implementation drivers, Florida has continued its journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice through policy and guidance, supporting the practice through leadership and SACWIS system functionality.

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

Safety Methodology Implementation Status as of February 2014

Percent of In-Home Investigations assessed with the Safety Methodology

Northeast, 100%
Southeast, 94%
Central, 94%
Statewide, 81%
Northwest, 79%
Suncoast, 67%
Southern, 20%

Month

Source: Daily Child Investigation and Special Conditions Listing

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

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

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

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

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

- Prior Child Abuse and Neglect Reports, Prior Services, and Criminal History: Are the prior child abuse and neglect reports, prior services, and the criminal history information obtained timely, accurately summarized, and used to assess patterns, potential danger threats, and the impact on child safety?
- Information Collection: Is sufficient information collected and validated?
- Identification of Danger Threats and Assessment of Caregiver Protective Capacity: Are danger threats or safety concerns accurately identified and caregiver protective capacities sufficiently analyzed to determine the caregivers' ability to control the identified danger threat or safety concern?
- Safety Planning: Is the Safety Plan viable and does it incorporate safety strategies implemented in response to an identified danger threat or safety concern?
- Supervisory Case Consultation and Guidance:

- o Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?
- o Has the supervisor assisted the investigator in identifying a pattern of child maltreatment that takes into account the history of reports/investigations, and not just the current allegation?
- o Is needed ongoing supervisory consultation and guidance provided?
- o Are issues identified by the supervisor resolved timely?

For the Rapid Safety Feedback process, the Department will target approximately 2,880 open cases each year. The profile includes all children under the age of four where at least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days).

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

(a) Parent or caregiver is under age 27;
(b) At least one prior report was received on the victim child or other victim child under the age of 4 (0 to 3 years and 364 days);
(c) The active investigation contains the alleged maltreatments of family violence threatens harm and substance misuse; and
(d) The investigation is open not less than 25 days and not more than 35 days.

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

Year One Update:

Targeted Activity: Utilization of Rapid Safety Feedback for QA case reviews. This is an ongoing strategy. As specified in the annual CQI/QA plan, "Windows into Practice: FY 2013-2014." regional summaries should

be submitted to the Office of Child Welfare semi-annually and no later than January 31 and July 31 of each year. The report must include a summary of findings, an analysis of root causes, and action taken by the region to improve practice.

Targeted Activity: Annual CQI Plan incorporating Rapid Safety Feedback Process - Completed. See Appendix A, CQI Plan Update.

Targeted Activity: Semi-Annual Summaries by Region: Each January and July - Completed. QA/CQI Reports are posted on the Center for Child Welfare, Quality Improvement Page. http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/QAIndex.shtml

Targeted Activity: Statewide use of Rapid Safety Feedback - Completed. The Rapid Safety Feedback case review process is in place statewide. This review process has garnered national attention because it looks at open investigations and provides immediate consultations and coaching to child protective investigators (CPI) and supervisors on investigations involving children under four years of age who have multiple risk factors such as parental substance abuse; and domestic violence history. Cases are reviewed at 10-12 days to determine the sufficiency of the present danger assessment and the same case is reviewed again at 30-40 days for the sufficiency of impending danger. (See also Appendix A, Continuous Quality Improvement)

3. Legislative changes: Implementation of the Safe Harbor Act

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

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

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

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

1. Define and identify "safe house" and "safe foster home" to include creating a certification process that must be go hand in hand with the existing licensing process in order to self- identify as a "safe house" or "safe foster home." The Department will specify the contents of training for foster parents who wish the "safe foster home" designation and the Lead Agency will ensure the foster parent has completed the appropriate training. The Department will be responsible for inspecting safe houses and safe foster homes prior to certification and annually thereafter;

2. Require residential treatment centers licensed under s. 394.875, F.S. to provide specialized training for sexually exploited children in the custody for the Department who are placed in these facilities;
3. Require the Lead Agency to ensure that any sexually exploited child residing in the safe house or safe foster home or served in residential treatment centers or hospitals as outlined previously in the bill have a case manager, whether or not the child is a dependent child, and that services detailed in the bill be available to all sexually exploited children t the extent possible provided by law and with authorized funding.

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

Year One Update

Targeted Activity: By September 2014, participate in the first meeting of the Statewide Council on Human Trafficking (Secretary or Designee is co-chair; s. 16.617, F.S.) -*:* Completed. See Goal 1, Objective A, Strategy 1, Practice Model, update on page 95. The Safe Harbor Act is Florida's legislative structure for addressing the needs of children who are sexually exploited. This act added children who have been found by a court to have been sexually exploited and who have no parent or guardian, to the definition of dependent children. It also defined a new placement type as a "safe harbor placement." The Department of Children and Families, the Department of Juvenile Justice, local law enforcement and other community partners all have a role to play. Implementing this legislation provides the Department an opportunity to intervene in a systematic way to improve the safety of children who have been treated as perpetrators through the criminal or juvenile justice system rather than treated as the victims.

Targeted Activity: Create a statewide council- completed. In 2014, a Statewide Council on Human Trafficking was created through legislation. Florida Attorney General Pam Bondi is the chairperson, and the Florida Department of Children and Families (DCF) Secretary is the vice chair. In addition, the Secretaries from the following state agencies also participate: Department of Juvenile Justice (DJJ), Department of Health (DOH), Department of Education (DOE) and Florida Department of Law Enforcement (FDLE). Law enforcement and nonprofit organizations are represented, as well as an appointed State Representative and State Senator from the Florida Legislature. This Council has created a subcommittee to focus on issues of identification, response, and services availability. The subcommittee's chairperson is the DCF Secretary. This allows for collaboration toward high-level policy development and recommendations.

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

Targeted Activity: Develop and disseminate guidance, policies, and training - completed. DCF has disseminated specific guidance and policies regarding responding to the needs of the human trafficking victims. They include:

- Training memo outlining the six hours of human trafficking training required for any person who wants a Specialized Human Trafficking designation. Investigators and case managers must have this designation to investigate or provide case management to a human trafficking victim/survivor. Every Region in the state has specialized staff who can work human trafficking cases based on completion of the training. The training has been provided by DCF to DJJ, the Agency for Persons with Disabilities (APD), DOH, the Community-Based Care Lead Agencies, Case Management Organizations, and Guardian Ad Litem personnel throughout the state. Training continues.

- DCF has promulgated an operating procedure (CFOP 175-14), which defines the components of human trafficking and outlines response expectations for victims/survivors of human trafficking.

- DCF and DJJ worked collaboratively to create the Human Trafficking Screening Tool (HTST). This screening tool will be used by DJJ, DCF, and Community-Based Care Lead Agencies for the more accurate identification of human trafficking victims. The tool will help prevent replication and allow for faster identification and implementation of services earlier, while minimizing the trauma on a potential victim by limiting the number of interviews of the child regarding the trafficking details.

- In developing practices to respond to human trafficking, DCF has worked with other states to gain information on their practices and collected assessment tools they are utilizing. DCF has had communication with child welfare and government officials in Virginia, South Carolina, Georgia and Kentucky. DCF completed site visits to programs in California, Georgia, and Kentucky.

- DCF has strict state codes and operating procedures for responding to missing children (Florida Administrative Codes 65C-29 and 65C-30 and Child and Families Operating Procedure 175-85), including immediate notification to law enforcement and partnering with the Florida Department of Law Enforcement's Missing and Endangered Persons Information Clearinghouse and the National Center for Missing and Exploited Children. On a daily basis, information regarding any child who has run away from foster care and is identified as a child at risk for trafficking is shared with the Case Management Organization providing supervision to that child. The Case Management Organization is advised the child is at high risk for victimization and is asked to delineate the steps the organization will take to locate and provide services for the child. Florida is the only state in the country to have a child welfare professional co-located within the Florida Department of Law Enforcement to ensure ongoing communication and information sharing between agencies.

- The State of Florida has a full-time Statewide Human Trafficking Prevention Director and two Regional Human Trafficking Coordinators, with the intention of hiring one additional Regional Coordinator.

- Throughout the state, DCF employees sit on task forces that focus on human trafficking, including child sexual exploitation. These task forces include the DJJ, DOH, APD, the Community-Based Care Lead Agencies, Case Management Organizations, school personnel, mental health organizations and law enforcement. DCF, DJJ and Lead Agency participation on

these task forces is mandated by statute, and these agencies must take the lead in creating appropriate task forces if they are not in existence.

- Each Region has developed or is in the process of developing processes for a community-wide response to human trafficking.

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

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

Strategy: Protective Factors Prevention Strategy

The Department is a key participant in the legislatively-mandated comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001, F.S.) In fulfillment of this mandate the Office of Adoption and Child Protection in the Executive Office of the Governor, the Department, and other partners are implementing the required five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 June 2015 (CAPP). The central focus of the plan is "to build resilience into Florida's families and communities in order to equip them to better care for and nurture their children." Local planning teams in each judicial circuit also developed and are implementing plans.

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

Local plans also include multiple strategies for increasing protective factors. For instance, one of the SunCoast's Community-Based Care lead agencies chairs the local Child Abuse Prevention Planning Workgroup with the Department. This interagency team is comprised of government entities, Healthy Families, local social services agencies, faith-based organizations and other community stakeholders. The goals are to develop and implement the five-year primary and secondary prevention strategies for the children and families in the local community. As one strategy, the SunCoast Region's faith-based community has a group engaged in providing family and community supports that build the protective factors identified in the Family Strengthening Initiative in their local CAPP. One of the Southeast Region's CBCs in Circuit 19 has a replicated Safe Families program included in the activities undertaken as part of its leadership role in the circuit's CAPP. The Northeast Region has a CBC implementing an intensive, in-home intervention service for high to very high risk families, with safe children, called Family Connections. This service will help keep this high risk population of children safe while building family skills and strengths. Family Connections (defined as an approach with promising research evidence by the California Evidence-Based Clearinghouse) is designed to reduce identified risk factors and enhance existing protective factors that may help families more appropriately meet the needs of their children.

During the first year of the time frame for the CFSP, the Department will work with the Office of Adoption and Child Protection to assess the progress made toward the goals for reducing child maltreatment by infusing protective factors throughout Florida's interconnected and comprehensive approach. Concurrently, the Department will work with the Office of Adoption and Child Protection to develop revisions to the five-year CAPP (due to the Legislature in June, 2015) that build upon and Update/Accomplishments the state and local prevention initiatives, particularly those evidence-based or promising practices and collaborative efforts to enhance protective factors for families and communities, and measure progress toward those goals.

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

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

Year One Update:

Targeted Activity: By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including child safety and protective factors. -Ongoing.

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

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

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

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

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

1. Integration of Services for Child Welfare and Behavioral Health
2. Domestic Violence and Child Welfare Collaboration
3. Substance Abuse and Mental Health Services Collaboration

A summary of the strategies and updates are provided below.

1. Integration of Services for Child Welfare and Behavioral Health

   The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems, and continues to work on methods for supporting collaboration and coordination. In a nod to the psychological concept defined by one source as "the organization of the psychological or social traits and tendencies of a personality into a harmonious whole," the Department's Offices of Child Welfare, Substance Abuse and Mental Health participate in several integration initiatives to address issues for shared clients in order to bring processes and policies into a "harmonious whole" across the programs. These integration approaches involve children and their families; that is, adult behavioral health and child behavioral health are both involved.

   Some integration efforts are short term, such as presentations at joint conferences or particular media campaigns (notably the joint "Who's Watching Your Child" campaign. Certain integration efforts are as concrete as sharing financial resources; a portion of behavioral health funding is allocated directly through contract to child welfare Community-Based Care lead agencies. However, there are several initiatives that are significant, long term, and will affect the overall ability of the child welfare program to achieve the broad goal of increasing safety for children. These include:

   - Providing training in the area of trauma-informed care for staff and caregivers, specifically as part of the pre-service curriculum and on-line training developed by the Florida Certification Board, and in alignment with the child welfare Practice Model; (see Chapter I, Chapter X and Appendix B to this chapter)

   - Care coordination/case management program inclusion of behavioral health and trauma-informed care under the Child Welfare Specialty Plan under the Medicaid Managed Care contract, a key part of the Health Care Oversight and Coordination Plan, and local coordination of child welfare agencies with services provided by the Behavioral Health Managing Entities; (see Chapter VIII)

   - Florida Children's Mental Health System of Care Expansion Grant and Integration with Child Welfare; (see Appendix B to this chapter)

   - Project LAUNCH (Linking Actions to Unmet Needs in Children's Health), a five-year grant from the Substance Abuse and Mental Health Administration (SAMHSA). This grant is grounded in the public health approach and works towards coordinated programs that take a comprehensive view of health by addressing the physical, emotional, social, cognitive and behavioral aspects of well-being.

As discussed in Chapter III, Assessment, key factors in families involved with child welfare are often related to behavioral health (substance abuse or mental health). By increasing the skills and knowledge of child welfare professionals about behavioral health, and by pursuing integration of practice and services, the Department can address these critical factors in a holistic manner across the two systems.

Year One Update:

Targeted Activity: By June 30, 2015, Develop five on-line courses relating to behavioral health for child welfare will be in use. Completed. These courses are free and offer continuing education credits/contact and clock hours. - Completed. Refer to Goal 1, Objective C., Strategy 1 on page 108. The courses are available at the FCB Online Education Platform.The on-line courses are available and located on the Florida Certification Board (FCB) website, http://flcertificationboard.org/resources/training-and-tutorials/ http://flcertificationboard.org/programs/center-for-prevention-workforce-development/

For more information about these courses, click on the course title below to download the course flyers.

- Child Welfare Courses 1 & 2 – *Understanding Behavioral Health Issues* and *Assessment and Identification of Substance-Related and Mental Health Disorders* *CW Courses 1 & 2 Flyer*

- Child Welfare Course 3 (now narrated) – *Using Motivational Interviewing in Everyday Practice* *CW Course 3 Flyer*

- Child Welfare Course 4 (now narrated) – *The Impact of Parental Behavioral Health Disorders on Children* *CW Course 4 Flyer*

- Child Welfare Course 5 – *Developing a Comprehensive Response to Behavioral Health Issues* *CW Course 5 Flyer*

- Child Welfare Course 6 – *Supporting and Sustaining Recovery (narrated)* CW Course 6 Flyer – Recovery

- Make the Link: Prevent Prenatal Substance Exposure (three courses are available – for nurses, for licensed clinical professionals, and for substance abuse/child welfare professionals. MakeTheLinkFlyer_2014

Targeted Activity: Child welfare program staff will participate on the state level Children's Mental Health System of Care (CMHSOC) Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant. - Completed. A statewide expansion core advisory team made up of 33 members was established. The Core Advisory Team meets two times annually and met during this report period to coordinate services, supports and expand the System of Care (SOC) framework. These members represent all SOC partner agencies at the state and regional levels. There are Cultural and Linguistic Competency (CLC) efforts that contribute to statewide coordination and collaboration and that support an infrastructure to increase the focus on wide scale adoption of SOC and they include: 1) the establishment of a state CLC Planning Team, and 2) the establishment of a state CLC Committee. The state CLC Planning Team has met three times and the state CLC Committee has had a face-to-face meeting once and is preparing for a conference call meeting. The Planning Team has 8 members and the Committee has 32 members. Please refer to Chapter IV, Attachment B, Progress Report on System of Care Expansion Implementation, and Attachment D, Behavioral Health and Child Welfare Integration.

2.   Domestic Violence and Child Welfare Collaboration

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

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

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

The FCADV has received an appropriation of funding from the Florida legislature for state fiscal year 2014-2015 that will provide a significant number of domestic violence advocates. These advocates will be co-located with CPI staff. In addition to incorporating domestic violence content into training, a statewide resource contract for consistent training on the use of co-located domestic violence advocates, and other supportive services will be developed and provided.

Year One Update:

Targeted Activity: Quarterly meetings with the FCADV, child welfare, and other partners - Completed. The Florida Coalition Against Domestic Violence and the Domestic Violence program office hold quarterly meetings that include DV, child welfare and behavioral health. These meetings serve as collaboration and integration opportunities in support of ongoing initiatives.

On September 27, 2013 the first day-long collaboration meeting with OCW, Florida Coalition Against Domestic Violence (FCADV), DCF Office of Domestic Violence and Mandel & Associates, and ACTION for Child Protection to discuss opportunities for alignment of new child welfare practice model and the Safe and Together model. At that time, a walk-through of the new safety constructs was presented and areas as to the need for clear guidance and expertise in cases involving domestic violence were identified. The FCADV offered to review and comment on the 8-day in-service curriculum developed by ACTION for Child Protection. A follow-up two day work session was convened November 7-8, 2013 with the same agencies participating as well as safety practice experts and child welfare professionals from local circuits to develop strategies and solutions for improved policy and training.

There was strong agreement from participants at the November work session that FCADV should seek funding from the 2013-14 Florida Legislature for expansion of the "CPI Co-located Domestic Violence Advocate Project." At the time, there were six pilot projects in Florida. The projects are a collaborative effort between FCADV, the Office of the Attorney General, the DCF, local Certified Domestic Violence Centers, Community Based Care agencies (CBCs), and criminal justice system partners that implement Leadership Teams to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. FCADV's CPI Project

also establishes formal partnerships in which domestic violence advocates are co-located within CPI Units.

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

With CJA funds, the Office of Child Welfare, the Office of Domestic Violence, and Florida Coalition Against Domestic Violence (FCADV) collaborated with Mandel & Associates to produce two video suites plus supporting training material to advance the integration of the department's new practice model and the "Safe and Together" model. FCADV sponsors a CPI Project that establishes a domestic violence advocate, co-located with a Child Protection Investigations unit, to provide consultation to the CPI, referral services to survivors, and on-going support to advance collaboration. The training material delivered on June 30, 2014 is being used to support training of child welfare professionals and co-located domestic violence advocates. The goal of the videos and supporting materials is to improve outcomes in child welfare cares through improved teamwork; deepening an understanding and assessment of perpetrator patterns of coercive control and the impact on individual family members.

The FCADV has served on the Statewide Safety Methodology Steering Committee (now known as the Child Welfare Practice Task Force) since January, 2014 and has also been an active member of the subcommittee for policy and practice guideline development. FCADV succeeded in obtaining funding from the Florida Legislature and is currently expanding this groundbreaking program to include co-located domestic violence advocates in an additional 33 counties, for a total of 45 participating counties in Florida. Funds were also provided for the provision of 12, one and a half day Child Welfare Regional Training Institutes for local child welfare professionals, domestic violence advocates and community partners. The purpose of the trainings are to enhance collaboration between domestic violence centers and child welfare agencies, to build the capacity of child welfare and partnering agencies to assess for domestic violence, to partner with domestic violence survivors to achieve child safety. The training also helps participants understand how to effectively integrate the Safe and Together principles, critical components and practice tools with the new child welfare practice model.

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

Strategy: Operationalize the Child Welfare Training Plan.

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

Year One Update:

Targeted Activity: Deploy new pre-service training curriculum by beginning of SFY 15/16 (July 2015) - Completed. The new pre-service training curriculum was deployed in January 2015. (See Appendix E, Training Plan)

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

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

1. Implementation of the new Child Welfare Practice Model.

2. FSFN Training and CQI Activities

The activities, benchmarks, and updates are provided below:

1. Implementation of the new Child Welfare Practice Model.

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

    Year One Update:

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

2. FSFN training and CQI

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

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

Year One Update:

<u>Targeted Activity</u>: Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015) - Completed. The new pre-service training curriculum was deployed in January 2015. (See Appendix E, Training Plan)

<u>Targeted Activity</u>: Develop data integrity approach during SFY 2015/16 - Completed. In the six month period between 7/1/14 and 12/31/14 the following reports to improve data integrity and quality, support practice and improve outcomes were deployed.

- NYTD Exceptions Summary: This report provides the counts and percentages of compliance on specific NYTD data elements by Community-Based Care Lead Agency.

- NYTD Exceptions Listing: This report provides a listing of records that are missing required data in the NYTD extract. The NYTD reporting periods run each year from April 1 through September 30, and October 1 through March 31. The reporting period will switch in FSFN on November 15 to the October-March period, and on May 16 to the April-September period.

- AFCARS Foster Care Errors Summary: This report provides the counts and percentages of compliance on specific AFCARS Foster Care elements by Community Based Care Lead Agencies.

- AFCARS Foster Care Errors Listing: This report provides a listing of records that are missing required data in the AFCARS Foster Care extract.

- AFCARS Adoption Errors Summary: This report provides the counts and percentages of compliance on specific AFCARS Adoption elements by Community Based Care Lead Agencies.

- AFCARS Adoption Errors Listing: This report provides a listing of records that are missing required data in the AFCARS Adoption extract.

- Child Protective Investigation Critical Activity Daily Management Report: This report provides operations staff with critical information regarding CPI workflow and caseload to effectively manage ongoing CPI investigations. The report only provides information on investigations utilizing the new safety methodology and intakes not yet linked to an investigation. The report includes the following detail on active investigation: a) Investigations that have not been commenced, b) Victims that have not been seen, c) Present Danger Assessment not Completed, d) Safety Plan not Completed, e) Initial Supervisory Consult not Completed, f) Family Functioning Assessment is not Initiated, and g) Second Tier Consultation is Required.

- Children Exiting Foster Care to a Permanent Home within Twelve Months of Entering Care- On Demand Summary: This on-demand report provides the count and percentage of children with new removal episodes begun during the report period and those in which the child achieved permanency within twelve (12) months of entering foster care.

- Children Exiting Foster Care to a Permanent Home within Twelve Months of Entering Care- On Demand Listing: This on-demand listing report provides the listing of children who entered foster care during the selected report period and whether or not they achieved permanency within twelve (12) months of entering foster care.

- Children in Foster Care Who are in a Family Setting- On Demand Summary: This on-demand report provides the count and percentage of a sub-set of children in foster care who are in a family-like

setting and not a residential setting, including only those children placed with an approved relative or non-relative and those in licensed foster care.

- Children in Foster Care Who are in a Family Setting- On Demand Listing: This on-demand listing report provides the sub-set of children in foster care who are in a family-like setting, including only those children placed with an approved relative or non-relative and those in licensed foster care, and related data.

- Children in Foster Care Who are up to Date on their Immunizations- On Demand Summary: This on-demand report provides the count and percentage of children in foster care who are up to date on their immunizations.

- Children in Foster Care Who are up to Date on their Immunizations- On Demand Listing: This on-demand listing report provides the listing of children in foster care and data related to immunizations.

- Children in Foster Care Who Received Dental Services within the Last Seven Months- On Demand Summary: This on-demand report provides the count and percentage of children in foster care who have received a dental service in the last seven (7) months.

- Children in Foster Care Who Received Dental Services within the Last Seven Months- On Demand Listing: This on-demand listing report provides the listing of children in foster care and the date of their last dental service, if any, documented in FSFN and prior to the selected report date.

- Children in Foster Care Who Received Medical Services within the Last Twelve Months- On Demand Summary: This on-demand report provides the count and percentage of children in foster care who have received a medical service in the last twelve (12) months.

- Children in Foster Care Who Received Medical Services within the Last Twelve Months- On Demand Listing: This on-demand listing report provides the listing of children in foster care and the date of their last medical service, if any, documented in FSFN and prior to the selected report date.

- Children Who Are Not Neglected or Abused after In-Home Services Have Ended On-Demand Summary: This on-demand report provides the count and percentage of exits from in-home services during the cohort selection period where the child was not neglected or abused within six (6) months of exiting in-home services.

- Children Who Are Not Neglected or Abused after In-Home Services Have Ended On-Demand Listing: This on-demand listing report provides the exits from in-home services during the cohort selection period and related data elements.

- Children Who Are Not Neglected or Abused after Leaving Foster Care On-Demand Summary: This on-demand report provides the count and percentage of exits from foster care during the cohort selection period where the child was not neglected or abused within six (6) months of exiting foster care.

- Children Who Are Not Neglected or Abused after Leaving Foster Care On-Demand Listing: This on-demand listing report provides the exits from foster care during the cohort selection period and related data elements regarding subsequent neglect or abuse.

- Children Who Are Not Neglected or Abused During In-Home Services On-Demand Summary: This on-demand report provides the count and percentage of children who are not victims of abuse or neglect while receiving in-home services during the selected report.

- Children Who Are Not Neglected or Abused During In-Home Services On-Demand Listing: This on-demand listing report provides the listing of children receiving in-home services during the selected report period and whether or not they are victims of abuse or neglect while receiving in-home services.

- Children Who Are Not Neglected or Abused within Six Months of Termination of Supervision On-Demand Summary: This on-demand report provides the count and percentage of children who are not victims of abuse or neglect in the six (6) month period following termination of supervision for children who supervision was terminated during the selected report period.

- Children Who Are Not Neglected or Abused within Six Months of Termination of Supervision On-Demand Listing: This on-demand listing report provides the listing of children for whom supervision was terminated during the selected report period and whether or not they are victims of abuse or neglect in the six (6) month period following the termination of supervision.

- Children Who Do Not Re-Enter Foster Care within Twelve Months of Moving to a Permanent Home On-Demand Summary: This on-demand report provides the count and percentage children who entered foster care and then exited to a permanent home within twelve (12) months of entering and whether or not they then subsequently re-entered foster care within twelve (12) months of their permanency.

- Children Who Do Not Re-Enter Foster Care within Twelve Months of Moving to a Permanent Home On-Demand Listing: This on-demand listing report provides the listing of children who entered foster care and then exited to a permanent home within twelve (12) months of entering and whether or not they then subsequently re-entered foster care within twelve (12) months of their permanency date.

- Placement Moves per One-Thousand Days in Foster Care On-Demand Summary: This on-demand report provides the number of days and placement moves for children who entered foster care during the selected report.

- Placement Moves per One-Thousand Days in Foster Care On-Demand Listing: This on-demand listing report provides the listing of children who entered foster care during the selected report period and their total number of bed days and placement moves during the report period.

- Rate of Abuse or Neglect per Day While in Foster Care On-Demand Summary: This on-demand report provides the rate at which children are the victims of abuse or neglect while in foster care during the selected report period.

- Rate of Abuse or Neglect per Day While in Foster Care On-Demand Listing: This on-demand listing report provides the listing of children in foster care during the selected report period and information on abuse or neglect while in foster care.

- Sibling Groups Where All Siblings Are Placed Together On-Demand Summary: This on-demand report provides the count and percentage of sibling groups where two (2) or more

siblings are in foster care as of the end of the report period and those groups where all siblings in foster care are placed.

- Sibling Groups Where All Siblings Are Placed Together On-Demand Listing: This on-demand listing report provides the listing of children in sibling groups in foster care as of the selected report period date and whether or not they are placed together with all siblings in their sibling group.

- Young Adults Who Aged Out of Foster Care Who Have Completed or are Enrolled in Secondary Education, Vocational Training, or Adult Education On-Demand Summary: This on-demand report provides the count and percentage of young adults who aged out of foster care during the report period and those who have completed or are enrolled in secondary education, vocational training, or adult education as of their eighteenth (18th) birthday.

- Young Adults Who Aged Out of Foster Care Who Have Completed or are Enrolled in Secondary Education, Vocational Training, or Adult Education On-Demand Listing: This on-demand listing report provides the listing of young adults who aged out of foster care during the selected report period and whether or not they have completed or are enrolled in secondary education, vocational training, or adult education as of their eighteenth (18th) birthday.

- Human Trafficking Risk Pool Daily Listing: This listing includes all children (under the age of 18) in out-of-home care or in a living arrangement who meet one of the following criteria: a) have 8 or more runaway episodes in the past year; b) have ever had a runaway episode with possible involvement in prostitution; c) have ever had a verified allegation of human trafficking (CSEC); d) have ever had a verified allegation of sexual abuse; and/or, e) have ever had a verified allegation of sexual exploitation.

- Licensed Foster Care Providers State Fiscal Year to Date Monthly Report: This report provides a running count of the number of licensed foster care providers and newly licensed foster care providers during the state fiscal year through the end of the report month.

- Age at Removal Listing for Children Currently in Out-of-Home Care: This report provides a listing of all children currently in out-of-home care and basic information on the child, their case, and their removal episode including the age at which they were removed and the length of stay (in months) in the current removal.

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

Rationale:

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

- Reunification;

- Adoption, if a petition for termination of parental rights has been or will be filed;

- Permanent guardianship of a dependent child;

- Permanent placement with a fit and willing relative; or

- Placement in another planned permanent living arrangement.

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

As discussed in Chapter II, Assessment, Florida is having some success in various aspects of permanency. Adoption overall has been extremely successful, with the state receiving federal adoption incentive awards for several years. The timeliness of adoptions, as measured on the national Permanency Composite 2, shows the state consistently far exceeding the national composite score of 106.4; during FFY 2014 ab, the state's composite score was 163.8. Florida is also consistently exceeding the national standard for Composite 3, permanency for children and youth in foster care for long periods of time. However, the national standard has not been met for Composite 1, timeliness and permanency of reunification, nor Composite 4, placement stability. It is also necessary to ensure that permanency successes are maintained, to avoid the "pendulum effect" where over-focus on any particular area results in slippage in other critical outcomes.

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

Measures of Progress:

**Florida Performance
Measures of Progress
2012-2014**

Measure	National Standard	Florida FY 2013ab	Florida 2013B14A	Florida FY 2014ab
Timeliness and Permanency of Reunification	122.6	110.4	111.1	116.3
(CFSR Data Profile Composit 1)				
Timeliness of Adoptions	106.4	169.9	173.7	163.8
(CFSR Data Profile Composit 2)				
Permanency for Children and Youth in Foster Care for Long Periods of Time	121.7	144.2	144.2	144.5
(CFSR Data Profile Composit 3)				
Placement Stability	101.5	98.6	98	97.3
(CFSR Data Profile Composit 4)				

Source: Florida CFSR Data Profile Dated 6/5/2015

Objectives:

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

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

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

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

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

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

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

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

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

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

1. Continued implementation of the new child welfare practice model

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

   Year One Update:

   Targeted Activity: Continued implementation of the new child welfare practice model. See Goal 1, Objective A, page 95.

2. Quality Parenting Initiative (QPI)

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

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

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

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

   The key elements of the QPI process are:

• To define the expectations of caregivers;

• To clearly articulate these expectations; and then

• To align the system so that those goals can become a reality.

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

• Reduced unplanned placement changes;

• Reduced use of group care;

• Reduced numbers of sibling separation; and

• More successful improvements in reunification.

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

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

***Year One Update*:**

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

As of end of FFY 2014, all of Florida's CBCs were actively participating in the Quality Parenting Initiative. In addition, the QPI approach to partnering with foster parents and caregivers was expanded to include child protective investigators and case managers, instead of limiting involvement to foster parent recruiting and licensing staff.

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

During FFY 2013 – 2014, QPI, the CBCs and the Department began strategic partnering on a number of initiatives, including:

• Streamlining licensing requirements;

• Recruitment & retention of foster homes for teens and children with special needs;

• Coordinating objectives with the Federal Intelligent Recruitment Grant awarded to four of Florida's CBCs, and directed by the Department.

These initiatives will be ongoing through the 10/1/2014 – 9/30/2015 time period. Refer to Appendix B, Foster and Adoptive Parent Diligent Recruitment Plan.

3. <u>Local Permanency Initiatives</u>

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

The Department continues to partner with the Casey Family Programs in implementing the Permanency Roundtable Project. Each new site begins with their PRT process with a review and assessment of all youth with an APPLA goal. Gary Mallon of the National Resource Center on Permanency also collaborated with this initiative by providing excellent training for case managers and Guardians ad Litem on the "Value of Permanent Connections with Adults". Many of our foster children are at risk of aging out with only themselves at age 18 and it was determined that all staff and community stakeholders need to provide youth with the same critical message about the importance of an adult connection. The lead staff persons for the 11 PRT sites meet quarterly to discuss successes and barriers to permanency. This provides an opportunity for the leads to share what is working and where they need process improvements.   The collaboration with the Casey Family Programs will continue with a plan going forward to train and involve at least one new Community Based Care Agency per year for the next five years. The first PRT newsletter was created in April 2012. The newsletter is a forum for providing background information on the PRT processes and describing one or more success stories, especially for those children who have been in care for many years. We have seen a reduction in the number of foster children with an APPLA goal and it is believed that this reduction occurred because of the Permanency Roundtable initiative and an increased awareness by management of the risks these foster children face when they do not have a permanent connection to an adult.

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

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

***Year One Update*:**

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

The number of Permanency Roundtable (PRT) sites increased from 7 to 11. Additionally, Casey Family Programs has started to fund a Private Investigator in Florida to assist Children's Legal Services (CLS) in the PRT process. The Private Investigators completes diligent searches in an attempt to locate relatives, whose whereabouts have been unknown to DCF/CBCs.

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

4. Adoption Supports

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

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

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

*Year One Update***:**

Targeted Activity: By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including adoption and permanency goals. The Department and local communities are in collaboration with the Office of Adoption and Child Protection in the development of a new Florida Child Abuse Prevention and Permanency Plan: 2016 - 2020 (CAPP).

Targeted Activity: Annually, analyze local and state progress toward adoption and other permanency goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review.   The Department, Regions and Circuits are working closely with the Office of Adoption and Child Protection in the gathering and analysis of data and progress. This information will inform the CAPP 2016-2020.

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

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

Collaboration with the Court System and Children's Legal Services

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

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

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

Year One Update:

Targeted Activity: Annually, convene the Dependency Summit. The 2014 Dependency Summit was held 9/3 through 9/5/2014 in Orlando. The 2015 Dependency Summit is scheduled to occur 9/9/ through 9/11/2015.

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

Targeted Activity: Annually, report and summarize status of local initiatives for the Annual Progress and Services Report cycle. Over the past year, the Office of Court Improvement and the Model Courts Project have supported the Evidence-Based Parenting (EBP) Initiative by facilitating monthly technical assistance

calls between the participating circuits and Dr. Lynne Katz, parenting and child development specialist from the University of Miami. The initiative focuses on universal requirements for evidence-based parenting classes, pre and post-test measures, parent readiness and parent-child observations with children 5 and under. Through this ongoing process judges, judicial staff and community stakeholders have been able to define and understand the process for a parenting program to become evidence-based as well as understanding the process for accessing programs meeting research-based criteria. There are currently 13 judicial circuits participating in the initiative. While the OCI maintains the lead in this model courts initiative, each local jurisdiction participating in the initiative includes the partnership of the Department and community based care agencies. The specific waiver activities are determined on a local level and implemented with full partner collaboration.

The Department of Children and Families has embarked on a collaborative effort to support the Early Childhood Court initiative, a Florida Court Improvement lead project. Early Childhood Court addresses child welfare cases involving children under the age of three. It is a problem-solving court – where legal, societal, and individual problems intersect. Problem-solving courts seek to address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. This specialized court docket provides greater judicial oversight through more frequent judicial reviews and a multidisciplinary team approach. The team works in a non-adversarial manner to link the parties to treatment and services.[25]

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

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

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

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

Implement the Practice Model and the Training Plan.

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

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[25] *Florida's Early Childhood Court. Improving outcomes for infants and toddlers in Florida's dependency court. Florida State University Center for Prevention & Early Intervention Policy, April 2015*

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

Year One Update:

<u>Targeted Activity</u>: Deploy new pre-service training curriculum by beginning of SFY 2015/16 (July 2015) - Completed. Deployed new pre-service curriculum in January 2015. The link to sign in for the new pre-service curriculum is <u>http://centerforchildwelfare.fmhi.usf.edu/preservice/FLTrainingCurr.shtml</u>

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

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

<u>Implement the Foster and Adoptive Parent Diligent Recruitment Plan</u>

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

Finally, local initiatives are also critical supports for foster parents. Example:

- A process in place to improve performance related to maintaining children in their homes after reunification is a contract with ChildNet's local 211 provider in Circuit 17. ChildNet contracted with the 211 for a dedicated line for families to use if they need assistance after the closure of the dependency case. Just prior to case closure, the case manager sends a referral to 211 and the 211 personnel makes several attempts to contact the family to identify any community resources that may be of assistance. This contract with 211 also assists with permanency outcomes in preventing the foster care re-entries.

Year One Update:

<u>Targeted Activity</u>: Annually: report and summarize status of state and local initiatives for the Annual Progress and Services Report cycle. Refer to Chapter II and Appendix B, Foster and Adoptive Parent Diligent Recruitment Plan.

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

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

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

With the initiation in 2006 of the Title IV-E Foster Care Waiver Demonstration Project, Florida's service array has undergone an enormous shift. Though traditional out of home care is still an important part of the services used while achieving permanency for children, the Demonstration Waiver has provided great

flexibility. The expansion of the array of community-based services and programs supported by the Demonstration Waiver include permanency and well-being related items:

- One-time payments for goods or services that reduce short-term family stressors and help divert children from out-of-home placement (e.g., payments for housing, child care).
- Evidence-based, interdisciplinary, and team-based in-home services to prevent out-of-home placement.
- Development and deployment of statewide metrics to measure performance in educational outcomes, including, high school graduation/GED completion rates, receipt of developmental screens and early intervention services as needed by children birth to three, increased enrollment of young children in quality early childhood programs, increased school enrollment and attendance, and improved school stability.
- Implementation of evidence-based practices to increase the effectiveness of mental health and substance abuse screening and treatment for parents, as well as strategies to improve timely access to and engagement in these services.

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

Year One Update:

Targeted Activity: Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report. With the Implementation of the Practice Model, Florida has taken this opportunity to define and assess Florida's service array. In January 2015, Florida embarked on an assessment of Florida's service array in partnership with community based care and case management organizations with a heightened focus on family support and safety management services. The survey includes an inquiry regarding what family support services each CBC has and the services level of evidence based/informed effectiveness. The survey results should be available at the end of June 2015.

Our first step in this service array assessment was to reach consensus as a state in defining the different service types and to have a greater understanding of the types of services available, their level of effectiveness and the evidence supporting the services as well as well as trauma informed services and develop a plan of action based upon the results of the survey. The survey template was finalized in February 2015 in partnership with the Florida Coalition for Children's (FCC) Prevention and Diversion FCC subcommittee. CBCs completed the survey process in May 2015. We are currently synthesizing and analyzing data received from CBCs as part of the statewide survey to assess our family support services and safety management services baseline. We are using the various survey elements to inform evidence based service availability, outcome measurements of services, change theory and logic models associated with the services available as well as trauma informed approaches and how and if the services address protective factors. This data will be used to ascertain next steps in building the service array Florida needs and evaluate outcomes and effectiveness of the services currently utilized in alignment with Florida's new child welfare practice.

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

Rationale:

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

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

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

Objectives:

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

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

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

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

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

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

A description of each strategy and updates is provided below.

1. Continued Implementation of the Child Welfare Practice Model.

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

   ***Year One Update*:**

   Targeted Activity: Continued implementation of the Child Welfare Practice Model. See strategy details, Goal 1, Objective A.

2. Local family and child well-being initiatives

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

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

   • The evidence based parenting initiative is in place in 13 circuits. One CBC in the Northwest Region, has Strengthening Ties Empowering Parents (STEPS) workers co-located in the local elementary schools to weave together a stronger network of support. STEPS uses evidence-based parenting training, Active Parenting Now and Active Parenting of Teens, to work with at-risk families.

   • Family Assessment Support Teams, or FAST, family preservation diversion program is unique to Circuit 4 and continues to safely maintain children in their homes while services are. The FAST program in Duval County is co-located with CPIs. FAST workers are certified case managers who create a family plan and provide wraparound in-home services to families for 6-9 months. Case Managers are trained in Nurturing Parenting, Active Parenting Now, and Active Parenting of Teens. FAST Clinical Staff training includes the following evidenced based programs: Cognitive-Behavioral Therapy, Motivational Interviewing, Trauma Informed Therapy, Nurturing Parenting, Art Therapy, and Family Systems/Family Structural Theories. Many of the clinicians also utilize AUDIT, which is an evidence based alcohol assessment.

- In the Northeast and Central regions, Community-Based Care agencies continue to utilize family team conferencing, which helps engage parents by including the family in discussions with relevant parties to the case such as parent attorneys, and Guardians ad Litem, to develop a case plan to address the issues that brought the family to the attention of the Department.

- Family strengthening initiatives are discussed in Chapter II.

Year One Update:

Targeted Activity: The Department will support local initiatives to implement Model Court activities related to the implementation baby court. Florida is currently in the process of implementing baby court dockets. With training and technical assistance from the Zero to Three organization's Safe Babies Court Teams Project, multiple sites are in various stages of implementation. The Safe Babies Court Project has 10 core components. These components, implemented in each Safe Babies Court Team site, are critical for the project to function effectively and successfully. Each core component is listed and described below. Core Components are:

- Judicial Leadership: Each Court Team requires the leadership of a local judge who, because of their unique position of authority in the processing of child welfare cases, is a catalyst for change.

- Local Community Coordinator: Each Court Team community requires a local Community Coordinator who provides child development expertise to the judge and the Court Team, and coordinates services and resources for infants and toddlers.

- Active Court Team Focused on the Big Picture: Each community has a team of key community stakeholders devoted to restructuring how the community responds to the needs of maltreated infants and toddlers. The team meets monthly to learn about available services, identify gaps in services, and discuss issues raised by the cases that members of the Court Team are monitoring.

- Targeting Infants and Toddlers in Out-of-Home Care: The Court Team focuses on foster care cases involving children younger than 36 months.

- Placement and Concurrent Planning: To reduce placements, the Court Teams use concurrent planning, a technique which requires the quick identification of, and placement with, caregivers who are willing to become the child's permanent family if reunification becomes impossible.

- Family Team Meetings Monthly to Review All Open Cases: Each month, the Community Coordinator and a team of service providers, attorneys, and child welfare agency staff meet to review the family's progress.

- Child-Focused Services: Comprehensive developmental, medical and mental health services are incorporated into the case plan document to ensure that the child's well-being is given primary consideration in the case. An additional emphasis is placed on finding the child a medical home.

- Parent-Child Contact (visitation): The Court Team focuses on increasing visitation by expanding the opportunities (e.g. doctor's appointments) and the locations (e.g. the foster home, the birth parents' home) for parent-child contact.

- Continuum of Mental Health Services: Children traumatized by their parents' care, removal, and foster care may need mental health services. Their parents also need mental health services to help them overcome the reasons for their behavior. To meet these needs each Safe Babies Court Team develops a continuum of mental health services that includes services such as Child-Parent Psychotherapy.

- Training and Technical Assistance: ZERO TO THREE staff and consultants provide training and technical assistance to the Court Team community on topics such as: infant and toddler development; parenting interventions; services available to foster children in the community; trauma; and parental substance abuse, domestic violence, mental illness, and poverty.

- Evaluation: To evaluate its work, each Court Team collects information on: knowledge enhancement among child welfare professionals, systems change, and outcomes for children and families.

- Five Baby Court dockets are currently underway across the state and five more teams are gearing up to begin implementing dockets. Additionally, at least another seven teams are in the exploration stage of developing a baby court docket.

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

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

***Year One Update*:**

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

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

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

Continued Implementation of the Healthcare Services Plan

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

Year One Update:

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

During the reporting period, the Department coordinated with the Agency for Health Care Administration (AHCA) on process mapping and necessary policy changes in preparation for managed care roll-out, scheduled for completion by August 2014. The Managed Medical Assistance (MMA) program provides primary care, acute care and behavioral health care to recipients enrolled in an MMA plan. The Statewide Medicaid Managed Care (SMMC) program includes the Child Welfare Specialty Plan for recipients in the child welfare system.

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

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

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

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

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

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

Education Information and Service Integration for Child Well-being

The Department and its various educational partners, particularly the Department of Education, local school boards, post-secondary institutions, foster parents and caregivers, continue to develop methods and approaches to working together toward common goals for educating children, youth, and young adults. Interagency agreements are a normal method of defining these methods, at the state and local levels. Some of these are very broad, such an agreement among the Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Persons with Disabilities, and the agency for Workforce Innovation to coordinate educational and vocational services. Others have more narrow topical focus, such as data sharing agreements or for coordinating

services in a specific county. These interagency agreements not only support coordination, but they provide a platform whereby resources and knowledge can be shared and made more efficient and effective.

***Year One Update*:**

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

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

In Circuit 2, the Comprehensive Emergency Services Center/Renaissance Community Center (RCC) Child Development Workgroup was formed in the summer of 2014 and should open summer of 2015 to address the issue of children of families who are homeless. This small group of dedicated people, representing education, social services, the faith-based community, government and concerned citizens, are proceeding to develop a nurturing environment for the youngest of children. This comprehensive center, Honey's House, will offer a continuum of services to supplement the housing and other social services provided by RCC. All young children aged 0 - 6 will be welcome. Services will vary from a quality early childhood education program, extended care in the evening for parents who work, to developmental screening and therapeutic services. Parents can participate fully in the program through volunteering, parent education and job training.

The Department is participating in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state. In January of 2015, the Department requested educational data from the Department of Education for the purpose of trend analysis. Casey Family Programs has agreed to provide analysis of the resulting files and meet with the Department in early June to review the findings and determine appropriate benchmarks for improvement.

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

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

Continue to Implement CQI/QA plan

The Continuous Quality Improvement cycle is vital to all outcomes, but perhaps especially so to well-being. Engaging families, working toward educational success, and ensuring physical and behavioral health are activities that require constant identification of needs and performance gaps, providing services to meet those needs, assessing whether goals are achieved or conditions improved, and revising approaches to meet changing needs. The Department's Continuous Quality Improvement plan addresses these steps, and provides a set of tools that are used to measure and monitor progress for factors of well-being (as well as safety and permanency). For example, it includes use of the Weekly Healthcare Report, which provides a snapshot of the medical, dental and immunization information entered in FSFN for

children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN. In addition, the Weekly Psychotropic Medication Report includes all children active in an out-of-home care placement on the date of the report. The medications data in this report is based on children documented in FSFN as having an active prescription for one or more of the psychotropic medications listed in the report. See Appendix A for details of the CQI plan.

*Year One Update***:**

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

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

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

*Year One Update***:**

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

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Chapter V. Consultation and Coordination with Tribes

Requirements for compliance with the mandates of the Indian Child Welfare Act (ICWA) are contained in Florida Statutes, Florida Administrative Code and in operating procedure. Child Protective Investigators are required to determine potential eligibility for the protections of the Indian Child Welfare Act at the onset of each child protective investigation. Florida Administrative Code requirements and supporting guidance have been developed to ensure that children eligible for the protections of the Act are identified at the earliest possible point in the initiation of services. Additionally, the two federally recognized tribes in Florida are familiar with the Child and Family Services Plan (CFSP) and the Annual Progress and Services Report (APSR) and the accessibility of the documents on Florida's Center for Child Welfare website.

The number of ICWA children in ICWA compliant placements declined slightly from 41 in 2012 to 36 in 2013. Additional out-of-home care data for the reporting period includes:

- The number of children in out-of-home care with race of American Indian/Alaskan Native (regardless of other races): 96
  - Of the 96 children referenced above, the number who have at least one tribal affiliation is: 96
  - Of the 96 children referenced above, the number who have at least two tribal affiliations: 2
- The number of children in out-of-home care identified as ICWA Eligible: 41
  - Of those 41 children referenced above, number who are placed in an ICWA compliant placement: 36

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

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

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

Florida events and activities, the Department intends to continue outreach efforts that are respectful of the tribes' cultures and preferences.

The Department is responsible for child protective investigations for the tribes. Each area of the state has staff serving as ICWA liaisons. The Department's operating procedure, CFOP 175-36, Reports and Services Involving American Indian Children, describes processes to be used by child protective investigators and case managers. The CFOP is located at http://www.dcf.state.fl.us/admin/publications/policies.asp?path=175 Family Safety (CFOP 175-36).

Discussion with tribal representatives at the National Indian Child Welfare Association conference in April 2014 indicated that the level of awareness about ICWA requirements among child welfare and child investigation field staff could be improved. The Department has reached out to the National Indian Child Welfare Association and Bureau of Indian Affairs for additional collaborative approaches. The Office of Child Welfare (OCW) has plans to increase staff members who attend the national conference in 2015 and beyond. Staff also have taken part in follow-up training conference calls sponsored by NICWA and BIA.

The National Indian Child Welfare Association held its 32nd annual conference "Protecting Our Children" April 13-16, 2014 in Fort Lauderdale, Florida. The Office of Child Welfare was represented by the state ICWA Specialist. The conference offered various trainings on maintaining cultural connections, ways to determine heritage and the importance of supporting Native American Children in post-adoptive placement with non-Native American parents.

All three tribes are included in the annual statewide Dependency Summit and participate in a statewide court dependency work group. All three tribes have been included in the development of Department policy and guidance documents that support Indian Child Welfare Act compliance. The Memorandum of Agreement (MOA) to establish protocol for the investigation of allegations of abuse, neglect or abandonment of Native American children who reside on the Seminole Tribe of Florida (STOF) reservation or outside the boundaries of the STOF reservation, but within the state of Florida, has undergone revision during the reporting period and was sent back to the Tribe in late 2014 for their general counsel to review. The MOA also is intended to establish protocol for provision of case management services for families residing both on and outside the boundaries of the STOF reservation.

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

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

Miccosukee Tribe of Indians of Florida

Dr. John De Gaglia, Director, Social Services Program
Post Office Box 440021
Miami, Florida 33144
Telephone: (305) 223-8380 extension 2267 FAX: (305) 223-1011

Seminole Tribe of Florida

Designated Tribal Agent for ICWA
Attention: Kristi Hill, Family Preservation Administrator
Family Services Department
3006 Josie Billie Avenue
Hollywood, Florida 33024
Telephone: (954) 965-1314 FAX: (954) 965-1304

Additionally, the representative from the Alabama tribe:

Poarch Band of Creek Indians

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

Update/Accomplishments

During this reporting period the state ICWA Specialist and the Seminole Tribe of Florida co-trained at two training events for the courts. These training were requested by the local dependency Judges in Bushnell and Ocala, Florida and coordinated by the Office of Court Improvement. The trainings were attended by attorneys; community based care staff, the Department of Health and members of the Early Learning Coalition.

In an effort to expand child services workers' understanding of requirements for tribal children, these trainings were aimed at educating the child welfare community as a whole about the purpose of the Indian Child Welfare Act and its historical implications. Additional topics of discussion included information on how and when to document ICWA information. At the conclusion of each training, participants were provided with resource information on how to contact tribes when needed.

Future Plans

Future plans include providing training on Florida's new child welfare practice model to the Seminole Tribe of Florida, and providing co-trainings in collaboration with the STOF to child welfare professionals, the courts, and communities across the state. Such trainings have already been coordinated through the court systems during federal fiscal year 2013. The trainings also will be offered to the Miccosukee Tribe of Florida.

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Chapter VI. Caseworker Visits

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

Florida uses the caseworker visit grant funds to support monthly caseworker visits with children who are in out-of-home care. Although the funding is blended in with other child welfare funds, these funds will help to enhance the quality and frequency of the visits with children. The minimum standard for caseworker contacts with children in the Florida Administrative Code requires a face-to-face contact with the child occurs no less than once every 30 days. In some situations, the face-to-face contact with the child is once every seven days for a period of time such as when initially placed with a relative. Frequency of child contacts is based on many factors such as level of risk, presenting issues in the case, or current circumstances in the child's life. These funds provide the opportunity to contact a child more often in a setting that is most favorable for the child and for the caseworker visits to be well planned and to focus on pertinent issues related to case planning and service delivery.

Update/Accomplishments

- The state used the additional funds under Title IV-B, subpart 2 to further enhance the quality and frequency of the visits with children. The funds provided the opportunity to contact a child more often in a setting that was most favorable for the child, allowed the caseworker to focus on pertinent decisions, and allowed the child to become involved in decisions. It also afforded the flexibility for multiple staff and service providers involved with the child and family to make visits with the child and family, as appropriate or delegated in the case plan.

- The data for Florida Caseworker visits for FFY 2014 is below. As reported in December 2014, Florida continues to exceed the 90% federal target for monthly visitation. The data on caseworker visits was obtained using the federal methodology.

  o The percentage of visits made on a monthly basis by caseworkers to children in foster care: 97%.

  o The percentage of visits that occurred in the residence of the child: 98%.

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

Future Plans

- The Department will continue to emphasize the importance of child visits occurring in the child's residence. This also affords the flexibility for multiple staff and service providers involved with the child and family to make visits with the child and family, as appropriate or specified in the case plan.

- The Department and CBCs will monitor in accord with the CQI Plan and share performance data. Improvement activities will be taken, as necessary.

- Conduct statewide technical assistance with caseworkers as necessary.

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

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

Florida's flexible Title IV-E funds allow the Department and its partner lead agencies to create a more responsive array of community-based services and supports for children and families. Funding supports child welfare practice, program, and system improvements that will continue to promote child safety, prevent out-of-home placement, expedite permanency and improve child and family well-being.

This strategic use of the funds allows community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions. The Waiver demonstration project serves as a catalyst for systemic improvement efforts.

Florida's waiver demonstration project was designed to determine whether increased flexibility of Title IV-E funding would support changes in the state's service delivery model, maintain cost neutrality to the federal government, maintain safety, and improve permanency and well-being outcomes.

The theory of change is based on federal and state expectations of the intended outcomes of the waiver demonstration, and the hypotheses about practice changes developed from knowledge of the unique child welfare service arrangements throughout the state.

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

- Improve child and family outcomes through the flexible use of Title IV-E funds;

- Provide a broader array of community-based services, and increase the number of children eligible for services;

- Reduce administrative costs by removing current restrictions on Title IV-E eligibility and on the types of services that may be paid for using Title IV-E funds.

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

The context for Florida's waiver demonstration renewal is the recent implementation of the new (Safety) Practice Model which provides a set of core constructs for determining when children are unsafe, the risk of subsequent harm to the child and strategies to engage caregivers in achieving change. These core constructs are shared by child protective investigators, child welfare case managers, and community-

based providers of substance abuse, mental health, and domestic violence services. Other key contextual factors include the role of Community-Based Care lead agencies as key partners with shared local accountability in the delivery of child welfare services as well as the broader system partners including the judicial system.

The assumption is that implementation of the new Practice Model will enhance the skills of child protective investigators, child welfare case managers, and their supervisors in assessing safety, risk of subsequent harm, and strategies to engage caregivers in enhancing their protective capacities including the appropriate selection and implementation of community-based services.

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

The waiver funding flexibility will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, the flexibility is used differently by each lead agency, based on the unique needs of the communities they serve. The Department is conducting an assessment of the availability of the service array in partnership with the CBCs and the case management organizations. The survey also asks about the level of evidence based/evidence informed effectiveness of the current service array. The results of the survey will inform the CBCs' decisions regarding the local expansion of services that is made possible by the waiver's funding flexibility.

The consistent focus on family centered practice through the Practice Model as well as the enhanced service array made possible by the waiver's funding flexibility, are expected to positively affect child outcomes including permanency, safety and child well-being.

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

While changes in and an expansion of the community-based service array have occurred, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. The Department will continue to collaborate with the CBCs on service array and expansion.

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

Update/Accomplishments

- The draft evaluation specifications were submitted to the Children's Bureau as per the Terms and Conditions.

- The Request for Proposal for an evaluator was posted following the Children's Bureau's approval of the evaluation specifications. The University of South Florida (USF) was selected as the third party independent evaluator.

- The Initial Design and Implementation Report (IDIR) was submitted to the Children's Bureau.

- The Department and CBCs participated in FSFN design sessions for the purpose of enhancing the eligibility module in support of the waiver.

Future Plans

- The Department will execute the contract with USF as the third party evaluator.

- The Department will request technical assistance from JBA to assist with development of the "Theory of Change" and logic model.

- The eligibility enhancements to FSFN will be tested and deployed.

- The Waiver Evaluation Plan will be developed and submitted as required in the Waiver Terms and Conditions.

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

This chapter serves as the application for Florida's Child Abuse Prevention and Treatment Act (CAPTA) funding. This chapter includes current activities and accomplishments during the reporting period, and the annual data report (Attachment A, Chapter VIII). The proposed plan for Federal Fiscal Year (FFY) 2015 is included in the Child and Family Services Plan for 2015-2019. Each of these addresses plan requirements and the three program areas in Florida's state plan.

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

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

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

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

CAPTA ACTIVITIES AND ACCOMPLISHMENTS

Overview

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

prevent the reoccurrence of child abuse and neglect. Both federal and state monies are used to fund the prevention services.

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

- Intake, assessment, screening, and investigation of reports of abuse and neglect (106 (a) (1))

- Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families(106 (a) (3))

- Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols(106 (a) (4))

- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange (106 (a) (5))

- Developing, strengthening, and facilitating training (106 (a) (6))

- Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect (106 (a) (8))

- Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (106 (a) (11))

- Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports(106 (a) (14)).

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

Activities and Accomplishments Related to Plan Requirements

PART C

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

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

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

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. (See Attachment I to Chapter VIII.)

2013-2014 Update

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

- Assist and advise the lead agency (DOH) in coordinating activities for the planning and preparation of IDEA applications and amendments, as appropriate.

- Provide advice and assistance to the lead agency in the development of policy and definitions for the minimum components of Public Law 102-119, IDEA, Part C.

- Assist in the preparation and submission of an annual report on the status of Early Intervention Programs for infants and toddlers with disabilities and risk conditions and their families.

- Recommend procedures for distribution of funds and priorities for program support under Part C of the IDEA as amended by Public Law 102-119.

- Assist the lead agency in developing and reporting information and evaluations of programs for infants and toddlers with disabilities and risk conditions and their families.

- Assist the lead agency in seeking information from service providers, service coordinators, parents and others about any federal, state, or local policies that impede timely service.

- Conduct meetings on a quarterly basis at various locations throughout the state. The meetings are open to the general public.

Accomplishments

The FICCIT was officially designated as a Citizen Review Panel for 2014. By working with the FICCIT as a citizen review panel, the Department has established a stronger relationship with DOH and the needs of both parents and children with disabilities.

Collaboration

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

Program Support

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

CHILDREN'S JUSTICE ACT (CJA)

2013-2014 Update

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

Nine projects were completed during the FFY 2013 - 2014 reporting period. The Child Welfare Transformation Initiative (Child Welfare Practice Model) is a broad-based, system-wide redesign of the roles of the hotline, investigations and case management. The goal is for each component of the system to work as an integrated unit equipped to gather better information, relay information faster, conduct higher quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child and family's safety and independence. The result is enhanced child safety, well-being and permanency. Most of the nine completed projects touch some aspect of the Initiative. The Task Force will continue to focus future recommendations on furthering the Initiative.

A summary of the nine completed projects funded by the CJA Grant during the reporting period is provided below.

2014 Annual Child Protection Summit

The Annual Child Protection Summit demonstrates the major commitment the Department of Children and Families and its partners have made toward full collaboration and sharing on topics that are critical to safety, permanency, and well-being. During the 2014 Summit, 700 scholarships were offered through the CJA grant allowing youth, foster parents, frontline staff (case management and investigations), Child Protection Team, juvenile justice, legal, mental health, disabilities, medical and other professionals and providers to attend.

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

An interdisciplinary panel, including representatives from a variety of stakeholder groups throughout Florida developed the training content for the Summit. These groups included the Florida Coalition Against Domestic Violence, the Department of Juvenile Justice, the Statewide Guardian ad Litem Program, the Children's Justice Act Task Force and the Florida Alcohol and Drug Abuse Association. Others include the Department of Health Child Protection Teams, the Florida Coalition for Children, the Children's Mental

Health Program, DCF Substance Abuse and Mental Health programs office, Florida Abuse Hotline, Big Bend Community-Based Care, Children's Legal Services, Office of Court Improvement, and Department of Education.

Domestic Violence Training Videos

The Department of Children and Families is currently working with the Florida Coalition Against Domestic Violence (FCADV) to develop and provide cross- training opportunities for Child Protective Investigators as to the use of the new Child Welfare Practice Model in a manner that aligns with Safe and Together principles. The training materials developed by David Mandel and Associates, focused on topics identified as critical by a workgroup created by DCF and FCADV. The workgroup will continue to collaborate in developing and providing training of trainers as to the use of the training materials. The videos are available to statewide trainers for use as training materials in support of pre-service and in-service training for Child Protective Investigators.

The training materials included were:
- A series of fourteen 10 – 15 minute videos that demonstrate best practices in domestic violence cases consistent with Florida Coalition Against Domestic Violence's (FCADV) Child Protective Investigator (CPI) project, the Safe and Together model and the Department's Safety Methodology.

- Three 15 – 20 minute videos modeling the Safe and Together Practice Tools that used by Department staff, FCADV, and co-located domestic violence advocates.

   Two guides: (1) a video guide to ensure the videos are used effectively, and (2) a guide on the integration of FCADV's CPI program, the Safety Methodology and the Safe and Together model including tools specific to safety planning.

The Domestic Violence and Child Welfare Integration Video Project was a collaborative effort between the Department of Children and Families (DCF), the Florida Coalition Against Domestic Violence (FCADV), and David Mandel & Associates, a national organization that provides training and technical assistance to child welfare professionals to improve practice in domestic violence related cases. The video vignettes model best practices in child welfare cases where families are experiencing domestic violence and co-occurring issues. The target audiences for the videos are child welfare professionals, domestic violence advocates, and community partners. Since the completion of the video project, FCADV utilized the training videos during its Child Protection Investigations (CPI) Project All Grantee Meeting in August 2014. The CPI Project is a collaborative effort between FCADV, DCF, and the Office of the Attorney General that staffs co-located domestic violence advocates within CPI Units in 45 of Florida's 67 counties. The All Grantee Meeting included co-located domestic violence advocates and leadership from Florida certified domestic violence centers. Also as a part of the CPI Project, FCADV is conducting 12 Regional Child Welfare Trainings across the state for child welfare professionals, domestic violence advocates, law enforcement, and other allied partners. FCADV has already utilized the videos during four of the Child Welfare Regional Trainings in January and February 2015. Between now and June 30, 2015, FCADV will utilize the videos at the remaining eight Child Welfare Regional Training Institutes and at FCADV's Train-the-Trainer for Department of Children and Families' Super Safety Practice Experts. FCADV is working with DCF to finalize a date for the Train-the-Trainer. David Mandel & Associates have also utilized the videos in their trainings for child welfare professionals throughout Florida.

Broward County Sheriff's Office

This was a one-year contract with the Broward County Sheriff's Office for $180,000 to provide pre-service training to Child Protection Investigators in Circuit 15 (Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties) and in-service training for child protection investigators and child protection investigation supervisors as requested.

Child Welfare Procedures Manual and Statewide technical assistance related to Child Welfare Practice Model

The Department contracted with the University of South Florida for formatting and editing services for the Child Welfare Procedures Manual. The major goal of this service is to reformat and update the Manual that is currently located on the Center for Child Welfare website.   The University was to incorporate concrete guidelines and examples for each topic (key point), as determined by the Department, incorporate links to statute, rule and available online training material pertaining to each topic, as applicable and work with a policy workgroup, approved by the Department, to incorporate recommended revisions. The Manual includes both investigations and case management. The CJA funds paid for the investigations portion. The project is not yet complete and ready for use – Department of Children and Families' Office of Child Welfare is developing a plan for completion.

This contract also included a provision for the University of South Florida to provide technical assistance and develop capacity for learning the new Child Welfare Practice Model (Safety Methodology) and to assist in ensuring implementation of the practice model with fidelity.

Predictive Hiring Assessment Tool for CPI

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

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

2014 6th Annual Child Abuse and Neglect Conference

This conference focused on the medical aspects of child physical abuse, sexual abuse and neglect. The conference content provided an understanding of the mechanisms that inflict injuries and the scientific basis for medical determinations as to whether abuse has or has not occurred. The speakers stressed the roles of all members of the investigative team in gathering and sharing information to arrive at appropriate conclusions.

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

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

Child Welfare Practice Model (Formerly known as Safety Methodology) Experts Three Day Training

The Office of Child Welfare in conjunction with the National Resource Center (NRC) for Child Protection hosted a three-day consultation retreat for Super Safety Practice Experts (SPEs) and Children's Legal Services (CLS) attorneys. The purpose of the retreat was to focus on enhanced skill building for Super SPEs and CLS attorneys around model fidelity, case review and case consultation.

Super SPEs are Department of Children and Families employees that will serve as knowledge experts on the new Methodology. They will be proficient in modeling the core tenets of the practice model in their work to support other staff (supervisors, investigators, case managers) as they learn this new approach to safety assessment and interventions. They will learn how to help supervisors create a safe, nurturing learning environment for child welfare professionals as they learn new skills and apply new knowledge. Super SPEs may include those with current responsibilities for training, quality assurance, program expertise, field mentoring and coaching or leadership who provided daily guidance to supervisors.

The Office of Child Welfare will obtain four case records from the current practice sites in the Northwest, Northeast, Central and SunCoast regions to be used during the three-day event. Two of the cases will be distributed to the 60 participates prior to the event for each participate to complete a formal case review on both cases. In a large group, participants with the guidance of the NRC, will review the two cases provided prior to the event. They will walk through each case using the case review tool to discuss the sufficiency of information, decision-making and model fidelity for each case. The NRC will answer questions and have open discussion about the cases. In small groups, the participants received the additional two cases that they have not reviewed and asked to complete a case review as a group and present their findings to the larger group for discussion. In a large group, participates will create a plan of how to take the skills they have learned over the last two days and further support and build internal capacity within their own regions. A series of consultation calls will be scheduled that will require each participant to conduct a case consultation by phone for the larger group with the support and guidance of the NRC.

Human Trafficking Training for Child Protective Investigators and Supervisors

This was a series of one-day trainings held statewide to begin to meet the requirements of HB 7141/SB 1724, which passed the Florida Legislature in 2014. The bill requires that child protective investigators and supervisors have specialized intensive training in handling cases involving a sexually exploited child. Topics covered included:

- introduction to minor sex trafficking

- national and local scope of problem

- victim profiling (vulnerabilities, statistics, traditional ideologies)

- primary manifestations of minor sex trafficking

- trafficker profiling,

- recruitment/grooming techniques and methods of control/coercion

- "The Games" (terminology, rules)

- gang trafficking dynamics, recruitment and control

- demand/buyer profiling (mindset, belief systems),

- impact of trauma on victims (psychological/behavioral indicators, basic overview of complex trauma).

Practice Model Training Materials (Wheel and Brochure, Reference Guide)

The practice model forces attention to how children and families should experience investigations. It dictates that children and families should be treated as partners and respected as they exist in their communities and cultures. In addition, the practice model promotes consistency in the approach used for investigations across the state.

Child protective investigators and supervisors throughout Florida received a total of 2,500 practice model wheels and brochures. The practice model wheel is an interactive informational tool that communicates the tenets of Florida's new child welfare practice model. The wheel describes the seven professional child welfare practices (engage, partner, gather information, assess and understand information, plan for child safety, plan for family change, monitor and adapt case plans). It also describes how the practice model is operationalized using the new tools and techniques of the safety methodology. Florida has a new way of practice. Investigators handling all types of abuse and neglect reports (including medical neglect, child sexual abuse, suspected fatalities) are implementing new ways of work. This wheel describes the new way of work and is a handy desk guide for staff.

Children's Legal Services (CLS) requested funds to print the Safety Methodology Reference Guide to provide to judges attending a training related to the Safety Methodology. The training is a one-day in-depth training on the Safety Methodology and what it looks like in court. Presenters were Stephen Pennypacker (CBC), Dependency Judge Elizabeth Krier, Robin Jensen (CLS Statewide Training Director), Theresa Drake (Director DV Assistance Clinic, Levin College of Law), and Tarrin Reed (Staff Advocate, Action for Child Protection). The Reference Guide is a necessary component to the training and an important tool for Judges to utilize as the training rolls out in their respective circuits. Printing and binding for each judge makes it easy to use and will enable them to keep a copy on the bench.

Collaboration

- Through the Task Force and the Department of Children and Families leadership, the training content for the 2014 Summit was chosen after consultation with stakeholders and child welfare professionals throughout the state of Florida. A call for workshop proposals was widely disseminated and over 100 proposals were received.

- Through the Task Force, and the Department of Children and Families leadership, the statewide implementation of the Child Welfare Practice Model requires collaboration with a variety of stakeholders and other state agencies in every county in Florida.

- The Department of Children and Families leadership and subject matter experts have met with and worked with a wide variety of stakeholders on the topics of human trafficking, domestic violence, and child fatalities throughout the reporting period.

Program Support

In partnership with Community-Based Care Lead Agencies and child protection professionals, the continuing implementation, fidelity and sustainability of the Child Welfare Practice will ensure that children and their families are receiving in-depth, quality assessments and relevant individualized services.

Community-Based Child Abuse Prevention Program (CBCAP)

2013-2014 Update

Florida received a Federal Fiscal Year (FFY) 2014 Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award of $1,624,607 based on Florida's child population and matching funds through the state's Tobacco Settlement Trust Fund. A variety of family-focused programs and services enhance the prevention of child abuse and neglect. The previously allocated FFY 2012 funds supported continuation of prevention programs through training, network administration, and educational materials. Close to $1 million of the allocated FFY 2012 funds supported continuation of three programs and a continuing contract with the Ounce of Prevention Fund of Florida, Inc. for activities related to the annual child abuse prevention campaign, parent support and Healthy Families Florida. The funds also supported a faith-based initiative and several primary and secondary initiatives under the Ounce of Prevention Fund.

Statewide and regional projects focus on public awareness and community education initiatives, training for professionals, and support of statewide resources for family violence prevention.

Accomplishments

At the local level, community-based care has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services. There are a variety of community based groups developed in response to specific needs of or issues with the community that meet on-going to assess gaps in services and service delivery and take action to address them.

During the reporting period, funded programs provided direct services to more than 26,000 children, caregivers, and other family members. Child abuse and family violence prevention education efforts and training reached more than 14,000 children, parents, community members and professionals. Florida funds community-based services targeting the prevention of child abuse and neglect statewide that address the needs of our multi-ethnic and multi-cultural state population. Families who have children with special needs are also afforded services.

Collaboration

Consistent efforts, most especially within the past five years, to develop, nurture, and expand the scope and array of supportive partners, have had a significant impact on community awareness and action. Although huge strides have been made, this state is proceeding to the next level of planning, implementation, and evaluation of family support and prevention services.   Many partners and advocates, while working on behalf of families, have experienced firsthand the benefits and efficiencies of collaboration.

Program Support

The Department contracts with a set of core programs for primary and secondary child abuse prevention services to complement the existing network of additional primary, secondary, and tertiary prevention programs and services. The specialist from the Office of Child Welfare coordinates efforts with providers, communities, and state and local leaders and advocates.

Citizens Review Panels

In response to the CAPTA requirements, as required in 42 U.S.C. 5106a, Section 106 (c)(6), the Department has designated four entities as Citizen Review Panels. Each of these meets the requirements of the Child Abuse Prevention and Treatment Act. The currently designated panels are:

- The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT);
- Independent Living Services Advisory Council;
- Florida Child Abuse Death Review Committee; and
- Florida Faith-Based and Community-Based Advisory Council.

For additional information, activities, recommendations and the required Department responses of these four panels, please refer to their annual reports included as Exhibits.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

2013-2014 Update

Pursuant to federal law and regulation, FICCIT members are appointed by the Governor of the State of Florida and the Governor shall designate or require the membership to designate a Chairperson (hereinafter Chair) of the FICCIT.

- The Council shall annually elect a Vice Chair to preside at meetings in the absence of the Chair. The Vice Chair shall serve for two years.
- The Chair shall appoint a Chair for each Standing Committee.

- The Chair shall request each member of the Council to serve on at least one Standing Committee.

- Members are expected to attend all regularly scheduled meetings in person or by telephone conference call or similar electronic means. For Members absent from three or more quarterly meetings in a twelve-month period, the Chair will provide notice to the Lead Agency and the Office of Governor.

If an individual's qualification for membership changes and the individual no longer qualifies for FICCIT membership, the Member is expected to notify the Chair and to file a letter of resignation with the Office of the Governor with a copy to the Chair for purposes of requesting the Governor to fill the upcoming membership vacancy.

During the reporting period, the FICCIT met on the following dates and locations:

October 15 – 16, 2013 in Ft. Lauderdale

January 14 – 15, 2014 in Tallahassee

June 24, 2014 via webinar

July 8 – 9, 2014 in Tallahassee

On November 6, 2012, FICCIT was formerly designated as one of Florida's citizen review panels, in support of the requirements of the Child Abuse Prevention and Treatment Act (CAPTA). The structure and functions of the state FICCIT are truly reflective of the national intent to have citizen input and review of child welfare as required by CAPTA. As such, the FICCIT will be examining the CAPTA, Part C program. (See Attachment I to Chapter VIII.)

Accomplishments

- 84% of families report that early intervention services have helped their family effectively communicate their children's needs.

- 86% of families report that early intervention services has helped their family know their rights.

- In 2013-2014 at the time of referral 41% of children were age 1, 34% were under age 1 and 25% were age 2

- Total Children Enrolled in Early Steps is increasing: Approximately 42,500 in 2011-2012 and 2012-2013 and almost 45,000 in 2013-2014.

- Florida Developmental Disabilities Council's and FICCIT participated in the development of an evaluator credentialing process to ensure children with disabilities are appropriately and effectively evaluated for early intervention services.

Collaboration

During 2013-2014 FICCIT focused their priorities on revising their bylaws to be in accordance with Part C of IDEA and to enhance collaborative opportunities amongst agencies in Florida

FICCIT encourages the Department of Health to recognize parents coming forth and speaking to their personal experiences.

Please refer to the Annual Report Attachment 1 for more examples of collaboration.

Program Support

Program Support is primarily provided by the Department of Children and Families, Office of Child Welfare, and Child Care Program Office and Operations. Other agencies are called upon for specific support when needed.

As a citizen review panel, FICCIT offers a summary of recommendations made in 2014 to the Department of Health, Children's Medical Services, Early Steps Bureau as the lead agency for CAPTA, Part C. Please refer to Attachment 1 to Chapter VIII.

The Independent Living Services Advisory Council (ILSAC)

This Council is legislatively mandated under s. 409.1451(7), Florida Statutes. The functions of ILSAC are to review and make recommendations concerning the implementation and operation of independent living transition services.

2013-2014 Update

During this period, the ILSAC continued to meet its charge by reviewing the system of independent living services for teens in foster care/formerly in foster care in Florida. As mandated in Florida law, the Secretary appoints members who submit an annual report summarizing the Council's findings and recommendations. These reports are available at: http://www.myflfamilies.com/service-programs/independent-living/advisory-council

Council members have a variety of experiences and are from diverse backgrounds, including young people formerly in foster care. As required by state statute, the Council held four meetings during this period and issued a report for the period ending December 31, 2014. The Annual Report is the Council's primary work product. The Council assessed the effectiveness of the service delivery system and made recommendations for improvement. (See Attachments F and G to Chapter VIII.)

Accomplishments

The Council continues to be a strong voice for youth and includes a diverse group of stakeholders to ensure various perspectives are heard. Under the leadership of Bob Garner, the ILSAC chairperson, the Council works closely with the Department and the community-based care agencies to improve service delivery.

Collaboration

The Council represents a collaborative with youth, foster parents, executive agencies, advocate attorneys, and child welfare service providers.

Program Support

Members of the Council are active in their communities and across the state. They help to provide training and technical assistance to ensure the program is supported at the local and state level. The Department provides staff support to the Council. Both the Council Chair and the members provide advice and consultation to the Secretary, Deputy Secretary, and leadership of child welfare programs.

Future Plans

The Council will continue as it is mandated in Florida law. This Council is a true asset for the youth served in Florida and for the agencies that serve them. The Council members provide guidance and help to improve services in a non-adversarial and supportive manner.

The Florida Child Abuse Death Review Committee

This citizens' committee was established by the Florida Legislature in 1999 under section 383.402, Florida Statutes. Through the establishment of a statewide appointee panel and locally developed multi-disciplinary teams, the facts and circumstances surrounding child abuse and neglect deaths in which a verified report of abuse or neglect is accepted by the Florida Abuse Hotline are reviewed. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths due to abuse and neglect by caregivers.

This citizens' committee was established by the Florida Legislature in 1999 under s. 383.402, Florida Statutes. Through the establishment of a statewide appointed panel and locally developed multi-disciplinary teams, the facts and circumstances surrounding child abuse and neglect deaths in which a verified report of abuse or neglect is accepted by the Florida Abuse Hotline are reviewed. The committee prepares an annual report to the governor and legislative branch with key data-driven recommendations for reducing preventable child deaths due to abuse and neglect by caregivers. (See Attachments B and C to Chapter VIII.)

2013-2014 Update

- Reviewed the case records and child death reports of children whose deaths were confirmed to have been from verified child abuse or neglect. Reviews were completed by the statewide committee and by locally developed multi-disciplinary committees.

- Developed recommendations to improve practice through:

    o Helping all parties achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect;

    o Identifying gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths; and

    o Developing and implementing data driven recommendations for reducing child abuse and neglect deaths.

- Endorsed the continued expansion of proven prevention programs that begin services early; during pregnancy or shortly after the birth of a child; before negative patterns of behavior develop that can have a detrimental impact on a child.

- Developed protocols and processes due to new law requiring case reviews of all child fatality investigations that are reported to the hotline regardless of the investigative findings.

Accomplishments

The Safe Sleep Campaign

In September 2013, DCF and 80 partners launched "The Safe Sleep Campaign." The campaign includes free resources like printed materials and PSAs, online trainings, and donation opportunities. The campaign continues to be popular and has been included in a brochure developed by DCF that has been places in all ACCESS Centers (public benefits) and other community locations and events.

In addition, DCF has partnered with Halo SleepSacks and has received more than 2,000 free and reduced-cost SleepSacks to distribute to families and partners in need. The effort also includes a Hospital Program that gives hundreds of free SleepSacks to hospitals to use in place of swaddling blankets.

The campaign website is www.MyFLFamilies.com/SafeSleep.

Born Drug-Free Florida

In May 2013, the Attorney General, the Florida Department of Children and Families, the Florida Department of Health and members of the Statewide Task Force on Prescription Drug Abuse and Newborns launched Born Drug-Free Florida, a statewide educational campaign designed to prevent babies from being born exposed to prescription drugs. The Florida campaign website is www.BornDrugFreeFL.com.

This year, we were honored that Tennessee replicated the campaign in its entirety, as displayed on www.BornDrugFreeTN.com.

Who's Really Watching Your Child? Campaign

In March 2014, DCF partnered with many organizations to launch the "Who's Really Watching Your Child?" campaign to address the frequent cases of child abuse and neglect at the hands of paramours, such as boyfriends and girlfriends. The campaign includes free printed materials and PSAs, background check resources, online parenting courses, free parenting class curriculums, child care referrals, donation opportunities and additional information. The campaign continues to be popular and has been included in a brochure developed by DCF that has been places in all ACCESS Centers (public benefits) and other community locations and events. The campaign website is www.MyFLFamilies.com/WhosWatching.

We are honored that Texas will be replicating the campaign in its entirety.

Water Safety Campaign

In summer 2014, DCF partnered with many organizations to launch a water safety campaign to educate parents and caregivers to keep their Eyes on the Kids, know emergency preparedness and get their children swimming lessons. Press events took place at YMCAs around the state and received statewide media attention. The campaign continues to be popular and has been included in a brochure developed by DCF that has been places in all ACCESS Centers (public benefits) and other community locations and events. The campaign website is www.MyFLFamilies.com/WaterSafety.

In 2015, the summer water safety campaign will focus on teaching children about water safety and include a partnership with organizations including the Florida Department of Health, Department of State

Division of Libraries, YMCAs, Florida Department of Education, child care programs, Barnes and Noble, US Swimming, Pool Safely, and more to bring a water safety program and presentation into schools, child care centers, book stores, libraries, summer camps, etc.

Program Support

The Florida Department of Children and Families provides staff support to the State Death Review Committee and local Child Death Review Committees. This entails preparing child death case files for review purposes and maintaining a database on specific circumstances involving a child death to use for prevention initiatives as well as training for investigators and case managers.

Florida Faith-Based and Community-Based Advisory Council

The Florida Faith-Based and Community-Based Advisory Council (Advisory Council) was created in 2006 in s. 14.31, Florida Statutes. The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida. The Council is charged to advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

State leadership felt increased involvement of faith-based and community organizations were not a substitute for necessary public funding of services to individuals, families and communities in need. They believed that public expenditures without the involvement of these groups limit the effectiveness of government investments. The cost effectiveness of public expenditures can be improved when government is focused on results and public-private partnerships are used to leverage the talent, commitment and resources of faith-based and community organizations.

During the 2010 Legislative Session, the Sunset requirement for the Advisory Council was repealed through legislation. In addition, the Advisory Council was assigned to the Executive Office of the Governor where it is administratively housed.

2013-2014 Update

On June 12, 2007, the bill creating the Governor's Office of Adoption and Child Protection (Office) was signed into law. The duties and responsibilities of the Office are enshrined in Florida Statute 39.001. The Office was created for the purpose of establishing, implementing, and monitoring a cross-agency comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect. In October 2011, the Executive Office of the Governor made a decision to move the administrative functions and support for the Advisory Council to the Governor's Office of Adoption and Child Protection. (See Attachments D and E, to Chapter VIII.)

Accomplishments

The Office worked diligently throughout 2014 to advance the efforts of the Advisory Council. The following workgroups to advance the work of the Advisory Council were established:

- Annual Conference
- Child Welfare

- Criminal Justice
- Disaster Planning
- Family Initiatives
- Legislative

Child Welfare Workgroup – The Child Welfare Workgroup continued to focus on advancing efforts to enhance and improve the welfare of children through the identification of best practices and innovative programs and services. Topics include prevention of child maltreatment, foster care, adoption, independent living, human trafficking, health and well-being, youth with disabilities, education. Criminal Justice Workgroup – The Criminal Justice Workgroup continues its efforts to identify best practices and innovation on topics to include prevention, early intervention, diversion, reentry or reintegration of adults and juveniles from jail and juvenile facilities; substance abuse, mental health, and persons with disabilities. The workgroup met throughout 2014 to explore different approaches to initiate action on re-entry issues, visitation between children and incarcerated family members, human trafficking, and to support ongoing efforts of both the Department of Corrections and the Department of Juvenile Justice.

Family Initiatives Workgroup – The Family Initiatives Workgroup has explored different approaches to engage state agency liaisons and various faith-based and community-based organizations to identify needs, gaps in services, and proposed solutions in order to facilitate a more collaborative and coordinated approach to strengthening families.

Legislative Workgroup – The Legislative Workgroup collaborated with other Advisory Council Workgroups to identify policy recommendations that refine, improve, and strengthen policies and legislation affecting both the Advisory Council areas of focus and faith-based and community-based organizations.

<u>Collaboration</u>

The Florida Faith-Based and Community-Based Advisory Council has collaborated with state agencies as well as community and local organizations to advance its work. With few state resources with which to work, the Florida Faith-Based and Community-Based Advisory Council has utilized various approaches to fulfill statutory requirements and support state initiatives and activities.

Program Support

Champions of Hope Awards

Realizing the value of faith communities and organizations in providing support to the state and state agencies, the Annual Conference Workgroup convened to create this award to recognize organizations that go above and beyond the ordinary to improve the lives of at-risk youth and children in care. The Annual Conference Workgroup provided nomination forms to the Department of Children and Families and the Department of Juvenile Justice for dissemination to regional offices to identify and nominate faith-based organizations for consideration. Workgroup members reviewed and scored submissions, and worked with each agency to identify the organizations selected as the winners.

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. In addition to the three state plan program areas, strides in other program areas are briefly described. Note: In this section, the CAPTA program areas are not numbered consecutively, but rather numbered consistent with the structure in Section 5106a of the Act.

(1) Intake, assessment, screening, and investigation of reports of abuse and neglect.

2013-2014 Update:

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

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

Florida's practice model includes the expectation that when children are safe and at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the investigator should diligently strive to use motivational interviewing skills to facilitate the parent's understanding of the need for taking action in the present to protect their children from future harm.

Since July 2014 the implementation of Florida's new practice model has remained the primary focus for the Department of Children and Families. Using implementation drivers, Florida has continued its journey through initial implementation focusing on skill building and staff development, using data and continuous quality improvement to further model fidelity, operationalizing the practice through policy and guidance, supporting the practice through leadership and SACWIS system functionality.

In addition to the enhancement and development of policy the legislature codified safety methodology core concepts in its passing of Chapter 2014-224, Laws of Florida during the 2014 legislative session.

The Technical Advising Consultation and Training (TACT) contract between the Department of Children and Families (Department) and the University of South Florida (USF) was executed on March 25, 2014. To date the services provided to DCF Protective Investigations supervisory and management staff, and in

some limited instances employees of Community Based Care (CBC) agencies statewide, have been very well received.

Based on documented feedback from participants in the areas served by TACT to date, many supervisors and others in management and mentoring roles have reported that they find the "one to one" consultation process utilized by TACT when working on improving effective coaching and feedback skills very beneficial because of the safe learning environment the approach provides. Both supervisors and management personnel also indicate that the group consultation process used during TACT onsite visits has enhanced their knowledge base and coaching skills based on the provision of immediate behaviorally specific feedback focused on the constructs of the practice model.

The Florida Abuse Hotline

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

Florida Abuse Hotline counselors improve child protective investigation response time by quickly identifying where the child will actually be during the next 24 hours, and if there are any potential dangers to the child protective investigator. The implementation of the Hotline's Crime Intelligence Unit in 2005 also increases the quality of the initial contact with the child and family by giving child protective investigators important criminal history and law enforcement information prior to commencing an investigation and having more complete information on hand to make safety assessments and improve front end decision making.

Upon receiving and accepting a report for an allegation of abuse, neglect, and/or abandonment, Hotline counselors generate a report in FSFN, which is then forwarded to the Hotline's Crime Intelligence Unit within 28 minutes. Within 28 minutes, the Crime Intelligence Unit completes Florida Crime Information Center (FCIC), National Crime Information Center (NCIC), Juvenile Justice Information System, Department of Corrections, Florida Department of Law Enforcement (FDLE), and FDLE Sexual Predators checks and forwards the abuse/neglect report to the county in which the child is physically located or, if the child is out of state, is anticipated to return to Florida.

In most, if not all states, families can be transferred between the assessment and investigative tracks (in either direction) based on any number of factors – with the most predominant determinants being safety considerations and resistance encountered from the family. Florida is no different in this respect.

Assessment, Screening, and Special Conditions

Florida recognizes that incidents with serious safety concerns should receive complete and appropriate child protective investigations. However, some situations reported to the Department are more appropriately addressed by a less adversarial assessment of needs and offer of services outside of the child welfare system. Engaging families in a less threatening way, when the situation does not warrant a formal investigation, increases the likelihood a family will acknowledge problems and agree to receive recommended services.

Intake through the Florida Abuse Hotline includes identifying such circumstances when a call does not rise to the level of a protective investigation, but may be addressed as a "special condition." This practice is designed to give the Department an opportunity to help communities identify and provide services for families in order to avoid formal entrance into the child welfare system. The Department tracks such special conditions such as parents needing assistance, when caregivers are unavailable and referrals for foster care.

On July 1, 2014 the Florida Abuse Hotline was transitioned from Operations to the Office of Child Welfare. As a part of this transition, two positions were created within the Office of Child Welfare to provide support to Hotline Operations. The first was a Hotline Policy and Practice Specialist who works closely with the Child Protective Investigative and Case Management Specialists to ensure the development of seamless policy that supports our Child Welfare Model. Additionally, the creation of a Continuous Quality Improvement Specialist for the Hotline to support the Child Welfare Practice Model and implementation.

Within Hotline Operations, the management team was updated to include a Fidelity Team and a Practice Team. The Fidelity Team encompasses Quality Assurance, Training and the Hotline Specialists. The Practice Team encompasses the call floor. There is also a Data Analytics Team and Human Resources Team.

Criminal Background Checks in Florida

To provide better accountability, consistency, timeliness, and efficiency for criminal history, juvenile delinquency, and criminal justice system record checks, performed for the purpose of protective investigations and relative/non-relative placements, was centralized to the Florida Hotline on July 1, 2005.

Florida is authorized to search the National Crime Information Center (NCIC) for subjects of the abuse report for the purpose of child protective investigations.

The Florida Abuse Hotline completes criminal history checks for investigations to include subjects of the protective investigation for both child and adult abuse reports and for home studies for placements of children to a relative and/or non-relative unlicensed home.

The type of checks performed and data sources that are accessed by Florida Abuse Hotline staff for investigations or placements is determined and based on the program requesting the information as well as the purpose of the request). The Florida Abuse Hotline has access to the following criminal justice and juvenile delinquency data sources and information:

- Florida Crime Information Center (FCIC) – Florida criminal history records and dispositions;
- National Crime Information Center (NCIC) –National criminal history records and dispositions;
- Hotfiles (FCIC/NCIC) – Person and status files such as: wanted person, missing person, sexual predator/offender, protection orders;
- Department of Juvenile Justice (JJIS) – Juvenile arrest history;
- Department of Highway Safety and Motor Vehicles (DAVID) – Driver and Vehicle Information Database current drivers history, license status, photos, signature;

- Department of Corrections (DOC) – current custody status, supervision, incarceration information;

- Justice Exchange Connection (Appriss) – Jail databases for current incarcerations, associated charges, and booking images.

The background screening process for investigations and home studies for child relative and non-relative placements also includes a local law enforcement criminal history check and abuse and neglect registry check to include requests submitted to other states when the prospective parents have lived in any other states within the five-year period.

Following review of criminal history record information, the Florida Abuse Hotline provides Community-Based Care (CBC) case managers with information for use in deciding potential caregivers who may provide an emergency placement for a child requiring removal from his or her current residence.

Fingerprint submissions must be obtained within 10 days for all persons in the placement or potential placement home over the age of 18 years following the Hotline's query of the NCIC database for the purpose of a placement. When results from the fingerprint submission are received, a final review is conducted of the criminal history record information. By adding statutory language on investigation and placement criminal background screening to Chapter 39, Florida Statutes, the federal requirements are more clearly defined as it relates to criminal background screening for adoptive parents, and relative and non-relative placements.

Rule 65C-13.023, Florida Administrative Code, requires that the preliminary home study for adoptive parents must include a records check of the Department's central abuse registry and criminal correspondence checks on the prospective adoptive parents. Foster parents must have an initial federal criminal records check, a local criminal records check annually, and a state criminal check every five years. Other statutory requirements regarding foster parents are in Chapters 409 and 435, Florida Statutes.

Florida and National criminal history information for the purpose of adoption and/or foster care licensing is requested and obtained via the submission of fingerprints. When completing and approving home studies for foster care parents and adoptive parents, the background screening process includes an abuse and neglect registry check from other states when the prospective parents have lived in any other states within the five year period preceding the application to foster or adopt. The Department continues to have a designated specialist to receive and process all requests for abuse registry checks from other states for foster care placements and adoptive parents.

Background screening coordinators perform background screening activities for other programs and the Department is the regulatory agency for the following purposes:

- Direct care providers;

- Mental Health employee facilities;

- Unlicensed staff who work in a licensed general hospital;

- All owners, directors, and chief financial officers of service providers;

- Employees of child care facilities, family day care home, child enrichment service provider, family foster home, residential child caring agency, child placing agency, summer or recreation camp owners.

(2) Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

<u>**Domestic Violence and Child Welfare Collaboration:**</u>

September 27, 2013 was the first day-long collaboration meeting with OCW, Florida Coalition Against Domestic Violence (FCADV), DCF Office of Domestic Violence and Mandel & Associates, and ACTION for Child Protection to discuss opportunities for alignment of new child welfare practice model and the Safe and Together model. At that time, a walk-through of the new safety constructs was presented and areas as to the need for clear guidance and expertise in cases involving domestic violence were identified. The FCADV offered to review and comment on the 8-day in-service curriculum developed by ACTION for Child Protection. A follow-up two day work session was convened November 7-8, 2013 with the same agencies participating as well as safety practice experts and child welfare professionals from local circuits to develop strategies and solutions for improved policy and training.

There was strong agreement from participants at the November work session that FCADV should seek funding from the 2013-14 Florida Legislature for expansion of the "CPI Co-located Domestic Violence Advocate Project." At the time, there were six pilot projects in Florida. The projects are a collaborative effort between FCADV, the Office of the Attorney General, the DCF, local Certified Domestic Violence Centers, Community Based Care agencies (CBCs), and criminal justice system partners that implement Leadership Teams to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. FCADV's CPI Project also establishes formal partnerships in which domestic violence advocates are co-located within CPI Units.

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

With CJA funds, the Office of Child Welfare, the Office of Domestic Violence, and Florida Coalition Against Domestic Violence (FCADV) collaborated with Mandel & Associates to produce two video suites plus supporting training material to advance the integration of the department's new Safety Methodology and the "Safe and Together" model. FCADV sponsored a CPI Project that establishes a domestic violence advocate, co-located with a Child Protection Investigations unit, to provide consultation to the CPI, referral services to survivors, and on-going support to advance collaboration. The training material delivered on June 30, 2014 is being used to support training of child welfare professionals and co-located domestic violence advocates. The goal of the videos and supporting materials is to improve outcomes in child welfare cares through improved teamwork; deepening an understanding and assessment of perpetrator patterns of coercive control and the impact on individual family members.

The FCADV has served on the Child Welfare Task Force (formerly the Statewide Safety Methodology Steering Committee) since January, 2014 and has also been an active member of the subcommittee for policy and practice guideline development.

FCADV succeed in obtaining funding from the Florida Legislature and as a result is currently expanding this groundbreaking program to include co-located domestic violence advocates in an additional 33 counties, for a total of 45 participating counties in Florida. Funds were also provided for the provision of 12, one and a half day Child Welfare Regional Training Institutes for local child welfare professionals, domestic violence advocates and community partners. The purpose of the trainings are to enhance collaboration between domestic violence centers and child welfare agencies, to build the capacity of child welfare and partnering agencies to assess for domestic violence, to partner with domestic violence survivors to achieve child safety. The training also helps participants understand how to effectively integrate the Safe and Together principles, critical components and practice tools with the new child welfare practice model.

Additional SAMH Integration Information:

The Office of Child Welfare (OCW) is working closely with the Substance Abuse and Mental Health Program Office (SAMH) to provide front-end evaluation/assessment and treatment resources to families currently under investigation or referred to community-based care agencies for safety and case management services.

The focus of the initial joint effort has been to provide intensive treatment interventions targeted to families with unsafe children due to parent/caregiver substance misuse or outright addiction. Using the child welfare practice model guidelines investigators and case managers use a structured, agreed upon referral process to engage SAMH services on two levels. In certain areas of the state child protection workers initiate substance abuse screenings for parents through referral to Family Intervention Specialist trained to assess Substance Abuse Disorders (SUDs).

In select areas of the state (Northeast, Central, SunCoast and Southern regions), certain SAMH Managing Entities are providing services under a proviso project directed at designing and implementing intensive, team-based, family-focused, comprehensive assessment and treatment known as the Family Intensive Treatment (FIT) Model.

Both OCW and SAMH have identified program liaisons to support regional staff in this effort and are currently working in partnership with the regions to set up regional liaisons. The mutual goals include: improve involvement of parents in the recovery process; increase the percentage of parents who enter and complete treatment; increase immediate access to services for parents in the child welfare system' and, increase safety and reduce risk of children in the child welfare system whose parents have a substance abuse disorder.

(3) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.

2013-2014 Update:

Implementation of the Child Welfare (Safety) Practice Model will began during 2013-2014. Below is a description of Florida's Practice Model:

The new safety assessment framework defines and uses the core constructs of danger threats, vulnerable child, and parental protective capacities to determine if a child is safe or unsafe. The initial investigative safety decision is always the identification of present danger, which is illustrated by any form of maltreatment that is immediate, significant, clearly observable, and actively occurring at the initial point of contact in the home. This form of maltreatment is "in your face" recognizable, and it is clear that serious harm will result without prompt intervention on the part of the investigator.

Most child protective investigations do not involve present danger, but present with a more insidious form of maltreatment defined as impending danger. Impending danger is characterized as a child being exposed to a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions, or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families. Identifying impending danger requires thorough information collection regarding family/ caregiver functioning to sufficiently assess and understand how family conditions occur.

Florida's safety framework includes 10 defined danger threats and one undefined "other" threat, for a total of 11 threats overall. Here is a list of the danger threats as currently envisioned:

1. Parent is not meeting the child's basic and essential needs for food, clothing, and/or supervision AND child has been seriously harmed or will likely be seriously harmed.

2. Parent's intentional and willful act caused serious physical injury to the child, or intended to seriously injure the child.

3. Parent is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm the child.

4. Parent is threatening to seriously harm the child; parent is fearful that he/she will seriously harm the child.

5. Parent views child or acts toward child in extremely negative ways AND parent behavior is indicative of the child being seriously harmed emotionally or physically.

6. Child shows serious emotional symptoms requiring intervention or lacks behavior control or exhibits self-destructive behavior that the parent is unwilling or unable to manage.

7. Child has a serious illness or injury (indicative of abuse) that is unexplained by the parent or parent's explanations are inconsistent with the serious illness or injury.

8. The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.

9. There are reports of serious harm and the child's whereabouts cannot be ascertained or there is reason to believe that the family is about to flee to avoid agency intervention or refuses access to the child and the reported concern is significant and indicates serious harm.

10. Parent is not meeting child's essential medical needs AND the child has already been seriously harmed or will likely be seriously harmed.

11. Other

After the identification of a danger threat, the investigator next assesses whether the child is vulnerable to the threat as a result of insufficient parental protective capacity. This is done by completing a family functioning assessment. One of the primary objectives of the family functioning assessment is to determine if another adult in the home has sufficient protective capacity to keep the child safe in both the immediate and near future. This critical information is collected by the combination of the investigator's observations of family dynamics and interpersonal interactions, and by engaging the family and collateral sources during the interviewing process. Specifically, the investigator collects information in six major information domains: nature and extent of the maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, general parenting, and lastly, disciplining and behavior management.

The assessment protocol requires identification of any present danger at first contact, and assessment of impending danger during the completion of the family functioning assessment. This danger determination then requires the initiation of safety actions fully described and detailed in a safety plan, and agreed upon by the investigator, safety providers, and the family. A pivotal practice change is that safety plans cannot be promissory in nature; there must be clearly identified roles, responsibilities, and actions for all parties involved. The purpose of the plan is to control and manage child safety within the home. All children assessed as unsafe will result in the family receiving on-going case management services.

The remaining component of Florida's practice model to be finalized is the use of risk assessment. The function of risk assessment is to ensure that families at risk of future maltreatment are identified and provided intervention services. The Structured Decision Making® (SDM) risk tool for initial risk assessment is currently being built in FSFN and is scheduled to be deployed by July 2014. The assessment protocol will also require that prior to closure of the investigation, a risk assessment is completed on all families. This assessment will assist the investigator in determining which families with safe children, but with a high risk score, might benefit from voluntary family support or other prevention services to reduce the risk of future maltreatment. The risk classification score is based on static, actuarial-based factors such as age of the child, prior abuse/neglect history, and prior drug or alcohol abuse.

In 2013, Florida collaborated extensively with the Children's Research Center (CRC) to review current training and policy drafts for the integration of the initial risk assessment tool into Florida's SACWIS system. The CRC helped by constructing system definitions, functionality, and page layouts to support the utilization of the tool by Investigators. The tool went live in the summer of 2014.

Risk Assessment:

The Safety Methodology utilizes an actuarial risk assessment based on research as to which family characteristics have a demonstrated correlation with future abuse and neglect. The risk assessment is used at the completion of the investigation to identify the risk of subsequent harm. Children determined to be living in "high" or "very high" risk households would benefit from intervention. The investigator is to make every effort to connect the family with community based family support services that are specifically planned to reduce risk of abuse or neglect. Risk levels can be very effective in helping the family understand why the investigator remains concerned about the family even though case management services are not being pursued. Florida's initial risk assessment tool has been in operation since August 2014. The risk assessment is completed on all new investigations being worked in the new practice model.

(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.

2013-2014 Update:

During 2013-2014, the FSFN project focused on operational support, implementation of FSFN modifications, and enhancements to resolve SACWIS compliance issues. The project also focused on completion of design, development, testing, and implementation of FSFN Releases related to the new (Safety) Child Welfare Practice Model, including FSFN Risk Assessment enhancements.

Modernization of the Interstate Compact on the Placement of Children (ICPC)

Since Florida's population is highly mobile, and many families have origins or connections in other states, the Interstate Compact process is an important part of Florida's efforts to identify and take advantage of opportunities for children's lifelong connections and stability. The ICPC processing system within the State of Florida began a conversion to electronic transmittal and web based data transmission in Spring 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 has resulted in personal relationships being developed between Florida ICPC specialists and their counterparts in other states. Staff has also gained additional knowledge of the laws and regulations of their assigned states.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. One of the best features of the system is the generation of automatic e-mail reminders and notices for critical dates in the ICPC process.

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

In addition, Florida is participating in conjunction with the American Public Human Services Association as a pilot state in the NEICE project. The purpose of the NEICE Project is to demonstrate and evaluate the electronic exchange of ICPC case files in real time between states resulting in a streamlining of the ICPC administrative process.

Florida's ICS system will serve as the model system in the development and implementation of the national system.

(5) Developing, strengthening, and facilitating training.

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

Organizationally, the Department's training unit is situated within the Office of Child Welfare. During the last five year time period, since 2011, the training unit has undergone reorganization a few times. Most recently the training unit was restructured in November 2014 with the current staffing configuration. The unit consists of one supervisor and two specialists. The supervisor is dedicated solely to training initiatives. One specialist is dedicated to curriculum design. The other specialist is dedicated to 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 (see Appendix E). Specifically, the training unit will ensure the following:

- The seven professional child welfare practices are effectively taught and reinforced through curricula, performance expectations, structured field experiences, coaching and supervision.

- Training curricula and field experiences are safety focused, trauma-informed, and family centered.

- Child welfare trainers have ready access to quality training materials and resources and are adequately prepared, supported, and – eventually - certified.

Administratively, the training unit will be responsible for the following:

- Tracking the training activities of the Department and community-based training providers to ensure they are supportive of the Child and Family Services Plan goals and objectives as well as the ongoing professional development of child welfare staff.

- Monitoring the expenditure of Title IV-E training dollars by the Department's regional training offices, sheriff offices, and community-based lead agencies.

- Acting as liaison between the Office of Child Welfare and its Center for the Advancement of Child Welfare Practice (housed at the University of South Florida).

2013-2014 Update

- Various in-service training, work sessions, supervisory support and technical assistance needs were procured through contractual agreements with various vendors in an effort to support the continued growth and skills of Florida's child welfare professionals.

- The Department of Children and Families has contracted with ACTION for Child Protection, INC. to develop and deliver a new series of training workshops focusing on essential elements of the practice model and safety practice. Much of the material is relevant for both child protective investigators and case management staff, including topics such as: Assessing Present Danger, assessing Impending Danger, CPI Supervisor Consultation, Safety Management and Safety Services, and Safety Planning. Workshops developed specifically for case management practice specifically include: Assessing and Scaling Caregiver Protective Capacities, Assessing and Scaling Child Needs, CM Supervisor Consultation and Case Planning. These trainings align with the various assessments and tools developed and utilized within the Florida Safe Families Network (FSFN) system.

- The contract was procured as a rate agreement that allowed the regions to purchase regional work sessions to assist with the identification of barriers and challenges to implementation and either on-site or off-site case reviews to ensure fidelity.

- The Office of Child Welfare has hosted at least one of each of these work sessions, case consultations and booster trainings for the entire state. The trainings are being provided, some multiple times, centrally in the state with allocated slots for system partners. ACTION has also attended and co-facilitated various workshops that focus on internal capacity building of state safety practice experts, field support consultants and supervisors.

(6) Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect.

Section 39.201(1)(a), Florida Statutes, states that "Mandatory reports of child abuse, abandonment or neglect") require that **any** person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare **must report such knowledge or suspicion to the Florida Abuse Hotline**. Reports may be made by one of the following methods:

- Toll-free telephone: 800-96-ABUSE
- Toll-free Telephone Device for the Deaf (TDD): 800-453-5145
- Toll-free fax transmission: 800-914-0004
- Internet at https://reportabuse.dcf.state.fl.us

Members of the general public may report anonymously, if they choose. However, reporters in specific occupation categories are **required to provide their names** to the Abuse Hotline staff. The names must be entered into the record of the report but are kept confidential as required in Section 39.201, Florida Statutes. Everyone is considered a mandatory reporter. The following describes training on the reporting of child abuse or neglect in Florida:

- **Child Care Staff.** The Child Care Services Program Office within the Department of Children and Families is statutorily responsible for the administration of child care licensing and child care training throughout Florida. Child care personnel must begin training with 90 days of employment in the child care industry. The introductory child care training is divided into two parts: The identification and reporting of child abuse and neglect; annual in-service training requirements include child abuse, working with children with disabilities, and community, healthy and social service resources.

- **Teachers.** The Florida Department of Education (FDOE) in partnership with the Florida Department of Children and Families (DCF) and the Florida Department of Health (DOH), Children's Medical Services developed the Child Abuse Prevention Sourcebook for Florida School Personnel. The purpose of the sourcebook is to provide Florida teachers and other school district employees with information about their legal responsibilities as mandatory reporters of suspected child abuse and/or neglect, to assist them in recognizing indicators of abuse and neglect and to better prepare them to support students who have been maltreated. A one hour course is also available to educators. This course is available online and details the reporting process and outlines individual reporting requirements.

- **Public.** In the recent past curriculum was developed for a statewide public awareness

campaign and educational initiative for the prevention of child abuse, through that awareness campaign there remains an active website, dontmissthesigns.org as well as related information provided through the Department's webpage, myflfamilies.com.

(7) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect

The Florida Abuse Hotline supports each circuit with training material concerning mandated reporter information upon request.

The Florida Abuse Hotline provides on-site community support and training around the guidelines and procedures for identifying suspected child maltreatment and reporting requirements. This training is provided throughout the state. In addition, the Florida Abuse Hotline is working on facilitating "live" webinars to staff around the state. These "live" webinars allow individuals around the state to access training from their desktop computers, ask questions, and participate remotely.

The Florida Abuse Hotline also facilitates tours of the facility and allows people to listen to "live" calls to experience the process as it happens. Staff from investigations, the Guardian ad Litem, court personnel and other professionals from around the state participates in these educational tours.

Additionally, the State Child Death Review Committee, in conjunction with other agencies such as, the Florida Department of Law Enforcement, Florida Department of Health, Department of Children and Families, and Healthy Families Florida provided training throughout the state to increase awareness on mandated reporting. Case examples include, but not limited to: murder suicides; traffic crashes that resulted in a child's death where the caretaker was neglectful or impaired by substances; deaths that involved drugs (legal and illegal) and/or alcohol, in the home where the caretaker was impaired; and drowning deaths, which were a result of children being inadequately supervised.

(8) 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.

Medical Homes

Based upon standards and recommended standards and practices, the Department has worked towards establishing a health care management system in conjunction with the CBC Lead Agencies that accomplish the following:

- Children receive an initial medical screening within 72 hours of coming into foster care.

- All children are assigned a medical home with a primary care provider.

- All children have a comprehensive child health check-up within 30 days of placement.

- Vision, dental, developmental and behavioral screenings and assessments are completed within 30 days and coordinated with the child health check-up.

- Comprehensive health plan is completed for each child and adolescent that addresses all health care areas.

- The identified needs of the child on the health plan are addressed with regular updates.

- Monitoring and coordination of services is on-going.

- Families are provided with anticipatory guidance and health care education.

- All periodicity schedules are met for vision, dental, and medical needs.

- All immunizations are current.

- At the time of permanency determination, the medical home provides assistance in transitioning medical information to a new primary care provider and in educating family about health care needs of the child/adolescent.

- The necessary health care information is entered into Florida Safe Family Network (FSFN) system.

In order to implement these health care system enhancements, the Department and the CBC lead agencies are considering partnerships with health care providers.

Trauma Informed Care

The Department established an Advisory Team comprised of membership from multiple agencies. The focus of this Advisory Team is to increase awareness of the importance of trauma informed care, trauma specific services, and the need to reduce practices that are traumatizing for persons served. The current initiative represents an effort to coordinate this effort within the Department and across other state agencies, including the Department of Health, Agency for Persons with Disabilities and the Department of Juvenile Justice. This workgroup has developed a vision statement, disseminated information within respective agencies and organizations, included language requiring a trauma-informed approach in contracts and policies, and have sponsored a variety of trainings for communities and agency partners, including dependency judges. Currently, each of the Department's twenty circuits have developed plans for improving their system responsiveness to children and adults served who may have experienced trauma. The Office of Child Welfare is a participant on the core team of staff who are reviewing and assessing the plans submitted.

The Office of Adoption and Child Protection

The 2007 Legislature created the Executive Office of the Governor's Office of Adoption and Child Protection (OACP) in the Governor's Office and assigned much of the same responsibilities the Task Force had undertaken in development and implementation of Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010. In addition, the 2007 Legislature created the Florida Children and Youth Cabinet charged with developing and implementing a "shared and cohesive vision using integrated services to improve child, youth and family outcomes…"
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. (See also the discussion about Department and OAP collaboration in Chapter I of this report.) 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.

In accordance with state law (s. 39.001, F.S), the Office of Adoption and Child Protection steered the creation of the five-year *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 (FCAPP)*. The plan provides plans of action for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families. This plan reflects Florida's commitment to engage state agencies and local communities in a collaborative effort to prevent child abuse, abandonment and neglect; promote adoption; and support our adoptive families.

The Governor's Office of Adoption and Child Protection convened the 33-member Child Abuse Prevention and Permanency Advisory Council along with 17 statewide workgroups, including two cooperative planning teams for education and law enforcement, representing 107 organizations and 166 planning partners to advise and lead the development of these plans for prevention and permanency. The Advisory Council and workgroups with input from 20 local planning teams, involving over 600 individuals from across Florida, diligently constructed proposals for the selection of realistic low- or no- cost prevention and permanency strategies for our state. To ensure proper implementation, a monitoring component involves all levels of the state.

The central focus of the FCAPP is to build resilience in all of Florida's families and communities in order to equip them to better care for and nurture their children. In accordance with the State law (§39.001, Florida Statutes), this five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

The five-year FCAPP comprises five statewide plans as well as copies of 20 local plans. Collectively they provide strategies and plans of action for the prevention of child abuse, abandonment and neglect. Three of the five statewide plans relate to the prevention of child abuse, abuse and neglect. They are:

- *Florida Prevention of Child Abuse, Abandonment and Neglect Plan: July 2010 – June 2015*

- *Florida Education Cooperative Child Abuse Prevention Plan: July 2010 – June 2015*

- *Florida Law Enforcement Cooperative Child Abuse Prevention Plan: July 2010 – June 2015*

This plan is based on the *positive deviance premise* that in every community there are certain individuals whose uncommon practices and behaviors enable them to find better solutions to problems than their neighbors who have access to the same resources (*www.positivedeviance.org*). Using this premise, *five protective factors* serve as a foundation for the plans' strategies and objectives. These protective factors (i.e., nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports in times of need) have been shown to make a difference for families and are correlates of lower child maltreatment and family resilience (*www.strengtheningfamilies.net*).

Overall, this planning effort sought to create a statewide model for preventing abuse, abandonment and neglect; promoting adoption; and supporting adoptive families that can be embraced across branches of government, state agencies, and professional disciplines, thus providing state agency staff, state and local service providers, advocates, and the citizens of Florida with clearly articulated action steps for the realization of optimal child growth, development and well-being. A model of this nature required a multi-

pronged approach ranging from individual interventions to professional development protocols, from agency standards of practice to population-based intervention mechanisms.

Electronic versions of the plan are available at http://www.flgov.com/child_advocacy/ The Office of Adoption and Child Protection, with the assistance of the Department of Children and Families, advises the Governor and Legislature on the status of this strategic plan. Please refer to the above-cited website to view the Office's current annual update.

Relation of CAPTA to Florida's Plan for Improvement

The five year CAPTA plan supports the activities outlined in the Department's Strategic Plan and the agency's Long Range Program Plan for Fiscal Years 2016 – 2017, as well as a number of other meaningful reform efforts such as the Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 and the interim goals and strategic priorities included in the June 2014 Annual Progress and Services Report, Florida's Plan for Improvement (Chapter IV).

An objective of the Child and Families Services Plan is to increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs. To accomplish this objective, the identified intervention is to expand the service array through the Title IV-E Foster Care Demonstration Waiver. Specifically, the intent is to reduce the number of out-of-home placements to focus on in-home services, prevention and diversion referrals. Activities are to:

- Conduct survey and analysis of prevention and safety service needs; and

- Increase the use of family support and family preservation services.

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CHAPTER IX. John H. Chafee Foster Care Independence Program (CHCIP) and Education and Training Vouchers (ETV)

The Chafee Foster Care Independence Program (CFCIP) and Educational Training Vouchers (ETV) programs are in place to help ensure that youth and young adults who are involved in, or who have aged out of, the foster care system have access to the tools they need to make a successful transition towards self-sufficiency. Florida continues to provide a robust array of services to current and former foster care youth, designed to assist youth in transition to self-sufficiency.

Currently the Florida Department of Children and Families provides placement and services to an estimated 4,300 youth between the ages of 13 and 17 that are residing in a licensed out-of-home care placement. All of these youth are currently defined as being eligible to receive Independent Living services and supports in the form of life skills training and academic planning and support services. There are an additional estimated 6,200 former foster care youth that have aged out of the Florida foster care system that are between the ages of 18 and 22 years of age that could be eligible to receive Independent Living services and supports based on their status as a former Florida foster care youth.

The Florida Department of Children and Families through contracted Community-Based Care (CBC) lead agencies (see Chapter III) offers a wide array of services and direct support payments to current and former foster care youth that are designed to promote the acquisition of general life skills, educational and employment attainment, maintenance of housing, and development of permanent connections. Through statutory requirements, the use of ongoing surveys, and linkages to committees, workgroups, and youth based organizations that have knowledge of the needs and whose membership consists of current and former foster care youth, the Department and the state's CBC lead agency service providers continually engage and receive feedback from current and former foster care youth as to the availability and quality of Florida Independent Living Services, including John H. Chafee Foster Care and Independence Program (CFCIP), Educational Training Vouchers (ETV) program, and extended foster care.

Programmatic and Oversight Requirements
Florida has effectively codified all programmatic and general oversight requirements associated with the John H. Chafee Foster Care and Independence Program (CFCIP) and Educational Training Vouchers (ETV) program within Florida Statue and Florida Administrative Rule. Florida has very detailed and highly structured statutory requirements that establish required Independent Living programs, client eligibility requirements, payment calculations, payment disbursement requirements, payment amounts, as well as rights of a client to appeal a denial or termination of services. Each of the following sections of Florida Statute address requirements associated with required services and delivery of these services to current and former foster care youth:

- Section 39.013, F.S., Procedures and jurisdiction; right to counsel

- Section 39.6035, F.S., Transition plan

- Section 39.6251, F.S., Continuing care for young adults

- Section 39.701, F.S., Judicial review

- Section 409.145, F.S., Care of children; quality parenting; "reasonable and prudent parent" standard.

- Section 409.1451, F.S., The Road-to-Independence Program

- Section 409.1452, F.S., Collaboration with Board of Governors, Florida College System, and Department of Education to assist children and young adults who have been or are in foster care

- Section 409.1454, F.S., Keys to Independence Act

The Department is promulgating updated rules in support of the significant changes to ss. 39.6251, F.S. The changes to Florida Administrative Code are primarily focused on developing rule in support of Florida's new non-title IV-E funded extended foster care program. The Department anticipates authorization to promulgate updated rules by the summer of 2015.

Description of the revised program approach based on the legislation, as well as components that were not changed, is included in the rest of this chapter. Extended foster care requirements are included in s. 39.6251, F.S., Continuing care for young adults. Services and supports for young adults, as well as aftercare services, are included in s. 409.1451, The Road-to-Independence Program, which includes some elements of the previous program. Specifically, youth aged 18-22 who had been receiving services prior to the effective date of this legislation have been grandfathered into the prior Road to Independence Program. This grandfathered program is clarified and detailed by Florida Administrative Code in force until replaced (65C-31 F.A.C., Services to Young Adults Formerly in the Custody of the Department).Programmatic changes in support of revised statutory requirements were begun upon the effective date.

Requirements Related to Case Management and Caregiver Activities, and Judicial Oversight

Section 409.145, Florida Statute (F.S.), requires that all life skills training for current foster care youth ages 13 through 17 be identified and developed by the child, case manager and the child's foster parent or group home provider utilizing a collaborative case management 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.

Section 409.145(2), F.S., establishes requirements that caregivers (foster parents and group home providers26) participate in all case planning activities, including life skills development, and that caregivers ensure that all children in their care between the ages of 13 and 17 learn and master independent living skills. Per s. 39.701 (2)(a)10., F. S., a written report must be provided to the court at each judicial review hearing that includes a statement from the caregiver detailing what progress the child has made in acquiring independent living skills. This caregiver statement is required for all foster care children who have received life skill training after the ages 13 years of age but who are not yet 18 years of age.

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[26] Per 409.145(3), F.S. "Caregiver" includes a person with whom the child is placed in out-of-home care or a designated official of a licensed group care facility. In the Department's system of care, "out-of-home care" usually includes both licensed care such as family foster homes and residential group homes, and unlicensed care such as relative/kinship.

Section 39.6035, F.S., 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 the ability to the child of creating a health care surrogacy document (as required by the Fostering Connections Act).

Section 39.701(3)(a)4, F.S., requires a judicial review within 90 days after the 17th birthday of a youth in out-of-home care. At that review, a report must be submitted to the court detailing what steps have been taken to inform the teen of Independent Living programs and services. Section 39.701(3)(d)4, F.S., requires that the issue of Independent Living service eligibility be addressed for a second time at the last judicial review prior to the young adult reaching the age of 18 and the child 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 residing in licensed foster care placement have the option to enter Florida's non-Title IV-E funded extended foster care program. Section 39.6251, F.S., details the initial eligibility, continuation of services, case management standards and program exit and reentry requirements. Contained within section 39.701(4), F.S., are the judicial oversight requirements associated with the program which require the engagement of young adults in case planning and the life skill development. Young adults who have chosen to reside in extended foster care are required to have their case reviewed by the court a minimum of once every 6 months.

For the Road to Independence program, requirements associated with eligibility, application for aid, agreements, disbursement of payments, renewal, and appeal or denial of postsecondary educational stipend payments are established within s. 409.1451(2), F.S. This section further provides stipend amounts, including for various categories of participant that the amount is equivalent to the basic foster care room and board rate defined in s. 409.145, F.S., is negotiated, or is a flat monthly rate provided in statute. Room and board in this context is defined in the Department's financial system as "Deposits for housing and utilities; Safe housing; Sufficient food to meet the young adult's nutritional requirements; and utilities, including electricity, gas, water, and garbage collection."[27] Section 409.1451(3), F.S. defines eligibility and assistance for aftercare services.

Section 409.1452, F.S., established requirements that the Department collaborate with the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems. These systems are to provide a comprehensive support structure that helps assist children and young adults who choose to attend college with the opportunity for successful transition from the foster care system to a publicly supported postsecondary educational program.

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[27] Chart 8 System, OCAs for PESS, including EFPES

The Department has supported the development of Florida Reach, a network for campus support efforts for current and former foster youth enrolled in post-secondary educational institutions. Developed jointly by the Department of Children and Families and Department of Education, Florida Reach identifies best practices, supports statewide data collection and research, and is creating a resource guide for coaches and liaisons to use when working with foster youth and alumni. Florida Reach also focuses on career development opportunities to assist former foster youth in obtaining stable employment.

Currently, 18 colleges and universities throughout the state have identified campus coaches or liaisons to work with students from foster care. These campus staff engage former foster care youth in campus based academic support services, intended to improve former foster care student retention and graduation rates. For more information, visit www.myflfamilies.com/reach.

Section 409.1454, F.S., established a statewide pilot program to pay specified costs of driver education, licensure and costs incidental to licensure, and motor vehicle insurance for a child in licensed care between the ages of 15 to 21 who meets certain qualification. A driver's license can help a youth obtain employment, go to school events, and participate in social activities. However, there are many barriers for youth in foster care who want to learn to drive safely and to obtain a driver's license. The pilot project will reimburse youth and caregivers for costs associated with driver's education, obtaining driver's licenses and motor vehicle insurance.

Services for Youth and Former Foster Care Young Adults

The highly detailed structure of Florida's statutory and regulatory requirements have helped the state develop an Independent Living program that annually engages a large number of current and former foster care youth. For example, over the course of the 2012-13 State Fiscal Year (SFY) more than 5,000 Florida foster care youth (those under age 18) received pre-independent living services and CFCIP eligible case coordination and life skills training. At least 4,300 former foster care young adults (over age 18) received CHIP and ETV services and supports over the same time frame. A longitudinal analysis of the percentage of youth that participated in particular Independent Living service programs also shows the significant proportion who benefit from these services. Below is a table that provides the percentage of young adults that took advantage of at least one of one Florida's educational stipend programs during State Fiscal Year 2012-13 and State Fiscal Year 2013-2014. The percentage of former foster care youth who received at least one positive payment over the course of the state fiscal year ranged from 84% for 18 -19 years olds (who aged out in SFY 2012-13) to 33% for 22 year olds (who aged out in SFY 2007-08).

Former Foster Care Youth
Receiving at Least One Educational Support Payment
During the 2012-13 SFY by the SFY that the Young Adult Aged Out of the Foster Care System

SFY That a Child Aged Out	Percentage of Young adults that received at Least one Education Support
2007-08	33%
2008-09	42%
2009-10	55%
2010-11	71%
2011-12	76%
2012-13	79%
2013-14	84%

Source: Florida Department of Children and Families, Office of Child Welfare, Ad-hoc 6/30/2014

Number of Teens in Out-of-Home Care and Young Adults Accessing Independent Living Services

- **4,300** - Approximate number of teens between the ages of 13-17 residing in out-of-home care placement on any given day during the 2014 calendar year

- **2,500** - Approximate number of young adults ages 18-23 accessing Independent Living services on any given day over the 2014 calendar year.

Number of Young Adults
Ages 18- 23
Accessing Independent Living Services

	Dec 2013	June 2014	Sept 2014
Extended Foster Care (EFC)	0	588	431
Postsecondary Education Services and Support (PESS)	0	890	1,076
EFC and PESS	0	11	16
Aftercare	33	37	0
Road to Independence	2,139	956	738
Transitional Support Services	286	2	0
Total*	**2,458**	**2,480**	**2,261**

Duplicated count

Current and Former Foster Care Youth Surveys[28]

Florida's aggressive use of youth and young adult based surveys helps engage current and former foster care youth. This provides youth and young adults with the opportunity to provide direct insight in how to convert statue, rule, policy, and case management activities into client services, and how effectively services meet the needs of the clients. Florida has worked diligently with Connect by 25 to develop a comprehensive survey system that allows the Department and Community-Based Care lead-agencies to assess how current and former care youth view and utilize available Independent Living services and how well these meet the youths' needs and support their transition towards self-sufficiency. Florida currently operates three separate surveys that are being conducted on a routine basis as outlined below.

My Services (2011-current)

My Services is a 200+ question online survey that is administered by Connected by 25 on a biannual basis (spring and fall) that attempts to survey all foster teens (ages 13-17) The survey provides general information on how well teens are being prepared for adult self-sufficiency as well as how they view the overall quality of services that are being provided by the foster care system. Categories and questions covered by the survey include:

- Case management practices and general documentation requirements

- Educational attainment services and progression planning

- Employment preparation and employment supports

- Financial literacy training, Life skills training

- General foster care support and quality

- Ability to participate in normal teen activities

- Health/dental care service

- Involvement with the Juvenile/Criminal Justice system

- Preparation for aging out of the foster care system

Federal National Youth in Transition Database (2011-current)

The National Youth in Transition Database (NYTD) survey is an 88 question federally required survey. The federal NYTD survey is administered every other year by Connected by 25 to current and former foster teens in predetermined cohorts of 17, 19, and 21 years in a online format. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the goal of adult self-sufficiency. Categories and questions covered by the survey address areas related to health, housing & transportation, education, employment; and involvement with the Juvenile/Criminal Justice System.

In an effort to ensure that all of the federally required NYTD survey populations were being properly tracked, Florida made the decision to have Connected by 25 administer the federal NYTD survey on an annual basis to all former foster care youth (ages 18-22) who could be located and were willing/able to

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[28] Survey results are posted on the Department's internet site, http://www.myflfamilies.com/service-programs/independent-living/reports-and-surveys.

complete the 88-question survey. The Florida NYTD survey is administered annually (each spring) by Connected by 25 in an online format and mirrors the categories and questions covered by the federal NYTD survey.

Florida Education and Training Placement Information Program (FETPIP) Outcomes Report for Young Adults from Foster Care

In June 2014, the Florida Education and Training Placement Information Program Office (FETPIP) released a report about the activities of all young adults who turned 18 while in the custody of the state during the past seven years. FETPIP is a data collection system that obtains follow-up information on young adults including job employment, continuing postsecondary education activities, military association, and public assistance participation and incarceration status. The purpose of the report is to provide information about young adults served by DCF that can be used for program review processes. General information about FETPIP is available at http://www.fldoe.org/fetpip/.

The FETPIP report of young adults ages 18-25, who turned 18 while in foster care, is divided into seven primary sets of data types. These are Total Individuals, Total with Outcome Data, Florida Employment Data, Earnings by Level, Federal Employment Data, Florida Continuing Education Data, Receiving Public Assistance, and Florida Department of Corrections Data.

The total number of youth young adults who have turned 18 while in foster care reported to FETPIP by DCF was 9,964. 71% of these individuals were identified via FETPIP's data matching method during the target period, July 2012 - June 2013. Of this group:

- 26% were found employed in public, private, or non-profit establishments who are covered by the Florida Unemployment Insurance System during the October-December 2013 target period. 24% of those individuals were employed full-time.

- 76% were earning less than $7.67 per hour.

- None were employed in the federal career service system managed through the Office of Personnel Management (OPM) during the October-December 2013 target period.

- 20% were found continuing their postsecondary education in Florida in a public adult education program, Career & Technical Education (CTE) program, community college, or public or private college or university. 79% were enrolled in the Florida college system, 16% in a school district-administered postsecondary Career & Technical Education (CTE) program, 8% in the Florida University System, and 1% in a private college or university. 38% of those enrolled in higher education were also employed.

- 2% received Temporary Assistance for Needy Families (TANF) during the October - December 2013 period and 50% received food stamps during the target period as heads of household. 30% of those who received food stamps were employed.

- 4% were in a state correctional facility during the October-December 2013 period and 6% were adjudicated to Department of Corrections community supervision during the target period.

This initial FETPIP report on young adults from foster care will be used as a benchmark to gauge the efforts of the child welfare system to improve outcomes for foster youth transitioning to independence.

Current and Former Foster Care Youth Committees, Workgroups, and Advocacy Groups

A strength that helps to drive youth participation and engagement is the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support the engagement and provide a voice to youth, service providers, and advocates.

Independent Living Services Advisory Council

The Independent Living Services Advisory Council (ILSAC) was created in 2002 by the Florida Legislature. The Advisory Council is codified in s. 409.1451(7), F.S. ILSAC has the responsibility for reviewing and making recommendations concerning the implementation and operation of the independent living services for current and former foster care youth, including problems or barriers and successes. Recommendations may include Department and/or legislative action. Each year the Advisory Council prepares and submits a report to the Florida Legislature and the Department on the status and needs of services for current and former foster care youth statewide. In its annual report for 2014, ILSAC made several recommendations to the Department. The full annual report and the Department's response are exhibits to Chapter VIII, CAPTA-- as ILSAC is also one of the Department's designated Citizen Review Panels for CAPTA purposes. Copies of annual reports and other information are located on the Department's Independent Living internet site,

http://www.myflfamilies.com/service-programs/independent-living

ILSAC membership consists of representatives from the Department of Children and Families headquarters and region offices, Community-Based Care lead agencies, Department of Education, Agency for Health Care Administration, State Youth Advisory Board, Workforce Florida, Inc., Statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children. Other appointed members include representatives from faith-based and community-based organizations, mentoring programs, higher education and the judicial system.

Florida's Children and Youth Cabinet's Youth Commission

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 Reviews process and the agency improvement planning efforts.

Florida Youth SHINE

Florida Youth SHINE continues to engage current and former youth in foster care across the state of Florida. In 2014, the twelve chapters held numerous local meetings and have partnered with, or served as representatives on, local Youth Advisory/Advocacy Boards.

Youth SHINE is a source of important qualitative data regarding service delivery to youth. Since our quarterly meeting with Florida Youth SHINE the Department utilizes such information to drive service implementation for young adults statewide. At one quarterly meeting, a wide array of system driven healthcare practices that may impede the progress of the foster care student was discussed. One issue raised was that young adults wanted an automatic Medicaid renewal process. The Department brought this issue to our Florida ACCESS partners as a result a system review of around 10,000 Medicaid eligible young adults were reviewed for actual Medicaid enrollment. Based on our system data comparison,

several system changes were implemented and memorandum describing practice improvement was provided to the regions. As a result, 100% of Medicaid eligible young adults ages 18-21 are currently enrolled in Medicaid. 62% of Medicaid eligible young adults ages 21-25 are currently enrolled in Medicaid.

The Florida Youth Leadership Academy

The Florida Youth Leadership Academy VII met four times throughout 2014. . Youth participating in the program focus on developing leadership and advocacy skills designed to help engage foster care youth in business, government, and education. The program is jointly sponsored by the Department of Children and Families and Connected by 25.

Program Design and Delivery

Amendments to Section 409.1451, F.S. went into effect January 1, 2014. The law change radically altered the way in which current and former foster care youth develop the necessary skills needed to make the successfully transition towards adulthood are cared for, and how they access Independent Living services. Although some aspects of the existing program were retained, all components of Florida's Independent Living services were modified. These modifications include but are not limited to: transformation of independent living services for ages 13-17 into the Florida Quality Parenting Initiative, extension of foster care, increased Postsecondary Education Support and Services and aftercare services. The Office of Child Welfare continues to provide technical assistance and guidance to partners, stakeholders and the case management staff.

Florida's Quality Parenting Initiative and Life Skills Training and Academic Supports for Foster Care Teens

Florida's Quality Parenting Initiative (QPI) empowers Florida's foster care parents and group home providers to become more engaged in the child welfare planning and service delivery process. QPI is designed to help develop new strategies and practices, rather than imposing a predetermined set of "best practices." The core premise is that the primary goal of the child welfare system is to ensure that children have effective, loving parenting. 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.

One of the key elements to the design of this program is transition of the role of the foster parent and group home provider from that of a temporary caregiver towards that of permanent support for the child. Creating an environment that allows for the natural development of connections between children and caregivers should help to ensure that former foster care youth have access to programs and services as well as the permanent bonds that all youth need as they work on making a successful transition towards adulthood.

QPI recognizes that the traditional foster care "brand" has negative connotations and this deters families from participating and becoming fully engaged in the foster care system. The key elements of the QPI process are:

- To define the expectations of caregivers;
- To clearly articulate these expectations; and then

- To align the system so that caregivers can meet the expectations.

Areas of the state that have implemented QPI principals have experienced improvement in outcomes such as:

- Reduced unplanned placement changes;

- Reduced use of group care;

- Reduced numbers of sibling separation: and

- More successful improvements in reunification.

Life skills and academic goals are created through collaboratively engaging the child, case manager, and caregiver in development plans that meet the near and long term goals of the child. Caregivers are required to engage the child in activities that will help foster the development of the needed life skills or academic supports and report the results of these efforts to the case manager. The case manager then consolidates this information within Florida's Statewide Automated Child Welfare Information System (SACWIS) for inclusion at the child's next judicial review.

Florida Extended Foster Care

In support of the development of more permanent bonds for Florida's former care youth, s. 39.6251, F.S., requires the Department to develop and implement an extended foster care program for youth between the ages of 18-21 (up to age 22 for youth with disabilities). The program does not utilize Title IV-E funds but instead uses a combination of Chafee Foster Care Independence Program (CFCIP) funds and state funds. The program has as one of its key components that young adults who wish to stay in the foster care system should have their current placement viewed as the preferred placement for the young adult. Should the young adult's current placement not be available or be 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 retraining, and judicial review are also required. To retain eligibility for participation in the program young adults must be:

- Enrolled in an institution that provides postsecondary or vocational education;

- Participating in a program or activity designed to promote or eliminate barriers to employment;

- Employed for at least 80 hours per month; or

- Unable to participate in programs or activities listed above on a full time basis due to a physical, intellectual, emotional, or psychiatric condition that limits participation.

By offering young adults the option to enter extended foster care, it is hoped that the development of necessary permanent connections, which all youth need as they transition towards adulthood, will be more available to Florida's former foster care youth. Currently over 500 young adults have elected to remain in foster care while they work in partnership with their CBCs to achieve independence. In addition, the formation of an extended care methodology has emerged to identify how to care for young adults beyond age 18. The direct care provider in collaboration with the caregiver have embarked on providing a more collaborative living environment that takes into consideration the "level of care and

agreements" that need to exist when a young adult resides in a natural parenting situation. This has led to the development of housing agreements and roommate agreements with clearly defined goals of transition and appropriate adult behavioral mechanism, which gives the direct care provider a greater opportunity to assist the young adult to learn and utilize skills such as positive relationship development, community resource utilization, effective communication and conflict resolution, which are necessary skills in the transition framework to adulthood. Since the effective start date of the program was January 1, 2014, the Department is seeking to develop the following performance measurements in partnership with the Community-Based Care lead agencies:

Proposed Measures Related to Achieving Adulthood Standards		
Item Number	Standard	FSFN report
1	If the case involves a youth who has reached 13 but not yet 22 years of age, and he/she is living in a licensed, out-of-home care placement, a diligent search for long term support structures was completed that identified service needs and services were provided (applicable to licensed out-of-home care cases).	TBD
2	If the child is 13 years of age or older and in licensed foster care, the case management agency in collaboration with the identified caregiver provided guidance and assistance in developing an educational and career path that is based on the child's individual abilities and interests (applicable to licensed out-of-home care cases).	TBD
3	If the child is 13 years of age or older and in licensed foster care, the child is afforded opportunities to participate in normal life skills activities in the foster home and community that are reasonable and appropriate for his/her respective age or special needs (applicable to licensed out-of-home care cases).	√
4	For youth and young adults 14 years of age but not yet 22, the agency appropriately monitored the youth's progress toward successfully transitioning from foster care to independence through regular informative staffings.	√
5	For young adults age 18 but not yet 22, enrolled in extension of foster care, the agency appropriately monitored the percentage of visitation, with a benchmark of 85%.	√
6	For young adults age 18 but not yet 23, enrolled in the Postsecondary education Support and Services program, the agency monitored the young adults progress towards postsecondary completion.	TBD
7	If the case involves a child or young adult ages 13 but not yet 22, in a licensed placement, out of home care placement, pre-adoptive placement, living arrangement after age 18, the agency will appropriately monitor the percentage that received Independent living services while in their placement.	TBD

Road-to-Independence Program

Postsecondary Education Services and Support (PESS)

Postsecondary Education Services and Support (PESS) replaced the former "Road to Independence" program (RTI), effective January 1, 2014. The RTI program for young adults enrolled in postsecondary education more closely mirrors normalcy, i.e., the situation for non-foster care peers attending college. Young adults enrolled in eligible post-secondary institutions are eligible for this program. So as not to derail the plans of those young adults enrolled in RTI and making progress in completing secondary education as of December 31, 2013, Florida has grandfathered their ability to remain in RTI. Young adults who enter extended foster care while completing secondary education, if under the age of 21, will be eligible for PESS funding upon completion of their secondary educational goal. In other words, if a young adult grandfathered in to the old RTI program ceases eligibility for any reason, that young adult will then be eligible for each of the new programs, based on meeting the eligibility criteria for each. Additionally, a young adult grandfathered into the old RTI program has the right to opt out in favor of enrollment in any of the new programs.

Prior experience and statistical evidence have also shown that requiring young adults to maintain a standard full-time enrollment in postsecondary education can be detrimental to the completion of their education. Many of these young adults struggled to complete secondary education; others need to work to supplement the financial assistance; others are parenting one or more children. Therefore, in PESS, a young adult is only required to enroll in 9 credit hours, which Florida defines as "full time" for this program. Of course, a young adult may enroll in additional credit hours. Any young adult with a recognized disability or who is faced with another challenge or circumstances that would prevent full-time attendance, i.e., 9 credit hours or the vocational school equivalent, may continue receiving PESS provided the academic advisor approves that student's completion of fewer credit hours.

A student is eligible to remain in PESS, or to reenroll in PESS, at any time until the 23rd birthday. Participation in the program is approved on an annual basis, based on the enrollment date of each individual. The young adult is then eligible to renew the annual award provided he or she remains enrolled full-time (unless granted an exception from full-time enrollment) and maintains standards of academic progress as defined by the educational institution.

A young adult is eligible to receive PESS payments and also remain in extended care, provided the eligibility requirements of both programs are met. For a dual-enrolled young adult, the PESS payments are made to the young adult's caregiver, to be used for the benefit of the young adult. Postsecondary data has shown a significant rise in our young adults moving on to the postsecondary experience, which is a direct correlation of the statutory change that made postsecondary involvement a priority. The Community-Based Care agency (CBC) is required to make direct payments to the young adult's housing and utility providers until such time that the CBC determines the young adult can successfully manage the full amount of financial assistance on his or her own. This provision is designed to prevent squandering of the funds, which experience has shown leads to evictions, possible homelessness, and ultimately a withdrawal from the educational institution. When a young adult is determined to be able to handle the funds competently, the CBC sends them the money directly.

Aftercare Services

Aftercare Services are temporary services and/or financial payments designed to prevent homelessness and to meet the immediate needs of young adults formerly in foster care. These services, including

financial assistance, serve as a "bridge" between continuing care and full independence. A young adult is eligible to receive Aftercare Services if he or she was in a licensed placement on the 18th birthday and is not receiving either extended care, pursuant to s. 39.6521, F.S., or PESS, pursuant to s. 409.1451, F.S. A young adult still receiving old RTI program benefits may not receive these services.

- Aftercare services include, but are not limited to, the following:

- Mentoring and tutoring

- Mental health services and substance abuse counseling

- Life skills classes, including credit management and preventative health activities

- Parenting classes

- Job skills training

- Counselor consultations

- Financial literacy skills training and

- Temporary financial assistance for necessities, including but not limited to, education supplies, transportation expenses, security deposits for rent and utilities, furnishings, household good, and other basic living expenses.

Secondary Education, RTI, and Extended Foster Care

Prior to January 1, 2014, part of the program for young adults included the provision of non-ETV-funded educational stipend payments toward completing secondary and GED educational programs. Young adults were required to provide proof and maintain full-time enrolment (part-time for students with a diagnosed disability) in an eligible secondary educational program. Award amounts were determined by an annual needs assessment (maximum allowable award $1,256 per month) and all awards were subject to annual review and renewal that required that the student submit an updated needs assessment, provide documentation that they continued to be enrolled, and that their academic program considered them to making adequate academic progress. For those young adults completing their secondary education, award payments were generally created out of some combination of CFCIP and other state funds, although it is possible that an award could have been fully funded by either CFCIP or other state funds based on the availability of CHIP funds and/or the status of the young adult.

These supports are still available for young adults "grandfathered" after the implementation of the 2013 legislation described above. However, this use of a direct payment program has been replaced by the "extended foster care" approach which requires the children aging out of licensed care remain in continuing (or extended) care unless the children opt out of this program. For the youth who has not yet completed a secondary educational program, continuing care is the only long-term option.

This design encourages the young adult to remain in a supportive environment. However, for the youth who has completed secondary education, the option upon aging out is to remain in extended care while pursuing work, or work-related activities; or, if the youth is ready to enroll in a post-secondary education program, that youth may additionally pursue funding through the Postsecondary Education Services and Support program (PESS), or opt out of extended care and receive direct funding through PESS.

For students who choose a postsecondary education program, applying for admission, enrolling and attending requires a close attention to timelines and completion of task on top of their regular

schoolwork and other obligations. Therefore, by moving young adults away from direct payment program associated with secondary school attendance towards that of more supportive living arrangements, the percentage of former foster care young adults between the ages of 18 and 19 years of age who have completed secondary education should improve. In addition, it gives the case management provider the opportunity to work with the youth on self-assessment, researching of educational options and defining the transitional framework of moving on to different challenges in life. This will elevate the level of practical hands on and emotional support that the youth will need while they journey thru the collegiate experience.

While the overall performance of the RTI program was not at the desired level, there are a number of young adults enrolled in RTI that experience success. Young adults who entered the RTIS program prior to January 1, 2014 are able to continue within the program so long as they are able to maintain their eligibility. Thus, a select group of young adults could continue to receive services and payments though RTI up to 2018.

Postsecondary Education Services and Support Program

A young adult who has completed high school or has an equivalent credential and who pursues postsecondary education, whether academic or vocational, may be eligible for additional financial support. This is also available for a young adult who is not receiving any assistance from the CBC, provided the young adult meets the PESS eligibility requirements.

Eligibility requirements include:

- young adults who turned 18 while residing in licensed care and who have spent a total of six months in licensed out-of-home care; or
- who were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption.

And,

- who have earned a standard high school diploma, or its equivalent, and
- are enrolled in at least 9 credit hours and attending a Florida Bright Futures eligible educational institution.

If the young adult has a documented disability or is faced with another challenge or circumstance that would prevent full-time attendance and the educational institution approves, the young adult may attend fewer than 9 credit hours.

Once eligibility is established, the young adult qualifies to receive a monthly stipend of $1256. The disbursement process of the stipend is determined by the young adult and the CBC. In some cases, the youth may choose to have the service provider make all housing and utility payments for the youth. Any remaining funds are to be disbursed to the young adult. This arrangement may continue until the young adult and the service provider have determined that the young adult has inherited a certain level of money management capabilities that deems it appropriate for the young adult to receive the full disbursement directly. The eligibility requirement also requires the young adult to apply for financial aid through the Free Application for Federal Student Aid system. This methodology of service gives the

service provider and the young adult the ability to develop communication strategies about budgeting, financial projections and navigating the college experience with a strong financial outlook.

The law limits PESS to Florida Bright Futures eligible schools. However, there is another, more limited financial support for a young adult who wishes to attend a post-secondary school that is not a Bright Futures school, e.g., an out-of-state school.   An annual federal Educational Training Voucher (ETV) educational stipend payment of up to $6,250 may be available, provided the chosen academic institution meets ETV eligibility requirements. ETV may also be available for a young adult attending a post-secondary institution only part-time.

Students receiving the PESS post-secondary educational stipend may also be in extended foster care. The method of the payment depends upon whether the young adult is residing in a foster home or group home or is temporarily residing away from the home. Young Adults are also permitted to transfer from the previously grandfathered program of RTI to the PESS framework of services.

Students must maintain a reasonable standard of academic progress in order to remain enrolled in this program. In the event that the young adult should fall below academic progress as defined by their postsecondary education institution, the young adult with be given a probationary period to maintain eligibility. This methodology gives the service provider the opportunity to work with the young adult to foster high academic aspirations and develop long term planning skills for post-secondary education with clear emphasis on academic preparation. The intent of the legislature and this methodology of services are to support students in choosing, applying and continuously attend postsecondary education. It gives case workers the opportunity to explore the option of an educational case management framework that helps young adults to explore academic rigor, apply for financial aid, apply a transitional educational framework, re-engage young adults that have missed out on the postsecondary option in the past and most important, help young adults with adjusting to and completing their postsecondary experience. The expectations of this program are that the designated service provider will empower, assist and provide hands-on guidance for the young adult to achieve success in the postsecondary arena.

Delivery of Services

As described in Chapter I, the Department contracts with local Community-Based Care (CBC) lead agencies that have administrative responsibility for all Independent Living services and receive the relevant funding per contract. The CBC that had case management responsibility for a child who aged out of the foster care system, was adopted, or was placed into a permanent guardianship retains responsibility for the young adult regardless of where the child moves within the state. However, should a young adult who resides out of the area serviced by the CBC require assistance, the CBC having care responsibility must contact the CBC where the child resides for assistance as needed.

CBCs are able to access technical assistance related to programmatic and financial activities through the Department's Office of Child Welfare and the Lead Agency Fiscal Accountability Unit. The Department also monitors overall CBC performance related to the delivery and administration of CFCIP services through the Contract Oversight Unit.

Funding and Fiscal Tracking

Within the Florida SACWIS, in conjunction with other financial and accounting systems, are a number of Other Cost Accumulator (OCA) codes that allow CBC service providers to align payments for Independent Living services and supports with the appropriate federal or state funding source. Expenditures are

monitored for potential anomalies by the Department's Lead Agency Fiscal Accountability Unit and, as needed, reconciled by the CBC lead agency. In addition, youth who apply for ETV funds must complete a needs assessment to ensure that ETV payments do not exceed the student's estimated cost of attendance as determined by the student's academic institution.

As noted earlier, Florida provides CFCIP services to youth currently residing in the foster care system who are between the ages of 13 and 17, and has the statutory authority to provide services to young adults between the ages of 18-22. However, the current design of the Florida's extended foster care program does not allow the use of additional available Title IV-E funds.

Collaboration with Other Private and Public Agencies

The Department engages a wide range of state agencies through the Independent Living Services Advisory Board (ILSAC). ILSAC membership includes representatives from CBC lead agencies, Department of Education, Agency for Health Care Administration (AHCA), State Youth Advisory Board, Workforce Florida, Inc., statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and other advocates for foster children.

Appendix C describes the connection between the Department's responsibilities for foster youth and the health care under the purview of AHCA in the section titled "Healthcare Transition Planning for Youth Aging Out of Foster Care."

In addition, the Department maintains a working relationship with a number of youth advocacy groups in support of Independent Living services and supports. For example, the Department works with Connected by 25 to conduct Florida My Services, Florida National Youth in Transition Database, and federal National Youth in Transition Database surveys.

Due to the strong emphasis on academic involvement and completion set forth in the legislation, we have seen increased partnerships between the service providers and their local college and vocation providers. There are also new platforms of service provisions being created to adjust to the extension of care, primarily housing, employability and educational guidance methodology. The Community Based Care model of services have become inclusive of their different local housing providers, including but not limited to apartment owners, housing authorities and low to moderate housing providers.

An exciting initiative is direct collaboration between the Department, the Florida Board of Governors, the Florida College System, and the Florida Department of Education to establish academic support systems that provide a comprehensive support structure that helps assist children and young adults that choose to attend college with the opportunity successfully transition from the foster care system to a publicly supported postsecondary educational program. Florida's Campus Coach Program provides Florida with a real opportunity to begin positively impacting former foster care youth college experience by ensuring that these students are provided with the opportunity to engage in on campus academic support services in an effort to improve student retention and completion rates for former foster care students.

As youth transition to adulthood, there are many services and supports needed that are not within the scope of those provided through child welfare. The primary focus points of partnership is to focus on building accessibility and availability of services for young adults in the five essential areas: Education, employment, Housing, Healthcare and Support services. This makes partnership with other agencies providing such services even more critical. The Department partners directly with different colleges and universities, Guardian ad Litem program, the Agency for Persons with Disabilities (APD), Office of the

Public Guardian, Florida Housing Finance Corporation, Department of Economic Development, Department of Education, and the Agency for Health Care Administration, to make them aware of direct needs of our population. We also collaborate on developing a menu of service interventions that will assist with the accomplishment of service delivery in the different regions.

Youth Engagement and Advocacy: Support Services

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 leadership skills and advocate for 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 (Striving High for Independence and Empowerment) is a youth run, peer driven organization that empowers current and former foster youth to become leaders and advocates within their communities. Florida Youth SHINE continues to engage current and former youth in foster care throughout the state. In 2014, the 12 chapters held numerous local meetings and have partnered with or served as representatives on local Youth Advisory/Advocacy Boards.

The Florida Youth Leadership Academy Class VII met in the spring of 2014. The program focused on developing leadership and advocacy skills designed to help engage foster youth in business, government and education. The program is jointly sponsored by the Department of Children and Families and Connected by 25.

Several current and former youth in foster care continue to provide leadership and advocacy for children residing within the foster care system through legislative testimony, policy meetings, the Dependency Summit, and other leadership efforts.

Housing

In July and August 2014, Office of Child Welfare staff met with officials from the Florida Housing Finance Corporation and the Department of Economic Opportunity to discuss housing options for young adults in care. The Office of Child Welfare then developed a statewide map identifying areas with housing providers that have made a number of properties/apartments available for this population. Staff linked the Community-Based Care (CBC) providers with the Florida Housing contacts and established a housing utilization list to track whether the housing was being utilized and the reason if not. Barriers identified as a result of this effort included communication issues between the housing property managers and the CBC liaisons, and qualification issues for youth in meeting the requirements to reside in the properties. The properties and point person contact information for these properties was then listed on the newly established "#itCANbedone" website, www.MyFLFamilies.com/itCANbedone, for access by youth and case managers.

In September 2014, staff reviewed the existing living arrangements for the young adults in care in the Florida Safe Families Network (FSFN). The vast majority of former foster youth reside on their own in apartment settings. While this may be appropriate for some young adults enrolled in and Adoptive Parent Association, and other community partners to help recruit additional foster homes for young adults participating in Extended Foster Care.

Health Care

In July 2014, community advocates notified the Office of Child Welfare that a large number of young adults served by DCF are not aware of their new eligibility for Medicaid. These young adults aged out prior to the extension of foster care and the Affordable Care Act, and are now over 21 years of age. In partnership with the Department's Automated Community Connection to Economic Self Sufficiency (ACCESS) Office, the Office of Child Welfare identified the population of young adults who had not applied for Medicaid. The Office of Child Welfare issued guidance and worked in partnership with Community-Based Care providers throughout the state to address this concern. As a result, all young adults participating in an Independent Living Program have been enrolled in Medicaid.

To continue monitoring Medicaid enrollment of youth who reached age 18 while in foster care but are not currently receiving Independent Living Services, in the fall of 2014 the Department began disseminating a quarterly list to each Regional Managing Director reflecting young adults ages 18-26 who reached age 18 while in foster care with their current Medicaid status. Lists were sent in September and December 2014 and will continue through 2015.

Awareness Campaign

In September 2014, the Department and partners throughout the state launched the "It Can Be Done" campaign. This campaign highlights successes of Florida's youth in foster care in pursuing their educational, professional and life goals. The campaign, developed in partnership with former and current foster youth, engages local businesses, organizations and communities to rally around foster youth to support and empower them in achieving their goals. Youth and supporters can share their successes and show their enthusiasm by using the hashtag #itCANbedone on photos and videos on Facebook, Twitter and Instagram. The social media posts are intended to show youth achieving their goals and showcase community support.

The campaign website, MyFLFamilies.com/itCANbedone, highlights resources available for youth and provides businesses, organizations and communities ways to offer support. Supporters have the opportunity to help with everything from mentorships and internships, to fostering and adoption.

Department of Agriculture Fostering Success Pilot Project: Employment

The Florida Department of Agriculture and Consumer Services (FDACS) launched a pilot program to support former foster youth. Through this pilot, FDACS hired six young adults who aged out of Florida's foster care system. The pilot is in coordination with the state's new "It Can Be Done" outreach campaign, which seeks to open career opportunities for former foster youth.

Examples of service partnerships or collaborations at the local level:

- One CBC (Family Support Services of North Florida), in collaboration with community partners, creates and implements enrichment activities for teens such as SPLASH (SCUBA Promotes Life goals And Supports Healthy Living. This program is accomplished in partnerships with Florida State Parks, University of North Florida, the University of Miami and the Professional Association of Diving Instructors. Passport to Leadership is a 6-month program concentrating on leadership

skills, employment skills, community volunteerism and education planning, accomplished in partnerships with Disney's Epcot, Vistakon, City of Jacksonville, and WorkSource.

- Jacksonville's System of Care Initiative (JSOCI), funded by a planning grant from the Substance Abuse & Mental Health Services Administration (SAMHA), is working to transform Jacksonville's mental health services into a coordinated system of care to better meet the needs of youth with serious emotional disturbances and the related needs of their families. The grant funds wraparound services to children, youth and families that are involved in multiple systems, including the Department of Juvenile Justice, foster care, homeless youth, early learning programs and childcare.

- Another CBC, Community Partnership for Children, and the local Children's Home Society, Junior Achievement of Volusia County, Florida United Methodist Children's Home and the Center for Business Excellence have joined together to develop Career of Choice. Career of Choice is a unique enterprise developed to stimulate and motivate foster youth ages 15 to 17 to strive for employment in their chosen career. It will provide on-site tours of facilities and presentations of specific careers by employees in that field.

- Formal working agreements are in place between the Heartland for Children (HFC) CBC lead agency and several housing authorities to clarify roles and facilitate collaboration on Florida Housing's Permanent Housing Initiative, serving Special Needs Households. In an effort to further support interagency efforts with housing and homelessness service providers, HFC staff participates in the Polk County Homeless Coalition and the Circuit 10 Permanent Supportive Housing workgroup.

- Children's Network of Southwest Florida participates in the Mentoring for Educational Success Project. Its mission is to expose youth in licensed and non-licensed foster care to post-secondary education and increase awareness and the desire to further their education beyond high school. The program operates twice a year during Fall and Spring sessions at FGCU (Florida Gulf Coast University). The program targets youth 13 to 22 years old currently or formerly in the child welfare system. The mentees are matched with a social work student at Florida Gulf Coast University who serves as a Mentor. Other business community involvement includes assistance with housing, banking, driving school and start-up supplies for the independent living population. Grants have been received to finance move-in essential household items for youth leaving foster care.

- The ChildNet CBC has made multiple applications to the federal Housing and Urban Development department (HUD) under its Family Unification Program (FUP). The most successful of these resulted in the receipt of housing subsidies valued at approximately $1.8 million dedicated exclusively to meeting the needs of either child welfare families seeking reunification of their children or teens transitioning out of the local child welfare system, an award which was the largest in the nation. ChildNet is also seeking to develop in Palm Beach Florida Housing Finance Corporation Memorandums of Understanding for Special Needs Housing Services with major affordable housing developers.

Educational and Training Vouchers (ETV) Program

Florida's ETV program is administered by the Community-Based Care (CBC) lead agencies. Florida currently administers three separate programs that utilize ETV funds, some of which are also

administered using CFCIP and state funds as described previously. General eligibility requirements for all three ETV programs require that a young adult:

- Have aged out of licensed care after having accrued a minimum of six month within an out-of-home care setting between the ages of 0 and 17; or

- Was at least 16 years of age and was adopted from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption;

- Have completed standard high school diploma or its equivalent;

- Have been admitted for enrollment as a full-time student or its equivalent in an eligible postsecondary educational;

- Applied, with assistance from the young adult's caregiver and the community-based lead agency, for any other grants and scholarships for which he or she may qualify;

- Completed an error-free Free Application for Federal Student Aid (FAFSA) application; and

- Signed an agreement to allow the department and the Community-Based Care lead agency access to school records.

Basic Education and Training Voucher

Basic ETV funding of up to $5,000 annually with an additional $1,250 state match is available for eligible former Florida foster care youth that apply for ETV payments prior to their 21st birthday that choose to attended an eligible postsecondary academic as defined by the United States Department of Education. ETV applicants must complete a needs assessment that analyzes their overall federal aid package versus the students estimated cost of attendance to ensure that ETV payments do exceed a student's estimated cost of attendance as determined by the academic institution. Students are required to renew their ETV funding on an annual basis and must provide proof that they are still enrolled and considered to have maintained adequate academic progress as defined by the academic institution prior to being allowed to renew ETV funds.

Students who are over the age of 21 may be eligible for an additional two years (up to their 23 birthday) of ETV funding so long as the student has applied for ETV funding prior to their 21st birthday and remains enrolled and maintains adequate academic progress as defined by their academic institution. Former foster care youth that have relocated to Florida for a primary reason other than attending a Florida academic institution are also eligible to apply for basic ETV funds. Both the availability and payment amount for basic Florida ETV is contingent on the availability of funds.

ETV Awards

ETV Data	Total ETVs Awarded	Number New ETVs
2013-2014 School Year (July 1, 2013 to June 30, 2014)[29]	1334	302
2014-2015 School Year* (July 1, 2014 to June 30, 2015)	*1304	389

Road-to-Independence

The Road-to-Independence program has included postsecondary services and so was Florida's ETV program for former foster care youth. As of January 1, 2014, when the 2013 legislation described above went into effect, no new RTI applications are being accepted. However, students that were participants in the program prior to January 1, 2014 may continue to participate in the program up to their 23rd birthday so long as they maintain enrolment and adequate academic progress as defined by their postsecondary institution.

ETV eligibility and payment requirements associated with the RTI program are the same as those for the basic ETV program with the exception that students who choose to attend an academic program that is defined by the Florida Department of Education as being a Florida Bright Futures academic institution are eligible to receive an monthly stipend payment of up to $1,256 per month (based on the 40 hours of work per week at the current federal minimum wage of $7.25). This stipend payment is a combination of federal ETV and state funds. Any RTI payments in excess of the federal ETV $5,000 limit are then covered by a combination of other state funds. The total monthly payment amount is determined by conducting a needs assessment that analyzes the student's overall aid package and financial need versus the students estimated cost of attendance so as to ensure that total payments do exceed the students estimated cost of attendance as determined by the academic institution.

Postsecondary Educational Services and Support (PESS)

The Postsecondary Educational Service and Support (PESS) program, as described in more detail under CFCIP above, is Florida's new standard ETV program for Florida's former foster youth. Federal ETV payment amounts are still set by a needs assessment that determines the student's total financial need, to ensure that federal ETV payments do not exceed a student's total cost of attendance or $5,000 annually. However, the monthly payment for PESS is fixed at $1,256 per month so any payments in excess of a student's estimated cost of attendance or the $5,000 federal ETV limit are covered by state funds. In addition, students remain eligible for participation in the program up to their 23rd birthday so

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[29] Final Number

students who apply or reenter the program after the age of 21 are required to have the entirety of their payments covered by state funds.

All program operations are administered by the CBC lead agencies. Each CBC is required to use a standardized form when calculating a student's overall need based on the student's aid package and cost of attendance. In addition, all CBCs are able to access technical assistance related programmatic and financial actives through the Department's Office of Child Welfare and the Lead Agency Fiscal Accountability Unit. The Department also monitors overall CBC performance related to the delivery and administration of ETV program through the Contract Oversight Unit.

It is also important to note that in addition to the federal ETV and state aid packages listed above, Florida's public postsecondary institutions also offer Florida's former foster care youth a tuition and fee exemption, remaining valid up to the young adult's 28th birthday. It is this combination of direct payments and exemption from educational expenses that has allowed up to 55% of Florida's former foster care youth to at least attempt college by the age of 22, and is one of the primary reasons that only 6% of Florida's former foster care youth indicated that there was a barrier to them continuing their education cited having no way to pay for education as the primary barrier (see additional detail in the Final Report).

Consultation with Tribes for CFCIP and ETV

Chafee and ETV funds are designated for current and former foster care youth as required by ICWA. The Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. (See Chapter VI.) If tribal children do enter licensed foster care, they are entitled to any and all benefits and funding that any child, tribal or not, would be eligible to receive. In the Department's work with the Seminole and Miccosukee tribes, access to various forms of federal funding have been discussed and neither tribe has expressed an interest in receiving federal funds at this time as they have their own resources to provide services.

Attachment A to Chapter IX

Survey Results for Teens Ages 13-17

Survey results indicate nearly three-fourths of foster teens reported their grades and report cards were reviewed by their caregiver or caseworker. The survey also indicates teens appear to be unaware or disconnected from the educational planning process, given that only about one-third to one-half of the respondents stated they had an Education and Career Path Plan or Individualized Education Plan. Teens also reported school stability as a major problem; nearly half of all teens reported they had changed schools within the past year.

The following survey findings are derived from a combination of both the Independent Living and Transition Critical Services Checklist and the My Services surveys. Years included in each table reflect the when data collection began; however, not all questions were included from the beginning of data collection.

Education												
Caseworker reviews school grades and report cards	**Year**	**2007**	**2008**	**2009**	**2010**	**Spring 2011**	**Fall 2011**	**Spring 2012**	**Fall 2012**	**Spring 2013**	**Spring 2014**
	Percentage Yes					73%	71%	69%	72%	71%	67%
	Number Yes					1,139	1,204	1,189	1,035	943	858
Youth has an Education & Career Path Plan [This may be your EPEP]	Percentage Yes					52%	40%	35%	34%	36%	29%
	Number Yes					818	681	599	491	475	368
Youth has an Individualized Education Plan [IEP]	Percentage Yes					43%	43%	41%	43%	41%	39%
	Number Yes					669	723	709	622	543	501
Youth has changed schools at least once during the school year	Percentage Yes					47%	30%	47%	31%	49%	49%
	Number Yes					734	506	800	440	650	626
Total						**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**

Survey Results for Young Adults 18-22

More than one-half (64%) of young adults formerly in foster care reported that they graduated or received a GED. This year, a higher percentage (12%) of young adults reported that they had completed post-secondary education. Increasing both percentages remains a priority of the CBCs and the Department.

Florida National Youth in Transition Database Survey (young adults ages 18-22)

Education								
Completed Grade 12 or Graduation Equivalency Diploma	**Year**	**2008**	**2009**	**2010**	**Florida NYTD 2011**	**Florida NYTD 2012**	**Florida NYTD 2013**	**Florida NYTD 2014**
	Percentage Yes	52%	48%	48%	54%	57%	56%	64%
	Yes	979	744	568	1,093	1,041	1,011	912
Completed Post-Secondary Education	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	5%	3%	3%	3%	7%	5%	12%
	Yes	86	48	33	54	65	96	175
	Total	**1,887**	**1,547**	**1,180**	**2,015**	**1,821**	**1,852**	**1,424**

Chapter X. Fiscal and Statistical Information

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2016, October 1, 2015 through September 30, 2016

1. State or Indian Tribal Organization (ITO): FLORIDA	2. EIN: 59-3458463	
3. Address: Floria Department of Children and Families, 1317 Winewood Blvd., Tallahassee, FL 32399-0700	4. Submission: [X] New [　] Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$	14,837,131
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$	138,419
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$	18,032,675
a) Total Family Preservation Services	$	4,983,753
b) Total Family Support Services	$	4,526,171
c) Total Time-Limited Family Reunification Services	$	3,993,931
d) Total Adoption Promotion and Support Services	$	4,528,820
e) Total for Other Service Related Activities (e.g. planning)	$	-
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$	-
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$	1,134,760
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$	113,476
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$	1,266,325
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$	5,906,927
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$	1,772,078
11. Estimated Education and Training Voucher (ETV) funds	$	1,908,707
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	$	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	$	
13. Certification by State Agency and/or Indian Tribal Organization.		
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
Signature and Title of State/Tribal Agency Official	Signature and Title of Central Office Official	

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

State or Indian Tribal Organization (ITO)_____   For FFY OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

SERVICES/ACTIVITIES	(a) Subpart I-CWS (TITLE IV-B)	(b) Subpart II-PSSF (TITLE IV-B)	(c) Subpart II-MCV * (TITLE IV-B)	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E**	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED — Individuals	(i) Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		4,526,171		1,266,325				58,712,906	78,596		Reports of Abuse/Neglect	Statewide
2.) PROTECTIVE SERVICES	6,180,176						46,130,351	69,849,615	23,715		All Eligible Children	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		4,983,753						1,661,251	9,032		All Eligible Children	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	5,962,312	3,993,931					47,245,153	74,856,373	7,779		All Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	2,556,224	4,528,820					17,852,750	28,460,368	2,849		All Eligible Children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)												
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE							22,634,537	12,082,666	6,685		All Eligible Children	Statewide
(b) GROUP/INST CARE							39,336,570	26,755,521	2,347		All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PMTS.							68,536,306	75,770,009	34,799		All Eligible Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.												
10.) INDEPENDENT LIVING SERVICES					5,906,927			20,728,774	842		Eligible 16-20	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						1,908,707		618,518	1,304		Eligible 16-22	Statewide
12.) ADMINISTRATIVE COSTS	138,419		113,476				19,716,127	100,874,516				
13.) STAFF & EXTERNAL PARTNERS TRAINING							2,346,592	3,402,140				
14.) FOSTER PARENT RECRUITMENT & TRAINING							1,002,941	1,005,558				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							948,444	476,463				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			1,021,284					340,428				
18.) TOTAL	14,837,131	18,032,675	1,134,760	1,266,325	5,906,927	1,772,078	265,749,771	475,595,106	167,948			

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

1992 Comparision to 2013 for State and Local Funds
Expended for Non-supplantation Requirements related to Tiitle IV-B, Part II Services

Period	Family Preservation Services		Family Support Services		Total
2013	$	290,890,344	$	279,328,784	$ 570,219,128
1992	$	85,737,000	$	311,374,000	$ 397,111,000
Diff 2013 from 1992	$	205,153,344	$	(32,045,216)	$ 173,108,128

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

Source: IDS Grants

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

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

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

Amount State Share

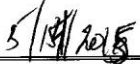Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005   87,983,633.35

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1992 Comparision to 2013 for State and Local Funds
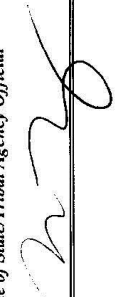Expended for Non-supplantation Requirements related to Tiltle IV-B, Part II Services

Period	Family Preservation Services		Family Support Services		Total
2013	$	290,890,344	$	279,328,784	$ 570,219,128
1992	$	85,737,000	$	311,374,000	$ 397,111,000
Diff 2013 from 1992	$	205,153,344	$	(32,045,216)	$ 173,108,128

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CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2015, October 1, 2014 through September 30, 2015

1. State or Indian Tribal Organization (ITO): FLORIDA	**2. EIN: 59-3458463**	
3. Address: Florida Department of Children and Families, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700	**4. Submission:** [ ] New [X] Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds	$	14,837,131
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)	$	138,419
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.	$	18,032,675
a) Total Family Preservation Services	$	4,983,753
b) Total Family Support Services	$	4,526,171
c) Total Time-Limited Family Reunification Services	$	3,993,931
d) Total Adoption Promotion and Support Services	$	4,528,820
e) Total for Other Service Related Activities (e.g. planning)	$	-
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)	$	-
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	$	1,134,760
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)	$	113,476
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $_____, PSSF $_____, and/or MCV(States only)$_____.		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)	$	1,266,325
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds	$	6,514,125
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	$	1,954,238
11. Estimated Education and Training Voucher (ETV) funds	$	2,096,227
12. Re-allotment of CFCIP and ETV Program Funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	$	-
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	$	-
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	Equitable share of available funds	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	Equitable share of available funds	
13. Certification by State Agency and/or Indian Tribal Organization.		
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
Signature and Title of State/Tribal Agency Official	**Signature and Title of Central Office Official** 5/19/2015	

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2013: October 1, 2012 through September 30, 2013

1. State or Indian Tribal Organization (ITO):FLORIDA	2. EIN: 59-3458463	3. Address: Florida Department of Children and Families, 1317 Winewood Blvd., Tallahassee, FL 32399-0700

4. Submission: [X] New   [ ] Revision

Description of Funds	Estimated Expenditures	Actual Expenditures	Number served — Individuals	Number served — Families	Population served	Geographic area served
5. Total title IV-B, subpart 1 funds	13,914,915	13,914,915	29,703		All Child Welfare Clients	
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	395,940	136,208				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	17,079,250	17,079,250	29,703		All Child Welfare Clients	
a) Family Preservation Services	5,050,611	5,050,611				
b) Family Support Services	4,191,053	4,191,053				
c) Time-Limited Family Reunification Services	4,021,447	4,021,447				
d) Adoption Promotion and Support Services	3,816,079	3,816,079				
e) Other Service Related Activities (e.g. planning)	-	-				
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	60	60				
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	1,079,570	1,079,570				
a) Administrative Costs (not to exceed 10% of MCV allotment)	113,759	-				
8. Total Chafee Foster Care Independence Program (CFCIP) funds	6,578,921	6,578,921				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	1,839,278	1,570,527	1,407		Eligible 16 thru 20 year old youths	Statewide
9. Total Education and Training Voucher (ETV) funds	2,065,103	2,065,103	1,334		Eligible 16 thru 22 year old youths	Statewide

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature and Title of State/Tribal Agency Official	Date	Signature and Title of Central Office Official	Date
	5/11/2015		

Annual Progress and Services Report

SECTION 6: FLORIDA'S FIVE YEAR CQI PLAN FOR 2015-2019

FLORIDA'S CHILD WELFARE CQI SYSTEM FIVE YEARS FROM NOW

OUR VISION….
…. is to create a child welfare continuous quality improvement system that identifies, describes and analyzes
child welfare system strengths and problems and implements improvements through a coordinated approach to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall system improvement.
.

GOAL 1: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE

STRENGTHS:

- Florida statutes designate DCF as the State agency with authority and oversight over the implementation of a CQI system
- Florida implements this authority with policy, Windows into Practice, the DCF Office of Child Welfare Annual Quality Management Plan, grant agreements with the Sheriff Departments, and CBC contracts
- Written job descriptions for CQI staff require specific education, knowledge, and skills necessary to accomplish CQI duties
- Florida requires all CQI staff to participate in specialized training and CQI staff must pass a competency assessment
- Florida's CQI polices, operating procedures, and practices are accessible to all CQI staff and individuals participating in CQI activities via the Center for Child Welfare at the University of South Florida. The Center acts as the learning center and repository for child welfare training, reports, polices, etc.
- Florida demonstrates the capacity and resources to support the operation of a comprehensive CQI process with dedicated staff at the state and regional level, as well as all CBC's and the Sheriff Departments.

GOAL 1: ENSURE CONFORMITY WITH TITLE I-B AND IV-E CHILD WELFARE REQUIREMENTS USING A FRAMEWORK FOCUSED ON SAFETY, PERMANENCY, AND WELL-BEING THROUGH SEVEN OUTCOMES AND SEVEN SYSTEMIC FACTORS

Current State	Future State	5-Year Action Plan
Initiative 1.1 Adopt New QA Review Items The state currently uses a set of review items that are not in complete conformity with the new Child and Family Service Review (CFSR) items. For in-depth reviews, the state uses the Quality Service Review Protocol. Supporting Information: • CFSR Technical Bulletin #7 (Cover Letter) March 2014 • CFSR Technical Bulletin #7 March 2014	The state uses the CFSR items for case reviews and the CFSR web based tool for in-depth reviews.	**Year 1** 1. Case review items are revised to comport with the CFSR Items. 2. QSR is eliminated and the CFSR case review is fully implemented. **Complete** Florida began using the CFSR Onsite Review Items October 1, 2014 and have entered findings in the Florida DCF QA Web Portal. Beginning April 1, 2015, all QA reviews of the services component are being done using the Online Review Instrument and Instructions. Florida no longer uses the QAR items and instrument. (Attachment 1)

Initiative 1.2 CFSR Review Process	The state will conduct the case review process of the CFSR. This supports the state's capacity to self-monitor for child and family outcomes, systems functioning and improvement practices.	**Year 1**
Administration for Children and Families conducts the case review process for CFSR. Supporting Information: • CFSR Technical Bulletin #7 (Cover Letter) March 2014 • CFSR Technical Bulletin #7 March 2014		1. Letter of Intent submitted to the Children's Bureau. **Complete** Letter of Intent submitted to the Children's Bureau on 9/8/2014. (Attachment 2) 2. Statewide Assessment and Integration with the CFSP to evaluate performance on CFSR outcomes and systemic factors. Updates are being made to the Statewide Assessment submitted with the CFSR. Assessment will not be complete until 12/31/2015. 3. Develop sampling methodology and sample sizes for review and approval by the Children's Bureau. **Update** Proposed sampling methodology was submitted to the Children's Bureau and a conference call with the Measurement, Analysis and Sampling Committee (MASC) was held on 3/18/15 to review the Florida proposal. Florida will revisit sample sizes by CBC to ensure large CBCs are not under represented and small CBCs are not over represented. A revised

		methodology will be provided in July 2015. (Attachment 3)
		4. Provide CFSR training for all CBC and region QA reviewers using the Children's Bureau training. **Update** All CBC QA reviewers have been required to complete Modules 1-3 by March 30, 2015. The Department requires that training hours be input into FSFN. The course number is 2317 and the name of the course is QA Training: Onsite Review Instrument Modules 1-3.
		5. Develop 3rd party review process and identify 3rd party reviewers. **Update** Process will be finalized at the Quarterly QA Manager's Meeting May 19-21.
		6. Train 3rd party reviewers to ensure consistency of reviews. Needs to move to year 2
		7. Develop Conflict of Interest statement for all reviewers to sign. **Update** Process will be finalized at the Quarterly QA Manager's Meeting May 19-21.

		Year 2
		8. Participate on joint federal-state team to interview stakeholders and assess the state's functioning on the seven system factors.
		9. Send case review schedules to the Children's Bureau for the period of April 1-September 30, 2016.
		10. Conduct case reviews during the period of April 1-September 30, 2016.
		11. Submit results to the Children's Bureau by November 15, 2016.
Initiative 1.3: Program Improvement Plan After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement. Source Documents: Federal 45 CFR 1355.35	No change	**Year 3** 1. Develop a PIP following instructions issued by the Children's Bureau on all "areas needing improvement". 2. Incorporate elements of the PIP into the goals and objectives of the CFSP and address its progress in implementing the PIP in the Annual Progress and Services Report (APSR) (45 CFR 1355.35(f)).

GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
nitiative 2.1: Update Sheriff Grant Agreements The sheriffs in six counties (Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties) are authorized by s. 39.3065(3)(d), F.S., to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Florida Statutes requires that program performance evaluation be based on criteria mutually agreed upon by the respective sheriffs and the Department. Sheriffs are required by Grant Agreement to conduct annual program evaluation.	A statewide standardized system for child welfare CQI activities that includes the entire child welfare continuum from intake through Sheriffs and state operated child protective investigations and case management services.	**Year 1** 1. With input from Sheriffs and regional child protection staff align Sheriff QA case reviews with state child protection QA case reviews. **Complete** Sheriffs have agreed to use the Department's Rapid Safety Feedback tool. 2. Update the grant agreements for the Sheriffs in Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole counties. **Update: Activity being removed from the plan.** The Department met with representatives from Florida's Sheriffs and due to legal and statutory requirements, the Sheriff's will continue the statutory peer review process.

GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
		3. Provide access to the Department's QA web portal to the Sheriffs. **Update** The Department has given access to the Florida DCF QA Web Portal to all Sheriffs however Sheriff internal security issues are preventing access. The Department has purchased new web software and is in the process of setting up the new review tool. **Year 2** Explore legislative changes that would require Sheriffs to operate a QA system within the framework of the Department's requirements **Update - Activity being removed from the plan.** The Department met with representatives from Florida's Sheriffs and legislative changes will not be pursued. The Sheriff's will continue the statutory peer review process.

GOAL 2: STRENGTHEN THE CQI FOUNDATIONAL STRUCTURE

Current State	Future State	5-Year Action Plan
Initiative 2.2: Formalize Position Descriptions for QA reviewers The state does not require formalized position descriptions for QA reviewers that outline the minimum education and experience needed for the position, and duties and responsibilities.	Statewide standardization of position descriptions so that staff performing case reviews have uniformity in duties and responsibilities and management has a clear path for recruiting employees with the necessary education, knowledge, skills, and abilities.	**Year 1** 1. Establish a workgroup to review position descriptions of QA staff and make recommendation of core requirements. 2. Solicit feedbacks on core requirements from all affected parties (regions, Sheriffs, and CBCs). **Update** Core requirements and position descriptions for QA Critical Child Safety Teams complete. CBC position descriptions will be finalized at the Quarterly QA Manager's Meeting May 19-21. (Attachment 4) 3. Finalize requirements in Sheriff Grant agreements and CBC contracts. **Update** The Department continues to negotiate with the Sheriff's and has another meeting scheduled for June 4, 2015. This will be discussed at that time.

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES

STRENGTHS:

Florida captures and analyzes quantitative and qualitative data from case reviews and the SACWIS system.

Current State	Future State	5-Year Action Plan

Initiative 3.1: Statewide Reporting of Trends and Practices
 	
Statewide reporting of trends and practices of qualitative and quantitative information does not occur.
 	
Supporting information:
• March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement.
 	
• April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.
	The state produces an annual comprehensive child welfare evaluation report that incorporates data from a variety of sources (CPI and Sheriff reviews; child fatalities; independent living; extended foster care) and a full assessment of systemic factors (case review system; QA system; staff and provider training; service array and resource development; agency responsiveness to the community; and foster and adoptive parent licensing; recruitment; and retention).	**Year 1**
		1. Identify funds and designated personnel to participate in research, analysis and report writing.
		   a) Produce annual reports for practice areas including child fatalities, independent living, extended foster care, CLS reviews, and Sheriffs.
		
		2. Develop a project implementation plan that establishes short and long term goals and strategies. Map out a process for an annual assessment of the following:
		   a) case review system;
		   b) QA system;
		   c) staff and provider training;
		   d) service array and resource development;

		e) agency responsiveness to the community; and f) foster/adoptive parent licensing; recruitment and retention **Update** The Department submitted a report to the Florida Legislature that would create a Result's Oriented Accountability Program for this purpose. The Florida legislature will be in session until April and the funding status will not be known until that time. (Attachment 5)

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.

Current State	Future State	5-Year Action Plan
Initiative 3.2: Collection of Data on Service Array The state does not have a process for identifying and assessing service gaps and how services are individualized. Supporting information: • March 6, Questions for Further Exploration from the Children's	A service gap analysis annually to identify service needs.	**Year 1** 1. Identify funds for annual service gap analysis. 2. Complete RFI for state term contract. 3. Implement a process for how CBCs will use the information to make local system changes.

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
Bureau noting this is an area for further improvement.		**Update** Funds are not available. The Department will complete the assessment of service array as part of the CFSR and it will be provided in December 2015.
Initiative 3.3: Data Integrity The state does not have a process for formal data integrity including a written manual or protocol that establishes a process for monitoring data quality and reliability. There is not a process address data quality and reliability issues. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement	Data integrity is an accepted practice by line staff and processes are in place to continually monitor and address data integrity issues.	**Year 1** 1. Establish a workgroup for data experts from the central office, Sheriffs, CBCs, and case management organizations. 2. Develop a plan for implementation of a data integrity strategy. 3. Submit legislative budget request for FSFN data integrity officers. **Update - Activity being removed from the plan.** Legislative Budget Request not approved for submission. The Department has a series of data integrity reports where FSFN is utilized to identify outliers and exceptions. CBCs also have implemented local processes. **Year 2** 4. Develop a series of reports for critical data integrity issues and a

GOAL 3: COLLECT QUALITY DATA BOTH QUANTITATIVE AND QUALITATIVE FROM A VARIETY OF SOURCES.		
Current State	**Future State**	**5-Year Action Plan**
		corrective action plan to ensure action is taken to correct deficiencies.
Initiative 3.4: Foster Care Recruitment and Retention The state does not have a process to monitor recruitment and retention plans and efforts. The state does not gather, track, and monitor cross jurisdictional cases. Supporting information: March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement	An assessment of foster care recruitment and retention is completed annually and the state takes immediate action to address system issues.	**Year 2** 1. Identify funds for annual assessment of foster care recruitment and retention. 2. Complete RFI for state term contract. 3. Implement a process for how CBCs will use the information to make local system changes.

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS

STRENGTHS:

- Florida's case review system assesses practice by regularly scheduled case specific reviews in all geographic areas.
- The case review instruments collect data, assess agency performance, and reflect systemic factors in key child welfare areas.
- Florida's Windows into Practice provides written guidance regarding case elimination.
- Florida's CQI staff are trained and certified to perform case record reviews.

Current State	Future State	5-Year Action Plan
Initiative 4.1: Stakeholder Participation The CQI system does not require stakeholders to participate on QA reviews. Although foster parents have participated on two statewide QA reviews, they do not participate at the local level. Qualitative reviews do not include any of the community stakeholders who could bring a different perspective to system issues. Supporting information: • March 6, Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	Community stakeholders routinely participate in qualitative case reviews and stakeholder interviews to assess local community systems. Stakeholders include, but are not limited to, policy and training specialists; operations and management administrators; foster parents; Foster Parent Association; law enforcement; Tribes; Child Protection Teams; CLS; GALs; school systems; university Schools of Social Work; community alliances; mental health professionals; substance abuse professionals; and legislative staff.	**Year 1** 1. Create local stakeholder groups with people that are interested in participating in QA reviews. 2. Develop roles and responsibilities of stakeholders when participating on a QA review. 3. Develop a short training program for stakeholder participants. **Update** Local stakeholders will discuss and plan for this on May 19-21 and May 28, 2015. **Year 2** 4. Implement stakeholder participation statewide.

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS

Current State	Future State	5-Year Action Plan
Initiative 4.2: Second Level QA Reviews Florida permits case reviews to be conducted by the CBC lead agencies with responsibility for oversight of the service provision. The state does not have a process for 2nd level reviews. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state has a 2nd level review process that ensures data integrity of information obtained through case reviews.	**Year 1** 1. Collaborate with the state QA team representing the regions, CBCs, and Sheriffs to develop a second level review process. 2. Incorporate the second level review process into the "Windows into Practice" guidelines. **Update** Process to be developed during team meeting May19-21, 2015.
Initiative 4.3: Conflict of Interest Statements The state does not require conflict of interest statements for reviewers. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement.	All staff that conduct case reviews complete a conflict of interest statement that ensures the reviewer does not have a conflict or perceived conflict with the organization under review.	**Year 1** 1. Establish a workgroup to develop a proposed conflict of interest statement. 2. Solicit review and approval of the statement by the statewide QA managers representing the Sheriffs, regions, and CBCs. 3. Formal review by the Office of General Counsel.

GOAL 4: STRENGTHEN THE QA CASE REVIEW AND PROCESS		
Current State	**Future State**	**5-Year Action Plan**
• April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		4. Include in the Windows into Practice" guidelines. **Update** Process to be developed during team meeting May19-21, 2015. **Year 2** 5. Incorporate into QA certification training.
Initiative 4.4: Case Elimination Protocol Florida does not have an established case elimination protocol for CPI and Sheriff case reviews. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	There is a standardized case elimination protocol for child protective investigations and case management.	**Year 1** 1. Establish a workgroup that includes regions, CBCs, and Sheriffs to develop a proposed case elimination protocol. 2. Solicit review and approval of the protocol by the statewide QA managers representing the Sheriffs, regions, and CBCs. 3. Include in the Windows into Practice" guidelines.

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES

STRENGTHS:

- Florida organizes and displays quantitative and qualitative data via the DCF websites and the Center for Child Welfare at the University of South Florida.
- Florida presents data to internal and external stakeholders.

Current State	Future State	5-Year Action Plan
Initiative 5.1: Use of data to inform planning, monitoring and adjustment at all levels of the Department The state does not have a coordinated strategy to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall improvement of the child welfare system. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state has a child welfare continuous quality improvement system that identifies, describes and analyzes child welfare system strengths and problems and implements improvements through a coordinated approach to use quantitative and qualitative data to inform goals and strategies for policy, field practice, training, and overall system improvement.	**Year 1** 1. Establish an inter-departmental workgroup tasked with establishing a formal process for annual planning 2. Planning includes a review of data from systemic factors; quantitative and qualitative data; and child welfare reports. 3. Share information with stakeholders and solicit feedback. 4. Revise the child welfare strategic plan to address activities needed. **Update** Process to be developed during team meeting May19-21, 2015.

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES

Current State	Future State	5-Year Action Plan
Initiative 5.2 Stakeholder Feedback The state does not have a formal process to gather and use feedback from all stakeholders in Florida's planning and adjustment of the child welfare system. Supporting information: • March 6, 2013 Questions for Further Exploration from the Children's Bureau noting this is an area for further improvement. • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.	The state obtains feedback from stakeholders annually and uses the information in planning and adjustment of the child welfare system.	**Year 2** 12. Identify funds for the facilitation of six regional stakeholder groups and development of a formal report that can be used for statewide planning. 13. Complete RFI for state term contract. 14. Identify child welfare practice experts to participate in the stakeholder meetings. 15. Incorporate CFSR stakeholder interview findings into the final report.
Initiative 5.3: Research and Policy Development There is no formal, ongoing review of current literature or formal affiliations with child welfare research groups to stay abreast of the latest evidence-based practice recommendations. Likewise, there is no systematic examination or validation of internal	Research findings are used to inform policy and practice; design training informed by research; promote supportive and strategic legislative agendas and requests; and prepare position papers to drive media responses and public relations efforts.	**Year 3** 1. Create a research workgroup. 2. Create a research agenda based on continuous quality improvement findings and input from stakeholders and program professionals. Ensure that the agenda links to the CFSP goals and the practice model.

GOAL 5: ENHANCE FEEDBACK AND ADJUSTMENT ACTIVITIES

Current State	Future State	5-Year Action Plan
practices in comparison to current literature. Supporting information: • April 4, 2013 letter from the Children's Bureau noting this as an area needing improvement.		3. Draft research briefing papers and circulate for workgroup review and internal review. 4. Publish research briefings. 5. Monitor action taken in response to the recommendations.
Initiative 5.4: University Partnerships The state maintains a partnership with the University of South Florida but has not fostered research projects through the Schools of Social Work at state universities. Supporting information: • Inability to produce in depth program evaluation.	The state has established relationships with schools of social work within the state university system. Program evaluation and research are an integral part of on-going program evaluation to improve child welfare practice.	**Year 1-5** Collaborate with the state university system to develop a partnership for program evaluation and research. **Update** The Assistant Secretary for Child Welfare is the designated lead and continues to work with universities.

Florida's Continuous Quality Improvement (CQI) Plan

2015 Update of Activities

Florida's CQI System

Florida's Continuous Quality Improvement System Plan is an intricate part of Florida's Child and Family Services Plan 2015-2019.   The link for the CFSP and full CQI System Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

During this reporting cycle, CQI practice changes were made to improve our ability to integrate the CFSP, APSR, CFSR, and in 2016, the program improvement plan (PIP). To guide better integration on the services side, the state has eliminated the use of the Quality Service Review and Quality of Practice Reviews and will fully implement a statewide CQI system using the CFSR items using the Onsite Review Instrument (OSRI) and Online Monitoring System (OMS). The system is not anticipated to be available to states prior to July 1, 2015. In the interim, we have required all CQI staff employed by Community Based Care Lead agencies successfully complete Modules 1-3 of the CFSR online training and Module 4 regarding the OMS. In addition, the CQI staff are practicing using the CFSR tool to conduct case reviews. These practice reviews will continue until June 30, 2015 at which time reviews will be conducted using the CFSR items in the OSRI and OMS.

Other CQI changes:

1. **Implementation of Critical Child Safety Teams within each of the six regions**. Critical Child Safety Teams include QA/CQI staff and other safety practice experts who will conduct case reviews, case consultations, coaching, mentoring, and guide local system improvements. The Department believes CQI activities will focus on child safety and support the fidelity of Florida's new safety practice model.

2. **CPI Rapid Safety Feedback and Secondary Case Reviews**. This review process has garnered national attention because it looks at open investigations and provides immediate consultations and coaching to child protective investigators (CPI) and supervisors on investigations involving children under four years of age who have multiple risk factors such as parental substance abuse; and domestic violence history. Cases are reviewed at 10-12 days to determine the sufficiency of the present danger assessment and the same case is reviewed again at 25-20 days for the sufficiency of impending danger. This provides an opportunity for the Critical Child Safety Reviewer to engage the CPI and supervisor in discussions about patterns, potential danger threats, parental protective capacities, and child vulnerability. Until a QA employee has been deemed proficient to conduct Rapid Safety Feedback, reviews will be considered a Secondary Care Review. (Exhibit 6)

3. **Training: Proficiency Process for Critical Child Safety Team members**. Employees doing this work must be proficient in Florida's Safety Practice Model in order to provide sufficient guidance and support to CPIs and supervisors.   Reviewer proficiency is vital to ensuring CPIs are practicing with fidelity to the Safety Practice Model and sufficiently assessing child safety. Each Critical Child Safety Team will have safety practice experts who have been deemed proficient to conduct Rapid Safety Feedback reviews. (Exhibit 7). CQI staff in these positions must achieve proficiency within six months of employment. The Department has contracted with Action 4 Child Protection of review work products and observe case consultations. The steps for proficiency include:

Step 1:

Employee must successfully complete a written essay with a score of 2 or higher on each essay question. The essay component will assess basic knowledge of the safety practice model and the Reviewer's ability to demonstrate written competence and knowledge of the topic area through an accurate, organized and well thought out response to each question. The essay will be administered prior to appointment of new hires. Existing staff will be required to successfully complete Step 1 by June 30, 2015. All staff will be granted 2 attempts. A standardized assessment instrument and scaling definitions will be used.

Step 2:

Employee must receive an overall passing score from Level 1 and 2 Assessors on a randomly selected Rapid Safety Feedback Review. This assessment will evaluate the Reviewer's competencies and professional behaviors as demonstrated through the written analysis documented in a completed Rapid Safety Feedback investigation. A standardized assessment instrument and scaling definitions will be used. New appointments will be required to successfully complete Step 2 within 6 months of hire. Existing staff must successfully complete Step 2 by June 30, 2015. All staff will be granted 2 attempts.

Step 3

Employee must successfully demonstrate the ability to provide feedback and consultative skills. The reviewer will be observed providing feedback to a CPI and supervisor. To achieve proficiency, the reviewer must be able to articulate and convey goal focused feedback with "Practice Model" concepts/constructs. New appointments will be required to complete Step 3 within 6 months of hire. Existing staff must successfully complete Step 3 by September 30, 2015. All staff will be granted 2 attempts.

Level 2 (Expert level) Proficiency

Step 1: Reviewer will demonstrate the ability to lead fidelity case consultation calls. The reviewer will be observed

Step 2: Reviewer will demonstrate the ability to train the new safety practice. The reviewer will be observed.

4. **Critical Incident Rapid Response Teams (CIRRT).** Implemented pursuant to new legislation that requires, as part of the department's quality assurance program, an immediate multiagency investigation of child deaths with a verified prior within the previous 12 months. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare. CIRRTs were implemented in late 2014. (data and other information is available at http://www.dcf.state.fl.us/childfatality/)

5. **QA Reviews of Child Fatalities.** Implemented in February 2015 by the Secretary to ensure all child fatalities where there was a prior referral, regardless of finding, within the previous 5 years. (Exhibit 8).

6. **Development of Single Case Boring for Child Fatalities.** The Department has purchased research software to utilize for root cause analysis of child fatalities. By examining the smaller subset of child fatalities utilizing the QA review process, the Department will better understand potential causes and factors within family systems and the child welfare system that result in tragic outcomes.

7. **Hotline QA Review.** The Department has added an additional staff person to the central office CQI team who is responsible for establishing a CQI process at the Florida Abuse Hotline. Draft standards are scheduled to be applied beginning July 1, 2015.

CFSR Planning

- The state has submitted a formal letter of intent to become as option state. Florida has the capacity to self-monitor for child and family outcomes, system functioning and improvement practices and believes this process will provide greater ownership of practice and system issues.

- The Statewide Assessment will use information from the CFSP and update with more recent data and information as needed. The state will submit the assessment by December 30, 2015.

- Florida has had one call with the MASC to discuss sample sizes. The state has proposed a total of 120 cases to be spread among the six regions and community based care lead agencies. Additional work is needed to ensure the smaller CBCs are not over represented and the larger CBCs under represented.

- All CBC CQI staff were scheduled to complete the four CFSR modules by March 30. All training will be documented in the Florida Safe Families Network.

- The Children's Bureau is participating in a statewide planning session in May 2015.

Data Integrity

In the six month period between 7/1/14 and 12/31/14 the Department has deployed the following reports to improve data integrity and quality, support practice and improve outcomes.

1. NYTD Exceptions Summary: This report provides the counts and percentages of compliance on specific NYTD data elements by Community-Based Care Lead Agency.

2. NYTD Exceptions Listing: This report provides a listing of records that are missing required data in the NYTD extract. The NYTD reporting periods run each year from April 1 through September 30, and October 1 through March 31. The reporting period will switch in FSFN on November 15 to the October-March period, and on May 16 to the April-September period.

3. AFCARS Foster Care Errors Summary: This report provides the counts and percentages of compliance on specific AFCARS Foster Care elements by Community Based Care Lead Agencies.

4. AFCARS Foster Care Errors Listing: This report provides a listing of records that are missing required data in the AFCARS Foster Care extract.

5. AFCARS Adoption Errors Summary: This report provides the counts and percentages of compliance on specific AFCARS Adoption elements by Community Based Care Lead Agencies.

6. AFCARS Adoption Errors Listing: This report provides a listing of records that are missing required data in the AFCARS Adoption extract.

7. Child Protective Investigation Critical Activity Daily Management Report: This report provides operations staff with critical information regarding CPI workflow and caseload to effectively manage ongoing CPI investigations. The report only provides information on investigations utilizing the new safety methodology and intakes not yet linked to an investigation. The report includes the following detail on active investigation: a) Investigations that have not been commenced, b) Victims that have not been seen, c) Present Danger Assessment not Completed,

d) Safety Plan not Completed, e) Initial Supervisory Consult not Completed, f) Family Functioning Assessment is not Initiated, and g) Second Tier Consultation is Required.

8. Children Exiting Foster Care to a Permanent Home within Twelve Months of Entering Care- On Demand Summary: This on-demand report provides the count and percentage of children with new removal episodes begun during the report period and those in which the child achieved permanency within twelve (12) months of entering foster care.

9. Children Exiting Foster Care to a Permanent Home within Twelve Months of Entering Care- On Demand Listing: This on-demand listing report provides the listing of children who entered foster care during the selected report period and whether or not they achieved permanency within twelve (12) months of entering foster care.

10. Children in Foster Care Who are in a Family Setting- On Demand Summary: This on-demand report provides the count and percentage of a sub-set of children in foster care who are in a family-like setting and not a residential setting, including only those children placed with an approved relative or non-relative and those in licensed foster care.

11. Children in Foster Care Who are in a Family Setting- On Demand Listing: This on-demand listing report provides the sub-set of children in foster care who are in a family-like setting, including only those children placed with an approved relative or non-relative and those in licensed foster care, and related data.

12. Children in Foster Care Who are up to Date on their Immunizations- On Demand Summary: This on-demand report provides the count and percentage of children in foster care who are up to date on their immunizations.

13. Children in Foster Care Who are up to Date on their Immunizations- On Demand Listing: This on-demand listing report provides the listing of children in foster care and data related to immunizations.

14. Children in Foster Care Who Received Dental Services within the Last Seven Months- On Demand Summary: This on-demand report provides the count and percentage of children in foster care who have received a dental service in the last seven (7) months.

15. Children in Foster Care Who Received Dental Services within the Last Seven Months- On Demand Listing: This on-demand listing report provides the listing of children in foster care and the date of their last dental service, if any, documented in FSFN and prior to the selected report date.

16. Children in Foster Care Who Received Medical Services within the Last Twelve Months- On Demand Summary: This on-demand report provides the count and percentage of children in foster care who have received a medical service in the last twelve (12) months.

17. Children in Foster Care Who Received Medical Services within the Last Twelve Months- On Demand Listing: This on-demand listing report provides the listing of children in foster care and the date of their last medical service, if any, documented in FSFN and prior to the selected report date.

18. Children Who Are Not Neglected or Abused After In-Home Services Have Ended On-Demand Summary: This on-demand report provides the count and percentage of exits from in-home services during the cohort selection period where the child was not neglected or abused within six (6) months of exiting in-home services.

19. Children Who Are Not Neglected or Abused After In-Home Services Have Ended On-Demand Listing: This on-demand listing report provides the exits from in-home services during the cohort selection period and related data elements.

20. Children Who Are Not Neglected or Abused After Leaving Foster Care On-Demand Summary: This on-demand report provides the count and percentage of exits from foster care during the cohort

selection period where the child was not neglected or abused within six (6) months of exiting foster care.

21. Children Who Are Not Neglected or Abused After Leaving Foster Care On-Demand Listing: This on-demand listing report provides the exits from foster care during the cohort selection period and related data elements regarding subsequent neglect or abuse.

22. Children Who are Not Neglected or Abused During In-Home Services On-Demand Summary: This on-demand report provides the count and percentage of children who are not victims of abuse or neglect while receiving in-home services during the selected report.

23. Children Who are Not Neglected or Abused During In-Home Services On-Demand Listing: This on-demand listing report provides the listing of children receiving in-home services during the selected report period and whether or not they are victims of abuse or neglect while receiving in-home services.

24. Children Who Are Not Neglected or Abused within Six Months of Termination of Supervision On-Demand Summary: This on-demand report provides the count and percentage of children who are not victims of abuse or neglect in the six (6) month period following termination of supervision for children who supervision was terminated during the selected report period.

25. Children Who Are Not Neglected or Abused within Six Months of Termination of Supervision On-Demand Listing: This on-demand listing report provides the listing of children for whom supervision was terminated during the selected report period and whether or not they are victims of abuse or neglect in the six (6) month period following the termination of supervision.

26. Children Who Do Not Re-Enter Foster Care within Twelve Months of Moving to a Permanent Home On-Demand Summary: This on-demand report provides the count and percentage children who entered foster care and then exited to a permanent home within twelve (12) months of entering and whether or not they then subsequently re-entered foster care within twelve (12) months of their permanency.

27. Children Who Do Not Re-Enter Foster Care within Twelve Months of Moving to a Permanent Home On-Demand Listing: This on-demand listing report provides the listing of children who entered foster care and then exited to a permanent home within twelve (12) months of entering and whether or not they then subsequently re-entered foster care within twelve (12) months of their permanency date.

28. Placement Moves per One-Thousand Days in Foster Care On-Demand Summary: This on-demand report provides the number of days and placement moves for children who entered foster care during the selected report.

29. Placement Moves per One-Thousand Days in Foster Care On-Demand Listing: This on-demand listing report provides the listing of children who entered foster care during the selected report period and their total number of bed days and placement moves during the report period.

30. Rate of Abuse or Neglect per Day While in Foster Care On-Demand Summary: This on-demand report provides the rate at which children are the victims of abuse or neglect while in foster care during the selected report period.

31. Rate of Abuse or Neglect per Day While in Foster Care On-Demand Listing: This on-demand listing report provides the listing of children in foster care during the selected report period and information on abuse or neglect while in foster care.

32. Sibling Groups Where All Siblings Are Placed Together On-Demand Summary: This on-demand report provides the count and percentage of sibling groups where two (2) or more siblings are in foster care as of the end of the report period and those groups where all siblings in foster care are placed.

33. Sibling Groups Where All Siblings Are Placed Together On-Demand Listing: This on-demand listing report provides the listing of children in sibling groups in foster care as of the selected report period date and whether or not they are placed together with all siblings in their sibling group.

34. Young Adults Who Aged Out of Foster Care Who Have Completed or are Enrolled in Secondary Education, Vocational Training, or Adult Education On-Demand Summary: This on-demand report provides the count and percentage of young adults who aged out of foster care during the report period and those who have completed or are enrolled in secondary education, vocational training, or adult education as of their eighteenth (18th) birthday.

35. Young Adults Who Aged Out of Foster Care Who Have Completed or are Enrolled in Secondary Education, Vocational Training, or Adult Education On-Demand Listing: This on-demand listing report provides the listing of young adults who aged out of foster care during the selected report period and whether or not they have completed or are enrolled in secondary education, vocational training, or adult education as of their eighteenth (18th) birthday.

36. Human Trafficking Risk Pool Daily Listing: This listing includes all children (under the age of 18) in out-of-home care or in a living arrangement who meet one of the following criteria: a) have 8 or more runaway episodes in the past year; b) have ever had a runaway episode with possible involvement in prostitution; c) have ever had a verified allegation of human trafficking (CSEC); d) have ever had a verified allegation of sexual abuse; and/or, e) have ever had a verified allegation of sexual exploitation.

37. Licensed Foster Care Providers State Fiscal Year to Date Monthly Report: This report provides a running count of the number of licensed foster care providers and newly licensed foster care providers during the state fiscal year through the end of the report month.

38. Age at Removal Listing for Children Currently in Out-of-Home Care: This report provides a listing of all children currently in out-of-home care and basic information on the child, their case, and their removal episode including the age at which they were removed and the length of stay (in months) in the current removal.

Examples of initiatives to ensure data integrity at the local level includes:

1. The Northeast Region has dedicated a position to monitor data integrity:

   - When problems with data or a data set are found by staff or the Data Specialist, the Specialist works toward resolution. New issues are brought to the attention of leadership, frontline and OCW when appropriate, which leads to discussion for possible changes needed or to increase our knowledge and learn a new or correct way of working within the FSFN system.

   - The Data Specialist sends out the reports used regularly by frontline staff - Critical Measures and RSF, Immediate and 24 hour report - to ensure they input information timely and correctly and to also give them an opportunity to correct errors.

2. Heartland CBC holds a weekly Performance and Quality Improvement (PQI) meeting. In preparation for this weekly meeting, a large number of canned FSFN reports, Ad hoc reports and queries are analyzed and data validation is a part of this activity. In addition during other QA/Monitoring activities there is an ongoing focus on the data integrity. When data is in question, follow-up occurs to ensure the accuracy of what is present in the systems/reports and corrections are completed when necessary.

3. Eckerd has a data and reporting unit that has developed weekly reports and updated monthly, quarterly and annually for a view of overall performance. Case specific information is available for each measure by clicking on the data provided in the spreadsheet. The case specific

information is reviewed by the Circuit(s) leadership, Case Management Organizations and Eckerd Quality Assurance who interpret the results on a weekly telephone conference.   If there is a discrepancy in the data provided, the data and reporting team follow up with the discrepancy by either running ad hoc reports, or going into FSFN to validate/clarify any data requirements.

4. The Suncoast Region has an identified position who pulls data when requests are made in addition to some regular scheduled reports such as children by age in Residential Group Care, Children in OHC by LOS and Goal, etc. When she pulls those reports, they are reviewed for outliers that end up validating the data.

5. ChildNet CBC has a performance management group. Each scorecard indictor is assigned a lead who reviews the data for no only compliance but also integrity. Errors are noted occasionally and if systemic reasons for the error are identified, actions taken. The QA team looks at data integrity for specified items, such as Psychotropic Medications, Health and Education records, and supervisory reviews. Case Management reviews each new case upon receipt from CPI and among the items reviewed is data integrity. Ongoing reviews by supervisors and managers include placement, case plan goals, and children seen notes. Reports are updated for the Family Functioning Assessments, those will be reviewed for integrity as well as during QA reviews.

6. OurKids CBC pulls the following ad hoc reports are pulled daily for review and to determine if there are any data issues that need to be addressed. All reports are sent out the agency contacts for their review and to correct.
    - Home Visit Daily reports
    - Case Type
    - Placement and Data Exception reports
    - Education Reports for children 5-17
    - IL Education Reports GED/HS diploma compliance for 19-22 YO active Clients

    The home visit also projects out for 6 days so the agencies can plan the home visits accordingly. Occasionally there are errors found when the visits are late because of wrong visit type or child not selected. Additionally, OurKids does the following:

    - Each scorecard indictor is assigned to our Metric Analytic Manager who reviews the data for not only compliance but also integrity.

    - QA looks at supervisory reviews for timeliness (quarterly basis) and quality. Ongoing reviews by supervisors include placement, case plan goals, and children seen notes.

    - We are in the early stages of implementation and will be reviewing our QA process to align with the Methodology. We recently established a local protocol for the case transfer process from CPI to case management to ensure data is captured accurately.

    - The Clinical team looks at data integrity for specified items, such as Psychotropic Medications, Health and Education records.

QA/CQI Performance Updates:

Technical Assistance Needs

The Department is seeking technical assistance from the Capacity Building Centers on strategic planning and Implementation Science. Our first call is scheduled for May 2015. The Department is seeking technical assistance for strategic planning and Implementation Science.

Outcome Items for Child Welfare Qualitative Case Reviews
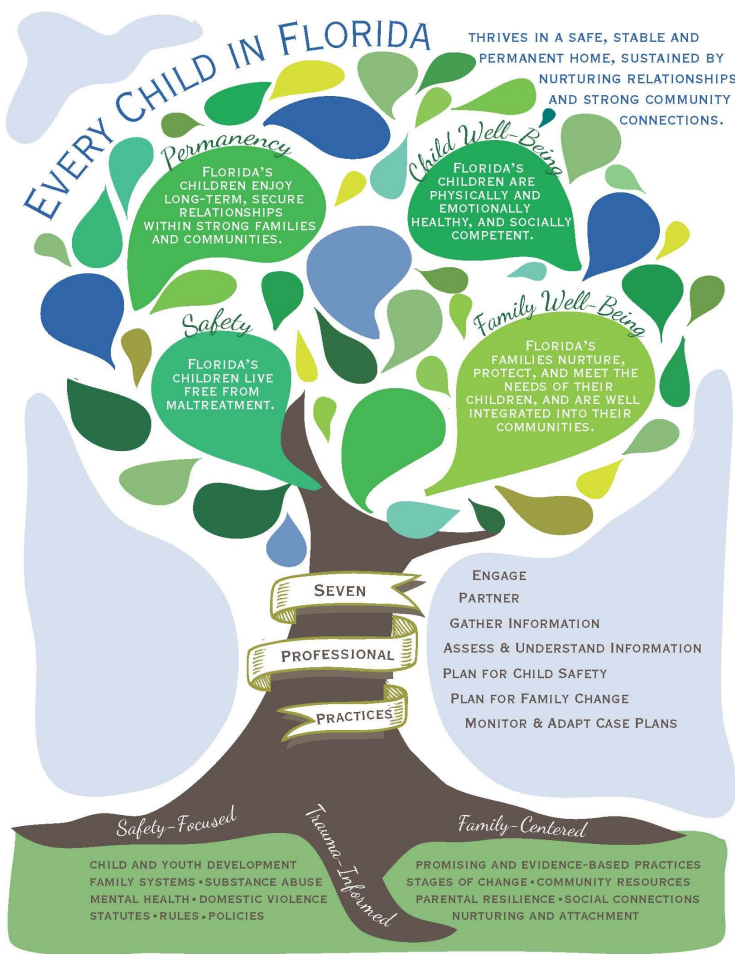
Case Management Services

Fiscal Year 2014/2015

EVERY CHILD IN FLORIDA THRIVES IN A SAFE, STABLE AND PERMANENT HOME, SUSTAINED BY NURTURING RELATIONSHIPS AND STRONG COMMUNITY CONNECTIONS.

Permanency — FLORIDA'S CHILDREN ENJOY LONG-TERM, SECURE RELATIONSHIPS WITHIN STRONG FAMILIES AND COMMUNITIES.

Child Well-Being — FLORIDA'S CHILDREN ARE PHYSICALLY AND EMOTIONALLY HEALTHY, AND SOCIALLY COMPETENT.

Safety — FLORIDA'S CHILDREN LIVE FREE FROM MALTREATMENT.

Family Well-Being — FLORIDA'S FAMILIES NURTURE, PROTECT, AND MEET THE NEEDS OF THEIR CHILDREN, AND ARE WELL INTEGRATED INTO THEIR COMMUNITIES.

SEVEN PROFESSIONAL PRACTICES

Engage
Partner
Gather Information
Assess & Understand Information
Plan for Child Safety
Plan for Family Change
Monitor & Adapt Case Plans

Safety-Focused — CHILD AND YOUTH DEVELOPMENT FAMILY SYSTEMS • SUBSTANCE ABUSE MENTAL HEALTH • DOMESTIC VIOLENCE STATUTES • RULES • POLICIES

Trauma-Informed

Family-Centered — PROMISING AND EVIDENCE-BASED PRACTICES STAGES OF CHANGE • COMMUNITY RESOURCES PARENTAL RESILIENCE • SOCIAL CONNECTIONS NURTURING AND ATTACHMENT

This document contains the questions by which trained quality assurance reviewers will assess case work practice related to child safety, Permanency, and well-being

Outcomes and Items are taken from the Federal Child and Family Services Review

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF CHILD WELFARE
MyFLFamilies.com

Table of Contents

The table below provides a list of the QA items that will be applied during each review type. The review must refer to the Windows into Practice for detailed sampling guidelines.

Quality Assurance Case Review Items		
Rapid Safety Feedback	Targeted Permanency Feedback	Targeted Well-being Feedback
Children age 4 and Under	Children age 13-17 who entered care after their 13th birthday.	Children age 5-12
Item 1: Services to the Family to Protect the Child	Item 6: Stability of Out-of-Home Care Placement	Item 16: Caseworker Visits With Child
Item 2: Initial and on-going Assessments	Item 7: Permanency Goal for Child	Item 17: Caseworker Visits With Parents.
Item 3: Safety Planning	Item 8: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Item 18: Educational Needs of the Child
Item 4: Monitoring Parental Behavior Change	Item 9: Placement With Siblings	Item 19: Physical Health of the Child
Item 5: Background Checks and Home Assessment	Item 10: Visiting with Parents and Siblings in Out-of-home care	Item 20: Mental/Behavioral Health of the Child
Item 16: Caseworker Visits With Child	Item 11: Preserving Connections	Item 21: Safe Case Closure
Item 17: Caseworker Visits With Parents.	Item 12: Relative Placement	Item 22: Supervisory Case Consultation
Item 21: Safe Case Closure	Item 13: Relationship of Child in Care with Parents	Items 23,24,25 Data Collection
Item 22: Supervisory Case Consultation	Item 14: Needs and Services of Child, Parents, and Foster Parents	
Items 23,24,25 Data Collection	Item 15: Child and Family Involvement in Case Planning	
	Item 16: Caseworker Visits With Child	
	Item 17: Caseworker Visits With Parents.	
	Item 21: Safe Case Closure	
	Item 22: Supervisory Case Consultation	
	Items 23,24,25 Data Collection	

Item 1

Services to Family to Protect Child(ren)in the Home and Prevent Removal or Re-Entry Into Out-of-Home Care

1.0   Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a reunification? (CFSR Safety Outcome 2, Item 2)

Response Rating: ❍ Strength   ❍ Area Needing Improvement

Applicable Cases: This item is applicable to all in-home services cases.

Definitions:

- "Appropriate services" are defined as those services that are provided to, or arranged for, the family **with the explicit goal of ensuring the child's safety.** Some examples include:

    (1) if there are safety issues in the home due to environmental hazards, homemaking services could be an appropriate safety-related service;
    (2) if there are safety concerns related to the parent's ability to manage specific child needs or child behaviors, intensive in-home services could be an appropriate safety-related service;
    (3) child care services could be a safety-related service in cases where the child was being cared for in an unsafe setting or by an inappropriate caregiver; and
    (4) if there are safety concerns related to parental substance abuse, substance abuse treatment could be an appropriate safety-related service.
    (5) if a child needs mental health services, education-related services, or services to address health issues, in most cases these would not be considered relevant to the child's safety if the child remained in the home. Efforts of the agency to meet these service needs are assessed in other items.

- "Concerted efforts" include the following activities: working to engage families in needed services and facilitating a family's access to those services.

- "Preventive services" are defined as social services and other supportive and rehabilitative services provided to the parent or legal custodian of the child and to the child for the purpose of averting the removal of the child from the home or disruption of a family which will or could result in the placement of a child in foster care. Social services and other supportive and rehabilitative services shall promote the child's developmental needs and need for physical, mental, and emotional health and a safe, stable, living environment; shall promote family autonomy;, and shall strengthen family life, whenever possible. (Section 39.01(60), F.S.)

The Federal CFSR On-Site Review Instrument (Item 2) focuses on two questions:
1. For the period under review, did the agency make concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care or re-entry into out-of-home care after a reunification?

Instructions: The reviewer must determine if the agency made concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care or re-entry into foster care after a reunification. (Be sure to assess the entire period under review.)   Use the definitions below for the definitions of "appropriate services" and "concerted efforts".

When the child is removed during an in-home services case, the reviewer should focus on whether the circumstances of the case suggest that services would not have been able to ensure the child's safety if the child remained in the home. If services should have been offered to protect the child, but were not because those services were not available in the community, the answer is no.

Section 39.301(9)(a)6b, F.S. requires community-based care lead agency to prioritize safety plan services to families who have multiple risk factors, including, but not limited to, two or more of the following:

(1) The parent or legal custodian is of young age;
(2) The parent or legal custodian, or an adult currently living in or frequently visiting the home, has a history of substance abuse, mental illness, or domestic violence;
(3) The parent or legal custodian, or an adult currently living in or frequently visiting the home, has been previously found to have physically or sexually abused a child;
(4) The parent or legal custodian or an adult currently living in or frequently visiting the home has been the subject of multiple allegations of abuse or neglect;
(5) The child is physically or developmentally disabled; or
(6) The child is 3 years of age or younger.

Rating Criterion:

❏ Strength, if the agency made concerted efforts to provide appropriate and relevant services to the family to address the safety issues in the family so that the child(ren) could remain in the home or would not re-enter out-of-home care and if information indicates that it was necessary to remove the child(ren) to ensure the child's safety before services could be provided or arranged.

❏ Area Needing Improvement, if the agency did not make concerted efforts to provide services and the child(ren) was removed or if services should have been offered to protect the child(ren) but were not because those services were not available in the community.

Reference: Sections 39.301(9)(a)6b, Section 39.01(60), F.S.; Federal Child & Family Services Review, Safety Outcome 2, Item 2A, Services to Family to Protect Child(ren) in the Hone and Prevent Removal or Re-Entry into Out-of-Home Care.

Item 2
Initial and On-going Assessments

2.0   Were initial and on-going assessments conducted to assess risk and safety concerns relating to the child(ren) in their home. (CFSR Safety Outcome 2, Item 3, A, & B)

Response Rating: ❍ Strength   ❍ Area Needing Improvement

Applicable Cases: All in-home services cases are applicable for an assessment of this item.

Definitions:

- "Comprehensive assessment" or "assessment" is defined as the gathering of information for the evaluation of a child's and caregiver's physical, psychiatric, psychological, or mental health; developmental delays or challenges; and, educational, vocational, and social condition and family environment as they relate to the child's and caregiver's need for rehabilitative and treatment services, including substance abuse treatment services, mental health services, developmental services, literacy services, medical services, family services, and other specialized services, as appropriate. (Section 39.01(18), F.S.)

- "Present danger" is defined as a significant and clearly observable family condition that is occurring at the current moment and is already endangering or threatening to endanger the child. Present danger threats are conspicuous and require that an immediate protective action be taken to ensure the child's safety. (Section 39.01,(59), F.S.)

- "Impending danger" is defined as a situation in which family behaviors, attitudes, motives, emotions, or situations pose a threat that may not be currently active but that can be anticipated to become active and to have severe effects on a child at any time. (Section 39.01(31), F.S.)

- "Risk" is defined as the likelihood that a child will be maltreated in the future.

- An assessment of safety is made to determine whether a child is in a safe environment. A safe environment is one in which there are no threats that pose a danger or, if there are threats, there is a responsible adult in a caregiving role who demonstrates sufficient capacity to protect the child.

Core Concepts: In-home services are designed to maintain children safely in their homes by strengthening the ability of families to protect their children and reducing threats to their safety. When a child's safety can be reasonably assured, in-home services are provided to help stabilize the family and reduce the risk of future abuse or neglect. Safety management services may be provided directly by the CBC or through contracted case management organizations and other community-based service providers. Services may include, but are not limited to: crisis intervention, domestic violence intervention, and day care. The case manager must ensure services are appropriately identified, referred, and engaged. The goal is to prevent unnecessary separation of children from their families by identifying family problems and assisting families in resolving them.

The Federal CFSR On-Site Review Instrument (Item 3) focuses on six questions. For Florida case reviews, this item has been split into 3 items (assessment, safety plans, and monitoring safety plans). For assessments the Children's Bureau asks:

1. If the case was opened during the period under review, did the agency conduct an initial assessment that accurately assessed all risk and safety concerns for the target child and/or any child(ren) in the home? (Florida case review Item 2)

2. During the period under review, did the agency conduct ongoing assessments that accurately assessed all of the risk and safety concerns for the target child and/or any child(ren) in the home? (Florida case review Item 2)

Instructions: This question should be answered for the target child and any other children in the home.

For on-going assessments the reviewer must determine whether ongoing assessments (formal or informal) were conducted during the period under review. If the agency conducted an initial assessment of risk and safety at the onset of the case, but did not assess for risk and safety concerns on an ongoing basis (for example, when there were new allegations of abuse or neglect, changing family conditions, new people coming into the family home or having access to the children, changes to visitation, upon reunification, or at case closure) the answer should be no.

The reviewer must determine if the assessment considered maltreatment allegations on the family that were never formally reported or formally investigated.

Rating Criterion:

❑ Strength, if the initial and on-going risk and safety assessments were conducted and qualitatively addressed case specific issues related to child safety and emerging risks.

❑ Area Needing Improvement, if the initial assessment of risk and safety was not conducted at the onset of the case or if the agency conducted an initial assessment of risk and safety at the onset of the case, but did not assess for risk and safety concerns on an ongoing basis (for example, when there were new allegations of abuse or neglect, changing family conditions, new people coming into the family home or having access to the children, changes to visitation, upon reunification, or at case closure).

Reference: Sections 39.01(18), 39.01(31), 39.01,(59), F.S.; Florida Administrative Code 65C-30.005 (1-3), & Federal Child & Family Services Review, Safety Outcome 2, Item 3A & B, Risk and Safety Assessment

Item 3
Safety Plans

3.0 If safety concerns were present, did the agency develop an appropriate safety plan with the family? (CFSR Safety Outcome 2, Item 3, C, (1))

Response Rating:　❍ Strength　❍ Area Needing Improvement

Applicable Cases: All in-home cases.

Definitions:

- "Safety plan" is defined as a plan created to control present or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so. (Section 39.01(67), F.S.).

- "Safety plan" refers to a plan that describes strategies developed by the agency and family to ensure that the child(ren) is safe. Safety plans should address safety threats and how those will be managed and addressed by the caregiver, caregiver capacity to implement the plan and report safety issues to the agency, and family involvement in the implementation of the plan.

Core Concepts: A child is considered safe when there is a balance between known safety factors and the identification of protections that are put into place by all responsible persons. This includes: the capability and reliability of parents, school personnel, child care providers, and others who have immediate responsibility for the child in recognizing safety factors.

A safety plan is appropriate when the caregiver agrees to cooperate with the safety actions and work closely with service providers; the home environment is calm and stable enough for services to be provided and for service providers to be safe in the home; the safety actions are sufficient to control all of the conditions affecting safety and can be put in place immediately; and a responsible person or legal guardian resides in the home. Safety plan interventions may include: restricting access of the alleged perpetrator to the child; the alleged perpetrator leaving the home either voluntarily or as a result of a court order; obtaining a protection order; assessing safety and danger threats at childcare or respite care, etc.

The Federal CFSR On-Site Review Instrument (Item 3) focuses on six questions. For Florida case reviews, this item has been split into 3 items (assessment, safety plans, and monitoring safety plans). For safety planning, the Children's Bureau asks: During the period under review, if safety concerns were present, did the agency develop an appropriate safety plan with the family?

Instructions: The reviewer must determine if the agency developed an appropriate safety plan with the family. Recurring maltreatment and recurring safety concerns must be thoroughly reviewed.

Section 39.301(9)(b), F.S. The child protective investigator shall collaborate with the community-based care lead agency in the development of the safety plan as necessary to ensure that the safety plan is specific, sufficient, feasible, and sustainable. The child protective investigator shall identify services necessary for the successful implementation of the safety plan.

Section 39.604(3), F.S. requires that when a child is enrolled in an early education or child care program regulated by the department, the child's attendance in the program must be a required action in the safety plan or the case plan.

Rating Criterion:

❑ Strength, if the case file indicates safety planning discussions are being conducted with the family and if safety planning addressed safety intervention strategies that are sufficient to address the identified danger threat or safety concern.

❑ Area Needing Improvement, if
- The case file does not indicate safety planning discussions are being conducted with the family and/or if safety planning addressed safety intervention strategies are not sufficient to address the identified danger threat or safety concern.

- The safety plan consisted of a promissory note.

- There was at least one substantiated or indicated maltreatment report on any child in the family during the period under review AND there was another substantiated report within a 6-month period before or after that report **that involved the same or similar circumstances**. In determining the similarity of the circumstances, consider the perpetrator of the maltreatment and other individuals involved in the incident.

- The case was closed while significant safety concerns that were not adequately addressed still existed.

Reference: Sections 39.01(67) and 39.301(9)(b), F.S.; Federal Child & Family Services Review, Safety Outcome 2, Item 3C (1), Safety Management

Item 4
Monitoring the Safety Plan

4.0 If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services? (CFSR Safety Outcome 2, Item 3, C, (1))

Response Rating: ❍ Strength ❍ Area Needing Improvement

Applicable Cases: All in-home cases.

Definitions:

- "Safety plan" is defined as a plan created to control present or impending danger using the least intrusive means appropriate to protect a child when a parent, caregiver, or legal custodian is unavailable, unwilling, or unable to do so. (Section 39.01(67), F.S.).

- "Safety plan" refers to a plan that describes strategies developed by the agency and family to ensure that the child(ren) is safe. Safety plans should address safety threats and how those will be managed and addressed by the caregiver, caregiver capacity to implement the plan and report safety issues to the agency, and family involvement in implementation of the plan.

Core Concepts: Safety planning is an ongoing process and needs to be addressed at critical junctures. The need for a plan may be triggered by a specific event, but individual and family circumstances change frequently enough to warrant continual monitoring and updating when new safety threats are identified; parental protective capacities diminish; new members join the family or leave the home; or there is an increase in stressors in general, e.g., loss of job, illness, pregnancy, etc.

The case manager must always assess for emerging dangers that results in present danger or impending danger. Present danger is unique in that it is immediate, significant, clearly observable, and actively occurring. Present danger threats are conspicuous and require an immediate protective action be taken to ensure the child's safety.

The Federal CFSR On-Site Review Instrument (Item 3) focuses on six questions. For Florida case reviews, this item has been split into 3 items (assessment, safety plans, and monitoring safety plans). For safety plan monitoring, the Children's Bureau asks:

1. During the period under review, did the agency continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services? (Florida case review Item 4)

2. During the period under review, were there safety concerns pertaining to any child(ren) in the family in the home that were not adequately or appropriately addressed by the agency? (Florida case review Item 4)

Instructions: The reviewer must determine if sufficient monitoring took place. Monitoring may include case manager observations; feedback from service providers; and ongoing communication with those individuals who can provide additional insight as to behavioral change and protective capacities of the parents, documenting appropriate interactions with children, assessing occurrences of DV incidents, etc.

Rating Criterion:

- ❑ Strength, if the agency continually monitored and updated the safety plan as needed including monitoring family engagement in any safety-related services.

❑ Area Needing Improvement, if
- The agency did not continually monitor the safety plan as needed including monitoring family engagement in any safety-related services.

- There was at least one substantiated or indicated maltreatment report on any child in the family during the period under review AND there was another substantiated report within a 6-month period before or after that report **that involved the same or similar circumstances**. In determining the similarity of the circumstances, consider the perpetrator of the maltreatment and other individuals involved in the incident.

- There was a critical incident report or other major issue relevant to noncompliance by foster parents or facility staff that could potentially make the child unsafe, and the agency could have prevented it or did not provide an adequate response after it occurred.

- The child's placement during the period under review presented other risks to the child that are not being addressed, even though no allegation was made and no critical incident reports were filed.

- The case was closed while significant safety concerns that were not adequately addressed still existed.

Reference: Federal Child & Family Services Review, Safety Outcome 2, Item 3C (2), Risk and Safety Assessment and Management

Item 5
Background Checks and Home Study or Home Assessment

5.0   Are background checks and home study or assessment sufficient and responded to appropriately? (CFSR Safety Outcome 2, Item 3)

Response Rating: ❍ Strength   ❍ Area Needing Improvement

Applicable Cases: All cases are applicable for an assessment of this item.

Definitions:

Requirement: A criminal, delinquency and abuse/neglect history checks on additional persons subsequent to placement in a relative's or non-relative's home, is required for new household members, frequent visitors or paramours of any household members if they have not otherwise received the checks within the previous twelve months and there has been no break in service for over ninety days. The court shall be informed of the results within seventy-two hours of their receipt:

  (a)   A local criminal records check, a child abuse/neglect records check and a delinquency records check are required on new household members, frequent visitors or paramours of any household members.
  (b)   A state criminal records check is required on new household members or paramours of any household members.
  (c)   A federal criminal records check, including a name check followed by submission of fingerprints to the Florida Department of Law Enforcement, is required for any new household members eighteen years of age or older.

Core Concepts: The file must contain an assessment of implications for child safety based on background check results for all household members and other visitors to the home. The case manager must demonstrate an understanding of the background screening information and must also be alert to new household members and request a criminal background check and the abuse and neglect record check on those people. If a determination is made an individual is another visitor in the home, the case manager has the discretion to request a background check through the Hotline. For the purpose of determining an "other visitor," the following guidelines should be used.

  o   Does the visitor spend the night at the house? If so, how often?
  o   Does the visitor spend any unsupervised time in the home with the child?
  o   Is the visitor ever left in a caregiver role? If so, how often? Under what conditions?
  o   Is the visitor a boyfriend or girlfriend of any adult household member?

The reviewer should review the family history, family assessment, and case notes to determine how effectively the background information is used to assess and address potential danger threats.

Instructions: The reviewer must determine if the case manager demonstrates an understanding of the background screening information and is alert to new household members. For reunification cases and relative placements, the reviewer must ensure the file contains an approved home study. The reviewer must assess the home study to determine if it is of sufficient quality to ensure child safety. There should be an emphasis on the overall assessment of the child(ren's) home environment.

Section 39.0138, F.S., Criminal history and other records checks; limit on placement of a child:

  (1)   The department shall conduct a records check through the State Automated Child Welfare Information System (SACWIS) and a local and statewide criminal history records check on all persons, including parents, being considered by the department for placement of a child under this chapter, including all nonrelative placement decisions, and all members of the household, 12 years of age and older, of the person being considered. For purposes of this section, a

criminal history records check may include, but is not limited to, submission of fingerprints to the Department of Law Enforcement for processing and forwarding to the Federal Bureau of Investigation for state and national criminal history information, and local criminal records checks through local law enforcement agencies of all household members 18 years of age and older and other visitors to the home. An out-of-state criminal history records check must be initiated for any person 18 years of age or older who resided in another state if that state allows the release of such records. The department shall establish by rule standards for evaluating any information contained in the automated system relating to a person who must be screened for purposes of making a placement decision.

(2)   The department may not place a child with a person other than a parent if the criminal history records check reveals that the person has been convicted of any felony that falls within any of the following categories:
    (a)   Child abuse, abandonment, or neglect;
    (b)   Domestic violence;
    (c)   Child pornography or other felony in which a child was a victim of the offense; or
    (d)   Homicide, sexual battery, or other felony involving violence, other than felony assault or felony battery when an adult was the victim of the assault or battery.

(3)   The department may not place a child with a person other than a parent if the criminal history records check reveals that the person has, within the previous 5 years, been convicted of a felony that falls within any of the following categories:
(a)   Assault;
(b)   Battery; or
(c)   A drug-related offense.

(4)   The department may place a child in a home that otherwise meets placement requirements if a name check of state and local criminal history records systems does not disqualify the applicant and if the department submits fingerprints to the Department of Law Enforcement for forwarding to the Federal Bureau of Investigation and is awaiting the results of the state and national criminal history records check.

(5)   Persons with whom placement of a child is being considered or approved must disclose to the department any prior or pending local, state, or national criminal proceedings in which they are or have been involved.

(6)   The department may examine the results of any criminal history records check of any person, including a parent, with whom placement of a child is being considered under this section. The complete criminal history records check must be considered when determining whether placement with the person will jeopardize the safety of the child being placed.

(7)   (a)The court may review a decision of the department to grant or deny the placement of a child based upon information from the criminal history records check. The review may be upon the motion of any party, the request of any person who has been denied a placement by the department, or on the court's own motion. The court shall prepare written findings to support its decision in this matter.

    (b)   A person who is seeking placement of a child, but is denied the placement because of the results of a criminal history records check, has the burden of setting forth sufficient evidence of rehabilitation to show that the person will not present a danger to the child if the placement of the child is allowed. Evidence of rehabilitation may include, but is not limited to, the circumstances surrounding the incident providing the basis for denying the application, the time period that has elapsed since the incident, the nature of the harm caused to the victim, whether the victim was a child, the history of the person since the incident, whether the person has complied with any requirement to pay restitution, and any other evidence or circumstances indicating that the person will not present a danger to the child if the placement of the child is allowed.

Rating Criterion:

❑ Strength, if background checks and home studies/assessments are sufficient and responded to appropriately.

❑ Area Needing Improvement, if background checks and home studies/assessments are not sufficient and responded to appropriately.

References: s. 39.0138; F.S. and Safety Outcome 1, Item 3: Risk and Safety Assessment and Management

Item 6

Stability of Out-of-Home Care Placement

6.0   Is the child in a stable placement at the time of the review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goals? (CFSR Permanency Outcome 1, Item 4)

❍ Strength   ❍ Area Needing Improvement

Applicable Cases: All out-of-home care cases are applicable for an assessment of this item.

Definitions:

- "Placement setting" refers to a physical setting in which a child resides while in out-of-home care under the care and placement of the agency. A new placement setting would result, for example, when a child moves from one foster family home to another or to a group home or institution. Placement settings may include shelter care, treatment facilities, and juvenile justice placements. If, however, a foster family with whom a child is placed moves and the child moves with them, this does not constitute a change in placement.

- "Entry into out-of-home care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the placement and care responsibility of the state or local title IV-B/IV-E agency. Children are considered to have entered out-of-home care if the child has been in substitute care for 24 hours or more.

- "Current episode of out-of-home care" refers to a child's current stay in out-of-home care based on the most recent removal of the child from his or her normal place of residence, resulting in his or her placement in out-of-home care and ending upon the child's discharge from out-of-home care.

- "Placement changes planned by the agency in an effort to achieve case goals or meet the needs of the child" refers to:

    – Placement changes that reflect agency efforts to achieve case goals include moves from a foster home to an adoptive home, moves from a more restrictive to a less restrictive placement, moves from non-relative out-of-home care to relative out-of-home care, and moves that bring the child closer to family or community.

- "Placement changes that do not reflect agency efforts to achieve case goals" refers to:

    – Moves due to unexpected and undesired placement disruptions; moves due to placing the child in an inappropriate placement (that is, moves based on availability rather than on appropriateness); moves to more restrictive placements when this is not essential to achieving a child's permanency goal; temporary placements while awaiting a more appropriate placement; and practices of routinely placing children in a particular placement type, such as shelter care, upon initial entry into out-of-home care regardless of individual needs.

Core Concepts: Children should have stability in their day-to-day lives and live in environments that are free from disruption as evidenced by:
- Commitment by caregiver;
- Mutual understanding, consideration and respect within the household;
- Consistent case management; and
- Positive social support network.

Collaboration between the case manager and the out-of-home care provider must occur to support and ensure the stability of the child's placement. The case manager must appropriately manage any crises or threats of disruption to the placement.

The Federal CFSR On-Site Review Instrument (Item 4) focuses on three questions.

1. How many placement settings did the child experience during the period under review?

2. Were all placement changes during the period under review planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child?

3. Is the child's current placement setting (or most recent placement if the child is no longer in out-of-home care) stable?

Instructions: The reviewer must determine how many placement settings the child experienced during the period under review and if the current placement appears stable through a review of case file documentation. Consideration must be given to the provider's commitment to maintaining the placement, the child's adjustment, and the amount of support provided to the caregiver. The reviewer should identify significant risks to the current placement. The reviewer must consider the stability of the placement, as well as whether the placement is appropriate based on the child's needs and the family's ability to meet those needs while assuring child safety and well-being.

If there were multiple episodes of out-of-home care during the period under review, add up the placement settings within each episode. If there is a re-entry into out-of-home care and the child is placed in a different placement setting at the time of re-entry, then it would count as a new placement setting. If the child returns to the placement setting he or she was in before the return home, then it would not count as a new placement setting.

Do not consider the following as placement settings:
(1) a trial home visit;
(2) a runaway episode;
(3) temporary absences from the child's ongoing out-of-home care placement, including visitation with a sibling, relative, or other caretaker (for example, pre-placement visits with a subsequent out-of-home care provider or pre-adoptive parents);
(4) hospitalization for medical treatment, acute psychiatric episodes, or diagnosis;
(5) respite care;
(6) day or summer camps; and
(7) locked facilities (for example, when a youth is held in detention).

Rating Criterion:

❑ Strength, if the child has stability in the current placement and placement changes during the period under review were made in the best interest of the child and consistent with achieving the child's permanency goals.

❑ Area Needing Improvement, if the child
– Does not have stability in the current placement;
– Moves occurred due to unexpected and undesired placement disruptions;
– Moves due to placing the child in an inappropriate placement (that is, moves based on availability rather than on appropriateness);
– Moves to more restrictive placements when this is not essential to achieving a child's permanency goal;
– Temporary placements while awaiting a more appropriate placement; and
– Practices of routinely placing children in a particular placement type, such as shelter care or group care, upon initial entry into out-of-home care regardless of individual needs.

Reference: Florida Administrative Code 65C-28.004; Florida Administrative Code 65C-28.005; Florida Administrative Code 65C-30.007; Florida Administrative Code 65C-30.011 & Federal Child & Family Services Review, Permanency Outcome 1, Item 4 Stability of Out-of-Home Care Placement.

Item 7
Permanency Goal for the Child

7.0   Was the appropriate permanency goal established for the child in a timely manner? (CFSR Permanency Outcome 1, Item 5)

❍ Strength ❍ Area Needing Improvement ❍ Not Applicable

Applicable Cases: All out-of-home care cases are applicable for assessment of this item, unless the case has not been open long enough (less than 60 days) for the agency to have developed a case plan and established a permanency goal. If the case has been open for less than 60 days, but a permanency goal has been established, the case is applicable for assessment.

Definitions: The Adoption and Safe Families Act *(*ASFA) requires an agency to seek Termination of Parental Rights (TPR) under the following circumstances:

- The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that:
    – The child is an abandoned infant, or
    – The child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act: (1) committed murder of another child of the parent; (2) committed voluntary manslaughter of another child of the parent; (3) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (4) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

Core Concepts: For children in out-of-home care, the permanency goals, in order of preference per Chapter 39 are:
1) Reunification,
2) Adoption (if a petition for termination of parental rights has been or will be filed),
3) Permanent Guardianship of a dependent child,
4) Permanent placement with a fit and willing relative, and,
5) Placement in another planned permanent living arrangement (APPLA).
6) The case plan goal for court ordered in-home or non-court ordered in-home cases is Maintain and Strengthen.

If a TPR petition was not filed, there must be a compelling reason and an exception for not filing the petition was documented. The state is required to file or join a TPR petition unless there were compelling reasons for not filing. The reviewer must assess if the child welfare agency did not file a TPR petition, did they clearly specify a justifiable reason for not having filed one? The child welfare agency must document that they have reported to the court why a TPR petition was not filed. One of the following compelling reasons for not filing the TPR petition must be met:

1) Child is being cared for by a relative under s. 39.6231; or
2) A TPR petition was not in the child's best interest for one of the following compelling reasons:
    a. Adoption was not the appropriate permanency goal for the child.
    b. No grounds existed to file a TPR petition.
    c. The child is an unaccompanied refugee minor as defined in 45 C.F.R. 400.111.
    d. There are international legal obligations or compelling foreign-policy reasons that preclude terminating parental rights.
    e. Services deemed necessary for the child's safe return to the home were not provided to the family consistent with the time period in the case plan.

The Federal CFSR On-Site Review Instrument (Item 5) focuses on five questions.

1. What is (are) the child's current permanency goal(s) (or if the case was closed during the period under review, what was the permanency goal before the case was closed) and is the child's permanency goal(s) specified in the case file?

2. Were all permanency goals in effect during the period under review established in a timely manner?

3. Were all permanency goals in effect during the period under review appropriate to the child's needs for permanency and to the circumstances of the case?

4. Has the child been in out-of-home care for at least 15 of the most recent 22 months?

5. Does the child meet other ASFA criteria for termination of parental rights (TPR)?

Instructions: Permanency goals include adoption, guardianship, reunification with parents, and Another Planned Permanent Living Arrangements (APPLA). APPLA refers to a situation in which the state maintains placement and care responsibility for the child, but places the child in a setting in which the child is expected to remain until adulthood, such as with foster parents who have made a commitment to care for the child permanently, with relatives who have made the same commitment, or with a residential care facility (for example, for children with developmental disabilities who require residential care). Answer this question for all permanency goals in effect during the period under review. If there are concurrent goals, the answer should apply to both goals. For example, if there are concurrent goals of reunification and adoption, and the reviewer believes the reunification goal was established in a timely manner but the adoption goal was not, the overall rating would be no.

All out-of-home cases must have a **case plan** goal. Reviewers are asked to assess the appropriateness of the goal in case reviews as to whether the goal reflects the family's circumstances.

If a child will not be reunified with a parent, then adoption is the primary permanency option. The reviewer should find evidence the goal of adoption was thoroughly considered before deciding on other less permanent goals.

The reviewer must use professional judgment to determine if the permanency goal in an out-of-home care or post reunification case is appropriate. The reviewer must determine if the case plan goal appropriately matched the child's individual needs for safety, permanency, and well-being. The reviewer should review the factors the agency considered in deciding on the case plan goal and whether the relevant factors were evaluated.

If the goal is APPLA, the reviewer should find evidence other case plan goals were thoroughly considered before deciding on this one. The APPLA goal is appropriate only if there is reason to believe the placement will endure and be more stable and secure than ordinary out-of-home care; that the health, safety, and well-being of the child will not be jeopardized; and that there are compelling reasons the living arrangement is most suitable to the specific child. Compelling reasons for the goal of APPLA include:

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

2) An Indian Tribe has identified the goal as being appropriate.

3) The child is 16 years of age or older and chooses to remain in out-of-home care and the foster parents are willing to care for the child until the child reaches 18 years of age.

Use professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal. For children who recently entered care, expect the first permanency goal to have been established no later than 60 days from the date of the child's entry into out-of-home care, consistent with the federal requirement.

For children whose goal was changed from reunification to adoption, consider the guidelines established by the federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might affect the timeliness of changing a goal from reunification to adoption.

Rating Criterion:

❑ Strength, if the permanency goal is specified in the case file, such as in the case plan or in a court order and the goal was established in a timely manner and, if applicable, a TPR petition was filed in a timely manner.

❑ Area Needing Improvement, if the permanency goal is not specified anywhere in the case file, such as in the case plan or in a court order or if the goal was not established in a timely manner or if a TPR petition was not filed in a timely manner.

❑ NA, if the case has been open for less than 60 days and the goal is not specified in the case file.

Reference: F.S 39.621, F.S. 39.6221, F.S. 39.6231, F.S. 39.6241 & Federal Child & Family Services Review, Permanency Outcome 1, Item 5 Permanency Goal for Child.

Item 8

Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement

8.0   Are concerted efforts being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement? (CFSR Permanency Outcome 1, Item 6)

○ Strength ○ Area Needing Improvement   ○ Not Applicable

Applicable Cases: All out-of-home care cases.

Definitions:

- A goal of reunification is defined as a plan for the child to be discharged from out-of-home care to his or her parents or primary caretaker.

- A goal of guardianship is defined as a plan for the child to be discharged from out-of-home care to a legally established custody arrangement with an individual that is intended to be permanent.

- A goal of adoption is defined as a plan for the child to be discharged from out-of-home care to the care and custody of adoptive parents through a legal adoption.

- A goal of Anther Planned Permanent Living Arrangement (APPLA) refers to a situation in which the agency maintains placement and care responsibility for and supervision of the child, and places the child in a setting in which the child is expected to remain until adulthood. Examples of these "permanent" living arrangements include situations where foster parents have made a formal commitment to care for the child until adulthood, the child is with relatives who plan to care for the child until adulthood, the child is in a long-term care facility to meet special needs and will be transferred to an adult facility at the appropriate time, the child is an older adolescent in a stable group home and both the group home directors and the child have agreed that it will be the child's placement until adulthood, or the child is in agency-supervised transitional living.

- "Entry into out-of-home care" refers to a child's removal from his or her normal place of residence and placement in a substitute care setting under the placement and care responsibility of the state or local title IV-B/IV-E agency. Children are considered to have entered out-of-home care if the child has been in substitute care for 24 hours or more.

- "Discharge from out-of-home care" is defined as the point when the child is no longer in out-of-home care under the care and placement responsibility or supervision of the agency. If a child returns home on a trial home visit and the agency retains responsibility or supervision of the child, the child is not considered discharged from out-of-home care unless the trial home visit is longer than 6 months and there was no court order extending the trial home visit beyond 6 months.

- The date of documentation regarding "permanency" is the date on which there was a court order, signed agreement, or other method to formalize that the caretaker of a particular facility would provide care for this child until the child reaches adulthood.

Core Concepts: Permanency in child welfare means a legally permanent, nurturing family for every child. Child welfare professionals first focus on preserving families and preventing the need to place children outside of their homes. When

children must be removed from their homes to ensure their safety, permanency planning efforts focus on returning them home as soon as is safely possible or placing them with another permanent family. Other permanent families may include adoptive families, guardians, or relatives who obtain legal custody. Achieving reunification with birth parents, guardianship, adoption, or Another Planned Permanent Living Arrangement for children in out-of-home care is a primary goal of the child welfare system.

Instructions: If the child is no longer in out-of-home care, then the answer should be based on the child's last placement before leaving out-of-home care. The answer is yes, if the child has been in out-of-home care for more than the suggested time frame (12, 18 or 24 months depending on the goal) and the goal has not yet been achieved because of particular circumstances that justify the delay. For example:

- o The permanency goal of reunification has been in place for longer than 12 months, but the child was physically returned to the parents during or before the 12th month and remained at home on a trial home visit beyond the 12th month. If the reviewer determines that the length of time that the child spent in out-of-home care and on the trial home visit was reasonable given the child and family circumstances, even though the child was not discharged from out-of-home care until after the 12th month.

- o The permanency goal of adoption has been in place for longer than 24 months, but there is evidence that the agency has made concerted efforts to find an adoptive home for a child with special needs although an appropriate family has not yet been found, or a pre-adoptive placement disrupted despite concerted efforts on the part of the agency to support it.

The Federal CFSR On-Site Review Instrument (Item 6) focuses on 3 questions.

1. What is/are the child's current (or most recent) permanency goals?

2. During the period under review, did the agency and court make concerted efforts to achieve permanency in a timely manner?

Rating Criterion:

❑ Strength, if concerted efforts are being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement or place the child in a living arrangement that can be considered permanent until discharge from out-of-home care.

❑ Area Needing Improvement,
   – If the child has been in out-of-home care for more than the suggested time frame (12, 18 or 24 months depending on the goal) and the goal has not yet been achieved and there are not any special circumstances that justify the delay.

   – If concurrent goals are in place, but permanency will not be achieved in a timely manner.

   – If it is determined that the agency and court could have achieved the permanency goal before the suggested time frame, but there was a delay due to lack of concerted efforts on the part of the agency or court, even if the child achieved the goal within the suggested time frame.

❑ Not applicable, if the child is not in out-of-home care.

Reference: s. 39.01; 39.301; 39.402(8)(H)6; 39.402(9)(b); 39.701(2)7; 409.966(18(b)& Federal Child & Family Services Review, Permanency Outcome 1, Item 6 Achieving Reunification, Guardianship, Adoption, or Other Permanent Planned Living Arrangement

Item 9
Placement with Siblings

9.0   Were concerted efforts made to ensure that siblings in out-of-home care are placed together unless a separation was necessary to meet the need of one of the siblings? (CFSR Permanency Outcome 2, Item 7)

❍ Strength ❍ Area Needing Improvement ❍ Not Applicable

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*Applicable Cases: A*ll out-of-home cases in which the child has one or more siblings who are (or were) also in out-of-home care during the period under review. If the child has no siblings in out-of-home care during the period under review, the case is Not Applicable for an assessment of this item. For example, if the child in out-of-home care has an older sibling who was in out-of-home care at one time, but not during the period under review, this case would be Not Applicable.

Definitions:

- Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her out-of-home care placement, or with whom the child would be expected to live if the child were not in out-of-home-care.

- "Sibling" means: A child who shares a birth parent or legal parent with one or more other children; or a child who has lived together in a family with one or more other children whom he or she identifies as siblings. (s. 39.01 (71), F.S.)

Core Concepts: The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) amended title IV-E State plan provisions to require that State agencies make reasonable efforts to place siblings removed from their home in the same out-of-home care, adoption, or guardianship placement or, if that is not possible, facilitate visits or ongoing contacts for siblings that cannot be placed together, unless it is contrary to the safety or well-being of any of the siblings to do so.

Every possible effort must be made to place siblings in the same home, when two or more siblings are in licensed or non-licensed out-of-home care. Siblings are children who have one or more parents in common either biologically, through adoption, or through the marriage of their parents, and with whom the child lived before his or her out-of-home care placement, or with whom the child would be expected to live if the child were not in out-of-home care. When rating this item, consider only the location of each of the siblings, not the reason for their location.

Florida Specific Requirements for Placement of Siblings Citation: Admin. Code §§ 65C-15.021(3)(d); 65C-30.006(5):

- The child-placing agency shall select the most appropriate service for the child, consistent with the child's and family's need. When selecting care, the agency shall take into consideration a child's racial, cultural, ethnic, religious heritage, and sibling relationships and shall preserve them to the extent possible without jeopardizing the child's right to care or to a permanent family.

- The case manager has specific tasks in regard to a child's case plan. The case manager shall ensure that a schedule for visits between a child in an out-of-home placement and his or her separated siblings, parents, relatives, and other people of significance in the child's life is addressed in the case plan.

The Federal CFSR On-Site Review Instrument (Item 7) focuses on 2 questions.

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1. During the period under review, was the child placed with all siblings who also were in out-of-home care?

2. If Area Needing Improvement, was there a valid reason for the child's separation from the siblings?

Instructions: Consider the circumstances of the placement of siblings, focusing on whether separation was necessary to meet the child's needs. For example, were siblings separated temporarily because one sibling needed a specialized treatment or to be in a treatment foster home, or because one sibling was abusive to the other, or because siblings with different biological parents were placed with different relatives?

If siblings were separated for a valid reason, consider the entire period under review and determine if that valid reason still exists and if the need for separation still exists. For example, the siblings were separated because one sibling needed temporary treatment services. However, during the period under review, the sibling's treatment services ended. In this situation, determine whether concerted efforts were made to reunite the siblings after the treatment service was completed. If the need for separation no longer exists and no efforts have been made to reunite the siblings, then the answer should be an Area Needing Improvement.

Rating Criterion:

❑ Strength, if concerted efforts made to ensure that siblings in out-of-home care are placed together unless a separation was necessary to meet the need of one of the siblings and a valid reason for separation is documented.

❑ Area Needing Improvement, if
  – If the separation of siblings is attributed by the agency to a lack of foster homes willing to take sibling groups

  – If siblings were separated for a valid reason and concerted efforts were not made to reunite the siblings after a treatment service was completed.

  – If the need for separation no longer exists and no efforts have been made to reunite the siblings.

❑ NA, if
  – the child had no siblings or the siblings under supervision did not reside in licensed or non-licensed out-of-home care.

  – The child is not in out-of-home care.

Reference: s. 39.001 (k), F.S.; & Federal Child & Family Services Review, Permanency Outcome 2, Item 7, Placement with Siblings

Item 10
Visiting with Parents and Siblings in Out-of-Home Care

10.0   Were concerted efforts made to ensure that visitation between a child in out-of-home care and his or her mother, father, and siblings was of sufficient <u>frequency and quality</u> to promote continuity in the child's relationship with these close family members? (CFSR Permanency Outcome 2, Item 8)

❍ Strength   ❍ Area Needing Improvement   ❍ Not Applicable

Applicable Cases: Out-of-home care cases are applicable for an assessment of this item if any of the following apply:

- The child has at least one sibling in out-of-home care who is in a different placement setting.

- The whereabouts of the child's parents are known and there is no documented information in the case file indicating that contact between the child and the parents is not in the child's best interest.

Definitions:

- "Mother" is defined as the female caretaker from whom the child was removed.

- "Father" is defined as the male caretaker from whom the child was removed.

- If the biological parents were not the caretakers the child was removed from, they should not be considered in the assessment of this item.

Core Concepts: The primary purpose of visitation is to maintain the parent-child attachment, reduce a child's sense of abandonment, and preserve their sense of belonging as part of a family and community. A child needs to see and have regular contact with their parent(s), as this relationship is the foundation of child development. Visitation facilitates permanency planning, promotes timely reunification, and helps in the decision-making process to establish alternative permanency plans. Visitation maintains and supports the parent-child relationship necessary for successful reunification. Maintaining family connections has life-long significance for a child. Visitation maintains their relationships with siblings and others who have a significant role in a child's life. When a child loses family connections, they also lose family history, medical history, and cultural information. Visitation is considered the heart of reunification, but even when reunification is not likely, parents, siblings and extended family continue to be important in children's lives. Research identifies the following as benefits of parent-child visitation:

- Supports parent-child attachment
- Eases the pain of separation for all
- Maintains and strengthens family relationships
- Reassures a child that their parent(s) is/are alright and helps them to eliminate self-blame for placement
- Supports the family in dealing with changing relationships
- Enhances parent motivation to change by providing reassurance that the parent-child relationship is important for a child's well-being
- Provides opportunities for parent(s) to learn and try new skills
- Supports a child's adjustment to the foster home
- Enables the parent(s) to be active and stay current with their child's development, educational and medical needs, church, and community activities
- Provides opportunities for parent(s) to assess how their child is doing, and share information about how to meet their child's needs
- Assists in the assessment and decision-making process regarding parenting capacities and permanency goals

- Reduces the time in out-of-home care
- Increases the likelihood of reunification.

The Federal CFSR On-Site Review Instrument (Item 8) focuses on 6 questions.

1. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the <u>child and his or her mother was of sufficient frequency</u> to maintain or promote the continuity of the relationship?

2. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the <u>child and his or her father was of sufficient frequency</u> to maintain or promote the continuity of the relationship?

3. During the period under review, were concerted efforts made to ensure that the <u>quality of visitation between the child and the mother</u> was sufficient to maintain or promote the continuity of the relationship?

4. During the period under review, were concerted efforts made to ensure that <u>the quality of visitation between the child and the father</u> was sufficient to maintain or promote the continuity of the relationship?

5. During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the <u>child and his or her sibling(s) was of sufficient frequency</u> to maintain or promote the continuity of the relationship?

6. During the period under review, were concerted efforts made to ensure that the <u>quality of visitation between the child and his or her sibling(s)</u> was sufficient to promote the continuity of their relationships?

Instructions: The reviewer must assess the frequency and quality of visits between the child in care and the mother, father, and siblings. For frequency, a<u>ddress the question of appropriate frequency based on the circumstances of the child and the family, rather than on Florida DCF policy.</u> The reviewer must determine whether the frequency of visitation during the period under review was sufficient to maintain the continuity of the relationship between the child and the mother or father, depending on the circumstances of the case. For example, frequency may need to be greater for infants and young children who are still forming attachments. Frequency also may need to be greater if reunification is imminent. Visitation should be as frequent as possible, unless safety concerns cannot be appropriately managed with supervision. The opportunity for visitation should not be used as a consequence or reward for parents or for children.

If, during the period under review, frequent visitation with the mother or father was not possible (for example, due to incarceration or the mother or father being in another state), determine whether there are documented concerted efforts to promote other forms of contact between the child and the mother or father, such as telephone calls or letters in addition to facilitating visits when possible and appropriate.

Assessing the quality of visitation in a case file review may be difficult. The reviewer should determine if visits provide opportunities for family time between the child and their parents. This time together is essential because it reduces the loss and separation children experience while in care, preserves the children's relationship with parents and other extended family members and reinforces the child's connection to a world that is familiar to them. Parent-child visitation also enables the case manager to assess parents' progress toward having their children return from out-of-home placement and to identify the additional supports needed to help achieve family reunification.

Rating Criterion:

❑ Strength, if concerted efforts were made to ensure that visitation between a child in out-of-home care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

❑ Area Needing Improvement, concerted efforts were not made to ensure that visitation between a child in out-of-home care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

❑ NA if:
− The child has no siblings in out-of-home care, and there is documentation in the case file indicating that contact between the child and both of his or her parents is not in the child's best interests.

− The child has no siblings in out-of-home care, and the whereabouts of both parents are unknown despite documented concerted agency efforts to locate the parents.

− The child has no siblings in out-of-home care, both parents were deceased during the entire period under review or the parental rights of both parents have been terminated during the entire period under review, and no parent is involved in the child's life.

− The child is not in out-of-home care.

Reference: s. 39.6012(3) (b), F.S.; Florida Administrative Code 65C-28.002(1) (a)-(e) & (2) (a)-(b), Federal Child & Family Services Review, Permanency Outcome 2, Item 8, Visiting with Parents and Siblings in Out-of-Home care.

Item 11
Preserving Connections

11.0 Were concerted efforts made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, or friends? (CFSR Permanency Outcome 2, Item 9)

❍ Strength ❍ Area Needing Improvement ❍ Not Applicable

Applicable Cases: Almost all out-of-home care cases are applicable for an assessment of this item. A possible exception may be the situation of an abandoned infant where the agency has no information about the child's extended family or connections.

Core Concepts: When children move from their homes to out-of-home care, they may lose touch with the people who hold the memories, the pictures of how they looked when they were born, and the rituals or traditions that became important to them. Children may struggle to remain connected to their past. When they move from one out-of-home placement to another, they again risk losing people with whom they have shared memories and built connections. This experience can be traumatic to children who may already be struggling with the aftermath of having survived abuse and neglect and losing family members, while simultaneously facing the daily challenges of growing up. Children develop a sense of disconnect, often feeling confused, lost, and responsible for the situation they are facing.

The Federal CFSR On-Site Review Instrument (Item 9) focuses on 4 questions.

1. During the period under review, were concerted efforts made to maintain the child's important connections (for example, school, neighborhood, community, faith, language, extended family members including siblings who are not in out-of-home care, Tribe, school, and/or friends)?

2. Was a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe?

3. If the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe, during the period under review, was the Tribe provided timely notification of its right to intervene in any state court proceedings seeking an involuntary out-of-home care placement or termination of parental rights (TPR)?

4. If the child is a member of, or eligible for membership in, a federally recognized Indian Tribe, was the child placed in out-of-home care in accordance with the Indian Child Welfare Act (ICWA) placement preferences or were concerted efforts made to place the child in accordance with ICWA placement preferences?

Instructions: This item is focusing on maintaining a child's community connections. Determine what the important connections are for the child (for example, a young child is more likely to have an important connection with extended family than with school, and it is important for Native American children to maintain Tribal connections) and then determine whether concerted efforts were made to maintain those connections.

Do not rate this item based on connections to parents or siblings who are in out-of-home care. Information about sustaining those connections is captured in other items. However, the item may be rated based on connections with siblings who are not in out-of-home care and other extended family members (who were not the child's primary caregivers before entry into out-of-home care), such as grandparents, uncles, aunts, or cousins.

Rating Criterion:

❑ Strength, if concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, friends.

❑ Area Needing Improvement, if concerted efforts were not made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, friends.

❑ Not Applicable, if the child is not in out-of-home care.

Reference: Federal Child & Family Services Review, Permanency Outcome 2, Item 9, Preserving Connections

Item 12
Relative Placement

12.0   Were concerted efforts made to place the child with relatives when appropriate?   (CFSR Permanency Outcome 2, Item 10)

❍ Strength ❍ Area Needing Improvement   ❍ Not Applicable

Applicable Cases: All out-of-home care cases except those in which (1) the agency determined upon the child's initial entry into care that his or her needs required a specialized placement (such as residential treatment services) and that they will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate, or (2) situations such as abandonment in which the identity of the parents and relatives remains unknown despite documented concerted efforts to identify them.

Core Concepts: In order for States to receive Federal payments for out-of-home care and adoption assistance, Federal law under title IV-E of the Social Security Act requires that they "consider giving preference to an adult relative over a nonrelated caregiver when determining placement for a child, provided that the relative caregiver meets all relevant State child protection standards."

Title IV-E further requires States to exercise due diligence to identify and provide notice to all grandparents and other adult relatives of the child (including any other adult relatives suggested by the parents) regarding the fact that the child has been or is being removed from the custody of his or her parents, the options the relative has to participate in the care and placement of the child, and the requirements to become a foster parent to the child.

Before a child can be placed in the home of a relative, the child-placing agency must do a home study and required background screening to determine that the relative is "fit and willing" to provide for the child. Generally, preference is given to the child's grandparents, followed by aunts, uncles, adult siblings, and cousins. For Indian children, nine States allow members of the child's Tribe to be considered "extended family members" for placement purposes.

Florida specific Requirements for Placement with Relatives Citation: Ann. Stat. §§ 39.401; 39.5085; 39.6231: Placement of a child that is not in a licensed shelter must be preceded by a criminal history records check. In addition, the department may authorize placement of a housekeeper/homemaker in the home of a child alleged to be dependent until the parent or legal custodian assumes care of the child.

Relative caregivers must be capable, as determined by a home study, of providing a physically safe environment and a stable, supportive home for the children under their care. They must assure that the children's well-being is met, including, but not limited to, the provision of immunizations, education, and mental health services as needed.

The Federal CFSR On-Site Review Instrument (Item 10) focuses on 3 questions.

1. During the period under review, was the child's current or most recent placement with a relative and if so, is (or was) this placement stable and appropriate to the child's needs?

2. Did the agency, during the period under review, make concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as, or were unwilling to be, placement resources?

3. Did the agency, during the period under review, make concerted efforts to identify, locate, inform, and evaluate paternal relatives as potential placements for the child, with the result that paternal relatives were ruled out as, or were unwilling to be, placement resources?

Instructions: The reviewer must assess if the agency made concerted efforts to effort to identify, locate, inform, and evaluate maternal and paternal relatives as potential placements for the child. There must be clear documentation as to the rational for why relatives were ruled out as such as they were unwilling to be a placement resource.

If a child entered OHC during the period under review, determine whether the state followed the requirements of the title IV-E provision that requires states to consider giving preference to placing the child with relatives, and determine whether the state considered such a placement and how (for example, identifying, seeking out, and informing and evaluating the child's relatives.

If a child entered foster care before the period under review and the child is not currently placed in a relative placement that is stable and appropriate to the child's needs, the reviewer should assess whether the agency made concerted efforts to search for and assess relatives as placement resources, if appropriate. If all maternal and/or paternal relatives had already been appropriately considered and ruled out before the PUR, this item can be rated as not applicable. If the reviewer determines that, during the PUR, the agency did not consider relatives as placement resources in cases in which consideration was appropriate, this item would be rated no.

Rating Criterion:

❑ Strength, if during the period under review, the agency made concerted efforts to identify, locate, inform, and evaluate maternal <u>and</u> paternal relatives as potential placements for the child, with the result that maternal <u>and</u> paternal relatives were ruled out as, or were unwilling to be, placement resources.

❑ Area Needing Improvement, if during the period under review, the agency did not make concerted efforts to identify, locate, inform, and evaluate maternal <u>and</u> paternal relatives as potential placements for the child, with the result that maternal <u>and</u> paternal relatives were not ruled out as, or determined to be an unwilling placement resource.

❑ Not Applicable, if
  – the agency determined upon the child's initial entry into care that his or her needs required a specialized placement (such as residential treatment services) and that they will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate.

  – Situations such as abandonment in which the identity of the parents and relatives remains unknown despite documented concerted efforts to identify them.

  – The child entered out-of-home care prior to the period under review and all maternal and paternal relatives had already been appropriately considered and ruled out before the period under review.

  – The child is not in out-of-home care*.*

Reference: Federal Child & Family Services Review, Permanency Outcome 2, Item 10, Relative Placement

Item 13
Relationship of Child in Care with Parents

13.0   Were concerted efforts made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother <u>and</u> father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation? (CFSR Permanency Outcome 2, Item 11)

❍ Strength ❍ Area Needing Improvement ❍ Not Applicable

Applicable Cases: All out-of-home care cases are applicable for assessment of this item unless (1) parental rights for both parents were terminated before the period under review (2) the child was abandoned and neither parent could be located; (3) the whereabouts of both parents were not known during the entire period under review despite documented concerted agency efforts to locate both parents; (4) contact with both parents was considered to not be in the best interests of the child (for example, both parents are abusive and there is concern about managing contact with the child); or (5) the child was initially removed from a parent's home but, during the entire period under review, both parents were deceased.

Definitions:

- "Mother" is defined as the female caretaker from whom the child was removed.

- "Father" is defined as the male caretaker from whom the child was removed.

- If the biological parents were not the caretakers that the child was removed from, they should not be considered in the assessment of this item.

Core Concepts: This item pertains to additional activities to help support, strengthen, or maintain the parent-child relationship. Examples of concerted efforts include:

- Encouraged the mother and father's participation in school activities and case conferences, attendance at doctors' appointments with the child, or engagement in the child's after school or sports activities.
- Provided or arranged for transportation or provided funds for transportation so that the mother and father could attend the child's special activities and doctors' appointments.
- Provided opportunities for therapeutic situations to help the mother, father, and child strengthen their relationship.
- Encouraged the foster parents to provide mentoring or serve as role models to the mother and father to assist her in appropriate parenting.

The Federal CFSR On-Site Review Instrument (Item 11) focuses on 2 questions.

1. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her mother?

2. During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her father?

Instructions: The reviewer must assess the efforts made by the agency to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her mother <u>and</u> father? Foster parents' activities are considered for purposes of this Item. For example, if the foster parent provided transportation so that

the mother or father could attend the child's school event or medical appointment that would be considered as contributing toward concerted efforts.

Do not answer this Item based on efforts (or lack of efforts) to ensure the frequency or quality of visitation between the mother or father and the child. That information is captured under another item.

Rating Criterion:

❑ Strength, if concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

❑ Area Needing Improvement, if concerted efforts were not made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

❑ NA, if
  – the parental rights for both parents were terminated before the period under review;

  – the child was abandoned and neither parent could be located;

  – the whereabouts of both parents were not known during the entire period under review despite documented concerted agency efforts to locate both parents;

  – contact with both parents was considered to be not in the best interests of the child (for example, both parents are abusive and there is concern about managing contact with the child) and there is documentation advising why contact is not in the best interest of the child;

  – the child was initially removed from a parent's home but, during the entire period under review, both parents were deceased; or

  – the child was not in out-of-home care.

Reference: Federal Child & Family Services Review, Permanency Outcome 2, Item 11, Relationship of Child in Care with Parents.

Item 14
Needs and Services of Child, Parents, and Foster Parents

14.0   Were concerted efforts made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services? (CFSR Well-being Outcome 1, Item 12)

❍ Strength ❍ Area Needing Improvement

Applicable Cases: All cases are applicable for an assessment of this item.

Definitions:
- For in-home services cases, "parents" are defined as the children's primary caregivers with whom the children live (for example, biological parents, relatives, guardians, adopted parents) or a noncustodial parent who is involved, or has indicated a desire to be involved, in the child's life.

- For out-of-home care cases, "parents" include the child's parents, or the child's primary caregivers (if other than the biological parents) with whom the child will be reunified. "Parents" include adoptive parents if the adoption has been finalized.

- Foster parents are defined as related or non-related caregivers who have been given responsibility for care of the child by the agency while the child is under the care and placement responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized.

Instructions: This item considers three areas with a focus on services:
1.   The needs assessment and services to children
2.   The needs assessment and services to parent
3.   The needs assessment and services to foster parents

The needs assessment and services to children:
- If the case was opened during the period under review, focus on whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether ongoing assessment was conducted as appropriate.

- If the case was opened before the period under review, focus on whether the agency conducted periodic comprehensive needs assessments (during critical junctures and as otherwise appropriate) during the period under review to update information relevant to ongoing case planning

- An assessment of needs may take different forms. For example, needs may be assessed through a formal evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving interviews and conversations with the child, family, and service providers. Answer the item based on a determination of whether the agency made concerted efforts to achieve an in-depth understanding of the needs of the child, regardless of whether the needs were assessed in a formal or informal manner. Consequently, the evaluation of the assessment should focus on its adequacy in accurately assessing the child's needs in addition to whether one was conducted.

- Answer this item with regard to an assessment of needs other than those related to the child's education, physical health, and mental/behavioral health (including substance abuse). The assessment of the child's needs related to

these issues is addressed in later items. Needs that should be assessed in this item include those related to social/emotional development that are not connected to other physical health or mental health issues. These may include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, life skills, and coping skills.

- Independent living services should be provided to all youth age 16 and older and to children of any age with a goal of "other planned permanent living arrangement" who are expected to eventually exit out-of-home care to independence. Consider whether concerted efforts were made to provide the child with services to adequately prepare the child for independent living when the child leaves out-of-home care, such as post-high school planning, life skills classes, employment training, financial planning skills training, and transitional services. In making this determination, consider the following:
    - Did the agency assess for independent living skills?
    - Is there an independent living plan in the file? (This is required for all youth age 16 and older.)

- Examples of services that are assessed under this item include child care services that are not required for the child's safety (those services would be covered under item 1), mentoring programs that are not related to the child's education, recreational services, teen parenting education, preparation for adoption and other permanency goals, services that address family relationships that are not mental health in nature (for example, services to assist children in reestablishing or maintaining family ties), and services to assist the child that are recommended by a therapist or other provider but are not mental health-related (such as enrollment in an activity to assist with social skills or to boost self-esteem).

The needs assessment and services to parent:

- For the mother and father, rate Not Applicable if (1) the mother's or father's parental rights were terminated before the period under review, (2) the mother's or father's whereabouts was not known during the entire period under review despite agency efforts to locate her, or (3) the mother or father was deceased during the entire period under review.

- Determine whether the agency has made concerted efforts to ensure that case planning is based on an in-depth *understanding of the needs of the mother and father, regardless of whether the needs were assessed* in a formal or informal manner. (Assessment of needs may take different forms. For example, needs may be assessed through a formal psychosocial evaluation conducted by another agency or by a contracted provider or through a more informal case planning process involving intensive interviews with the child, family, and service providers.)

- Assessment of mother's and father's needs refers to a determination of what the mother or father needs to provide appropriate care and supervision to ensure the safety and well-being of his/her children.

- Assessment of mother's and father's needs may include mental and physical health needs, as later items do not address these concerns for the parents.

- If the case was opened during the period under review, focus on whether the agency conducted an initial comprehensive assessment as a basis for developing a case plan, and whether ongoing assessment was conducted as appropriate.

- If the case was opened before the period under review, focus on whether the agency conducted periodic comprehensive needs assessments (as appropriate) during the period under review to update information relevant to ongoing case planning

The needs assessment and services to foster parent/pre-adoptive parent:

- During the period under review, did the agency adequately assess the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services they need to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?

- All foster parents who cared for the child during the period under review are included in this assessment.

- These items will not be considered for foster parents if the case is not an out-of-home care case or if, during the entire period under review, the child was in out-of-home care in a residential facility or similar placement, but does not have foster parents.

- Determine whether an assessment was conducted to identify what the foster parents needed to enhance their capacity to provide appropriate care and supervision to the children in their home, such as respite care, assistance with transportation, or counseling to address the child's behavior problems.

- Determine whether assessment of foster parent needs is done on an ongoing basis. If there is no evidence in the case file that the agency assessed the needs of the foster parents at any time during the period under review, and the foster parents (if available for interview) indicate that they have not been assessed, the answer would be no.

The Federal CFSR On-Site Review Instrument (Item 12) focuses on eight questions.

1. During the period under review, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the child's needs?

2. During the period under review, were appropriate services provided to meet the child's identified needs?

3. During the period under review, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother's needs?

4. During the period under review, did the agency conduct a formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father's needs?

5. During the period under review, did the agency provide appropriate services to the mother to meet identified needs?

6. During the period under review, did the agency provide appropriate services to the father to address identified needs?

7. During the period under review, did the agency adequately assess the needs of the foster or pre-adoptive parents on an ongoing basis (with respect to services, they need to provide appropriate care and supervision to ensure the safety and well-being of the children in their care)?

8. During the period under review, were the foster or pre-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care?

Rating Criterion:

❑ Strength, if concerted efforts were made to assess the needs of children, parents, foster parents, and pre-adoptive parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or on an ongoing basis) to identify the services necessary to achieve case goals <u>and</u> services where provided to address the issues relevant to the agency's involvement with the family.

❑ Area Needing Improvement, if concerted efforts were not made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or on an ongoing basis) to identify the services necessary to achieve case goals <u>and</u> services where provided to address the issues relevant to the agency's involvement with the family.

❑ There are no circumstances under which this item could be rated as not applicable.

Reference: Federal Child & Family Services Review, Well-being Outcome 1, Item 12, Needs and Services of Child, Parents, and Foster Pare

Item 15
Child and Family Involvement in Case Planning

15.0   Were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis? (CFSR Well-being Outcome 1, Item 13)

○ Strength ○ Area Needing Improvement   ○ Not Applicable

Applicable Cases: All out-of-home care cases are applicable for an assessment of this item:

Definitions:

- For out-of-home care cases, "parents" include the child's parents or the child's primary caregivers (if other than the biological parents) with whom the child will be reunified. "Parents" include adoptive parents if the adoption has been finalized.

- "Actively involved" means that the agency consulted with the child (as developmentally appropriate) regarding the child's goals and services, explained the plan and terms used in the plan in language that the child can understand, and included the child in periodic case planning meetings, particularly if any changes are being considered in the plan.

Core Concepts: Involving families and children in the development of case plans and identifying service needs is critical to achieving permanency goals. The mother, father, and child, if developmentally and age appropriate, should participate in the case planning process.

Instructions: This standard looks at a different set of circumstances other than whether or not there is a current case plan. Although the case plan may not have been filed timely or may not be current, there is evidence the family was actively involved in the case planning process.

The Federal CFSR On-Site Review Instrument (Item 13) focuses on two questions.

1. During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? *This would not be applicable if the child is not old enough to participate in case planning or is incapacitated. Although the capacity to participate actively in case planning will need to be decided on a case-by-case basis, as a guideline, most children who are elementary school-aged or older may be expected to participate to some extent.*

2. During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? *This would not be applicable if the mother's or father's involvement was determined to be contrary to the child's safety or best interests (for example, the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks) or the child is in out-of-home care and the mother's or father's whereabouts were not known, and there is documentation in the case file regarding the agency's concerted efforts to locate her or him; the mother or father was deceased during the entire period under review; the mother or father voluntarily terminated his or her parental rights (i.e., consented to adoption of the child) shortly after contact with the agency and/or did not seek to be involved in any way in the child's life.*

Rating Criterion:

❑ Strength, if concerted efforts were made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

❑ Area Needing Improvement, Were concerted efforts were not made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

❑ NA, if:
- The child is in out-of-home care and involves a child for whom participating in planning is not developmentally appropriate, and whose parents or relatives cannot be located despite documented concerted efforts on the part of the agency.

- The child is in out-of-home care and involves a child for whom participation in planning is not developmentally appropriate, and whose parents were deceased during the entire period under review.

- The child is in out-of-home care and involves a child for whom participation in planning is not developmentally appropriate, and whose parents voluntarily terminated their parental rights (i.e., consented to adoption of the child) shortly after contact with the agency and/or did not seek to be involved in any way in the child's life.

- The child is in out-of-home care and involves a child for whom participation in planning is not developmentally appropriate, and whose parents' rights were terminated before the period under review.

- The child is in out-of-home care and involves a child for whom participation in planning is not developmentally appropriate, and, during the entire period under review, it was documented in the case file that it was not in the child's best interests to involve the parents and the child in case planning.

Reference: Federal Child & Family Services Review, Well-being Outcome 1, Item 13, Child and Family Involvement in Case Planning

Item 16
Case Manager Visits with Child

16.0   Is the frequency and quality of visits between case managers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals? (CFSR Well-being Outcome 1, Item 14)

❍ Strength ❍ Area Needing Improvement

Applicable Cases: All cases are applicable for an assessment of this item:

Definitions:

- A "visit" is defined as a face-to-face contact between the case manager and the child.

Core Concepts: Case manager visits are an integral part of assessing and ensuring the safety, permanency, and well-being of children. Visits provide an opportunity to meet with children to monitor children's safety and well-being; assess the ongoing service needs of children; monitor progress toward established goals; evaluate the continued appropriateness of safety interventions; observe or parent and child interactions with siblings, caregivers, and other household members; and assess child functioning and child vulnerability. Qualitative visits and case manager contacts should be professional consultations which are:

1. Planned in advance of the visit, with issues noted for exploration and goals established for the time spent together.
2. Open enough to offer opportunities for meaningful discussions with children.
3. Individualized. For example, visits should include separate time for discussions with children. This provides the opportunity to privately share their experiences and concerns and to ensure that issues that might not be disclosed when other family/household members are present are identified and addressed.
4. Focused on the case plan and the completion of actions necessary to support children in achieving the goals established in their plans.
5. Exploratory in nature, examining changes in the child's circumstances on an ongoing basis.
6. Supportive and skill-building, so children feel safe in dealing with challenges and change and have the tools to take advantage of new opportunities.
7. Well documented so that the agency can follow up on commitments and decisions made during the visit.

The Federal CFSR On-Site Review Instrument (Item 14) focuses on two questions.

1. During the period under review, what was the most typical pattern of visitation between the case and the child(ren) in the case?

2. During the period under review, was the quality of the visits between the case manager and the child(ren) sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals (for example, did the visits between the case manager and the child(ren) focus on issues pertinent to case planning, service delivery, and goal achievement)?

Instructions: This item is assessed based on the frequency of the visits (based on the needs of the child not the Florida DCF 30 day requirement) and the quality of the visits. The reviewer must consider the frequency necessary to ensure the child's safety, permanency, and well-being and not on state policy requirements regarding caseworker contacts or visits with the child. For example, if state policy is that the caseworker should visit the child at least once a month, and the reviewer determines that given the circumstances of the case (for example, there are safety concerns), the caseworker should visit

more frequently, then the answer should be an Area Needing Improvement. If the typical pattern of visits is less than once a month, the answer to question should be an Area Needing Improvement unless the reviewer determines that there is a substantial justification for a Strength answer. If the child is in a placement in another state, the reviewer should determine whether a caseworker from the jurisdiction in which the child is placed, or a caseworker from the jurisdiction from which the child was placed, visits with the child in the placement on a schedule that is consistent with the child's needs and no less frequently than once per month, as required by federal law

Face-to-face contacts shall occur more frequently than every thirty days when the child's situation dictates more frequent contact, as determined in consultation with the case manager's supervisor based on a review of the case and assessed safety and risk level or as determined by the court.

At least once every three months, the case management agency shall make an unannounced visit to the child's place of residence. Contact requirements are required even if a child is placed in a Department of Juvenile Justice facility.

Frequency of Visits:

- The reviewer should determine the frequency necessary to ensure the child's safety, permanency, and well-being and not on Florida DCF policy requirements regarding case manager contacts or visits with the child. For example, if state policy is that the case manager should visit the child at least once a month, and given the circumstances of the case (for example, there are safety concerns), the case manager should visit more frequently, then the answer should be an Area Needing Improvement.

- If the typical pattern of visits is less than once a month, the answer should be an Area Needing Improvement unless the reviewer determines that there is a substantial justification for a Strength answer. If the child is in a placement in another state, the reviewer should determine whether a case manager from the jurisdiction in which the child is placed, or a case manager from the jurisdiction from which the child was placed, visits with the child in the placement on a schedule that is consistent with the child's needs and no less frequently than once per month, as required by federal law.

Quality of Visits:

- For quality, consider both the length of the visit (for example, was it of sufficient duration to address key issues with the child, or was it just a brief visit) and the location of the visit (for example, was it in a place conducive to conversation, such as a private home, or was it in a more formal or public environment, such as a restaurant or court house?).

- Consider whether the case manager saw the child alone or whether the parent or foster parent was usually present during the case manager's visits with the child.

- Also consider the topics that were discussed during the visits, if that information is available in the case file or through interviews. For the answer to be a "strength", there must be some evidence that the case manager and the child addressed issues pertaining to the child's needs, services, and case goals during the visits.

- Consider the pattern of visits during the period under review and not over the life of the case.

- Focus on the visitation frequency of the agency caseworker (or other responsible party) responsible for the case and not on other service providers who may be visiting the children.

- Determine the most typical pattern of visiting during the period under review because the actual frequency may vary in specific time periods.

Rating Criterion:

❑ Strength, if the frequency and quality of visits between case managers and the child(ren) sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals

❑ Area Needing Improvement, if the frequency and quality of visits between case managers and the child(ren) were not sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals; if the child is older than an infant and the case manager did not see the child alone for at least part of the visits; there is no evidence that the case manager and the child addressed issues pertaining to the child's needs, services, and case goals during the visits; the typical pattern is less than once a month or if the child was older than an infant, and the case manager did not see the child alone for at least part of each visit.

Reference: Florida Administrative Code 65C-30.007 (1) (a-b); (2) (a-d); (3) (a-b), 4 (a), (5) (a-b), & (7), Federal Child & Family Services Review, Well-Being Outcome 1, Item 14

Item 17
Case Manager Visits with Parents

17.0   Is the frequency and quality of visits between case managers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals? (CFSR Well-being Outcome 1, Item 16)

○ Strength ○ Area Needing Improvement   ○ Not Applicable

Applicable Cases: This item is applicable for all out-of-home cases unless any of the following apply:

- Both parents are deceased (during the entire period under review) and the child is not in a permanent home.
- There is no court approved plan for further involvement between the parents and the agency or the parents and the child, and the child is not in a permanent home.
- The whereabouts of both parents are unknown (during the entire period under review) and there is documentation of the agency's concerted efforts to locate them.
- During the period under review, neither parent indicated interest in being involved in the child's life after contact or concerted efforts to contact were made by the agency, and/or contact between the agency and the parent would not be in the child's best interests (for example, parental rights have been terminated with no plan for further parental involvement; the parents are considered abusive parents whose contacts with the child continue to pose unmanageable risks). Documentation for this also must be in the case file.

Definitions:

- For in-home services cases, "parents" are defined as the children's primary caregivers with whom the children live (for example, biological parents, relatives, guardians, adopted parents) or a noncustodial parent who is involved, or has indicated a desire to be involved, in the child's life.

- For out-of-home care cases, "parents" include the child's parents, or the child's primary caregivers (if other than the biological parents) with whom the child will be reunified. "Parents" include adoptive parents if the adoption has been finalized.

- A "visit" is defined as a face-to-face contact between the case manager and the parent.

Core Concepts: Case manager visits are an integral part of assessing and ensuring the safety, permanency, and well-being of children. Visits by the case manager with the parents must be purposeful and focused on the reasons for supervision and progress with tasks and services in the case plan or safety plan. Visits provide an opportunity to meet parents to monitor children's safety and well-being; assess the ongoing service needs of children and their parents; monitor progress toward established goals; evaluate the continued appropriateness of safety interventions; observe or parent and child interactions; and assess parental protective capacities. Qualitative visits and case manager contacts should be professional consultations which are:

1. Planned in advance of the visit, with issues noted for exploration and goals established for the time spent together.
2. Open enough to offer opportunities for meaningful discussions with each parent.
3. Focused on the case plan and the completion of actions necessary to support children and families in achieving the goals established in their plans.
4. Exploratory in nature, examining changes in the child's or family's circumstances on an ongoing basis.
5. Supportive and skill-building, so children and families feel safe in dealing with challenges and change and have the tools to take advantage of new opportunities.
6. Well documented so that the agency can follow up on commitments and decisions made during the visit.

The Federal CFSR On-Site Review Instrument (Item 15) focuses on four questions.

1. During the period under review, what was the most typical pattern of visitation between the case manager and the mother of the child(ren) - was the frequency of the visits between the case manager and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

2. During the period under review, what was the most typical pattern of visitation between the case manager and the father of the child(ren) - was the frequency of the visits between the case manager (or other responsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

3. During the period under review, was the quality of the visits between the case manager and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

4. During the period under review, was the quality of the visits between the case manager and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

Instructions:

Frequency of Case Manager Visits
- Consider only the pattern of visits during the period under review and not over the life of the case.

- Determine the most typical pattern of visiting during the period under review because the actual frequency may vary in specific time periods.

- During the period under review, was the frequency of the visits between the case manager and the mother and father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?

- Consider the frequency of visits that is necessary to effectively address: (1) the child's safety, permanency, and well-being, and (2) achievement of case goals.

- Do not assess this item based on the case manager visit requirements that are established by Department policy. The reviewer should consider the needs of the mother, father, and family for the frequency required to be sufficient to meet those needs.

Quality of Case Manager Visits

- Consider both the length of the visit (for example, was it of sufficient duration to address key issues with the mother/father, or was it just a brief visit?). For out-of-home care, with a goal of reunification, the reviewer should consider the location of the visit (for example, was it in a place conducive to open and honest conversation, such as a private home, or was it in a formal or public environment that might be uncomfortable for the parent, such as a court house or restaurant?).

- Consider whether the visits between the case manager or other responsible party and the father/mother focused on issues pertinent to case planning, service delivery, and goal achievement

Rating Criterion:

❑ Strength, if the frequency and quality of visits between case managers and the mother and father were sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals

❑ Area Needing Improvement, if the frequency and quality of visits between case managers and the mother and father were not sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals or if the typical pattern of contact is less than once a month, unless the reviewer has a substantial justification for answering either question as Strength.

❑ NA, if

   – agency contact with the mother or father was determined to be contrary to a child's safety or best interests (and this is documented in the case file),

   – the location of the mother or father was unknown during the entire period under review, despite documented concerted agency efforts to locate her or him,

   – the mother's or father's parental rights were terminated before the period under review and she or he is not involved in the child's life, or

   – during the entire period under review, the mother or father was not involved in the child's life or in case planning in any way despite agency efforts to involve her or him.

   – Both parents are deceased (during the entire period under review).

   – The court has released the agency from involving the mother and father.

Reference: Florida Administrative Code 65C-30.007(2) (d); (5) (a), (9) (a-d) & Federal Child & Family Services Review, Well-Being Outcome 1, Item 15

Item 18
Educational Needs of the Child

18.0   Did the agency make concerted efforts to assess the educational needs of the child(ren) at the initial contact with the child(ren) (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and were identified needs appropriately addressed in case planning and case management activities? (CFSR Well-being Outcome 2, Item 16)

❍ Strength   ❍ Area Needing Improvement   ❍ Not Applicable

Applicable Cases:

- All out-of-home care cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this item. If a child is 2 years old or younger and has been identified as having developmental delays, the case may be applicable if the developmental delays need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach. In these latter cases, the issue of developmental delays would be addressed under item 19.

- Out-of-home care cases are Not Applicable if the child is age 2 or younger and there are no apparent developmental delays.

- In-home services cases are applicable for an assessment of this item if (1) educational issues are relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address educational issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address educational issues in a case in which the child is the subject of a substantiated maltreatment report and, during the period under review, the maltreatment appeared to be affecting the child's school performance.

- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that, during the period under review, there is no reason to expect that the agency would address educational issues for any children in the family, given the reason for agency involvement or the circumstances of the case. Such a case would be Not Applicable, even if there is information in the case file stating that the mother or other caregiver has obtained educational services for the child.

Core Concepts: Children in out-of-home care face a number of challenges that impact their ability to be successful in the school environment. Children in out-of-home care move from home to home and school to school more frequently than other children for a number of reasons; usually those reasons involve the need to ensure the child resides in the safest and most appropriate home environment that meets the child's needs. Some children and youth may reside in multiple placements and may ultimately attend many different schools over the course of their time in out-of-home care. Consequently, children in out-of-home care frequently lose course credit, repeat courses they have already taken, are placed in inappropriate classes or grade levels, and cannot participate in extracurricular activities. Delays in transferring school records result in serious disruptions in learning and special education services.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008, Public Law 110-351, requires state child welfare agencies to work with their state and local education systems to support initiatives to improve educational outcomes for children in out-of-home care. On August 25, 2011, the U.S. Department of Education and the U.S. Department of Health and Human Services issued a joint letter to all Chief State School Officers and State Child Welfare Directors (http://nrcpfc.org/nrc-wu/mainview.asp?ID=165) informing them of provisions in the federal law that require

local education agencies and child welfare agencies to coordinate to ensure that children in out-of-home care maintain "education stability."

As outlined in the letter, the law specifically requires that at the time of a child's initial placement in out-of-home care, the child welfare agency (DFPS) must coordinate with local education agencies to ensure that children remain in their current school (unless doing so poses a safety risk for the child or is otherwise not in the child's best interests), thereby keeping them connected with teachers, other family members including siblings, and friends, and helping them continue to progress in their school work.

The Federal CFSR On-Site Review Instrument (Item 16) focuses on two questions.

1. During the period under review, did the agency make concerted efforts to accurately assess the child(ren)'s educational needs?

2. During the period under review, did the agency engage in concerted efforts to address the child(ren)'s educational needs through appropriate services?

Instructions: The reviewer must determine if the child had identified educational needs and determine if services were provided to address those needs. Education needs may include academics such as grade level, grades, and special education services including appointment of surrogate parent or training of parent or foster parent in educational advocacy as well as truancy, suspension or expulsion. For example, did the child need special education services, appointment of a surrogate parent, extra help or tutoring with school work, advocacy with the school system, early intervention through a preschool program, etc.? Were appropriate services provided to address the identified needs? Evidence of the outcome of service provision may be found in report cards and other school documents located in the file or in case note documentation.

- If the case is an out-of-home care case, the assessment applies only for the child in out-of-home care, even if the child was reunified during the period under review and there are other children in the home.

- If the case is an in-home services case, the question should be answered for all children in the home who meet the case applicability requirements.

- The answer should be yes if there was evidence of an educational assessment in the case file, such as:
  – An educational assessment included in the comprehensive needs assessment.
  – A separate educational assessment conducted by the school (and made available to the agency) or by the agency.
  – An informal (and documented) educational assessment conducted by the agency.

- Review any "services needed but not provided" and focus on agency efforts, even if these efforts were not fully successful due to factors beyond the agency's control. For example, if the agency made concerted efforts to advocate for special education classes, but the local school continued to resist, the reviewer may answer Strength although the child did not receive the needed services.

Rating Criterion:

❑ Strength, if the agency made concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis, and identified needs were appropriately addressed in case planning and case management.

❑ Area Needing Improvement, if the agency did not make concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis, and identified needs were not appropriately addressed in case planning and case management.

❑ NA, if

- The child is in out-of-home care, age 2 or younger and there are no apparent developmental delays.

- The case is an in-home case and the reviewer determines that, during the period under review, there is no reason to expect that the agency would address educational issues for any children in the family, given the reason for agency involvement or the circumstances of the case. Such a case would be Not Applicable, even if there is information in the case file stating that the mother or other caregiver has obtained educational services for the child.

Reference: s. 39.6012(2) (b), F.S.; Florida Administrative Code 65C-30.006(5) (h) 1-12, & Federal Child & Family Services Review, Well-Being Outcome 2, Item 16

Item 19
Physical Health of the Child

19.0   Has the agency addressed the physical health needs of the child, including dental health needs? (CFSR Well-being Outcome 3, Item 17)

○ Strength   ○ Area Needing Improvement   ○ Not Applicable

Applicable Cases:

- All out-of-home care cases are applicable for an assessment of this item.

- In-home services cases are applicable for an assessment of this item if physical health issues were relevant to the reason for the agency's involvement with the family, and/or it is reasonable to expect that the agency would address physical health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address physical health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child's physical health.

- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that there is no reason to expect that the agency would address physical health issues for any children in the family, given the reason for agency involvement or the circumstances of the case. This "non-applicability" applies even if there is evidence in the case file that the agency has learned that the parent is effective in taking care of the child's physical health needs.

Core Concepts: Children should achieve and maintain their best attainable health status, including dental, audio and visual care consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account. Proper medical care (preventive, acute, and chronic) is necessary for maintaining good health.

Preventive health care should follow Child Health Check-Up Periodicity Schedule. This extends to reproductive health care education and services for older children to prepare and protect them from exposure to sexually transmitted diseases, and teen pregnancy, as appropriate.

Children prescribed medications on a continuous basis should be carefully monitored by a responsible adult. If the child requires any type of adaptive equipment or other special procedures, persons working with the child are provided instruction in the use of the equipment and special procedures. Should a child have a serious condition, possibly degenerative, the services and supports have been provided to allow the child to remain in the best attainable physical status given his/her diagnoses and prognoses.

A child's physical health needs must be assessed within 72 hours if he/she is removed from the home, or if health issues are the reason why the dependency system has intervened. Health assessments are important at the time of the initial contact and on an ongoing basis. This applies to all out-of-home cases and for children in in-home cases when the physical health issue is relevant to the reason for the agency's involvement. Reviewers should determine if there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)'s health care needs both initially (if the child entered out-of-home care during the period under review), or on an ongoing basis through periodic health and dental screening services conducted during the period under review. For out-of-home cases only, the reviewer should determine if there is evidence that the Child Health Check-Up schedule was followed:

· Birth or neonatal examination
· 2-4 days for newborns discharged in less than 48 hours after delivery
· By 1 month

· 2 months
· 4 months
· 6 months
· 9 months
· 12 months
· 15 months
· 18 months
· 24 months
· 30 months
· Once per year for 3 through 20 year olds*
· *For more information, please visit: http://www.fdhc.state.fl.us/medicaid/childhealthservices/chc-up/index.shtml*

The child may enter the periodicity schedule at any time. For example, if a child has an initial screening at age 4, then the next periodic screening is performed at age 5. Florida Medicaid recommends check-ups at 7 and 9 years of age for children at risk. To receive Medicaid reimbursement for Child Health Check-Ups, providers must follow the Child Health Check-Up periodicity schedule. The schedule is based on the American Academy of Pediatrics, "Recommendations for Preventive Pediatric Health Care" and Florida Medicaid's recommendation to include the 7 and 9 year old recipients. To be reimbursed by Medicaid, the provider must assess and document in the child's medical record all the required components of a Child Health Check-Up.   The required components are as follows:

· Comprehensive Health and Developmental History including assessment of past medical history, developmental history and behavioral health status;
· Nutritional assessment;
· Developmental assessment;
· Comprehensive unclothed physical examination;
· Dental screening including dental referral, when required;
· Vision screening including objective testing, when required;
· Hearing screening including objective testing, when required;
· Laboratory tests including blood lead testing, when required;
· Appropriate immunizations;
· Health education, anticipatory guidance;
· Diagnosis and treatment; and
· Referral and follow-up, as appropriate

The Federal CFSR On-Site Review Instrument (Item 17) focuses on five questions.

1. During the period under review, did the agency accurately assess the child's physical health care needs?

2. During the period under review, did the agency accurately assess the child's dental health care needs?

3. During the period under review, did the agency provide appropriate oversight of prescription medicines for physical health issues, including following state protocols for the appropriate use and monitoring of psychotropic medications?

4. During the period under review, did the agency ensure that appropriate services were provided to the child(ren) to address all identified physical health needs?

5. During the period under review, did the agency ensure that appropriate services were provided to the child(ren) to address all identified dental health needs?

Instructions: Determine whether there is evidence that, during the period under review, the agency arranged for assessment of the child(ren)'s health care needs, including dental care needs, both initially (if the child entered out-of-home care during the period under review), or on an ongoing basis through periodic health and dental screening services conducted during the period under review.

The evidence to consider would include, but is not limited to:

– Conducting an initial health care screening, such as EPSDT (Early Periodic Screening, Diagnosis, and Treatment) or other comprehensive medical examination upon entry into out-of-home care (if the child entered out-of-home care during the period under review).

– Ensuring that, during the period under review, the child received ongoing periodic preventive physical and dental health screenings to identify and avoid potential problems. (Preventive health care refers to initial and periodic age-appropriate dental or physical health examinations.)

– Including an assessment of physical and dental health needs in the initial comprehensive needs assessment (if the child entered out-of-home care during the period under review), or in ongoing needs assessments conducted to guide case planning.

To the extent available and accessible, the child's health records are up to date and included in the case file [Social Security Act § 475(1)(C)].

– The case plan addresses the issue of health and dental care needs [Social Security Act § 475(1)(C)].

– To the extent available and accessible, foster parents or out-of-home care providers are provided with the child's health records [Social Security Act § 475(5)(D)].

– Health records include the names and addresses of the child's health care providers, a record of the child's immunizations, the child's known medical problems, the child's medications, and any other relevant health information.

Rating Criterion:

❑ Strength, if the agency is addressing the physical health needs of the child, including dental health needs.

❑ Area Needing Improvement, if the agency is not addressing the physical health needs of the child, including dental health needs. This item is answered Area Needing Improvement if any of the five items required by the CFSR Assessment tool are answered Area Needing Improvement.

❑ NA, for In-home services cases only if, the reviewer determines that there is no reason to expect that the agency would address physical health issues for any children in the family, given the reason for agency involvement or the circumstances of the case. This "non-applicability" applies even if there is evidence in the case file that the agency has learned that the parent is effective in taking care of the child's physical health needs.

Reference: 39.407(1), F.S., s. 39.6012(2) (a-b), F.S., Florida Administrative Code 65C-29.008 (1), s. 39.001(1) (a); 39.6011(8); 39.701(8) (a)12; 39.6012(2) (a) (b) 1-8; F.S.; 39.407(1), F.S., s. 39.6012(2) (a-b), F.S.; s. 39.001(1) (a), F.S.; Florida Administrative Code 65C-29.008 (1); 59G-4.060 and 65C-30.006(5) (f), Florida Administrative Code Florida Administrative Code 65C-13.029(1) (f-h); Florida Administrative Code 65C-28.003; Florida Administrative Code 65C-30.006(5) (f) 1-4, F.A.C., Social Security Act s. 474 (5) (D); Social Security Act s. 475(1) (c); & Federal Child & Family Services Review, Well-Being Outcome 3, Item 17

Item 20
Mental/Behavioral Health of the Child

20.0   Has the agency addressed the mental/behavioral health needs of the child? (CFSR Well-being Outcome 3, Item 18)

○ Strength   ○ Area Needing Improvement   ○ Not Applicable

Applicable Cases:

- Out-of-home care cases are applicable for an assessment of this item if the reviewer determines that, during the period under review, the child had existing mental/behavioral health needs, including substance abuse issues. If the child had mental/behavioral health issues before the period under review that were adequately addressed and there are no remaining needs during the period under review, the case should be rated as Not Applicable.

- In-home services cases are applicable for an assessment of this item if (1) mental/behavioral health issues were relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address mental/behavioral health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address mental health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child's mental health.

- In-home services cases are Not Applicable for an assessment of this item if the reviewer determines that there is no reason to expect that, during the period under review, the agency would address mental/behavioral health issues for any children in the family, given the reason for agency involvement or the circumstances of the case.

Core Concepts: A Comprehensive Behavioral Health Assessment (CBHA) of the child's mental/behavioral health needs is required initially for all children in out-of-home care regardless if behavioral problems are identified including substance abuse. Assessments must also be done on an ongoing basis to inform case planning decisions. Out-of-home cases are also applicable when a substance abuse treatment need is identified. For in-home cases, this requirement is applicable if mental/behavioral health issues are relevant to the reason for the agency's involvement.

For example a mental/behavioral health assessment may be required for an in-home child who is the subject of a verified maltreatment report and there is reason to suspect the maltreat affected the child's mental health; a service case is activated due to inappropriate parenting of a mentally ill child and treatment would be relevant to reduce the risk to the child, etc.

The Federal CFSR On-Site Review Instrument (Item 17) focuses on five questions.

1. During the period under review, did the agency conduct an accurate assessment of the child(ren)'s mental/behavioral health needs either initially (if the child entered out-of-home care during the period under review) or on an ongoing basis to inform case planning decisions?

2. During the period under review did the agency provide appropriate oversight of prescription medicines for mental health issues, including following state protocols for the appropriate use and monitoring of psychotropic medications?

Instructions: Determine whether, during the period under review, the agency conducted a formal or informal mental/behavioral health assessment on the child either at entry into out-of-home care or on an ongoing basis to provide updated information for case planning decisions with regard to mental/behavioral health issues.

If the case is an in-home services case, the question should be answered for all children in the home who meet the case applicability requirements.

Rating Criterion:

1. Strength, if the agency is addressing the mental/behavioral health needs of the child, including conducting an assessment of the child(ren)'s mental/behavioral health needs either initially or on an ongoing basis to inform case planning decisions and if the agency is providing appropriate oversight of prescription medicines for mental health issues, including following state protocols for the appropriate use and monitoring of psychotropic medications.

2. Area Needing Improvement, if the agency is not addressing the mental/behavioral health needs of the child, including conducting an assessment of the child(ren)'s mental/behavioral health needs either initially or on an ongoing basis to inform case planning decisions and if the agency is not providing appropriate oversight of prescription medicines for mental health issues, including following state protocols for the appropriate use and monitoring of psychotropic medications.

❑   NA, if for in-home services case the reviewer determines that there is no reason to expect that, during the period under review, the agency would address mental/behavioral health issues for any children in the family, given the reason for agency involvement or the circumstances of the case.

Reference: s. 39.407(1); & 39.6012(2)(a), F.S.; Florida Administrative Code 65C-28.014; Florida Administrative Code 65C29.008; Florida Administrative Code 65C-30.002(1); Florida Administrative Code 65C-30.006(1)(a), (2), (3)(b), & (5)(g)1, Children & Families Operating Procedure 155-10; & Federal Child & Family Services Review, Well-Being Outcome 3, Item 18

Item 21
Planning for Safe Closure

21.0   Does the case plan for safe case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent service process providing a mix of services that fits the child and family's evolving situation?

○ Strength   ○ Area Needing Improvement

Applicable Cases: All cases are applicable for assessment of this item.

Instructions and Considerations: To be effective, the case plan process should be:
- Based on a "big picture" understanding of accurate and recent assessments that explain near-term needs and underlying issues that must be addressed in order to bring about essential family changes;
- Reflective of the views and preferences of the child and family;
- Directed toward the achievement of conditions necessary for family independence and sustainable safe case closure in the long-term;
- Coherent in design and practical in the use of formal and informal resources;
- Culturally appropriate; and
- Modified frequently based on changing circumstances, experience gained, and progress made toward meeting necessary conditions for safe case closure.

Processes and practices to ensure that information sharing and responsibility for the family are in place in the following circumstances:
- Transfer of case management responsibility from CPI to CBC;
- New abuse report in an open services case;
- Change in case manager;
- Multiple case management responsibility--Out of Town Inquiry/Out of County Services/ICPC;
- Adoptions as Secondary/Transfer to Adoptions;
- Independent living.

Documentation clearly reflects on-going discussion and completion of activities and regular communication between entities responsible for the child's safety, i.e. the loop is closed. The reviewer must assess whether the case plan specifically addressed the actions necessary to resolve the issues that led to the family's involvement with the agency.

Rating Criterion:

❑ Strength, if the case plan is individualized and matched to the child and family's present situation, and preferences, and includes a realistic, long-term goal toward safe case closure**.**

❑ Area Needing Improvement, if the case plan is not individualized or matched to the child and family's present situation, and preferences, and/or does not include a realistic long term goal toward safe case closure**.**

❑ NA , if there is no current case plan.

Reference: s. 39.6012 (1) (a) & (b) 1-7, F.S.

Item 22

Supervisory Case Consultation and Guidance

22.0   Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently?

❍ Strength ❍ Area Needing Improvement

Applicable Cases: All cases are applicable for assessment of this item.

Core Concepts: Supervisors must be involved in any casework decision that affects child safety and permanence. The supervisor and case manager should collaborate to reach consensus on decisions regarding safety for the child. Since the case manager is the primary holder of the information, the supervisor should review his or her documentation and meet with the case manager to analyze the information.

The supervisor and case manager must both be aware of the information needed and why. The case manager must consult with the supervisor to review the observed family condition and discuss what was observed and why the child was assessed to be safe, or if there is evidence of Impending Danger, is evidence to support Present Danger. The supervisory consultation should focus on whether the case manager's information and observations are sufficient to support the case manager's conclusion. When the case manager determines there is present or impending danger, the supervisor must explore all aspects of the family condition and ensure the information obtained is reconciled with the core concepts of each.

The reviewer should look for evidence the case manager was encouraged to critically analyze the information obtained, observations made, and what is known and unknown about the family.

Rating Criterion:

❑   Strength, if supervision identifies concerns in service provision related to all of the above and recommended actions are followed up on urgently.

❑   Area Needing Improvement, if supervision does not identify noted concerns in service provision related to all of the above and/or if recommended actions are not followed up on urgently.

References: This item is tied to CFSR Safety Outcome 1, Item 3: Services to the family to maintain in the home and Safety Outcome 1, Item 4: Risk and safety management.

Data Collection Items

Item 23: Was a case consultation completed?   ❍ Yes ❍ No

Item 24: Was a Request for Action completed in FSFN for an immediate safety concern? ❍ Yes ❍ No

Item 25: Was this case a safety methodology case?   ❍ Yes ❍ No

Rick Scott
Governor

State of Florida
Department of Children and Families

Mike Carroll
Secretary

MYFLFAMILIES.COM

September 8, 2014

Paul Kirisitz, Acting Regional Program Manager
Region IV Children's Bureau
Portals Building
8th Floor, Suite 8110 West
1250 Maryland Avenue
Washington, DC 20224

Dear Mr. Kirisitz:

This letter serves as Florida's application to utilize the state's child welfare quality assurance system to conduct case reviews for the 2016 Child and Family Services Reviews (CFSR). The Department of Children and Families has worked diligently to create a robust quality assurance system that engages our regions, Sheriffs, and community-based care lead agencies in the case review process. We believe we can demonstrate that the following criteria established by the Children's Bureau are currently in place or will be in place by the beginning of and throughout the case review period.

1. The state operates an internal case review process at least annually that assesses statewide practice performance for the key child welfare areas using a uniform sampling process and methodology.

2. The state has a process in place for ensuring accurate and consistent case review ratings.

3. The state uses the federal onsite review instrument and instructions using the sample and method established above to collect data to be used for the initial determination of conformity.

Thank you for the briefings and trainings the Children's Bureau has provided to prepare states for the third round of CFSRs. Ms. Sylvia Kim has been very helpful in providing information and guidance as we considered this decision.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

Please contact Traci Leavine, Director of Child Welfare Practice at (850) 922-2298 or traci_leavine@dcf.state.fl.us and Eleese Davis, Child Welfare CQI Manager at (850) 717-4650 or Eleese_davis@dcf.state.fl.us if you have any questions or need additional information.

Sincerely,

Janice Thomas
Assistant Secretary for Child Welfare

cc: Pete Digre, Deputy Secretary
    Traci Leavine, Director of Child Welfare Practice
    Eleese Davis, Child Welfare CQI Manager

Florida Department of Children and Families

CFSR Planning: Meeting with the Measurement, Analysis and Sampling Committee (MASC)
Conference # 877-717-3980 Code: 1485550

March 18, 2015

Participants	
Eleese Davis	Office of Child Welfare - CQI
Sallie Bond	Office of Child Welfare - CQI
Atarri Hall	Office of Child Welfare - CQI
Amy Kelly	Office of Child Welfare - OCW Data Unit
Carlita Bennett	Families First Network
Mark Shults	ChildNet
Chris Ross	Family Support Services N Fla
Chris Dyer	Heartland for Children
Kevin Nelson	Our Kids
Kelly Wilkerson	St. Johns Family Integrity
Shalonda Cawthorn	Children's Bureau, Regional Office
Elizabeth Wynn	Children's Bureau, Regional Office
Darren ??	Children's Bureau, Regional Office
Jim Gregory	Children's Bureau, DC
Myrll McBride	Children's Bureau, DC
Sylvie Kim	Children's Bureau, DC
Elizabeth Jones	Children's Bureau, DC
Allison??	Children's Bureau, DC

Agenda Item	Follow-Up
Introductions	
Roll of the MASC	
Review and Discussion of Florida Case Review Criterion document	
Discussion of Sample Frame	

Measurement and Sampling Committee **Florida** 3/18/2015	
Present	FL: Eleese Davis, Sallie Bonds, Amy Kelly, Traci Leavine, Mark Shults, Carlita Bennett, Chris Ross, Kevin, Chris Dyer, Kelly Wilkerson RO: Liz Wynn, Shalonda Cawthon, Daron Jackson CFSR Unit/MASC: Myrrl McBride, Sylvia Kim, Allison McDowell, Elizabeth Jones Ferguson, Jim Gregory
MASC Introduction	• MASC is the Measurement and Sampling Committee. • MASC's purpose for CFSR round 3 is to work with states to negotiate, develop, and finalize their sampling strategies for the onsite review process. However, MASC is not in a decision-making role. • MASC will also consult on PIP measurement when the time comes. • The committee will review all the states' final sampling plans before CB approves states to conduct their own case reviews. MASC will facilitate the consistent use of sound measurement and sampling approaches and timely approval of sampling plans and state case review processes. • MASC works from the case review criteria, Technical Bulletin #7, and Technical #8, but will consider individually other proposals from states. • On MASC is a representative from ACYF ODARE (statistician), program specialists, the CFSR unit lead and the Regional Office lead. • Criteria one is MASC's focus although there is some overlap with the other criteria. • MASC is not an approval authority. Approval occurs within the RO, CFSR unit, and CB leadership structure.
Florida Overview	• Florida is no longer using the QSR or the Florida-modified CFSR tool for their reviews. • Florida is practicing in the OMS training site and is preparing to use it for ongoing CQI case review activities. • By July 15, 2015, the state is planning to have all the CBCs doing their reviews in OMS, contingent upon their ability to migrate data by county and pull/download data into an excel file. JBS has everyone's names and roles. • The state will continue to conduct Rapid Safety Feedback reviews on in-home cases separate from the CFSRs. • For their ongoing CQI, Florida reviews 40 cases across their 20 CBCs each quarter. Case- specific interviews are done on 2 cases each quarter; while the rest of the cases just get a SACWIS review.
Sample Size	• Florida wants to address the entire state to get a sense of practice, and to foster ownership of the review process across the state. • Florida is considering reviewing a total of 120 cases across the six month case review period. • MASC confirmed that 120 cases is well above the minimum of 65 cases and similar to what several states are reviewing this round.
Case Review Period Proposal	• Florida is considering proposing, for the six month CFSR case review period, each of Florida's 20 CBCs (spread across DCF's 6 regions) will review six cases, which will include case-specific interviews, for a total of 120 cases.

	o 3 cases will be reviewed per 2 month period, leaving 2 months to pull all the data together and ensure it is clean. o The data from these reviews will be kept separate from their ongoing CQI case reviews, which will not include case-specific interviews.

Representative Sample	• By regulation, the CFSRs require the state's largest metro be a significant part of the statewide sample.
	• In Florida's proposal, MASC pointed out that the small CBCs may be be over-represented because they will review the same number of cases as the large ones.
	• The proposed approach does not seem to account for the size of the CBC, itself. For example, the south region serves 2,061 kids in care will be pulling the same number of cases for the CFSR as a CBC with 247 kids.
	   o CB does not necessarily require absolute proportionality, but it should be a reasonable representation of the state.
	   o Some regions have more CBCs than others.
	   o Some CBCs serve very few children.
	• FL should consider that the large CBCs will have a bigger impact on data indicators and overall state performance.
	• Florida should consider the possibility of over- and under-representation as the state refines its CFSR case review proposal as well as their options in the context of the state's capacity (which includes travel and the robustness of the various CBC QA teams) and consult with CB as needed.
	• Florida has a tribal population in Broward County with whom the state works via a dedicated unit. Florida indicated they can ensure tribal children are included in the universe.
	   o This could be accomplished through the statewide random sample, but there are so few tribal cases within the CBCs that they may not get any in the sample.
	   o Tribal cases are a small percentage of Florida's population.
	   o If Florida feels they need to have a tribal case, the state might need to consider doing a targeted sample in Broward County. Florida will provide the numbers for CB consideration.

Fixed versus Rolling Sampling Approach	• With the fixed sampling approach, the sample period is April 1, 2015 to September 30, 2015.
	• CB can also approve a rolling sampling approach at the state's request.
	   o The sample period would roll forward each month of reviews. The first month of reviews use the sample period from April 1, 2015 to September 30, 2015 and the next month uses a sample period from May 1 through October 31. The process continues in this way throughout the six month review period.
	• There are requirements that come with a rolling sampling approach which Florida should consider.
	   o The state must spread the number of cases reviewed equally across the six month review period. Florida will need to review a consistent number of cases each month (e.g. states cannot review the majority of reviews one month, skip a few months, and then review the rest of the cases). With each

	CBC reviewing 6 cases, Florida thinks it might be feasible for each CBC to review 1 case per month.
	o The number of cases reviewed each month does not need to be exactly equal, but it is preferable that they not vary by more than 3 or 4 cases.
	o The state needs the capacity to pull the samples the same way each time.
	o The state needs to make sure there is adequate representation in each sample and the process is something the state can replicate going forward.
	• Advantages of a rolling sampling approach
	o The state is looking at a more current sample of cases as it gets further into the six month CFSR case review period.
	o It results in a fixed 12 month period under review (PUR).
	o For ongoing CQI, it may be a more desirable to look at more recent case practice, particularly because pulling the sample from the state's information system affords more flexibility.
Foster Care/In-Home Case Ratio	• For the most part, Florida feels the 60/40 ratio of foster care to in-home cases is reflective of their case population (63:47).
	o In the table Florida provided, however, the in-home numbers are by child instead of by family (which CB requires). Converting the numbers to family counts will change Florida's foster care/in-home ratio.
	o Foster case cases should be identified by child
	• The 60/40 split applies to traditional reviews and states that are reviewing the minimum number of cases (65) or close to it (80-100 cases). Beyond that, states should be closer to their actual ratios, unless there is an extremely high proportion of foster care cases, in which case, CB will still require the min of 25 in-home cases.
	• Florida should incorporate their real numbers into their CFSR case review proposal so it represents where their cases are.
In-Home Sample Frame	• Currently, Florida stratifies for children under age 4 for their rapid safety feedback reviews. Stratification of in-home cases is usually by case type rather than by age or maltreatment type. However, CB is open to state proposals that include actual numbers and/or percentages.
	• A random sampling approach will result in adequate representation across case types, ages, etc., but may not result in the most relevant cases for the CFSR. CB wants to be sure the IV-B cases are coming into the sample.
	• Florida should determine if/ how the state wants to stratify their CFSR sample to cover the other age groups in the context of their discussion about how in-home cases, including their alternative response cases, will be defined. Florida will need to provide sufficient detail about the sample frame in their final case review proposal, including:
	o Identifiers for the various types of in-home cases.
	o Percentages of each in-home case type
	o Rationale for any adjustments or stratification to avoid over- or under-representation of any particular in-home service types.
	• In-home cases need to be open for services at least 45 days to be included in the sample. Florida needs to decide how this time will be counted. For example, does the time start with the investigation start date, case assignment, or when the worker opens a service plan in the SACWIS).

	○ Florida can propose what makes sense for them based on the case flow. Consider whether there is clear, relevant policy e.g. investigations are considered service provision) and if it is different for different in-home case types. ○ CB does not recommend timelines that are dependent on the entry of info into the system because the CFSR looks at cases regardless of when information was entered into the information system. ○ If there is a case in the in-home sample that has been open for less than 45 days by the end of the sample period, but remained open long enough after the sample period to reach at least 45 days, that case could be included since the 45 days occurred during the PUR. However, the state needs to include this in its case review criteria proposal for CB consideration. - Florida will probably use the date the case is transferred to services, but will discuss further.
Actual Sample Frame Submission	When Florida is ready to submit its actual sample frames, CB will provide the state with a folder and password to an FTP site so the transfer can occur securely.
Case Elimination	- Florida added, "a case open for non-relative caregiver payment only and not open to other services" (#7) to the case elimination criteria. Non-relative care giver payment-only cases are not services cases – only payment. - Florida can address these cases through the sample pull versus through case elimination by setting parameters for criterion such as case duration, etc. - Florida confirmed that their data shop can program the criteria so the final output does not include the exclusions. Doing so results in exclusions for the data run and then the application of case elimination criteria after the data run. - How the state defines its in-home sample will impact the case elimination criteria. CB and Florida should have additional discussion about case elimination once the state makes these decisions and is closer to submitting their samples. - Florida will provide the relevant syntax or describe it in their proposal.
Conflict of Interest	- Florida is proposing that the CBC QA team review the case files that the CBC directly contracts with Florida. - Florida's privatization requires the CBCs to oversee the agencies that provide child welfare services. - Some CBCs have taken the case management piece back in-house – they would not review their own cases; but CBCs without case management responsibility should be able to review the cases.
Online Management System (OMS)	- Florida wants to activate OMS for CQI work once everyone is trained and has practiced in the system enough to ensure the reliability of the data. The state is targeting June 15, 2015 for activation. - There will be a number of enhancements by then and reporting/exporting to excel will be in place. - Florida will be able to drill down to the CBC, office, and/or the supervisor level based on the naming convention the state develops. States can be creative by thinking ahead about how they want to report the data.

Next Steps	• Florida will include in their proposal how the state will address conflict of interest and the checks they will put in place among CBCs with case management responsibility (Criterion 2).
	• Florida will request a follow-up consultation with MASC, as needed.

Based on CBC percentage of the statewide total for each placement type

DCF Region	Total OHC Statewide N=19,893	Licensed OHC Statewide N=6,734	Facility Based Statewide N=2,177	Unlicensed Relative Statewide N=8,827	Unlicensed Non-Relative Statewide N=2,155	In Home Services Statewide N=11,838	Sample Total Cases to Review	Sample Split Out-of-Home Care 60%	In Home Services 40%
Northwest Region		9.71%	8.08%	8.97%	8.35%	6.91%	12	7	5
Northeast Region		13.38%	8.59%	8.88%	13.23%	15.88%	30	18	12
Central Region		19.33%	18.47%	21.80%	21.30%	20.25%	30	18	12
Suncoast Region		28.82%	22.23%	25.74%	23.43%	22.24%	24	14	10
Southeast Region		19.60%	28.25%	18.96%	14.76%	18.68%	18	11	7
South Region		9.15%	14.38%	11.71%	13.83%	16.04%	6	4	2

Statewide Total of Case Reviews   **120**   **72**   **48**

Proposal for Florida Sample

Region	Regional Community Based Care Lead Agency	Total OHC	Licensed OHC	% of total licensed OHC	Facility Based Licensed OHC	% of total facility based OHC	Unlicensed Relative OHC	% of Total OHC	Unlicensed Non-Relative OHC	% of Total OHC	In Home Services	% of Total	Percentage by Placement Type and In Home Services	
Northwest Region	Big Bend CBC	633	200	2.97%	97	4.46%	267	3.02%	69	3.20%	200	1.69%	Licensed OHC	9.71%
	Families First Network	1169	454	6.74%	79	3.63%	525	5.95%	111	5.15%	618	5.22%	Facility Based Licensed OHC	8.08%
													Unlicensed Relative OHC	8.97%
													Unlicensed Non Relative OHC	8.35%
													In Home Services	6.91%
Northeast Region	Community Partnership for Children	727	259	3.85%	65	2.99%	324	3.67%	79	3.67%	336	2.84%	Licensed OHC	13.38%
	Family Integrity Program	247	46	0.68%	15	0.69%	54	0.61%	132	6.13%	53	0.45%	Facility Based Licensed OHC	8.59%
	Family Support Services N. Florida	769	354	5.26%	45	2.07%	312	3.53%	58	2.69%	954	8.06%	Unlicensed Relative OHC	8.88%
	Kids First of Florida	187	66	0.98%	11	0.51%	94	1.06%	16	0.74%	123	1.04%	Unlicensed Non Relative OHC	13.23%
	Partnership for Strong Families	684	176	2.61%	51	2.34%	347	3.93%	110	5.10%	414	3.50%	In Home Services	15.88%
Central Region	Brevard Family Partnership	635	231	3.43%	40	1.84%	307	3.48%	57	2.65%	231	1.95%	Licensed OHC	19.33%
	CBC Central Florida	1167	334	4.96%	126	5.79%	577	6.54%	130	6.03%	692	5.85%	Facility Based Licensed OHC	18.47%
	Community Based Care Seminole	300	84	1.25%	51	2.34%	141	1.60%	24	1.11%	165	1.39%	Unlicensed Relative OHC	21.80%
	Heartland for Children	974	312	4.63%	118	5.42%	412	4.67%	132	6.13%	436	3.68%	Unlicensed Non Relative OHC	21.30%
	Kids Central Inc.	1011	341	5.06%	67	3.08%	487	5.52%	116	5.38%	873	7.38%	In Home Services	20.25%

Proposal for Florida Sample

Region	Regional Community Based Care Lead Agency	Total OHC	Licensed OHC	% of total licensed OHC	Facility Based Licensed OHC	% of total facility based OHC	Unlicensed Relative OHC	% of Total OHC	Unlicensed Non-Relative OHC	% of Total OHC	In Home Services	% of Total	Percentage by Placement Type and In Home Services	
Suncoast Region	Children's Network of SW Florida	1222	507	7.53%	94	4.32%	490	5.55%	131	6.08%	572	4.83%	Licensed OHC	28.82%
	Eckerd Pinellas/Pasco	1564	637	9.46%	144	6.61%	639	7.24%	144	6.68%	718	6.07%	Facility Based Licensed OHC	22.23%
	Eckerd Hillsborough	1707	548	8.14%	170	7.81%	839	9.50%	150	6.96%	1049	8.86%	Unlicensed Relative OHC	25.74%
	Sarasota YMCA	709	249	3.70%	76	3.49%	304	3.44%	80	3.71%	293	2.48%	Unlicensed Non Relative OHC	23.43%
Southeast Region	ChildNet Broward	2053	782	11.61%	255	11.71%	863	9.78%	153	7.10%	975	8.24%	Licensed OHC	19.60%
	ChildNet Palm Beach	1127	344	5.11%	221	10.15%	468	5.30%	94	4.36%	679	5.74%	Facility Based Licensed OHC	28.25%
	Devereux	747	194	2.88%	139	6.38%	343	3.89%	71	3.29%	557	4.71%	Unlicensed Relative OHC	18.96%
													Unlicensed Non Relative OHC	14.76%
													In Home Services	18.68%
South Region	Our Kids	2261	616	9.15%	313	14.38%	1034	11.71%	298	13.83%	1899	16.04%	Licensed OHC	9.15%
													Facility Based Licensed OHC	14.38%
													Unlicensed Relative OHC	11.71%
													Unlicensed Non Relative OHC	13.83%
													In Home Services	16.04%
	TOTALS	15477	5179		1814		6904		1580		9139		In Home Services	22.24%

POSITION DESCRIPTION

Attachment 4

☐ CAREER SERVICE	☒ SELECTED EXEMPT SERVICE	☐ SENIOR MANAGEMENT SERVICE	☐ OTHER:

POSITION LOCATION INFORMATION	**Position Exempt Under 110.205( )( ), F.S.** ☒ Managerial ☐ Confidential ☐ Supervisory ☐ Other:

NAME OF AGENCY:
Department of Children and Families

Organization Level:
Current: Proposed:

DIVISION/COMPARABLE:
Office of the Assistant Secretary of Operations

Position Number:	FTE:		Security Role Code:

BUREAU/COMPARABLE:
XXX Region

Current Broadband Level Code: 11-1021-02	Current Class Title: Operations and Management Consultant Manager-SES	Current Class Code: 2238

SECTION/SUBSECTION:
Child Welfare

Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:

HEADQUARTERS/COUNTY CODE:

Type of Transaction:

INCUMBENT:

APPROVAL AUTHORITY USE ONLY			
Broadband Level Code:	Class Code:	Approved By:	Effective Date:

POSITION ATTRIBUTES:

EEO: ☐ 01 ☒ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

CBU: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08

☐ 09 ☐ 10 ☐ 11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87

☐ 89 ☐ 99 ☐ Other: _____

Special Risk: ☐ Yes ☒ No

Overtime: ☐ Yes ☒ No   CAD: ☐ Yes ☒ No

APPROVED BROADBAND OCCUPATION:

APPROVED CLASS TITLE:

1. This position reports directly to: Position Number: _____ Broadband Level Code: _____ Broadband Occupation: _____
Class Code: _____ Class Title: _____

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

3. What statutes establish or define the work performed?
Title IV-B and IV E of the Social Security Act; s. 39.201, F.S.; s. 39.2015, F.S.; s. 39.301, F.S.; s. 409.986; S. 409.996, F.S.

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   _____ Other Areas $0.00 TOTAL ALLOTMENT

If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation.

6. 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
	This is a highly responsible, independent managerial position within the Department of Children and Families, Regional Child Welfare Critical Child Safety Team. The position requires extensive knowledge of child abuse, neglect and maltreatment, professional experience in child protection programs, proficiency in the child welfare safety practice model, and a strong working knowledge of applicable performance and process management principles and practices. The incumbent must possess analytical skills to address complex investigative activities regarding child protective investigations. The incumbent is responsible for managing the regional child welfare Critical Child Safety Teams that is designated the responsibility to conduct Secondary Case Reviews, Rapid Safety Feedback, QA Reviews of Child Fatalities, Child Fatality Reviews, and other child welfare programmatic reviews. Specific duties and responsibilities of the position include:
20%	Hires, directly supervises and evaluates the performance of support and professional staff members assigned to the regional Critical Child Safety Team.
15%	Consults and coordinates with the Familiy and Community Services Director regarding planning for and implementation of review activities. Directs, participates in, and ensures the efficient and effective preparation and planning for various types of reviews, including Secondary Case Reviews, Rapid Safety Feedback, QA Reviews of Child Fatalities, Child Fatality Reviews, federal compliance audits, validation of region/circuit monitoring efforts and statewide programmatic reviews.
10%	Ensures that findings from all Critical Child Safety Team reviews are provided to management in accordance with the timeframes establised by the Office of Child Welfare. Makes presentations to regional leadership as needed on review findings and potential gaps in practice.
30%	Reviews and approves all reports and work products generated by staff . Reviews and approves all leave, travel, supply and equipment requests and vouchers. Directs, participates in and ensures the efficient and effective completion of written and electronic reports and necessary follow-up activities. Assigns and supervises responsibilities for or takes the lead on the formulation of corrective action recommendations and identification of necessary follow-up activities, such as provision of technical assistance. Ensures a single case bore analysis is completed on all QA reviews of child fatalities with a prior report within the previous five years (excluding CIRRT reviews). Ensures data integrity of all data and information submitted to the Department through the DCF-QA Web Portal and Qualtric Research Tool.
10%	Participates as a team member in statewide and regional CQI meetings, other departmental workgroups or teams and makes presentations as needed. Enhance professional knowledge and expertise by participating in training seminars, workshops and conferences. Maintains a working knowledge of federal and state laws, Department Operating Procedures, and Florida Administrative Codes related to child protecion.
10%	Enusres staff members complete required training to achieve proficiency in the Safety Practice Model. Performs other related duties as assigned.

7. Knowledge, skills and abilities, including utilizaion of equipment, required for the position:
   Proficient in the application of the child welfare safety practice model.
   Ability to apply critical thinking in case review activities.
   Ability to provide constructive feedback; ability to write reports.

Knowledge of basic management principles and practices
Knowledge of the methods of data collection and analysis
Knowledge of and experience in child protection and child welfare
Ability to manage a consultative program designed to ensure the resolution of managerial and operational problems.
Ability to determine work priorities and ensure proper completion of work assignments
Ability to communicate effectively, both verbally and in writing
Ability to establish and maintain effective working relationships with others
Ability to assess budgetary needs
Ability to formulate policies and procedures
Ability to understand and apply applicable rules, regulations, policies and procedures relating to operational and management analysis activities
Ability to organize data into logical format for presentation in reports, documents and other materials
Ability to collect, evaluate and analyze data to develop alternative recommendations, solve problems, document work and other activities relating to the improvement of operational and management practices.
Ability to conduct fact-finding research
Ability to work independently
Ability to solve problems and make decisions.

8. Licensure/registration/certification requirements (if applicable, list the appropriate Florida Statute or federal regulation cite):

9. Other job-related requirements for this position:

10. Working hours: (A) Daily from _____ to _____ (B) Total hours in workweek: _____ (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's Signature (optional):	Date:	
Discussed with Employee: ☐ Yes ☐ No Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE ☒   SELECTED EXEMPT SERVICE ☐   SENIOR MANAGEMENT SERVICE ☐   OTHER ☐ ___

POSITION LOCATION INFORMATION	Position Exempt Under 110.205(____)(____), F.S. Managerial ☐ Confidential ☐ Supervisory ☐ Other ☒ ___		
NAME OF AGENCY: Department of Children and Families	**Organization Level:** **Current:** 60 **Proposed:**		
DIVISION/COMPARABLE: Deputy Secretary of Operations	**Position Number**:	**FTE:** 1.0	**Security Role Code: E**
BUREAU/COMPARABLE:	**Current Broadband Level Code:** 21-1099-04	**Current Class Title:** Critical Child Safety Practice Expert	**Current Class Code:** 8376
SECTION/SUBSECTION: Family Safety and Community Services	**Proposed Broadband Level Code:**	**Proposed Class Title:**	**Proposed Class Code:**
HEADQUARTERS/COUNTY CODE: /	**Type of Transaction**:		

INCUMBENT:	APPROVAL AUTHORITY USE ONLY			
POSITION ATTRIBUTES: EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☒ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☐ 89 ☐ 99 ☐ Other ☐ ___ Special Risk: Yes ☐ No ☒ Overtime: Yes ☐ No ☒ CAD: Yes ☐ No ☒	Broadband Level Code	Class Code:	Approved By:	Effective Date:
	APPROVED BROADBAND OCCUPATION:			
	APPROVED CLASS TITLE:			

1. This position reports directly to: Position Number ____ Broadband Level Code 11-1021-02

    Broadband Occupation <u>General and Operations Managers</u> Class Code <u>2238</u> Class Title <u>Operations & Mgmt Consultant Mgr-SES</u>

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

3. What statutes establish or define the work performed?

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.

% of Time	Duties and Responsibilities
	6. 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
	This is advanced professional work assessing and developing Child Protective Investigators (CPIs) to ensure fidelity to the Child Welfare Safety Practice Model. The incumbent must have extensive knowledge of child abuse, neglect and maltreatment and experience in child protection programs and possess analytical skills to address complex investigative activities. The incumbent must maintain a working knowledge of Federal and state laws regarding child protective investigations and administrative codes. Specific duties and responsibilities of the position include the following:
60%	Conduct complex case reviews of investigative activities to promptly identify potential child safety threats for under age children who have multiple risk factors such as a paramour in the home; parental substance abuse; and domestic violence history. Provide consultation and direction to CPI's and CPI Supervisor's by engaging in discussions about patterns, potential danger or threat, parental protective capabilities, child vulnerability by addressing child safety threats with a sense of urgency to ensure the sufficiency of such assessments and corresponding safety plans are effective.
15%	Provide guidance to investigators by coaching, motivating, modeling, and providing other mentoring initiatives to ensure investigative activities are followed through properly, thoroughly and a sense of urgency.
10%	Provide ongoing training to staff on the safety practice model to ensure the methodology is being applied consistently and appropriately throughout the state.
10%	Conduct quarterly fidelity calls that will be open to all staff for the purpose of improving practice related to safety assessments and safety planning.
	Conducts other activities as needed.
5%	Ensures effective communication with deaf or hard-of-hearing customers and employees in accordance with the ADA and Section 504 and shall manage service records and report this data and any resources and/or training needs to the designated point of contact.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position: Proficient in the application of the child welfare safety practice model; ability to apply critical thinking in case review activities; ability to provide constructive feedback; ability to write reports.

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): Valid driver license; Current Child Welfare certification

9. Other job-related requirements for this position: see attachment
   Successful completion of the Level 1 and Level 2 Critical Child Safety Practice Proficiency.
   1. Level 1 Proficiency
   2. Level 2 (Expert level) Proficiency

10. Working hours: (A) Daily from <u>8:00AM</u> to <u>5:00PM</u> (B) Total hours in workweek <u>40</u> (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 ☐ No ☐ Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

RESULTS-ORIENTED ACCOUNTABILITY PROGRAM PLAN

DEPARTMENT OF CHILDREN AND FAMILIES

OFFICE OF CHILD WELFARE

FEBRUARY 1, 2015

Mike Carroll

Secretary

Rick Scott

Governor

TABLE OF CONTENTS

TABLE OF EXHIBITS

Revision History

Date	Author	Version	Change Reference
11/7/2014	North Highland	001	Initial Draft
12/19/2014	North Highland	1.0	Draft Submitted to DCF for Review
1/26/2015	North Highland	2.0	Final Draft Submitted to DCF for Review
1/29/2015	North Highland	3.0	Final Draft with Comment Resolutions Submitted
1/30/2015	North Highland	4.0	Final Program Plan

Quality Review

Name	Role	Date
Scott Rainey	Engagement Manager	12/18/2014
Tina Worley	Project Manager	12/18/2014
Scott Rainey	Engagement Manager	01/22/2015
John Fleming	NH Internal Quality Assurance	01/24/2015
Tina Worley	Project Manager	01/29/2015
Scott Rainey	Engagement Manager	01/30/2015

SECTION 1   EXECUTIVE SUMMARY

1.1   INTRODUCTION

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 of Children and Families (DCF, the Department), Community-Based Care Lead Agencies (CBCs, lead agencies), communities, providers, contractors, other state agencies, Tribes and the Judiciary. Collectively, these stakeholders represent the Florida Child Welfare Community (Child Welfare Community).

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

The actions of the 2014 Legislature allowed the creation of a platform for extensive advancement of the Child Welfare system through establishment of the Results-Oriented Accountability Program (the Program). While current activities related to capturing and reporting data about the Child Welfare system are vitally important, the Legislature has provided a vehicle to effect change by emphasizing the use of research and evidence-informed actions and interventions to improve outcomes when results are not as expected.

CHILD PROTECTION AND CHILD WELFARE
Children are first and foremost protected from abuse and neglect.
Children are safely maintained in their homes, if possible and appropriate.
Services are provided to protect children and prevent their removal from their homes.
Children have permanency and stability in their living arrangements.
Family relationships and connections are preserved for children.
Families have enhanced capacity to provide for their children's needs.
Children receive appropriate services to meet their educational needs.
Children receive services to meet their physical and mental health needs.
Children develop the capacity for independent living and competence as an adult.

The current system of performance measurement includes many indicators related to the outcomes listed in section 409.986(2) Florida Statutes. A tremendous amount of data is available for analysis and research, and system stakeholders find themselves frequently in a reactive position when it comes to effecting change in the system. The occurrence of tragic events involving Florida's children drive reactive modifications to practice and supporting systems inhibiting the Child Welfare Community from taking a longer-term perspective of interventions and their effectiveness. Furthermore, deploying the reactive changes in part or whole across the state without a full understanding of local factors may result in a loss of effectiveness. The complexity of the overall Child Welfare system is also a factor in how the current system tends to operate in a reactive manner.

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

1.2 PURPOSE AND HISTORY

The purpose of this document is to present a plan for development and implementation of a comprehensive Results-Oriented Accountability Program (ROA, Program), as specified by s. 409.997(2) of the 2014 Florida Statutes. As required by the statute, the Program plan must be submitted to the Governor, the President of the Senate and the Speaker of the House by February 1, 2015.

Section 31 of Chapter 2014-224, Laws of Florida (SB 1666), creates Part V of Chapter 409, Florida Statutes, entitled "Community-Based Child Welfare," consisting of sections 409.986-409.997, Florida Statutes. Those sections are enacted by Sections 31-40 of Chapter 2014-224, Laws of Florida. Section 10 of Chapter 2014-161, Laws of Florida (HB 7141), enacts a superseding version of section 409.997, Florida Statutes, which is the subject of this report.[1]

Section 409.997(1), Florida Statutes (2014), enacted by Chapter 2014-161 states the Department of Children and Families (DCF, Department), the Community-Based Care lead agencies (CBC),[2] lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in section 409.986(2), Florida Statutes (2014).

The aforementioned legislative actions create the Results-Oriented Accountability Program, with the purpose of developing mechanisms to monitor and measure the use of Child Welfare resources, the quality and amount of services and child and family outcomes.

Section 43 of Chapter 2014-224, Laws of Florida (SB 1666), creates section 1004.615, F.S., establishing the Florida Institute for Child Welfare (FICW). FICW is charged with research, policy analysis, evaluation and leadership development to improve the performance of child protection and Child Welfare services. FICW and DCF relationship is a fundamental premise to achieving the goals inherent to the Results-Oriented Accountability Program.

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[1] Section 11 of Chapter 2014-161, Laws of Florida, provides in part:
In the event that SB 1666 or similar legislation is passed during the 2014 Legislative Session and becomes law, and such legislation creates s. 409.997, Florida Statutes, the provisions of this act which create s. 409.997, Florida Statutes, shall supersede the provisions of SB 1666.
[2] Section 409.986(3)(d), Florida Statutes (2014), defines a "Community-Based Care lead agency" as a single entity with which the Department has a contract for the provision of care for children in the child protection and Child Welfare system in a community is no smaller than a county and no larger than two contiguous judicial circuits.

1.3 A UNIQUE OPPORTUNITY FOR CHANGE WITH RESULTS-ORIENTED ACCOUNTABILITY

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

While it will take time to fully realize the benefits of the Program, successful implementation will fundamentally change the way the system works. Past reforms, such as the state's Title IV-E waiver offer funding flexibility complements the Program and afford the opportunity to test innovative new programs and services.

Significant Program impacts are expected in areas beyond the assessment of outcomes:

- **Policy** – The organization created by the Program will use results to shape policy in the Child Welfare Community.

- **Practice** – Research and evidence created by the Program and corroborated by DCF and FICW will identify effective interventions currently utilized and create opportunities to validate promising interventions[3], ultimately leading to practice changes.

- **People** – A fundamental culture shift will occur as the system becomes a learning, reflexive entity encourages the use of research, evidence and data for decision-making.

- **Organization** – The organizational borders will expand to include new partners in accomplishing meaningful, research and evidence informed outcomes for children. Contracts between DCF and its existing partners could also require modification to support the key activities of the Program.

- **Technology** – Innovation resulting from the Program will lead to new solutions to support Child Welfare in new ways – for example, the use of explanatory, predictive and preventive analytics will lead to enhancements to practice and policy.

- **Shared Accountability** – Assigning accountability to those organizations and entities having a role in achieving outcomes for children extends the vision of Child Welfare accountability to all stakeholders, such as the Department of Health (DOH), Department of Juvenile Justice (DJJ), the Department of Education (DOE), the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), the Juvenile Court System and other community partners.

Overall, Results-Oriented Accountability allows the Child Welfare Community to identify and to manage their contributions to the achievement of outcomes and to create a means to collect, analyze, communicate and act upon outcome data in a proactive manner. Adherence to

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[3] Promising interventions are those interventions that have been previously tested but need further evaluation to determine if they achieve desired results in different environments. There is evidence from research that the intervention(s) work in certain contexts, but must be studied further to confirm that they are effective and efficacious in achieving outcomes in the current context.

Program processes and methodologies requires significant cultural change focused on deliberate self-information.

1.4 RESULTS-ORIENTED ACCOUNTABILITY PROGRAM MISSION

Section 409.997, F.S., establishes authority, purpose, criteria, roles and responsibilities for the Program. This statute also establishes a Technical Advisory Panel to assist with Program implementation. At the outset of the planning process, the Program Technical Advisory Panel established the mission statement for the Program, which is to develop an integrated, research-informed framework designed to inform communities, the Child Welfare system and legislators on essential elements of child protection. The defined mission is critical since it clarifies the purpose of the Program and establishes a framework for operational decision-making. All current and future activities for the Program should support this mission. Without a clear mission, resources may be allocated sub-optimally and decisions and efforts may be uncoordinated and potentially contradictory. Achieving and supporting the program mission is central to the Program design.

1.5 LONG TERM VISION

As a foundation for the work required to develop this Plan, the Program Technical Advisory Panel created a vision statement to outline future objectives supported by the statutory mission. This vision serves as the basis for long-term planning described in this document, and it incorporates the key elements of the guiding principles. The vision statement creates a target the Child Welfare system can strive toward for the next 5, 10, or 15 years.

Success over the long term requires clear linkage between the vision and the mission. **Exhibit 1: Relationship between Mission and Vision** illustrates how the mission and vision are connected and interrelated, encapsulating the guiding principles supported by enabling statutes:

Mission	To develop an integrated, research-informed framework designed to inform communities, the child welfare system, and legislators on essential elements of child protection (Chapters 20, 39, and 409, Florida Statutes).

The Problem Statement

There is a need to be able to review and analyze outcomes with more breadth and depth; e.g., analyze performance across multiple variables, by measure drivers, over time.	There is a lack of evidence to support process measures (measure drivers) are valid and reliable.	Interventions are often implemented and replicated based on face validity, without a review to determine if the intervention is research-informed, or an evaluation to determine if results (positive or negative) are due to the intervention.

Guiding Principles

Establish a collaborative, statewide child welfare community accountable for safety, permanency, and well-being that is focused on the best interests of children.	Translate data collection in the child welfare community to meaningful and useful information to enable outcome-focused decision-making.	Create a cycle of accountability framework that is focused on results and continuous quality improvement.

Vision

Child Welfare Communities have a united or collaborative approach to provide quantifiable assurances demonstrating resources are used responsibly to ensure child and family outcomes are met and informs continued investment in the future of Florida's children and families.

Solution Goals

All children have an equal opportunity to be safe, healthy, and developmentally and academically on track.	Outcomes are clearly defined and measureable, are supported and informed by sufficient data that includes common data definitions and data sharing across the community.	Community resource and service decisions are supported by transparency, accountability, and an understanding of root causes and contributing factors.

Exhibit 1: Relationship between Mission and Vision

1.6 GUIDING PRINCIPLES

Guiding principles form the framework for decision making and support objectives created to meet the stated principles. The guiding principles must take into account the current state environment (e.g., challenges) and what is required for the Program to achieve its mission. Additionally, the guiding principles align to the authority granted by statute. The Technical Advisory Panel developed three guiding principles as part of the Plan. **Exhibit 2: Guiding Principles and Supporting Statutes** below presents the guiding principles for the Program.

GUIDING PRINCIPLES	SUPPORTING STATUTE
Establish a collaborative, statewide Child Welfare Community accountable for safety, permanency and well-being focused on the best interests of children.	**409.986(2):** Establishes nine child protection and Child Welfare outcome goals for the Program.
	409.997(1): States DCF and the CBC lead agencies and their subcontractors share the responsibility for achieving the nine child protection and Child Welfare outcome goals.
	409.997(4): Directs DCF to establish a technical advisory panel to advise DCF on the implementation of the Program, including representatives from FICW, CBC lead agencies, CBC providers, other contracted providers, community alliances and family representatives, as well as two legislative liaisons.
	1004.615: Establishes FICW to be housed within the FSU College of Social Work as a consortium of the state's public and private universities collaborating to advance the well-being of children and families by improving the performance of child protection and Child Welfare services through research, policy analysis, evaluation and leadership development.
Translate data collection in the Child Welfare Community to meaningful and useful information to enable outcome-focused decision-making.	**409.997(3):** Describes the purpose and scope of the Program, including the criteria for the outcome measures, monitoring, research review, evaluation and transparency and reporting criteria.
	409.997(3)(f): Specifies periodic publishing of searchable results of the Program performance data on DCF's website and a comprehensible, visual report card for the state and each community-based care region, indicating the current status of the outcomes relative to each goal and trends in status over time.
	409.997(3)(g): for an annual performance report to interested parties including the dependency judge or judges in the community-based care service area.
Create a cycle of accountability framework focused on results and continuous quality improvement.	**409.997(3):** Describes the purpose and scope of the Program, including the criteria for the outcome measures, monitoring, research review, evaluation and transparency and reporting criteria.

Exhibit 2: Guiding Principles and Supporting Statutes

1.7 PROGRAM OVERVIEW - RECOMMENDED PROGRAM DESIGN

The Results-Oriented Accountability Program design relies on an outcome focused Child Welfare Community. As such, each stakeholder in the community is responsible and accountable for the outcomes achieved. The Program design requires a strong collaborative partnership with FICW, which serves to expand the capacity of the system in the areas of thought leadership, research, evaluation, data analytics, training and workforce sourcing.

1.7.1 CYCLE OF ACCOUNTABILITY

An academic publication presenting the design of the Program is *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy[4]*. This work presents a model of accountability serving as the framework for the Results-Oriented Accountability Program.
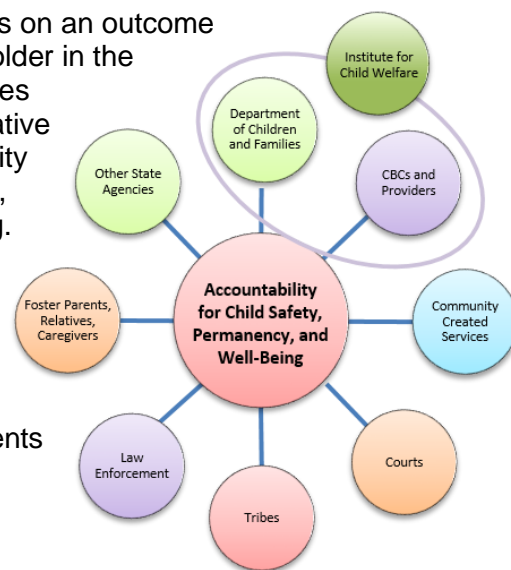
Key Accountability Program Partners

The "cycle of accountability" relies on five key activity phases with the intention of operating on a continuous basis to support a theory the Child Welfare system is assessing performance on stated outcomes, finding new or promising interventions, reviewing both internal and external validity of interventions and conducting continuous quality improvement to ensure the organization is learning and moving toward greater achievement of goals which are meaningful for children and their families.

The cycle of accountability comprises the following activity phases:

1. **Outcomes Monitoring** includes activities required to define, validate, implement and monitor outcome measures throughout the Child Welfare Community. In this phase, outcome goals are defined, valid and reliable performance measures are constructed and data is collected to evaluate and corroborate performance. This stage establishes *construct validity*, or the match between measures and the complex ideas or theories they are supposed to represent.

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[4] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

(2) **Data Analysis** encompasses approaches and procedures required to critically analyze performance results to determine if variances noted are in fact issues which should be explored further. This phase is concerned with determining the *statistical validity* of the observed gap, i.e., is the variance spurious or is it an actual issue to be explore further, based on statistical tests?

(3) **Research Review** is a series of activities employed to gather and to validate evidence to support interventions to address results not meeting expectations. Research Review assesses *external validity*, or the credibility of promising interventions in a variety of settings, with different populations.

(4) **Evaluation** includes the activities and procedures required to consider promising interventions for children and families to determine if implementation on a wider basis is warranted. The Evaluation phase helps to establish *internal validity* of the intervention, through development of empirical evidence the intervention is causally linked to the desired outcomes.

(5) **Quality Improvement** is an interrelated series of actions required to implement interventions across new domains, or to challenge, modify and test new assumptions about the underlying goals supporting the Child Welfare practice model. Quality Improvement increases or validates *construct validity*, by creating a culture in which performance is tracked, actions are taken and new strategies are developed. This phase reinforces organizational learning and reflexivity through double-loop learning, including regularly analyzing existing practices and exploring innovative solutions.

Exhibit 3: Cycle of Accountability Phases

1.7.2 PROGRAM DESIGN AND ORGANIZATION

The Program design correlates to the cycle of accountability described above and includes defined processes for each of the phases of the cycle of accountability: Outcomes Monitoring, Data Analysis, Research Review, Evaluation and Quality Improvement.

Organizationally, the Program resides within the Department's Office of Child Welfare as a newly created Program Quality and Performance Management area. This functional area requires the addition of a senior role to lead the Program and consolidates existing capabilities of the OCW. An initiative to design and build the appropriate organizational structure contemplating existing functions and resources is included as part of the Program implementation.

Program oversight is accomplished via a Cycle of Accountability Governance Committee (Governance Committee) including representatives from DCF, the CBCs, FICW and Providers. The focus of the Governance Committee is to establish Program decision-making and prioritization of the use of limited resources to meet identified goals.

1.7.3 MAJOR PROGRAM PROCESSES

Exhibit 4: Program Processes is an overview of the major processes employed in the Program. These activities implement the major phases described in the cycle of accountability.

CYCLE OF ACCOUNTABILITY PHASE	PROCESS	DESCRIPTION
Precursor	Define Valid and Reliable Outcome Measures	The Results Oriented Accountability Program Process begins with the definition of valid and reliable outcome measures. This step is a precursor to the initiation of the cycle of accountability, and becomes a part of the Quality Improvement phase once the Program is operational.
1	Collect/Review Outcome Data	Upon development of valid, reliable measures, each of the stakeholders collects data related to their role and places it in the proper repository (Case records in the Florida Safe Families Network (FSFN) system, Quality Improvement systems, other CBC or Provider systems). On a continuous basis, data is extracted into management reports for weekly, monthly, quarterly and annual reviews.
2	Conduct Data Analysis	In this step, the Department and the CBCs conduct Level I[5] data analysis to determine if outcome measure results fall within performance targets. When results do not meet performance targets, the Department will complete a root-cause analysis to determine factors such as related data and trends or practice and policy changes which might have impacted performance. If additional analysis is required, Level II Data Analysis is conducted by FICW to determine if the variances represent statistically valid gaps to act upon.
3	Conduct Research	When it is determined research is prudent, the Governance Committee prioritizes requests and refers them to FICW[6] to identify interventions to eliminate or to reduce the performance gap. In order to most effectively target the research, FICW seeks feedback from stakeholders such as Community Service Providers and the CBCs. Selection of interventions for further evaluation is accomplished through a team approach involving key stakeholders.
4	Conduct Evaluation	Upon implementation of the pilot intervention, FICW executes an Evaluation Plan and analyzes data collected from the pilot using the methodologies specified in the Evaluation Plan.

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[5] Level I Data Analysis includes basic analysis to identify issues and trends. Level II data analysis requires additional deeper analysis, and can in some cases be completed by the Department. Decisions to engage the Institute for Level II Analysis are made on a case by case basis.

[6] While the Governance Committee prioritizes requests sent to FICW, it does not direct the work of this organization.

CYCLE OF ACCOUNTABILITY PHASE	PROCESS	DESCRIPTION
5	Conduct Quality Improvement	Upon completion of the intervention evaluation, the Department and CBCs take the evaluation results and either implements them on a wider basis, modify the intervention and re-pilot, modify the outcome measures and/or determine the intervention did not work and additional research is needed.

Exhibit 4: Program Processes

1.7.4 TRANSPARENCY AND ACCOUNTABILITY

The Program creates accountability and transparency by incorporating processes and tools for timely dissemination of performance, research and evaluation results to the Child Welfare Community through analytics and visualization capability embedded to the existing DCF website.

Custom reports are available for other stakeholders who need views of the data specific to their roles in the Child Welfare Community.

The goal of Program transparency is to present accurate and timely information regarding performance, along with analysis of factors influencing trends in order for stakeholders to receive a true picture of the system and any potential needs for improvement.

1.8 PROGRAM IMPLEMENTATION REQUIREMENTS

The development of the Result-Oriented Accountability Program requires 15 short and long-term initiatives intended to create the infrastructure, the organization and the processes required for effective implementation of the Program. **Exhibit 5: Program Initiatives** presents an overview of the activities required to operationalize the program:

INITIATIVE NAME	DESCRIPTION/JUSTIFICATION	DURATION
Results-Oriented Accountability Implementation Project Team	This initiative creates the management structure and processes required to manage and oversee the implementation of the Program.	7/1/15 - 6/30/20 60 Months
Measure Development and Validation	This initiative increases the construct validity of the selected measures and increases the trust of stakeholders in Program results.	1/1/16 - 6/30/20 54 Months
Master Data Management	A Child Welfare Community perspective of ROA requires integration of data across the stakeholder community. An effective governance process will be needed to enable data collaboration while safe guarding confidentiality.	7/30/16 - 6/30/20 60 Months
Establishment of Data Lab and Tools	This initiative will establish an ROA analytics environment.	1/1/16 - 6/30/16 7 Months
Data System Updates for Initial Measurement Gaps	This initiative is required to resolve gaps between the currently defined outcome measures and FSFN data required to calculate the measures.	7/1/16 - 6/30/17 12 months
Accountability Reports	In this initiative, the team will conduct additional analysis to identify the more detailed information presentation requirements and develop specific reports for Program stakeholders.	10/1/15 - 6/30/20 54 Months
Quality Assurance/Compliance Resource Analysis	This initiative will Identify internal and external units conducting QA/QI and contract compliance activities (audits) in order to determine where resources are being utilized and if redeployment can meet Program needs without additional expense.	10/1/15 - 4/30/16 7 Months
Quality Improvement Organization	This initiative will assess Quality Improvement needs associated with the Program, and will lead to the development or modification of a QI Program Plan and procedures, to include Results-Oriented Accountability functions. This effort will develop a QI staffing plan, and will result in the creation of a role to oversee and manage the overall QI function. A new position is created within OCW (the Director of Program Quality and Performance Management) to oversee both implementation of the Results-Oriented Accountability Program, and the establishment of an enhanced QI function. This position will be established prior to the QA/Compliance Resource Analysis initiative.	10/1/15 - 5/30/16 8 Months

Initiative Name	Description/Justification	Duration
Results-Oriented Accountability Reporting System	This initiative will create a portal to monitor and improve accountability across Child Welfare Community stakeholders.	1/1/16 - 6/30/20 54 Months
Child Welfare Community Data	This initiative defines the outcome measures and measure drivers needed to guide Child Welfare Community stakeholder contributions to ROA.	1/1/16 - 6/30/20 54 Months
Institutional Review Policy Update	This initiative facilitates review of IRB processes employed by FICW and affiliated Institutions in order to ensure the state complies with federal and other requirements.	10/1/15 - 12/31/15 3 Months
Research Standards	A major output of this initiative is the development of a "Levels of Evidence" construct specific to Child Welfare in Florida. This initiative will also research, test and implement a meta-analysis protocol for Research Reviews requiring meta-analysis of large numbers of target studies.	4/1/16 - 8/31/16 5 Months
Pilot Study Standards	In this initiative, the Department will jointly develop pilot study procedures with FICW. The intent is to determine the critical elements, approvals and considerations to address before implementing a pilot study in a Child Welfare setting. This will include a work stream to assess and update CBC contracts to ensure they allow for pilots.	4/1/16 - 8/31/16 5 Months
Research and Evidence Informed Practice Training Development	This initiative includes a needs assessment to determine training requirements and objectives related to research and evidence-informed practice. The intent is to ensure the Program begins to drive a culture shift within the Child Welfare Community to one where data informs decision-making, and a "learning organization" emerges.	8/1/15 - 12/31/15 5 Months
Results-Oriented Accountability – FICW Support	This initiative represents FICW activities required to support the Results-Oriented Accountability Program, including serving as an ROA center of learning and mentor in areas such as research, evidenced-based intervention (EBI) and ROA implementation optimization. FICW will continuously improve Outcome Measures and Driver Measures while assisting the Child Welfare Community in defining ROA standards. FICW will lead research of high impact intractable problems, oversee pilots to evaluate efficacy and effectiveness of experimental interventions and Perform ROA-related training across Child Welfare Community.	7/1/15 - 6/30/20 60 Months

Exhibit 5: Program Initiatives

1.9 IMPLEMENTATION COST SUMMARY

Three Program implementation options were evaluated and are described below. The cost estimates for these options were derived based on the initiatives described in this Plan. It is important to note the estimated cost of implementing the initiatives does not factor in existing resources DCF or other stakeholders may apply to the implementation. As such, the cost estimates do not represent an appropriation request.

1.9.1 IMPLEMENTATION OPTIONS

The following implementation options were considered:

- **Option One: Baseline Program Implementation** – This option represents the baseline course of action with an optimized mix of internal resources (e.g., DCF, FICW and CBC) and external resources (e.g., Child Welfare consultants, management consultants and IT consultants) to reduce risk introduced by tasking current resources with additional Project and Program management duties.

- **Option Two**: **Effort Shift from External to Internal Resources** – This option shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization.

- **Option Three: Effort Shift from External to Internal Resources and Scope Reduction** – This option shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization. In addition, this option also reduces the number of Child Welfare Community stakeholder groups for which measures will be developed and reported from twenty to ten. This reduction in scope impacts the level of effort and cost associated with Initiatives 2, 9 and 10.

Exhibit 6: Implementation Options – Estimated Costs presents the total cost for each option across the five-year implementation period.

IMPLEMENTATION OPTION	SFY 15-16	SFY 16-17	SFY 17-18	SFY 18-19	SFY 19-20
Option One: Baseline Program Implementation	$10,557,506	$9,513,225	$8,901,571	$8,810,029	$8,960,819
Option Two: Effort Shift from External to Internal Resources	$10,185,282	$9,382,264	$8,768,646	$8,675,110	$8,823,876
Option Three: Effort Shift from External to Internal Resources and Scope Reduction	$8,488,038	$7,665,894	$7,026,530	$6,906,862	$7,029,105

Exhibit 6: Implementation Options – Estimated Costs

1.10 A MAJOR STEP IN THE RIGHT DIRECTION

The Results-Oriented Accountability Program is an opportunity to advance Florida's Child Welfare system to a level where decisions are informed by research and evidence, and outcomes for children improve. The Program encourages a system of accountability leveraging the shared efforts of the Child Welfare Community, and incorporates many of the individual efforts which are achieving results, but are not visible to others across the state. It will identify practices based on well-designed studies, and broaden the base of research and evidence for interventions. Long-term results include better outcomes for children, a more proactive system and development of stronger partnerships. In order to achieve these results, there must be a cultural shift across the Child Welfare Community, with a major change in how performance of the system is assessed, and what actions are taken when outcomes do not meet expectations.

SECTION 2 CURRENT STATE OF THE CHILD WELFARE SYSTEM

DCF is committed to a mission of protecting the vulnerable, promoting strong and economically self-sufficient families and advancing personal and family recovery. In recent years the Department and its partners endeavored to improve the delivery and effectiveness of services for children and families. Innovative reforms include: a transition to a privatized Community-Based Care service delivery model; participation in a Title IV-E flexible funding waiver demonstration project; implementation of a new safety-based practice model; and enhancements to the Statewide Automated Child Welfare Information System (SACWIS). These initiatives established an environment where improving outcomes guides decision-making about policy, practice and supporting technology.

Despite the success of these reforms, many challenges remain. Florida's complex Child Welfare stakeholder network includes many different entities each with a unique role in serving the children and families, and there is not a consensus of understanding on how each stakeholder contributes to outcomes. In addition, while there are performance measures currently reported for some stakeholders in the Child Welfare Community, there is a not a comprehensive system for measuring the outcomes and results for other stakeholders and service areas. Furthermore, although there is a great deal of data captured by the various stakeholders about children and families and the services they receive, this data is not analyzed to the fullest extent possible in order to identify the most effective interventions.

With the support of state policymakers and legislators, DCF and its partners will implement the Results-Oriented Accountability Program to deliver greater innovation and reform. The Program will address existing and future challenges, and drive positive change in Florida's Child Welfare system. To do this, the Program will establish a robust accountability system with a continuous cycle of monitoring, data analysis, research, evaluation and continuous quality improvement used to further advance the system's efforts to improve outcomes, identify new programs and services impacting those outcomes and enable research and evidence-informed practice, policy and decision-making.

The following sections discuss information about the current state of Florida's Child Welfare system, including:

- Office of Child Welfare Organizational Structure.
- Child Welfare System Stakeholders.
- Performance Evaluation Processes.
- Recent Reforms.
- Challenges.

Section 3: Recommended Program Design describes how the Program can make unprecedented improvements to the current state by adopting a community view from the child's perspective.

2.1 OFFICE OF CHILD WELFARE ORGANIZATIONAL STRUCTURE

The Department's Office of Child Welfare (OCW) is committed to the safety, well-being and timely permanency of Florida's children and families. OCW is responsible for a wide range of services, including assistance to help families stay intact or be reunified, out-of-home care, adoption and independent living skills for foster care youth transitioning to adulthood. To do this, the Office works with six DCF Region Offices, 17 CBC lead agencies and six Sheriff's Offices to execute policy and practice for child protective investigations and case management services. [7]

OCW restructured its functional organization effective July 1, 2014. **Exhibit 7: Current State Functional Model** depicts a model of the current organization. Directors reporting directly to the Assistant Secretary for Child Welfare manage three major functional areas:

- **Strategic Planning and Projects** - This functional area includes Child Welfare strategic planning, project management, legislation and reporting, rule promulgation, competitive procurement, contract and grant management and special projects.

- **Child Welfare Practice** - This functional area directs Child Welfare practice including child welfare program policy and practice, training and professional development, quality assurance, child care licensing and background screening, the domestic violence program and statewide fatality prevention.

- **Child Welfare Operations** - This functional area encompasses centralized Child Welfare operations to include the Florida Abuse Hotline Command Center, the Interstate Compact Office and the Missing Child program, performance improvement and organizational development.

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[7] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

Department of Children and Families
Office of Child Welfare

Child Welfare Strategic Planning	Child Welfare Practice	Child Welfare Operations
Legislative Affairs	Safety	Florida Abuse Hotline
Policy and Strategy	Permanency and Well-Being	Interstate Compact
Contract and Grant Management	Community Services	Performance Management
Project Portfolio Management	Quality Assurance	Organizational Development
	Child Fatality Review	
	Training	

Exhibit 7: Current State Functional Model

Implementing the Results-Oriented Accountability Program fundamentally impacts organizational functions either by alignment or scope. As such, the Department must carefully assess the current organizational structure and modify it as necessary to ensure it supports the demands of the Program.

2.2 CHILD WELFARE COMMUNITY STAKEHOLDERS

Improving outcomes for Florida's vulnerable children and families is dependent on the concept the entire community is responsible for child safety, permanency and well-being. As shown in **Exhibit 8: Child Welfare Community Stakeholders**, Florida's Child Welfare Community has a number of stakeholders striving to achieve positive results for children and families.

STAKEHOLDER	STAKEHOLDER DESCRIPTION
Advocate Groups	Advocates for children and families, such as lobbying groups and trust funds.
Children and Families	Children and families currently and formerly served by Florida's Child Welfare system.

STAKEHOLDER	STAKEHOLDER DESCRIPTION
Children's Legal Services (CLS)[8]	The law firm representing the State of Florida in Child Welfare matters, operating under the provisions of Chapter 39, F.S, Proceedings Relating to Children. With more than 250 attorneys located throughout the state, CLS acts as Florida's legal authority on Child Welfare issues, with the goal of successfully advocating for the care, safety and protection of Florida's abused, abandoned and neglected children. Department lawyers fulfill the CLS function except in the 13th and 17th judicial circuits, where the State Attorney's Office and Office of the Attorney General, respectively, act on behalf of the state. CLS serves a number of functions including: providing counsel advice and technical assistance to state and regional Child Welfare program offices in Child Welfare legal issues, offering training to investigators and CBC partners, coordinating with DCF and CBC lead agencies to review potential cases and prepare staff as witnesses in filed cases, and representing the State in court in all Chapter 39 dependency cases, at the trial court and appellate levels.
Community-Based Care Lead Agencies	17 contracted CBC lead agencies operating statewide within 20 DCF circuits responsible for out-of-home care, adoption, case management and other services for specific needs of the children and families in their communities.
Community Representatives	Community representatives, such as state and county administrators, businesses, churches, professional and civic groups.
Court and Legal Community	Juvenile court judges, attorneys and guardians ad litem.
Elected Officials	Florida's elected officials, including the Legislature and Governor.
Florida Agency for Health Care Administration (AHCA)	The state Medicaid agency which is responsible for providing insurance coverage for physical and behavioral health care, dental care and other services to children in Florida's Child Welfare system. Children in out-of-home care are automatically enrolled in Florida's Medicaid program.
Florida Agency for Persons with Disabilities (APD)	The state agency responsible for providing critical services and supports to persons with developmental disabilities, including eligible children and youth involved in the Child Welfare system.
Florida Department of Children and Families (DCF)	Florida's Child Welfare agency with administrators, supervisors and workers at the state and regional office levels; responsible for conducting child protective investigations, developing, implementing and overseeing program policy, practice and quality assurance, managing and monitoring the CBC lead agency contracts and performance; also administers the state's mental health, substance abuse, domestic violence and child care programs.
Florida Department of Education (DOE)	Florida's education agency responsible for public education, including policies impacting educational success and outcomes of children.

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[8] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

STAKEHOLDER	STAKEHOLDER DESCRIPTION
Florida Department of Health (DOH)	DOH administers the Child Protection Team (CPT) program through its Children's Medical Services division working with DCF and Sheriff's Offices on child protective investigations meeting certain criteria, providing medical evaluations and other assessments to assist in the determination of allegations of maltreatment and to make recommendations related to appropriate services and supports for children and families.
Florida Department of Juvenile Justice (DJJ)	Florida's juvenile justice agency responsible for preventive, rehabilitative, intervention and case management services to youth in the juvenile delinquency system. Youth can be jointly served by both DCF and DJJ.
Florida Institute for Child Welfare	A consortium of Florida's research institutions housed within the FSU College of Social Work charged with improving the performance of child protection and Child Welfare services through research, policy analysis, evaluation and leadership development.
Foster/Adoptive Parents and Relative and Non-Relative Caregivers	Current and former foster/adoptive parents and relative and non-relative caregivers of children in out-of-home care.
Law Enforcement Agencies	Law enforcement agencies who respond to and investigate crimes involving child abuse and neglect.
Media	Television, newspapers, radio, internet, social media.
Service Providers	Public and private providers of services and treatment, including, but not limited to, mental health, substance abuse, out-of-home placement and family support.
Sheriff's Offices	Sheriff's Offices in Seminole, Broward, Pasco, Pinellas, Manatee and Hillsborough Counties responsible for conducting child protective investigations and for performing quality assurance reviews of these cases.
Tribes[9]	Representatives of Florida's tribal communities and Native American children and families currently and formerly served by Florida's Child Welfare system. Florida has two federally-recognized tribes with reservations in Florida, the Seminole and Miccosukee Tribes. The Poarch Band of Creek Indians, a third federally-recognized tribe with a reservation located in southern Alabama, has a number of enrolled members residing in the Florida Panhandle.

Exhibit 8: Child Welfare Community Stakeholders

This wide range of stakeholders creates a very complex collection of agencies, organizations, providers and individuals with their own goals and missions. Currently, there is not sufficient integration and information sharing among the various entities to develop a comprehensive view and collective understanding of how each stakeholder contributes - upstream and downstream – to child and family outcomes. Moving forward, the Child Welfare system must broaden its perspective to emphasize a more holistic view of the child and family and assess how all stakeholders can work together to achieve better outcomes. In doing so, it is critical the

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[9] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

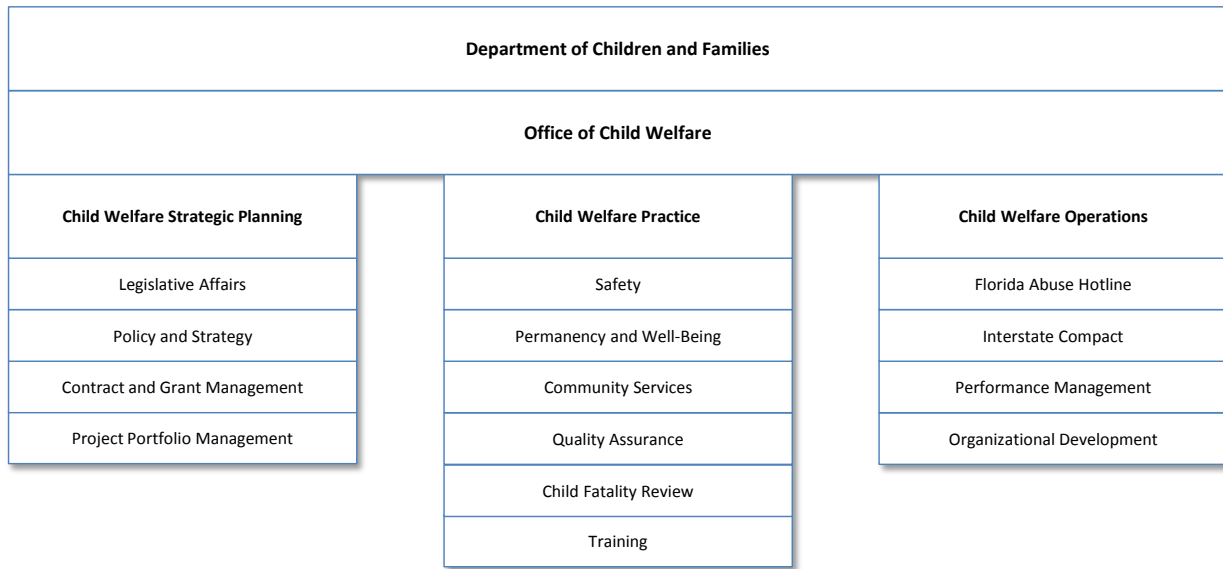system create a shared vision and goals and identify measures to evaluate progress towards those goals.

2.3 PERFORMANCE EVALUATION PROCESSES

As described below, Florida's Child Welfare system collects a large amount of data about the children and families it serves using mechanisms to measure and assess the system's health and performance. Overall, current state performance evaluation typically does not incorporate an approach using research-informed practices and evaluation techniques, often resulting in the application of interventions whose efficacy and effectiveness remain unproven. Moving forward, the data collected should be leveraged fully and shared statewide in a consistent manner to drive system-wide improvements in decision-making, policy and practice, outcomes and accountability.

Children and Families Services Review (CFSR)[10]

The federal Department of Health and Human Services (DHHS) is authorized by the Social Security Act to review the Child Welfare programs of all states to ensure the programs conform to Title IV-B and Title IV-E requirements. The Children's Bureau within the DHHS Administration for Children and Families (ACF), administers the CFSR conducted as a federal-state collaborative effort. In addition to reviewing a state program for substantial conformity with applicable state plan requirements, the reviews:

- Determine what is actually happening to children and families as they are engaged in Child Welfare services.
- Assist states in enhancing their capacity to help children and families achieve positive outcomes.

The CFSR measures seven outcomes in the domains of safety, permanency and well-being. First, the review assesses the outcomes of children and families served by the system. Then, it examines the following systematic factors:

- **Agency Responsiveness to the Community** - The ability to work with other public and private community partners to develop and coordinate case planning for children receiving services through the Child Welfare system.
- **Statewide Information System** - A computer system which identifies the status, demographic characteristics, location and goals for placement of children in out-of-home care.
- **Foster and Adoptive Licensing, Recruitment and Retention** - Establishment and maintenance of standards for foster and adoptive homes, and use of criminal

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[10] Child and Family Services Reviews Fact Sheet. May 29, 2012. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

background checks and other means to ensure the safety of children in out-of-home care.

- **Case Review System** - Cases have written case plans developed with the family, regularly scheduled permanency hearings are held for children in out-of-home care and caregivers are notified of hearings and given an opportunity to participate.

- **Quality Assurance System** - A system to develop and implement standards to ensure children receiving care are provided quality services.

- **Service Array and Resource Development** - An extensive array of services which help families remain together, assist children in being adopted and meet the physical, mental health and educational needs of children.

- **Staff and Provider Training** - Initial and continuing training for both Child Welfare staff and foster/adoptive parents.

In order to conduct a CFSR, the following activities are completed:

- **Statewide Assessment** - A statewide assessment instrument is used to gather information to evaluate the state's capacity and performance in improving outcomes for children and families engaged in Child Welfare services.

- **Statewide Data Indicators** - Seven aggregate measures are calculated from state administrative data for two of the seven federal CFSR outcomes. National standards are used to assess state performance and determine if the state is in substantial conformity with these outcomes.

- **Case Record Review** - Onsite reviews are conducted on a small sample of case records for both in-home and out-of-home cases.

- **Interviews** - Interviews are conducted with children, families, community stakeholders such as the judicial system, service providers, foster/adoptive parents and caseworkers.

If the state is determined to not be in substantial conformity with the CFSR requirements, the state must prepare and implement a Program Improvement Plan (PIP) to improve the areas of nonconformity.

The third round of the CFSR for Florida is scheduled in 2016. Based on input received from the states, the Children's Bureau has made changes related to the statewide data indicators for the third round of reviews, including the development of new measures and the greater use of entry cohorts as the data collection methodology.

The Program outcome measures described in section 3.1.9.3: Results-Oriented Accountability Program Outcome Measures of this Plan will be in addition to the federal CFSR measures; and, they are designed to be complementary.

State Quality Assurance Review[11]

DCF uses a State Quality Assurance (QA) Review to assess Florida's Child Welfare practice related to safety, permanency and well-being. The two main components of the State QA Review include:

Child Protective Investigations (CPI) QA Reviews

DCF Region Office QA Specialists conduct Rapid Safety Feedback case reviews and consultation with the CPI investigator and supervisor which focus on 11 items:

- Assessment of prior child abuse and neglect reports, prior services criminal history.
- Present Danger Assessment.
- Initiation of Present Danger Safety Plan.
- Protocol for sequencing initial contacts and interviews with household members.
- Sufficiency of information collection.
- Identification of danger threats related to impending danger.
- Assessing caregiver protective capacities.
- Family Functioning Assessment and Safety Decision.
- Initiation of a Safety Plan.
- Conditions for return.
- Supervisory consultation and guidance.

The profile for the CPI QA Review includes children under age four with high risk factors. DCF conducts a targeted number of case reviews by Region Office. In 2014, 2,880 case reviews of open investigations of children under age four were completed statewide, which is approximately 50 percent of investigations meeting the following review criteria:

- At least one prior report on the child victim, another child victim in the home or the alleged caregiver responsible.
- History of substance abuse, mental illness or domestic violence.

The case reviews are conducted using electronic case records and information obtained from the child protective investigator and supervisor during a case consultation. Annual reports summarizing regional review results, findings, root cause analysis and actions taken to improve practice are submitted to the Regional Managing Director and the Office of Child Welfare.

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[11] Davis, E. and Leavine, T. Windows into Practice: Guidelines for Quality Assurance Reviews FY 2015-2016. Florida Department of Children and Families.

In Seminole, Broward, Pasco, Pinellas, Manatee and Hillsborough counties, the Sheriffs' Offices are responsible for child protective investigations. Peer reviewers from the Sheriffs' Offices and DCF QA reviewers conduct a case review on a sample of 65 cases per year. An annual report including the case review results is provided to the Florida Senate, House of Representatives and Governor.

Case Management Quality Assurance Reviews

CBC QA Specialists conduct ongoing Case Management QA Reviews to determine the quality of Child Welfare practice related to safety, permanency and well-being. These reviews include Rapid Safety Feedback, Targeted Permanency Feedback and Targeted Well-Being Feedback.

The reviews are designed to focus on the following populations:

- **Rapid Safety Feedback** - Children 0-4 years of age receiving in-home services.
- **Targeted Permanency Feedback** - Children 13-17 years of age in out-of-home care.
- **Targeted Well-Being Feedback** - Children 5-12 years of age in out-of-home care.

In addition to these reviews, two full CFSRs are conducted each quarter, which include a case review as well as stakeholder interviews. DCF conducts a targeted number of case reviews by CBC lead agency, including CFSRs. In 2014, 2,800 case reviews were completed statewide, which is approximately four percent of in-home and out-of-home children.

The case reviews are conducted using electronic case records, and when the review is complete, a case consultation is held with the case manager and supervisor to discuss the review findings. Annual reports summarizing regional findings and trends in the areas of safety, permanency, and well-being, supervisory consultations and safe case closures are submitted to the Office of Child Welfare. In addition, if an issue or concern is identified as the QA reviews are being conducted, the CBC is required to communicate these items immediately and identify the action steps taken to address the problem.

Scorecards

In recent years, the Department has implemented outcome-focused scorecards to better track and evaluate the Child Welfare system's performance across a variety of metrics in the critical areas of safety, permanency and well-being of children and families. These scorecards are updated regularly with the latest available information. The calculation, analysis and reporting of these measures is used by the Department and the CBC lead agencies to help keep children safe, healthy and ensure their educational and physical and behavioral health needs are being met.

Child Protective Investigation (CPI) Scorecard[12]

The CPI Scorecard is used to measure the performance of child protective investigations across the State, including those conducted by DCF and the Sheriffs' Offices in Seminole, Broward, Pasco, Pinellas, Manatee and Hillsborough counties. Florida's child protective investigators examine allegations of abuse, neglect and abandonment of children. The scorecard looks at nine measures to evaluate timeliness of response, completion of investigations and achievement of safety outcomes for children and families.

Current and past CPI Scorecards can be found on the DCF website:
http://www.myflfamilies.com/general-information/planning-performance-measures/cpi-scorecard

Community-Based Care Lead Agency Scorecard[13]

The Community-Based Care lead agency Scorecard was developed by DCF and the CBC lead agencies. The Scorecard focuses on indicators related to Florida's community-based approach to Child Welfare. The Scorecard is produced for the review, discussion and action by the CBC Chief Executive Officers and DCF management in order to better understand differences in performance, barriers to improvement and strategies for improvement.

The CBC Scorecard is modified as needed to accommodate emerging issues and changing priorities. There are eleven key measures to evaluate the CBC's performance in meeting the needs of at-risk children and families in the areas of safety, permanency, well-being and cost. A majority of these measures are outcome indicators calculated from administrative data; however, the scorecard also includes a few process measures. Some of the measures are federal CFSR and CBC contract performance measures.

Current and past CBC Scorecards can be found on the DCF website:
http://www.myflfamilies.com/general-information/planning-performance-measures/cbc-scorecard

Title IV-E Waiver Evaluation

A periodic evaluation is a condition of Florida's participation in the Title IV-E Waiver Demonstration Project. The waiver evaluation monitors the state's performance and assesses whether the effects of waiver-funded programs and services on outcomes support the demonstration project hypotheses. The waiver evaluation includes the following components[14]:

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[12] Planning & Performance Measures. Florida Department of Children and Families.
http://www.myflfamilies.com/general-information/planning-performance-measures
[13] Community-Based Care lead agency Monthly Scorecard. Florida Department of Children and Families.
[14] Armstrong, M. Vargo, A., et al. Florida's IV-E Waiver Demonstration Project Evaluation Summary Brief. May 2012. Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, USF College of Behavioral and Community Sciences.

- **Outcomes Analysis** - This evaluation component uses administrative data to examine the impact of the waiver on child and family outcomes over time, including: reducing the number of children in out-of-home care, expediting permanency, maintaining child safety and improving child well-being.

- **Process Analysis** - This evaluation component uses information collected through focus groups, interviews, DCF quality assurance reviews, surveys and document reviews to conduct three distinct analyses: a Family Assessment and Services Analysis, Child Welfare Practice Analysis and Waiver Implementation Analysis.

- **Cost Analysis** - This evaluation component uses expenditure data to examine the cost neutrality of the demonstration project.

More information about Florida's Title IV-E waiver demonstration project is provided in section 2.4: Recent Reforms. In addition, the waiver demonstration project evaluation reports are available at: http://centerforchildwelfare.fmhi.usf.edu/DataReports/IVEReport.shtml

Community-Based Care Contract Performance Measures

The CBC contract performance measures enable DCF to evaluate the performance of the contracted CBC lead agencies and their subcontractors in the areas of safety, permanency and well-being. The lead agencies must meet the standards for each of the measures included in the contract. Some of the measures are also CBC Scorecard measures.

Contract Monitoring[15]

The mission of DCF's Contract Oversight Unit (COU) is "Promoting accountability for service delivery." The COU is a statewide centralized function with staff located in the Regions and at Central Office headquarters in Tallahassee. The COU assesses external service providers for contractual compliance, which means the provider is meeting requirements or delivering required levels of service with respect to the administrative and programmatic standards defined by DCF's standard contract and all its attachments, Department policy, Florida Statutes, Florida Administrative Code and federal laws and regulations. Contract oversight activities include preparing for on-site monitoring, conducting on-site monitoring, reporting results of monitoring and maintaining records of monitoring. The purpose of monitoring is not to assess Child Welfare outcomes, but to provide information to the DCF contract manager and program management related to the provider's compliance with the terms and conditions of its contract.

CBC lead agency contracts are monitored on-site every year by the COU. Monitoring is typically performed by reviewing documents, interviewing individuals and making observations. Information is analyzed by monitors and recorded on tools. Areas of concern are noted in reports submitted to the Department's contract managers and leadership. The contract manager determines if the concerns warrant a corrective action plan (CAP). If a CAP is

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[15] Florida Department of Children and Families. CF Operating Procedure 75-8 – Procurement and Contract Management. Policies and Procedures of Contract Oversight. January 12, 2011.

necessary to address concerns, the CBC lead agency is required to develop steps and processes to bring services into compliance.

Fiscal Monitoring[16]

The Department has a CBC Fiscal Oversight Unit reporting to the Assistant Secretary for Administration. This function is an essential oversight component of Florida's privatized Child Welfare system because it enables the Department to identify and address financial and administrative issues before they result in the loss of funds or the financial distress of a CBC lead agency. The CBC Fiscal Oversight Unit conducts site visits to CBC lead agencies to conduct monitoring activities and provide technical assistance. This fiscal monitoring model uses financial information required by the CBC lead agency contract and is coordinated with the monitoring activities of the DCF contract managers, Office of Financial Management and COU.

To carry out the fiscal monitoring function, the CBC Fiscal Oversight Unit conducts a lead agency risk assessment to determine the depth and frequency of monitoring and develops a fiscal monitoring tool to examine whether lead agencies use the proper funding sources for various services. DCF has also implemented an automated electronic system for collecting information and reviewing lead agency fiscal and program performance indicators on a quarterly basis. The Central Office sends quarterly fiscal indicator reports to the Regional Managing Directors, who review them with the CBC lead agencies and report on any issues to address. The indicators tracked in the reports include those indicators impacting lead agency expenditures, including caseloads, the rate of children entering the community, rates of expenditure, etc. In addition, a bi-weekly CBC Budget Workgroup comprised of both program and budget staff meets regularly to track identified budget concerns, requests and issues.

2.4 RECENT REFORMS

Florida has an established history of implementing pioneering reforms focused on improving Child Welfare system accountability and results for vulnerable children and families. Over the past 10 years, DCF implemented four major initiatives impacting Child Welfare services delivery:

- **Community-Based Care** - In 2005, Florida completed the transition from a state-run system to a privatized Community-Based Care (CBC) model, which outsources a number of Child Welfare services to private providers in local communities.

- **Title IV-E Waiver Demonstration Project** - In 2006, DCF implemented a Title IV-E waiver demonstration project which provided financing flexibility to use federal funds to expand services at the local level to prevent removal and expedite permanency for children.

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[16] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.

- **Safety Decision Making Methodology** - In 2013, the Department implemented a new safety-based practice model across all Child Welfare service areas, impacting Abuse Hotline, Child Protective Investigation, Sheriff's Office and Case Management staff across the State. The Safety Decision Making Methodology, which is the cornerstone of the practice model, redesigned the way the Department and its community providers and stakeholders operate to achieve positive safety outcomes.

- **FSFN Alignment** - In 2013, the Department deployed major releases to Florida's SACWIS to provide the functionality needed to implement and reinforce the safety-based practice model and provide the platform to support a more holistic view of the Child Welfare system.

Community-Based Care

In 1996, the Legislature mandated the privatization of Florida's Child Welfare services with the objective of providing higher quality services at the local level and improving outcomes (s. 409.1671, F.S.). In 1999, the State began the transition from a traditional government-operated system to public-private partnership, known as Community-Based Care. Accountability is a key requirement of the CBC model. As written in statute, the CBC lead agencies are accountable for achieving the federal and state outcome and performance standards for child protective services. As described in section 2.3: Performance Evaluation Processes, lead agency contracts include performance measures in the areas of child safety, permanency and well-being.

Currently, there are 17 CBC lead agencies operating within DCF's six regions and 20 judicial circuits. While the Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings, the CBC model shifts the responsibility for prevention, out-of-home care, adoption, case management, independent living and other services from DCF to the lead agencies located throughout the State. Then, the lead agencies subcontract with a network of local providers and organizations to deliver services tailored to the specific needs of the children and families in the community.

With the implementation of the CBC model, communities throughout the State work to identify and prevent abuse and neglect, provide permanency for children in out-of-home care and ensure child and family well-being. The ability to design and implement unique approaches and innovative intervention strategies and share them with others across the State is the hallmark of the model and has been instrumental in strengthening families and safely reducing Florida's foster care population. However, privatization and the split of responsibilities between DCF and the lead agencies add a significant level of complexity to system accountability and create a need for rigorous monitoring.

Title IV-E Waiver Demonstration

Title IV-E of the Social Security Act is the primary source of federal funding for Child Welfare services. Title IV-E provides reimbursement to states for a portion of the room and board costs

of out-of-home care, and it does not fund the cost of services to prevent removals and shorten stays in out-of-home care. In 2006, Florida implemented a Title IV-E waiver demonstration authorized under Section 1130 of the Social Security Act. With the waiver, federal Title IV-E funds previously allowed only for out-of-home care are invested in early intervention, prevention and post-permanency services to provide greater support to families in order to keep children safely in their own homes.

The demonstration project uses an evidence-based approach to determine if the flexible funding offered by the waiver to expand these services would improve outcomes. The initial five-year demonstration project tested four hypotheses, including:[17]

- **Hypothesis 1** - Over the life of the demonstration project, fewer children will enter out-of-home care.

- **Hypothesis 2** - Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety and well-being.

- **Hypothesis 3** - Waiver implementation leads to changes in or expansion of the existing Child Welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, each Lead Agency uses the funds differently based on the unique needs of the communities they serve with the new flexibility.

- **Hypothesis 4** - Expenditures associated with out-of-home care will decrease following the waiver's implementation, while expenditures associated with prevention and in-home services will increase, no new dollars will be spent as a result of waiver implementation.

If the demonstration project hypotheses are correct and the services are effective, outcomes improve and costs decrease because fewer children are in out-of-home care. As a performance incentive, the waiver allows reinvestment of the cost savings associated with the improved outcomes for other services. Based on an evaluation of data covering federal Fiscal Year (FFY) 2005-2011, the demonstration project has supported all of the project hypotheses with findings including a reduction in the number of children entering out-of-home care; improved outcomes of safety, permanency and well-being; an expansion of the array of services and practices available to children and their families; and a decrease in the ratio of out-of-home care expenditures to prevention and family support services expenditures.[17]

The Administration for Children and Families (ACF) approved the Department's request to continue its participation in the Title IV-E Waiver Demonstration Project through September 30, 2016. This allows the Child Welfare system to focus future flexible funding benefits on improving safety, permanency and well-being, including medical health, dental health, and education outcomes, better case management for parents, enhancing integration with domestic

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[17] Armstrong, M. Vargo, A., et al. Florida's IV-E Waiver Demonstration Project Evaluation Summary Brief. May 2012. Department of Children & Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida College of Behavioral & Community Sciences.

violence, substance abuse and mental health services and more consistently implementing evidence-based and promising practices throughout the state.[18]

Safety Decision Making Methodology[19]

In response to the death of Nubia Barahona in January 2011, the state completed a comprehensive review of Florida's child protection system. The review identified a number of systemic errors and omissions at various levels, including:

- Insufficient investigative practices and inadequate case management.
- Lack of integrated information sharing.
- Rapid caseworker turnover, inexperience, excessive caseloads.
- Unclear case integration.
- Unclear role of supervisors for case investigation and management.
- Substandard quality of documentation by both case managers and investigators.

Short-term actions were taken, including: training, enhancing accountability and expectations over case ownership, requiring corrective action plans and updating local law enforcement agreements. However, significant and sustainable improvement in child safety and well-being outcomes also required long-term changes to the entire Child Welfare system. As part of the long-term strategy to address these issues, the Department, in consultation with national experts from the National Resource Center for Child Protective Services and the Children's Research Center, CBC lead agencies, and Sheriff's Offices, developed and implemented a new Safety Decision Making Methodology (Safety Methodology).

While local systems of care and community resources may be different, the fundamental actions to protect and intervene with unsafe or at-risk children should be common across the State. The Safety Methodology standardizes the approach to information gathering, safety decision making and risk assessment and emphasizes parent engagement and empowerment. DCF applied the Safety Methodology systemically across the spectrum of Child Welfare processes, including hotline, child protective investigations and on-going case management to establish:

- A common language for assessing safety for both child protective investigators and case managers.
- A standardized process for identifying children who are unsafe.
- A common set of constructs to guide safety interventions for unsafe children.

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[18] Florida Department of Children and Families. Long Range Program Plan, Fiscal Years 2014-2015 through 2018-2019. September 30, 2013.
[19] Florida Department of Children and Families Office of Child Welfare. Florida Safety Methodology. December 6, 2013.

- A common framework for case planning to address child needs and diminished caregiver protective capacities.

The Safety Methodology includes a set of common elements for determining when children are unsafe, the risk of subsequent harm and how to engage caregivers in achieving change. The primary functional components comprising the Safety Methodology are:

- Present Danger Assessment (PDA).

- Family Functioning Assessment (FFA).

- Ongoing Family Functioning Assessment.

- Progress Update.

- Present Danger Safety Plan.

- Impending Danger Safety Plan.

The Safety Methodology is transforming the state's child protection services from being compliance-driven to being more outcome-focused. It is designed to improve child safety decision-making through analysis, consistent application of best practice, law, code, training and policy. The main goal is to achieve desired safety outcomes across the Child Welfare continuum of care. The implementation of the new Safety Methodology is still in process at this time.

FSFN Alignment[20,21]

The Florida Safe Families Network (FSFN) is Florida's SACWIS. FSFN automates and supports the day-to-day operations of Florida's Child Welfare system. FSFN is the Department's official system of record for documenting the child protective investigation and Child Welfare casework statewide, from the initial reporting of abuse and neglect, to foster care and adoptions case management and permanency planning. With the implementation of the new Safety Methodology described above, FSFN required modification to align the application with the process and procedural changes occurring in the field, and to incorporate new functionality, modules, templates and documents required to allow easy, structured access to the situation of the whole family in a manner to support more effective investigations and case management.

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[20] Florida Department of Children and Families. Schedule IV-B Strengthening Child Safety Practice Through Technology. Fiscal Year 2015-2016.
[21] Florida Department of Children and Families. Florida Safe Families Network (FSFN) Strategy. April 23, 2014.

In 2013, the Department deployed major releases to FSFN to implement the functionality to support the Safety Methodology for investigations and case management. New functionality included:

- At-a-glance views of case and person information.
- Case notes enhancements.
- Improved workflow and task assignment functions and new assessment tools, such as the Present Danger Assessment and Family Functioning Assessment, which are fundamental to the safety-based practice model.

Other improvements included in the system upgrade were the addition of dashboards, enhanced capability to upload documents throughout the system and alignment of the system with federal SACWIS requirements. While FSFN is not yet fully SACWIS compliant, overall, the system changes have served to simplify the user interface, improve worker productivity and increase access and the sharing of critical information relative to the case. Furthermore, ACF approved Florida's SACWIS compliance action plans.

The new practice model and the corresponding FSFN alignment are foundational to addressing the core business and information needs of Child Welfare system stakeholders and helping them better achieve the outcomes of children and families. The model supports decision making and collaboration with families, case managers, judges, service providers, Guardians ad Litem and other community partners and provides greater insight into individual case information and a more informed, holistic view of the Child Welfare system. FSFN enables this vision as the platform for knowledge sharing and critical decision making.

2.5 CHALLENGES

Between State Fiscal Year (SFY) 2007 and 2014, the number of children in out-of-home care in Florida dropped from 27,543 to 19,444[22], an approximate 30 percent decrease largely credited to the state's CBC and Title IV-E waiver initiatives. While these and the other recent reforms discussed above have positively impacted outcomes for Florida's children, the Child Welfare system still faces many challenges in further improving outcomes.

The following challenges limit the ability of Florida's Child Welfare system to improve outcomes for children and families:

- There is a need to be able to review and analyze outcomes with more breadth and depth, e.g., analyze performance across multiple variables, by measure drivers, over time.
- There is a lack of research and evidence to support the reliability and validity of process measures (measure drivers).

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[22] Florida Department of Children and Families. Program Performance Dashboard. Accessed on January 17, 2015.http://dcfdashboard.dcf.state.fl.us/.

- Interventions are often implemented and replicated based on face validity, without a review to determine if the intervention is research-informed, or an evaluation to determine if results (positive or negative) are due to the intervention.

By establishing enhanced levels of accountability and transparency and creating more collaborative and unified working relationships prioritizing the needs of the child and family, the Child Welfare system can address these current challenges and evolve into a more child and family-focused, outcome-driven system.

SECTION 3   RECOMMENDED PROGRAM DESIGN

This section of the Plan presents details of the Results-Oriented Accountability Program based on organizational design fundamentals, expert advice received in the course of plan development and research of similar initiatives across the Child Welfare landscape. Included in this section are recommendations for Program and overall Child Welfare business practices to support the Program. This section also presents Level I and Level II process maps to define the operational business processes needed to implement the Program.

3.1   RESULTS-ORIENTED ACCOUNTABILITY PROGRAM DESIGN

As shown in **Exhibit 9: Key Accountability Program** , the Results-Oriented Accountability Program design is based on the premise the Child Welfare system in Florida is a partnership between the Department, Community-Based Care Lead Agencies, designated Sheriff's providing child protective investigations, community agencies and providers at all levels. As such, each stakeholder in the system is responsible and accountable for the outcomes achieved within the system. The Program design relies on a strong partnership with FICW, which serves to expand the capacity of the system in the areas of thought leadership, research, evaluation, data analytics, training and workforce sourcing.

Exhibit 9: Key Accountability Program Partners

DCF is statutorily responsible for the Child Welfare system, and implemented the current model via partnerships with Lead Agencies, their subcontractors and community created services. The overwhelming consensus of State and community partners is the "system" is in fact a Child Welfare Community, with shared responsibility for outcomes. This philosophy permeates the Results-Oriented Accountability Program design, and is a core principle behind the Program design philosophy.

Through a facilitated session, the Program Technical Advisory Panel developed guiding principles. The guiding principles below direct the Program through design, implementation and operations:

- Establish a collaborative, statewide Child Welfare Community accountable for safety, permanency and well-being representing a sustainable framework focused on the best interests of children.

- Translate data collection in the Child Welfare Community to meaningful and useful information to enable outcome-focused decision-making.

- Create a cycle of accountability framework focused on results and continuous quality improvement.

3.1.1 ACCOUNTABILITY REQUIRES CONTINUOUS EFFORT – THE CYCLE OF ACCOUNTABILITY

Accountability in the Child Welfare context is a continuous cycle of child-focused activities helping to drive improvement and strengthen the research and evidence base for interventions employed with children and their families. This is essential for ensuring results are meaningful for those served. It is difficult to claim interventions are effective without quantitative and qualitative evidence. The Florida Results-Oriented Accountability Program is adapted from the work of Dr. Mark Testa, John Poertner, and others, as presented in *Fostering Accountability, Using Evidence to Guide and Improve Child Welfare Policy*.[23] As shown in **Exhibit 10: Cycle of Accountability**, the "Cycle of Accountability" is the basis for the organization of the Program and this document. There are three views of this model informing the design of the program:

- The basic framework describing the key activities of accountability. The framework represents "what" must be done to develop a learning organization best positioned to achieve outcomes for those served.

- A second view represents "who" is responsible for achieving the goals of the Program across the system of care.

- A final view represents "how" accountability can be achieved through certain organizational drives and systems.

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[23] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

Exhibit 10: Cycle of Accountability

The Cycle of Accountability includes five key activities essential to a functioning system. Conducting these five activities on a continuous basis represents how the Program achieves results. Each activity group intends to answer fundamental questions about the achievement of outcomes for children and families:

- **Outcomes Monitoring** – The activities required to define, validate, implement and monitor outcome measures.

  › Key questions: Are desired results broadly defined and validly measured to ensure the best interests of a child? How well are interventions defined and measured to ensure the best interests of the child are met?

- **Data Analysis** – The activities required to critically analyze performance results to determine if variances noted are in fact issues which should be explored further.

  › Key questions: Is the gap between desired and actual outcomes for children important and statistically significant to warrant action? What gaps between can be statistically translated into an action plan?

- **Research Review** – The activities required to gather and validate evidence to support the development and implementation of interventions to address results not meeting expectations.

  › Key Questions: What action is supported by research and evidence, and how strongly is it supported? How will we utilize FICW and partner academic institutions to validate research and evidence-supported results?

- **Evaluation** – The activities required to assess promising interventions for children and families to determine if implementation to a wider demographic is warranted.

› Key Questions: How efficacious, effective and efficient are the actions in accomplishing the results? What partnership protocols will more effectively and efficiently assist in determining whether our interventions and results are successful for those served?

- **Continuous Quality Improvement** – The actions required to implement interventions across new domains, or to challenge, modify and test new assumptions about the underlying goals and supporting practice model.

› Key Questions: Should actions be continued, improved, or discontinued? How and when will we adjust, discontinue, evaluate, or change our approach for achieving overall results?

Each of these program elements is further defined in sections 3.2 through 3.6.

3.1.2 CHILD WELFARE STAKEHOLDERS AND THE CYCLE OF ACCOUNTABILITY

The Results-Oriented Accountability Program and the Child Welfare Community overall relies on a broad base of cooperation between a large group of stakeholders, as introduced in section 2.4. Understanding the responsibilities of each stakeholder affords a comprehensive view of a child known to the system. In an alternate view of the Cycle of Accountability the group of stakeholders is central to the Program, with each having a role in achievement of the outcomes for children and their families. **Exhibit 11: Cycle of Accountability – Stakeholder View** depicts this view of the Cycle of Accountability, which represents "who" is responsible for achievement of outcomes for children and families throughout the Child Welfare Community:

5 Quality Improvement
1 Outcomes Monitoring
2 Data Analysis
3 Research Review
4 Evaluation

Children and Families, Attorneys and Advocates, Child Care Agencies, Child Protection Teams, Community Based Care Lead Agencies, Community Created Systems of Support, Community Representatives, Department of Children and Families, Department of Education, Department of Health, Department of Juvenile Justice, Elected Officials, FICW, Foster/Adoptive Parents, Guardians Ad Litem, Judiciary, Law Enforcement, Relative Caregivers, School Systems, Service Providers, Sheriff's Offices

Exhibit 11: Cycle of Accountability – Stakeholder View

3.1.3 ORGANIZATIONAL DRIVERS, SYSTEMS AND KEY AREAS OF PROGRAM IMPACT

As illustrated in **Exhibit 12: Cycle of Accountability – Organizational Drivers, Systems and Impacts View** below, the Florida implementation of the accountability model also accounts for *organizational* elements using the output of the Program or serving as drivers of accountability. These components are essential for system improvement and must be considered as areas of key impact to modify because of Program activities. At a macro level,

this view represents "how" the system achieves accountability and the resulting positive outcomes for those served.
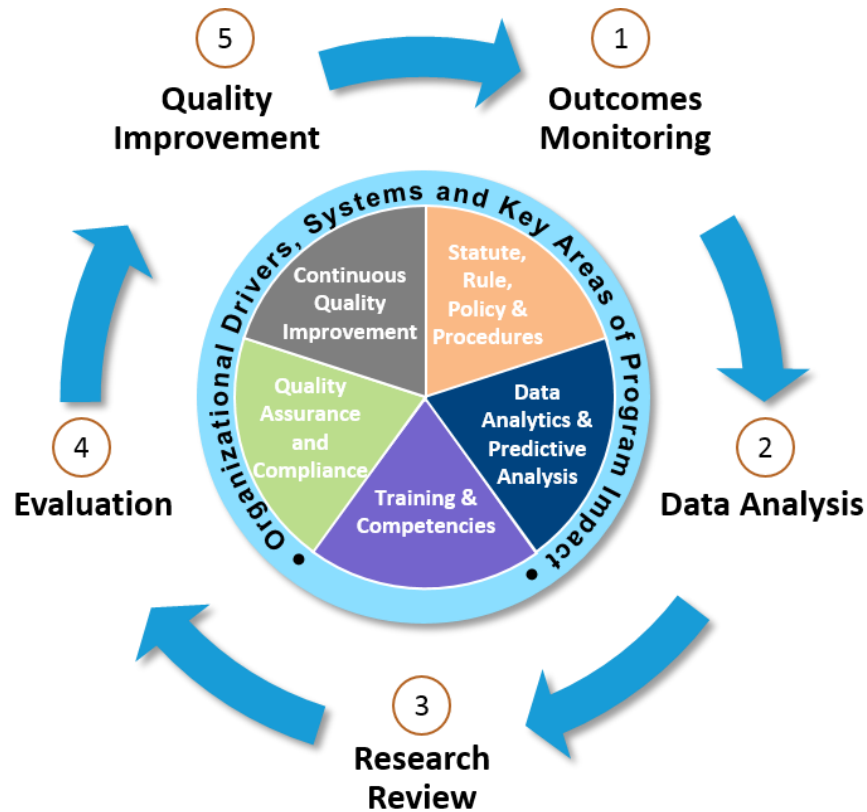
Exhibit 12: Cycle of Accountability – Organizational Drivers, Systems and Impacts View

These essential organizational components are:

- **Statute, Rule, Policy and Procedure** – Child Welfare system statutes, rules, policies and procedures drive practice directly affecting the safety, permanency and well-being of children. In order to truly facilitate an accountability system with integrity, research-informed guidance must be incorporated at all levels of the system through these formal mechanisms.

- **Data Analytics and Predictive Analytics** – This component drives the identification of causal links between multivariate factors and can lead to definition of new interventions, practices, outcomes and measures. Data analytics can lead to proactive responses versus reacting to issues already occurred, or are retrospectively identified.

- **Training Systems and Competencies** – Both organizational and individual skill building is a foundational element of implementing and sustaining a culture of

accountability. It is essential skills of those serving children are consistent and at defined standards to ensure integrity of the practice model.

- **Quality Assurance and Compliance** – Making sure services are delivered consistently and in a manner assuring fidelity across the system, increasing the ability to both monitor and measure outcomes.

- **Continuous Quality Improvement Systems** – The CQI system is essential as the component facilitating change across the system. The Results Oriented Accountability Program, by its structure (i.e., the cycle of accountability) is a quality improvement model.

3.1.4 ACCOUNTABILITY PROGRAM FUNCTIONAL/OPERATIONAL MODEL

The Program, like any organization, is implemented as a set of functional components which are the responsibility of one or many stakeholders within the system with responsibility for the safety, permanency and well-being of children. Prior to exploring specific program elements, it is essential to understand the functional/operational design supporting the Program. The following sections present an overview of the program from functional and operational process perspectives in order to describe how the program operates. In addition to providing a model to define the overarching functions and responsibilities, this section presents definitional process workflows related to each of the elements in the "Cycle of Accountability" to illustrate how the program implements these essential elements.

The Program consists of a number of functions interacting and supporting one another in order to achieve the objectives envisioned by the Legislature. The diagram below depicts the functions, areas of programmatic responsibility, or roles for each partner in the system. This diagram is not an attempt to redefine the overall operating construct of the Child Welfare system, rather it depicts a view of certain system functions required for the implementation of the Results-Oriented Accountability Program. Based on their nature, certain functions are shared across the entities involved.

As depicted in **Exhibit 13: Program Functional View** the Program consists of two key *functional* components:

Results-Oriented Accountability Program Governance	
Program Operation	**Program Improvement**
• Data Collection • Data Analysis • Data Presentation • Implementation and Replication • Project and Implementation Management	• Assess Validity and Integrity of Measures • Predictive Analytics • Recommendations for Action • Research • Evaluation • Training
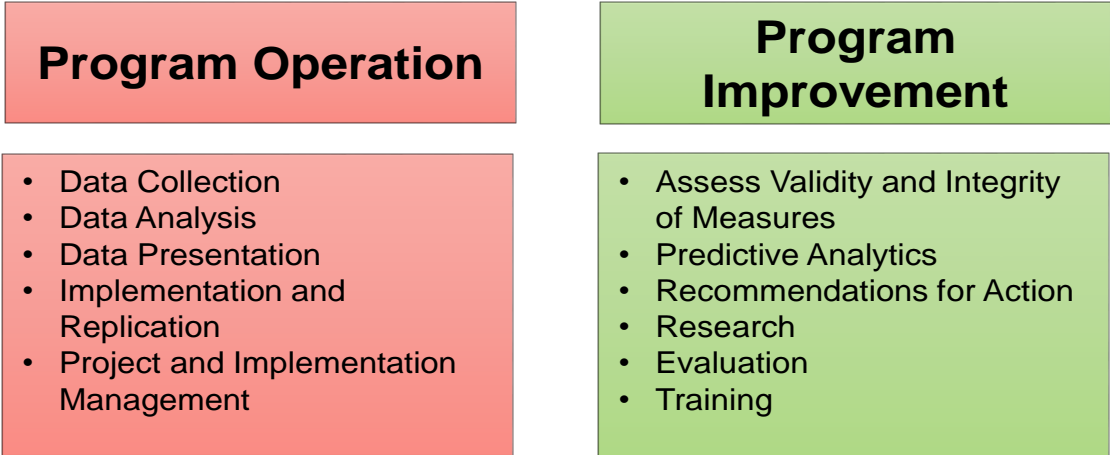
Exhibit 13: Program Functional View

3.1.4.1 PROGRAM GOVERNANCE

In order to operate effectively, the Program must have a decision-making function for setting priorities, allocating limited resources, and coordinating Program activities across the system.

Results-Oriented Accountability Program Governance is the process and structure used to exercise overall control and set the direction for the Program. It sets strategies for attaining the Program's goals and gives authority for the use of resources to implement the defined strategies to achieve the Child Welfare outcomes. Governance creates the structure which links process, resources and Program strategies and objectives.

Governance includes the activities and associated roles and responsibilities required for leadership, strategic direction, control and accountability. In contrast, management is concerned with administration and delivery through planning and monitoring.

A Governance Committee enforces Program Governance. The Governance Committee includes the following membership from key stakeholders within the Child Welfare system:

- DCF Secretary or Designee – Serves as Chair of the Accountability Program Governance Committee, and has final decision-making authority.

- DCF Assistant Secretary for Child Welfare – Upon delegation of authority from the Secretary, acts as Chair.

- DCF Director of Program Quality and Performance Management[24].
- Director, FICW.
- 2 CBC Representatives.
- 1 Substance Abuse Provider.
- 1 Domestic Violence Provider.
- 1 Children's Legal Services Representative.
- 1 DCF Regional Managing Director.
- 1 Representative from a Sheriff's Office Providing CPI Services.
- 1 Representative from Office of the State Courts Administrator.

The Governance Committee has the primary responsibility of setting priorities for the use of limited resources for research, evaluation and implementation of interventions. This group in this context focuses only on operation of the Results-Oriented Accountability Program, and is not intended to oversee general DCF Child Welfare or CBC Operations.

The Governance Committee meets at least quarterly after implementation of the Program, and may meet more frequently as program needs and activities require. The DCF Office of Child Welfare, Program Quality and Performance Management team is responsible for the logistical activities required to schedule and hold Governance Committee meetings. This assumes sufficient resources assigned office to manage additional responsibilities resulting from the creation of the Results-Oriented Accountability Program.

During the implementation phases of the Program, the Governance Committee serves as the Steering Committee for the implementation of initiatives to create the program.

The Governance Committee is a decision-making body for the operation of the overall Results-oriented Accountability Program. The **Technical Advisory Panel** defined in s. 409.997(4), F.S., serves in an advisory capacity and participates in Steering Committee meetings during implementation, providing input and advice regarding implementation issues.

3.1.4.2 *PROGRAM OPERATION FUNCTION*

In order to create positive benefits for children and their families, the program must have capabilities to collect data, analyze data, present data to stakeholders, implement interventions and manage the implementation of interventions. Program Operation includes the activities required to generate the outputs used in measuring and improving the overall Child Welfare system.

This operational function gathers the data and information required to assess performance against stated Child Welfare goals, then analyzes and synthesizes the raw data into

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[24] This is a new role within DCF, with responsibility for the operational aspects of the Results-Oriented Accountability Program. Additional information about this role is provided in section 3.6.2.3.

meaningful results. Once results are understood, a key activity of Program Operation is to provide a transparent view of overall Child Welfare system performance to interested stakeholders. If new or promising interventions are identified, this function is responsible for both pilots and projects to implement them.

3.1.4.3 PROGRAM IMPROVEMENT FUNCTION

This function utilizes analysis results and other Program outputs to identify interventions and other actions to improve system performance. Key activities include validation of measures, predictive analytics, developing recommendations for actions based on results, conducting research to identify research and evidence-supported interventions, evaluating interventions and training stakeholder staff on results-oriented accountability concepts and new interventions.

3.1.5 ENTITY ORGANIZATIONAL VIEW

The Program functions described above are carried out by designated individuals within the various entities with responsibility for the Program. **Exhibit 14: Program Entity-Level Organizational** View depicts an entity-level view of the Program in order to depict the relationship of the organizations involved.
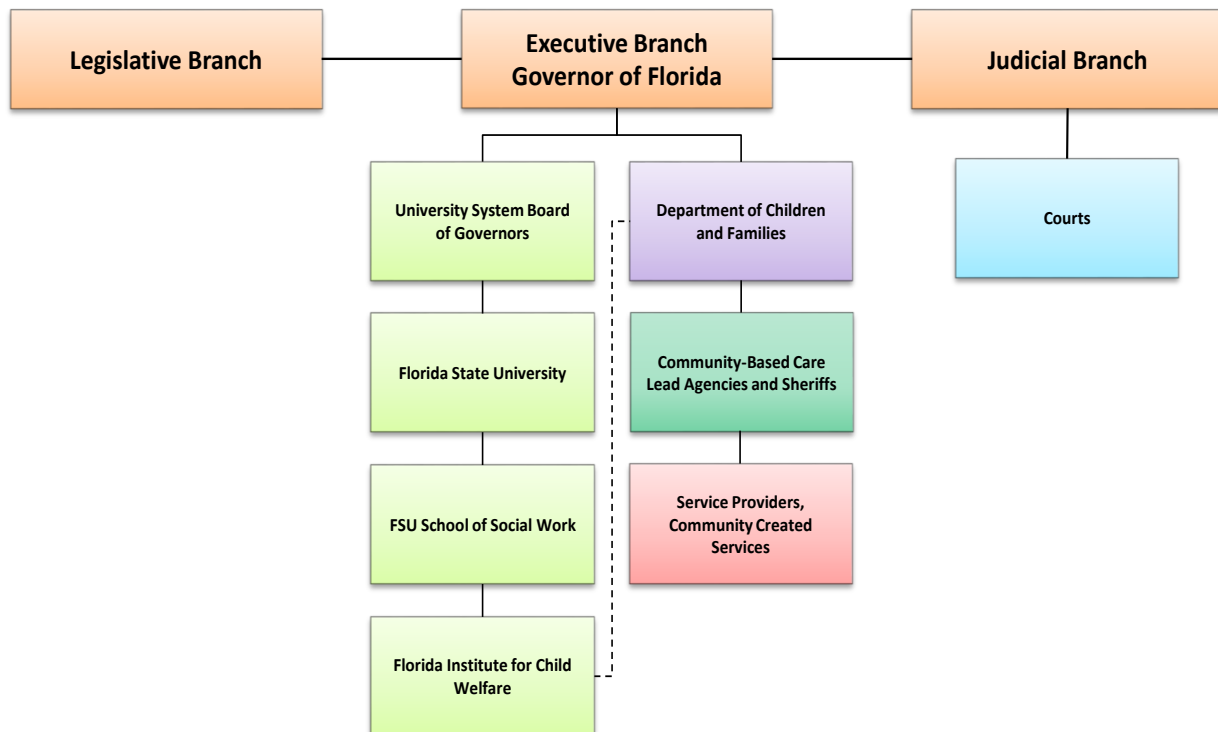
Exhibit 14: Program Entity-Level Organizational View

The Program, as a part of the Department, falls within the Executive Branch, under the Governor of Florida. The Department and Community-Based Care Lead Agencies have a primary responsibility in the Program due to their shared role in the system as the management function. Service Providers (as sub-contractors and other Community-created services) are depicted as a tightly integrated component of the program. The Governance Committee described above is an advisory and decision-making component of the Program, and is embedded in the Department of Children and Families organizationally. FICW serves in both advisory and service provision capacities due to its role in conducting research, providing Program evaluation services and through support of various initiatives intended to improve the Child Welfare system. FICW is housed within the School of Social Work at the Florida State University.

3.1.6 PROGRAM ENTITY-LEVEL ROLES AND RESPONSIBILITIES

Program functions are often shared by the key stakeholders, and in other cases are the sole responsibility of one of the stakeholders due to their role within the system. The table below lists the key functional activities required to operate the Program, and presents an assessment of each stakeholder's role in operationalizing the function.

Analysis of Department capabilities to support the Program is necessary to ensure there is capacity to carry out program functions (see initiative 7 in the Implementation Plan section). This could result in acquisition of new staff, or restructuring of Program-related functions within the Office of Child Welfare and within other DCF contract management/monitoring functions. section 3.1.7 includes an overview of the recommended initial structure within OCW to support the Program.

It is assumed FICW has or will obtain necessary capabilities and skilled resources to fulfill Program activities and functions it is statutorily obligated to complete.

In the *RACI* diagram (R) denotes a stakeholder is responsible for a function, (A) indicates accountability for the function, (C) indicates a stakeholder is consulted or provides input to the function, and (I) is used to note a stakeholder is informed regarding the function or its outputs.

Exhibit 15: Program Functions RACI below lists primary ownership of key Program functions:

PROGRAM FUNCTIONAL AREA	DCF	CBCS, PROVIDERS AND SHERIFF'S OFFICES	CHILD WELFARE INSTITUTE
Program Governance	R/A	C	C
Policy and Procedure Development	R/A	C	C
Practice Model and Standards	R/A	C/I	C
Quality Focus	R/A	R/A	C

Program Functional Area	DCF	CBCs, Providers and Sheriff's Offices	Child Welfare Institute
Service Delivery	R/A	R	C
Quality Assurance	R/A	R	C
Data Collection	R/A	R	C/I
Intervention Implementation	R/A	R	C
Level I Data Analysis	R/A	C	C
Level II Data Analysis	A	C	R
Accountability Data Presentation/Distribution	R/A	R	C
Project Management	R/A	R/A	C
Quality Improvement	R/A	R/A	C
Assess Measure Validity and Integrity	C	C	R/A
Predictive Analytics	R/A	I	R
Conduct Research	C/A	C/I	R
Research-Informed Recommendations for Action	C/A	C/I	R
Conduct Evaluation	C/A	C/I	R
Conduct Intervention Pilots	R/A	R	R
Training	R/A	R/C	R

Exhibit 15: Program Functions RACI

3.1.7 PROGRAM ELEMENTS WITHIN THE DEPARTMENT

The Results-Oriented Accountability Program involves numerous stakeholders and entities, each having multiple roles and responsibilities in assuring positive outcomes. The Department has primary responsibilities within the Program requiring a high degree of organizational focus on accountability in order to assure success of the accountability efforts described in this plan. In the recommended design, Results-Oriented Accountability functions are organizationally integrated into the Office of Child Welfare as part of a newly created Program Quality and Performance Management functional area. This new organization will leverage existing organizational functions, and will require development of others required to support the Program. Organizationally, resides at the same level as Operations, Practice and Strategic Planning. This allows:
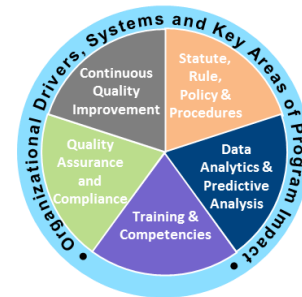
- A greater level of independence and objectivity for the quality function.
- Better visibility for the Program within OCW and within the Department.
- Tighter grouping and integration of many of the major organizational elements identified in **Exhibit 12: Cycle of Accountability – Organizational Drivers, Systems and Impacts View**.

Exhibit 16: Program Functions within the Department presents a functional view of the future state Office of Child Welfare, with the addition of the Child Welfare Program Quality and Performance Management functional area. The exhibit is not an organizational chart, though it does depict the top-level functions (activities, actions, processes, operations) of OCW. The chart does not depict the many sub-functions of the Office, since this report is not the result of a detailed organizational study. It does depict sub-functions being elevated to a higher level due to their importance to the Program. Instances in which this occurs are noted in the sections below.
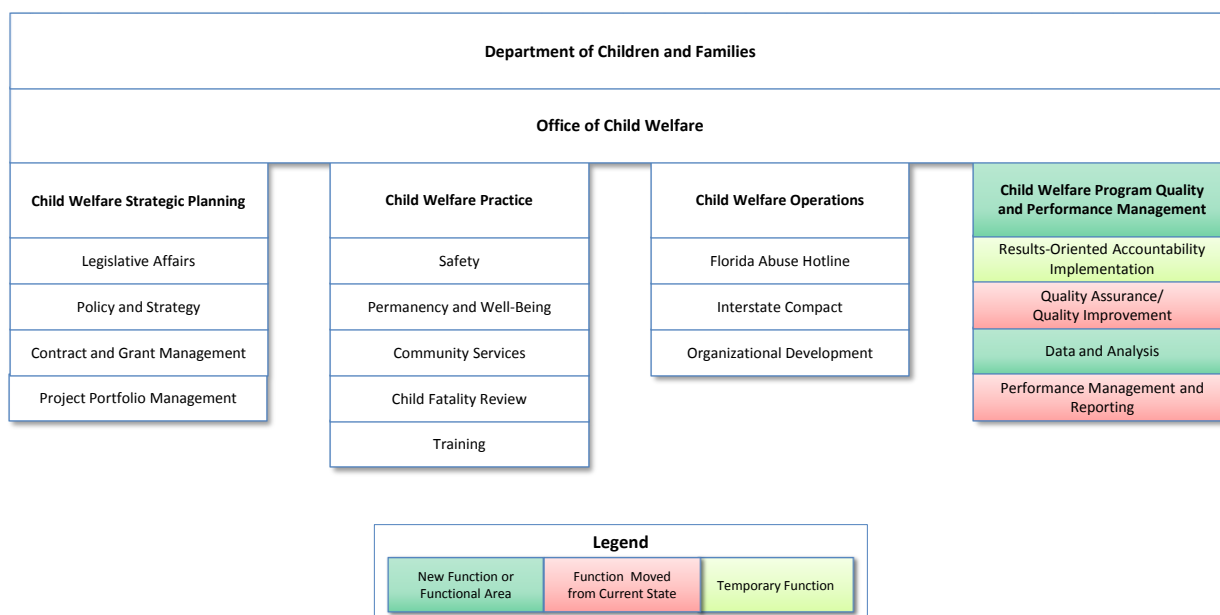
Exhibit 16: Program Functions within the Department

The Child Welfare Program Quality and Performance Management functional area is primarily responsible for all Quality and related functions of the Office of Child Welfare. This includes a new temporary Results-Oriented Accountability Implementation function, enhanced Quality Assurance/Quality Improvement function, newly created Data and Analysis function, current Performance Management and Reporting function and an enhanced Training function. Each of these new or enhanced functions is defined below.

- **Results-Oriented Accountability Program Implementation –** A temporary function is created within the Program Quality and Performance Management area to house the Results-Oriented Accountability Implementation team. This group is responsible for the development of the Results-Oriented Accountability Program and related processes. This includes the management of initiatives within the Department, and across Agencies and partners. This team can leverage Project Management services from other areas (for example, Project Portfolio Management within the Strategic Planning function), and it is recommended Program Implementation reside within the Program Quality and Performance Management area, as the Director will serve as the day-to-day sponsor of Program initiatives.

- **Enhanced Quality Assurance/Quality Improvement Function** – This function builds on the current QI function, and leverages its QA component while adding capabilities in the area of Quality Improvement. This function will be primary area within the Program Quality and Performance Management area with responsibility for the major activities of the Results-Oriented Accountability Program.

- **Data and Analysis Function** – This new function within the OCW Program Quality area is responsible for deeper statistical analysis of Program data. Data and Analysis is the QI-focused set of activities conducting deep analysis of the data, conducting

root-cause studies and engaging in more scientific analysis of a wider variety of factors affecting outcomes

- **Performance Management and Reporting Function** – Performance Management is the production-focused aspect of providing information to support processes such as federal Reporting and Compliance, day-to-day operations and Executive reporting needs.

- **Training Function** – OCW currently has limited training capacity at the Program level. This training function is responsible for developing longer-term system-wide training strategies, coordinating with partners such as FICW to develop and deliver Program training across the community of stakeholders, identifying training needs resulting from Results-Oriented Accountability activities and identifying new and effective ways to enhance the skills of all stakeholders with a responsibility in the Results-Oriented Accountability ecosystem.

3.1.8 PROGRAM PROCESS OVERVIEW

This section presents an overview of the processes required to operate the Program. Subsequent sections provide details of the individual program processes depicted in this overview diagram. The intent of this diagram is to illustrate the interactions of the major stakeholders in operating an accountability program. The major processes required to implement and operate the Program are described in further detail in the following sections:

- Define Valid and Reliable Outcome Measures – section 3.1.9.

- Collect/Review Outcome Data (Outcomes Monitoring) – section 3.2.1.

- Conduct Data Analysis – section 3.3.

- Conduct Research Review – section 3.4.

- Conduct Evaluation – section 3.5.

- Quality Improvement - section 3.6.

In order to provide an overview of the major Program processes, this document contains cross-functional diagrams (often referred to as swim lane diagrams) depicting major process activities, workflows and the roles or entities responsible for them. The swim lane diagrams provided in the following sections were developed using the Business Process Model and Notation (or BPMN) standard. See Appendix 6.4 for a brief overview of the symbols typically employed in BPMN.

For the purposes of this report, the diagrams do not provide detail below the second level of processes, with the understanding these sub-processes will in some cases require further development as the Program moves forward.

The following exhibit presents a graphical overview of the Program in order to provide the reader with a top-level view of how the program components work together to achieve the Program's mission. A narrative description of each process step or task follows **Exhibit 17: Program Process Overview**.

Title: Results Oriented Accountability – Program Overview
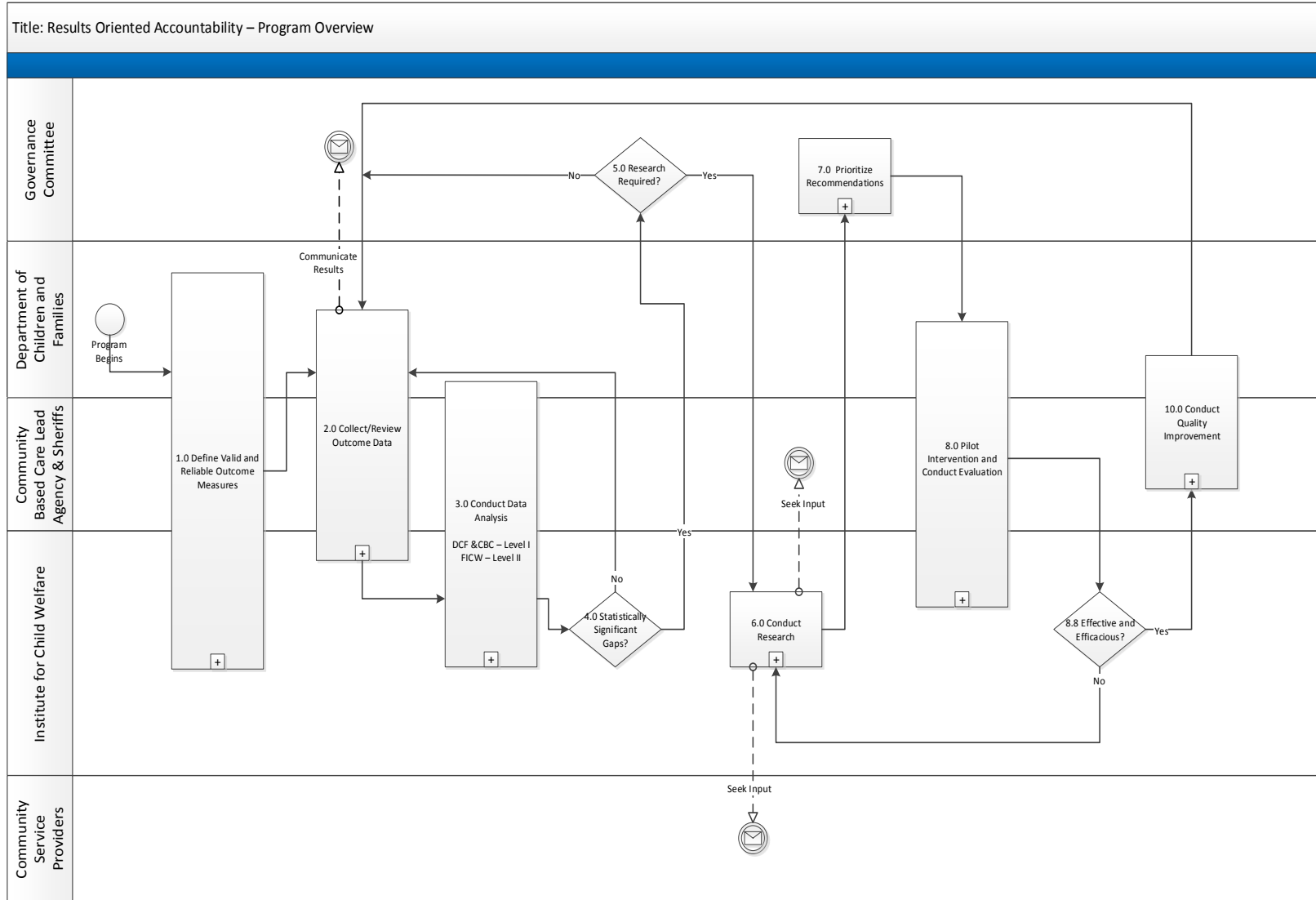
Exhibit 17: Program Process Overview

Exhibit 18: Program Overview Process Narrative presents a narrative description of each process step depicted in the Program Process Overview.

#	ACTIVITY NAME	DESCRIPTION	ROLE(S)	INPUT(S)	OUTPUT(S)
1.0	Define Valid and Reliable Outcomes	The Results Oriented Accountability Program Process begins with the definition of valid and reliable outcome measures.	DCF, CBCs & Sheriff's Offices, FICW	▪ Child Welfare Research ▪ Historical Data ▪ Federal Guidance ▪ Expert Judgment	▪ Program Measures with Performance Targets
2.0	Collect/Review Outcome Data	Upon development of valid, reliable measures, each of the stakeholders collects data related to their role and places it in the proper repository (Case records in FSFN, Quality Improvement systems, other CBC or Provider systems). On a continuous basis, data is extracted into management reports for weekly, monthly, quarterly and annual review.	DCF, CBCs & Sheriff's Offices, FICW	▪ Program Measures ▪ Data Collection Tools and Procedures	▪ Management Reports
3.0	Conduct Level I & Level II Data Analysis	In this step, the Department and the CBCs conduct Level I data analysis to determine if outcome measure results fall within performance targets. For Quantitative measures, this is largely automated as quantitative data flows from case management and quality improvement systems based on normal entry of data by caseworkers and others in the provider community. When results do not meet performance targets, the Department will complete a root-cause analysis to determine factors such as related data and trends or practice and policy changes which might have impacted performance. If additional analysis is required, Level II Data Analysis is conducted by FICW to determine if the variances represent statistically valid gaps to act upon.	DCF, CBCs & Sheriff's Offices, FICW	▪ Data from Case Management System(s) ▪ Quality Systems	▪ Performance Data ▪ Measures for Additional Analysis ▪ Statistically Valid Gaps

#	ACTIVITY NAME	DESCRIPTION	ROLE(S)	INPUT(S)	OUTPUT(S)
4.0	Statistically Significant Gaps?	If yes, statistically significant gaps are identified and Research may be required. Workflow for the out of parameter measures proceeds to 5.0 "Research Required." If no, workflow returns to 2.0 "Collect/Review Outcome Data" and normal data collection continues. For spurious results, additional root-cause analysis might be conducted if deemed necessary to explain the results.	FICW	▪ Outcomes Not Meeting Performance Expectations	▪ Statistically Valid Gaps
5.0	Research Required?	Given the nature of the excursion from performance expectations, and the conformation a result is statistically valid, the Governance Committee will make a determination regarding whether to commit limited resources to conducting Intervention research. If Yes, workflow proceeds to 6.0 "Conduct Research." If No, Workflow returns to 2.0 "Collect/Review Outcome Data."	Governance Committee	▪ Statistically Valid Performance Gaps Communicated to the Governance Committee and other Stakeholders	▪ Research Decision
6.0	Conduct Research	When the Governance Committee agrees research is required, FICW is engaged to identify interventions which will eliminate or reduce the performance gap. The Governance Committee prioritizes requests for research and evaluation sent to FICW, but does not direct the work of this organization. In order to most effectively target the research, FICW seeks feedback from stakeholders such as Community Service Providers and the CBCs.	FICW	▪ Governance Committee Request for Formal Research ▪ Intervention Information from Community Providers and CBCs	▪ Intervention Research and Recommendations
7.0	Prioritize Recommendations	Upon receiving a research report from FICW, the Governance Committee prioritizes recommendations for Interventions to pilot and to evaluate as candidates for wider implementation.	Governance Committee	▪ Research Report(s) from FICW	▪ Decisions Regarding Interventions to be Studied Further Through Formal Pilots and Evaluation

#	ACTIVITY NAME	DESCRIPTION	ROLE(S)	INPUT(S)	OUTPUT(S)
8.0	Implement Pilot Interventions & Conduct Evaluation	The Department and the Community-Based Care Lead Agencies work with FICW, Providers and other resources as needed to design an evaluation program and Plan and implement a pilot study of the target intervention(s). Upon implementation of the pilot intervention, FICW executes the Evaluation Plan and analyzes data collected from the pilot using the methodologies specified in the Evaluation Plan.	DCF, CBCs & Sheriff's Offices, FICW	▪ Decisions Regarding Interventions to be Studied Further Through Formal Pilots and Evaluation ▪ Evaluation Plan	▪ Pilot Interventions, Services, Pilot Data ▪ Evaluation Results
8.8	Effective and Efficacious?	As a result of the Evaluation data analysis and study, FICW determines the effectiveness and efficacy of the pilot intervention. If Yes, the workflow continues to 11.0 "Conduct Quality Improvement. If No, the workflow returns to 6.0 Conduct Research OR Continue to 10.0 "Conduct Quality Improvement" with other recommendations.	FICW	▪ Evaluation Results ▪ Data	▪ Evaluation Report Containing Results
11.0	Conduct Quality Improvement	Upon completion of the intervention evaluation, the Department and CBCs take the evaluation results and either implement them on a wider basis, modify the intervention and re-pilot, modify the outcome measures, or determine the intervention did not work and additional research is needed.	DCF, CBCs & Sheriff's Offices	▪ Evaluation Results, Intervention Design ▪ Other Recommendations	▪ Decision Regarding Implementation of the Target Intervention

Exhibit 18: Program Overview Process Narrative

Technology and human resource (people) considerations are critical items to consider for the implementation of the Program. These components drive costs and directly affect the Program implementation plan described in Section 4 of this document. Each of these areas of interest are addressed within the individual program component sections below, and are summarized for both implementation planning and cost purposes in later sections of this document.

3.1.9 OUTCOME MEASURES – DEFINITION AND VALIDATION

The Results-Oriented Accountability Program will provide the resources and tools Florida needs to improve the lives of the children and families it serves. The Program, which requires quantitative and qualitative data to measure desired outcomes, will enable the Child Welfare

system to build a stronger and more research and evidence-informed operating model. In order to hold stakeholders accountable, they must be measured against the outcomes they are charged with achieving. By measuring and monitoring outcomes over time, the State will have insight into whether its Child Welfare programs and services are having a positive impact on the safety, permanency and well-being of children. Furthermore, through the use of data reported at the system and stakeholder levels, both the Child Welfare system as a whole, and the individual participants, can make better decisions about the interventions most effective in driving outcomes.

Prior to the initiation of the Program's Cycle of Accountability, the desired results, or outcomes, must be defined and a set of measures developed to evaluate the performance of the Child Welfare system.

3.1.9.1 *FLORIDA CHILD WELFARE PROGRAM OUTCOMES*

The Adoption and Safe Families Act (ASFA) of 1997, Public Law 105-89, reinforced safety, permanency and well-being as the primary goals for Child Welfare and formed the basis for a number of reforms by: [25]

- Emphasizing the necessity of ensuring children's safety.

- Shortening the time frames for making permanency decisions for children in foster care in recognition of their developmental needs and sense of time.

- Ensuring permanency planning begins the moment a child enters foster care.

- Emphasizing the importance of results and accountability.

- Encouraging innovation in the delivery of Child Welfare services.

ASFA also called for a redesign of the federal review of state Child Welfare programs. As a result, a revised federal review process – the CFSR – was established. Instead of monitoring state compliance with Child Welfare procedure as federal reviews had done in the past, the new CFSR was designed to focus on outcomes to confirm.[25]

- Children are safe and free from risks of harm.

- Children in foster care have an opportunity to achieve timely and appropriate permanency in their lives.

- Children and families who are involved with the Child Welfare system have their needs met in ways to promote their well-being and strengthen their opportunities for success in life.

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[25] Testimony on The Final Rule on Federal Monitoring of State Child Welfare Programs by Olivia A. Golden Assistant Secretary for Children And Families, U.S. Department of Health and Human Services Before the House Ways and Means Committee, Subcommittee On Human Resources. February 17, 2000.

In its Final Rule published on January 25, 2000, for the implementation of ASFA provisions related to the CFSR, the Department of Health and Human Services established seven outcomes focused of the reviews as well as corresponding performance and data indicators organized by the guiding principles of Child Welfare – safety, permanency and child and family well-being. As specified in s. 409.986(2), F.S., it is these seven federal outcomes, as well as two additional outcomes related to child safety and well-being, the Florida Legislature specified for the Program.

The nine Program outcomes are as follows (* indicates state-specific outcomes):

Safety

1. Children are first and foremost protected from abuse and neglect.
2. Children are safely maintained in their homes, if possible and appropriate.
3. Services are provided to protect children and prevent their removal from their home.*

Permanency

4. Children have permanency and stability in their living arrangements.
5. Family relationships and connections are preserved for children.

Child and Family Well-Being

6. Families have enhanced capacity to provide for their children's needs.
7. Children receive services to meet their physical and mental health needs.
8. Children receive appropriate services to meet their education needs.
9. Children develop the capacity for independent living and competence as an adult.*

Because the Program outcomes mirror the federal CFSR outcomes, many of the outcome measures selected for the Program are the same as or similar to the CFSR measures.

3.1.9.2 *APPROACH TO SELECTION OF OUTCOME MEASURES*

While the legislature specified the Program outcomes in statute, the Legislature directed DCF to select measures to evaluate the Child Welfare system's progress in achieving the nine outcomes. Pursuant to s. 409.997(3)(a), F.S., the outcome measures must meet the following criteria:

- The measures should be understandable.

- The measures should be limited in number.

- The measures should utilize available data.

- The measures should quantify outcomes as children move through Florida's system of care.

- The measures should be based on adequate sample sizes and gathered over suitable time periods.
- The measures should reflect authentic results and not be susceptible to manipulation.

The approach used to select the Program outcome measures was a collaborative effort involving iterative input and review by representatives of Child Welfare system stakeholder groups and subject matter experts (SME) in the area of Child Welfare practice and outcomes. The objective of this process was to identify a set of measures for each of the nine outcomes meeting the criteria laid out in Florida Statute. The work sessions and reviews conducted to select the outcome measures are described below.

National Research: In order to assist the stakeholders in identifying and selecting measures for the Program, North Highland and the Child Welfare Policy and Practice Group compiled a list of outcome measures for safety, permanency and child and family well-being from various state and federal sources.

Outcome and Measures Work Group Work Sessions: An Outcome and Measures Work Group was formed from the larger Program Technical Advisory Panel to develop a set of outcome measures for the Program. The Outcome and Measures Work Group included eight representatives from the following key Child Welfare system stakeholder groups:

- Department of Children and Families.
- Florida Institute for Child Welfare.
- Florida Senate.
- Florida House.
- Community-Based Care Lead Agencies.
- Foster/Adoptive Parents.
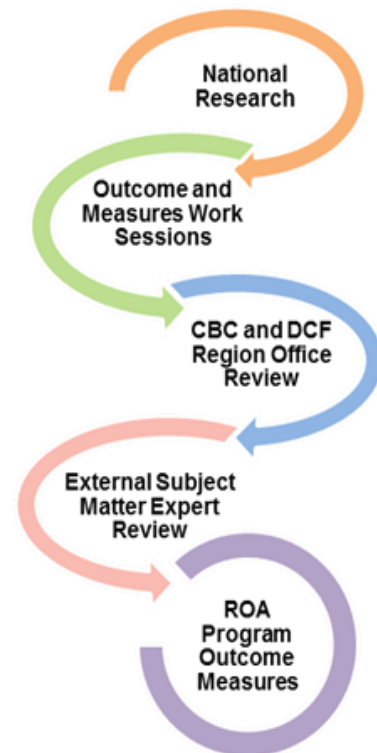
The Outcome and Measures Work Group held four work sessions to identify a draft set of outcome measures. At the completion of this effort, a list of draft measures was prepared.

CBC and DCF Region Office Review: Subject matter experts from the Quality and Performance Management Team of Eckerd Community Alternatives, the lead agency for Circuits 6 and 13, and the DCF SunCoast Region Office Quality Assurance Team reviewed the draft measures identified by the Outcome and Measures Work Group. Their input was used to finalize the measures which are presented below in section 3.1.9.3: Results-Oriented Accountability Program Outcome Measures.

External Subject Matter Expert Review: Throughout the outcome measures selection process, subject matter experts from the Child Welfare Policy and Practice Group attended the

Outcome and Measures Work Group sessions, performed research, conducted reviews of the draft measures and provided assistance in refining and finalizing the set of measures.

3.1.9.3 *RESULTS-ORIENTED ACCOUNTABILITY PROGRAM OUTCOME MEASURES*

The Program outcome measures enable Child Welfare system stakeholders to focus on results related to safety, permanency and well-being and evaluate programs and services provided to Florida's children and families. In order to help ensure the data needed to measure the outcomes is statistically valid, reliable and can be generated in a manner to provide timely performance feedback, most of the measures are based on a quantitative analysis of administrative data. In *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy*, the author states a key strength of the federal CFSR data measures is they are derived "from the use of administrative databases that are well established, provide some degree of reliability and validity and provide data on all children who enter foster care".[26] Much of the data required to calculate the outcome measures is currently collected and housed in state systems, namely FSFN, Florida's SACWIS.

As depicted in **Exhibit 19: Measuring Outcomes Across the Child Welfare Service Continuum,** the measures selected for the Program include safety, permanency and well-being outcome indicators across the Child Welfare service continuum, including:

- Hotline and Child Protective Investigation.
- Family Support Services, Judicial and Non-Judicial In-Home Services, Out-of-Home Judicial Services and Independent Living Services.
- Reunification, Permanent Guardianship and Adoption.

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[26] Testa, Mark F.; Poertner, John (2010-01-08). Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy (Page 196). Oxford University Press.

All Children Deserve the Opportunity to be Safe, Healthy and Developmentally and Educationally On Track in a Permanent Environment

Objectives	Safety			Well Being				Permanency	
Outcomes	1. Children are first and foremost protected from abused and neglect.	2. Children are safely maintained in their homes, if possible and appropriate.	3. Services are provided to protect children and prevent their removal from their home.	1.Families have enhanced capacity to provide for their children's needs.	2.Children receive services to meet their physical and mental health needs.	3. Children receive appropriate services to meet their education needs.	4. Children develop the capacity for independent living and competence as an adult.	1. Children have permanency and stability in their living arrangement.	2. Family relationships and connections are preserved for children.
Outcome Measures	S1.1 S1.2 S1.3 S1.4 S1.5 S1.6 S1.7 S1.8	S2/3.1 S2/3.2		WB1.1	WB2.1 WB2.2	WB3.1 WB3.2 WB3.3	WB4.1 WB4.2 WB4.3 WB4.4 WB4.5 WB4.6 WB4.7	P1.1 P1.2 P1.3 P1.4a P1.4b P1.5 P1.6	P2.1

Hotline>Child Protective Investigation

Family Support>Judicial In-Home>
Judicial In/Out of Home>Independent Living

Reunification>Permanent
Guardianship>Adoption

Exhibit 19: Measuring Outcomes Across the Child Welfare Service Continuum

While significant effort was made to define the outcome measures presented in this Plan, it should be noted these measures represent only a starting point. There is a great amount of work yet to be done to ensure accountability across the entire Child Welfare system. Additional measures must be included to ensure the entire Child Welfare process and all stakeholders are represented from "hotline to permanency."

Other activities include validating the measures, setting baselines and performance targets, verifying the use of the measures does not have unintended consequences resulting in a negative impact on child and family outcomes, and designing, developing and validating outcome measure reports. This work needs to be done in the pre-implementation phase of the program, in the post-implementation phase and through the recurring cycles of the Results-Oriented Accountability process itself. As a result, it may be determined certain measures need to be added, removed, or refined in order to better assess the achievement of outcomes.

The following sections define the outcome measures by the following information:

- The title of the measure.
- The outcome measured.
- The measure description.
- The purpose of the measure.
- The measure denominator.
- The measure numerator.
- The data collection methodology for the measure.

In addition to the items listed above, information and research supports the importance and significance of the measures in ensuring the achievement of the program outcomes is included in Attachment 6.1: Outcome Measure Basis for Selection.

Safety Outcome Measures

Children's safety and health are paramount concerns of the Child Welfare system. Often, the initial contact children and families have with Florida's Child Welfare system is through the Child Protective Investigation (CPI) process. Based on the CPI investigation, the case can take several routes, including and not limited to, voluntary Family Support Services, in-home judicial or non-judicial services, removal and placement in out-of-home care, or closure without services or intervention.

The safety outcome measures developed for the Program are designed to capture the performance of the Child Welfare system and effectiveness of its services in ensuring the safety of children who have come to its attention and preventing continued or future abuse and neglect of these children. These selected measures examine maltreatment while receiving services, the recurrence of maltreatment in the 12 months following the termination of services, and the need to escalate the type of services being provided to the child and family to ensure

the child's safety. The selected measures consider the type of services the child was receiving in order to be able to better determine if children receiving certain services are at a greater risk for re-maltreatment.

As shown in **Exhibit 20: Safety Outcome 1 Measures,** the eight measures for Safety Outcome 1 are presented in the tables below.

SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT						
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S1.1	Recurrence of Reports of Abuse or Neglect of Children with an Initial Screened Out Report	Percent of children with a subsequent report of abuse or neglect within 12 months of an initial report which was screened out by the Abuse Hotline. This measure is stratified by subsequent report by screen out, screen in -verified finding and screen in - non-verified finding.	This indicator is used to evaluate whether the Abuse Hotline has been effective in ensuring the safety of the child in their own home.	Number of children with a report of abuse or neglect received by the Abuse Hotline within a 12-month period which was screened out.	Number of children in the denominator who had a subsequent verified or unverified report of abuse or neglect within 12 months of the screened out report.	Data collection by entry cohort, where entry represents the date of the screened out report.
S1.2	Recurrence of Reports of Abuse or Neglect of Children Who Were Not Referred for Family Support Services or Case Management	Percent of children with a subsequent report of abuse or neglect within 12 months of an initial report which was closed without a referral to Family Support Services or Case Management. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether CPI has been effective in ensuring the safety of the child in their own home, assessing and addressing the family's needs and preventing a future verified report of abuse or neglect.	Number of children with an initial verified or unverified report of abuse or neglect within a 12-month period which was closed without referral to Family Support Services or Case Management.	Number of children in the denominator who did not have a subsequent verified or unverified report of abuse or neglect within 12 months of the initial report of abuse or neglect.	Data collection by entry cohort, where entry represents the date of the initial report.

SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT					
NO.	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
S1.3	Reports of Abuse or Neglect of Children Receiving Family Support Services	Rate of reports of abuse or neglect per day of children receiving Family Support Services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system is preventing and protecting children from experiencing abuse or neglect while receiving Family Support Services.	Of children receiving Family Support Services during a 12-month period, the number of days the children were receiving Family Support Services as of the end of the 12-month period.	Number of verified and unverified reports abuse or neglect for children in the denominator within the 12-month period.	Data collection by entry cohort, where entry cohort represents the initiation of Family Support Services.
S1.4	Recurrence of Reports of Abuse or Neglect of Children Who Received Family Support Services	Percent of children with a report of abuse or neglect within 12 months of completing Family Support Services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Family Support Services have been effective in improving the safety of the child in their own home, assessing and addressing the family's needs and preventing a future report of abuse or neglect.	Number of children completing Family Support Services within a 12-month period.	Number of children in the denominator with a verified or unverified report of abuse or neglect within 12 months of completing Family Support Services.	Data collection by entry cohort, where entry represents the children completing Family Support Services.
S1.5	Reports of Abuse or Neglect of Children Receiving In-Home Case Management Services	Rate of reports of abuse or neglect per day of children receiving in-home case management services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system is preventing and protecting children from experiencing abuse or neglect while under the state's supervision and receiving in-home case management services.	Of children receiving in-home services during a 12-month period, the number of days the children were receiving in-home case management services as of the end of the 12-month period.	Number of verified and unverified reports of abuse and neglect for children in the denominator within the 12-month period.	Data collection by entry cohort, where entry cohort represents the initiation of in-home case management services.

SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT					
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S1.6	Recurrence of Reports of Abuse or Neglect of Children Who Received In-Home Case Management Services	Percent of children with a report of abuse or neglect within 12 months of completing in-home case management services. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the in-home case management services have been effective in improving the safety of the child in their own home, assessing and addressing the family's needs and preventing a future report of abuse or neglect.	Number of children completing in-home case management services within a 12-month period.	Number of children in the denominator with a verified or unverified report of abuse or neglect within 12 months of completing in-home case management services.	Data collection by entry cohort, where entry represents the children completing in-home case management services.
S1.7	Reports of Abuse or Neglect of Children in Out-Of-Home Care	Rate of reports of abuse or neglect per day of children in out-of-home care. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system is preventing and protecting children from experiencing abuse and neglect while they are in out-of-home care and under the state's responsibility for placement and care.	Of children in out-of-home care during a 12-month period, the number of days the children were in out-of-home care as of the end of the 12-month period.	Number of verified and unverified reports of abuse or neglect for children in the denominator within the 12-month period.	Data collection by entry cohort.
S1.8	Recurrence of Reports of Abuse or Neglect of Children Who Were In Out-Of-Home Care	Percent of children with a report of abuse or neglect within 12 months of the end of the removal episode. This measure is stratified by verified and non-verified finding and allegation type.	This indicator is used to evaluate whether the Child Welfare system has been effective in ensuring the safety of the child in their own home, assessing and addressing the family's needs and preventing a future report of abuse or neglect.	Number of children reunified within a 12-month period.	Number of children in the denominator who did not have a verified or unverified report of abuse or neglect within 12 months of end of the removal episode.	Data collection by entry cohort.

Exhibit 20: Safety Outcome 1 Measures

As shown in **Exhibit 21: Safety Outcome 2/3 Measures**, the two measures for Safety Outcome 2/3 are presented in the table below.

SAFETY OUTCOME 2/3: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES, IF POSSIBLE AND APPROPRIATE / SERVICES ARE PROVIDED TO PROTECT CHILDREN AND PREVENT THEIR REMOVAL FROM THEIR HOME						
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
S2/3.1	Effectiveness of Family Support Services	Percent of children receiving Family Support Services who did not require in-home case management services or out-of-home care.	This indicator is used to evaluate the type and effectiveness of Family Support Services in identifying and resolving the family functioning issues.	Number of children who begin receiving Family Support Services within a 12-month period.	Number of children in the denominator who begin receiving in-home case management services or are placed in out-of-home care within 12 months of beginning Family Support Services.	Data collection by entry cohort, where entry represents the initiation of Family Support Services.
S2/3.2	Effectiveness of In-Home Case Management Services	Percent of children receiving in-home case management services which are escalated to out-of-home care.	This indicator is used to evaluate the type and effectiveness of in-home case management services in identifying and resolving the family functioning issues.	Number of children who begin receiving in-home case management services within a 12-month period.	Number of children in the denominator subsequently placed in out-of-home care within 12 months of beginning in-home services.	Data collection by entry cohort, where entry represents the date of in-home case management services.

Exhibit 21: Safety Outcome 2/3 Measures

Permanency Outcome Measures

At the end of 2014, there were over 19,000 children in out-of-home care in Florida.[27] Once it is determined it is in the best interest of the child to be removed from their home and placed in out-of-home care, it is the responsibility of Florida's Child Welfare system to ensure safe and timely permanency for the child through reunification with their parent(s) or primary caregiver, adoption or legal guardianship.

While it is important for the Child Welfare system to reduce the amount of time to permanency, it is also critical the system balance this objective with preventing re-entry into out-of-home care and removal of children whose needs could have been addressed with in-home services. Counterbalance measures, such as P1.5 Rate of Removal and P1.6 Re-Entry into Out-Of-Home Care, have been included to help mitigate any unintended consequences associated with the permanency outcome measures. This balance should also include revisions to targets as outcomes are achieved over time. For example, as diversion services are successful, fewer children should enter care and those who enter care may have risk factors which differ from previous populations. Targets may need to be revised or new measure stratification added to better assess outcomes within the context of the changing environment.

The concept of permanency in Child Welfare has several aspects, which the proposed outcome measures are designed to capture, including:

- **Placement setting** - Placing the child in the least restrictive, most family-like setting meeting their needs, preferably a relative caregiver home, traditional foster home or treatment foster home.

- **Placement stability** - Minimizing the number of placement changes for the child.

- **Educational stability** - If a placement change is necessary, ensuring it does not also require a school change for the child.

- **Family connections** - Preserving continuity and connections between the child and their family members while the child is in out-of-home care.

- **Legal permanence** - Achieving a permanent home for a child in out-of-home care in a timely manner through reunification, adoption or guardianship.

- **Re-entry to out-of-home care** - Ensuring permanency for the child is stable and a child who achieves permanency does not end up returning to out-of-home care as time elapses.

As shown in **Exhibit 22: Permanency Outcome 1 Measures**, the six measures for Permanency Outcome 1 are presented in the table below.

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[27] Department of Children and Families. Program Performance Dashboard. Accessed on January 17, 2015.http://dcfdashboard.dcf.state.fl.us/.

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENTS						
NO.	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
P1.1	Placement Setting	Percent of children in out-of-home care who are placed in a family-based setting. This measure is stratified by child's age (0-5 years, 6-11 years, 12 years and older) and type of family-based setting (relative, non-relative and licensed foster home).	This indicator is used to evaluate whether the Child Welfare system is placing children in the least restrictive, most family-like setting available and the distribution across age levels falls within an established, research informed range.	Number of children in out-of-home care on the last day of the reporting period.	Number of children in the denominator who are placed in a family-based setting.	Data collection by point in time.
P1.2	Stability of Living Arrangement	Rate of placement moves per day of children in out-of-home care.	This indicator is used to evaluate how successful the Child Welfare system is in providing stable living arrangements for children during their stay in out-of-home care and keeping the number of placement moves at a minimum.	Of children who enter out-of-home care in a 12-month period, the total number of days these children were in out-of-home care as of the end of the 12-month period.	Number of placement moves during the 12-month period for the children in the denominator.	Data collection by entry cohort.
P1.3	Educational Stability	Percent of children with a placement change which did not result in a school change.	This indicator is used to evaluate how successful the Child Welfare system is in providing stable living arrangements for children during their stay in out-of-home care and ensuring necessary placement moves are the least disruptive as possible.	Of school age children in out-of-home care during the school year, the number who had at least one placement change.	Number of children in the denominator who had a placement change which resulted in a change in the school in which they were enrolled.	Data collection by entry cohort.

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENTS						
NO.	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
P1.4a	Permanency for Children in Out-Of-Home Care (0-12 months)	Percent of children who achieved permanency within 0-12 months of entering out-of-home care. This measure is stratified by all permanency goals and by each type of permanency goal, including reunification, adoption and guardianship.	This indicator is used to evaluate how well the Child Welfare system performs in transitioning children to a permanent home in the shortest possible time so they do not spend a significant portion of their childhood in out-of-home care. It also evaluates the Child Welfare system's success in achieving permanency for children who have been in out-of-home care for a long period of time.	The number of children who enter foster care in a 12-month period.	Number of children in the denominator who discharge to permanency within 12 months of entering foster care.	Data collection by entry cohort.
P1.4b	Permanency for Children in Out-Of-Home Care (13-24 / 25-60 / more than 60 months)	Percent of children who achieved permanency within 13-24, 25-60 and more than 60 months of entering out-of-home care. This measure is stratified by all permanency goals and by each type of permanency goal, including reunification, adoption and guardianship.	This indicator is used to evaluate how well the Child Welfare system performs in transitioning children to a permanent home in the shortest possible time so they do not spend a significant portion of their childhood in out-of-home care. It also evaluates the Child Welfare system's success in achieving permanency for children who have been in out-of-home care for a long period of time.	The number of children in out-of-home care 13-24/25-60/more than 60 months of the first day of the fiscal year.	The number of children in the denominator who achieved permanency within 12 months.	Data collection by entry cohort.

PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENTS						
NO.	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
P1.5	Rate of Removal	Average rate of removal of children per 1,000 falls within an established, research-informed range / statistical control limits	This indicator is used to evaluate the rate at which the Child Welfare system is removing children from their homes.	Number of children in the general population.	Number of children in the denominator placed in out-of-home care within a 12-month period [Multiply result by 1000 to get the rate].	Data collection by entry cohort.
P1.6	Re-Entry into Out-Of-Home Care	Percent of children who achieved permanency who subsequently re-enter out-of-home care. This measure is stratified by re-entry within 0-12, 13-24, 25-60 and more than 60 months.	This indicator is used to evaluate the Child Welfare system's success in finding stable permanent homes for children, and they remain in these homes without coming back into out-of-home care.	Number of children in out-of-home care who achieve permanency within 12 months.	Number of children in the denominator who re-enter out-of-home care.	Data collection by entry cohort.

Exhibit 22: Permanency Outcome 1 Measures

As shown in **Exhibit 23: Permanency Outcome 2 Measures**, the measure for Permanency Outcome 2 is presented in the table below.

PERMANENCY OUTCOME 2: FAMILY RELATIONSHIPS AND CONNECTIONS ARE PRESERVED FOR CHILDREN						
NO.	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
P2.1	Preserving Connections with Siblings	Percent of sibling groups in out-of-home care in which siblings are placed together. This measure is stratified by sibling groups in which all siblings are placed together and in which some siblings (2 or more) are placed together.	This indicator is used to evaluate the success of the Child Welfare system in maintaining family connections for children in out-of-home care.	Number of sibling groups in out-of-home care at the end of the reporting period.	Number of sibling groups in the denominator where at least 2 or more siblings are in the same placement at the end of the reporting period, stratified by some siblings placed together and all siblings placed together.	Data collection by point in time.

Exhibit 23: Permanency Outcome 2 Measures

Well-Being Outcome Measures

In recent years, there has been a greater focus on the well-being of children and families who are involved with the Child Welfare system. Children in out-of-home care often have greater educational, physical health and behavioral health needs than children in the general population. Also, children who "age out," or transition from out-of-home care without achieving permanency, must be provided with the skills and resources they need to live independently once they exit the Child Welfare system. If these educational, health and independent living needs are not addressed, it can impact a child's likelihood for achieving permanency and their ability to function effectively as adults. Therefore, it is critical to monitor well-being outcomes.

The selected child and family well-being outcome measures cover a broad range of factors for children in out-of-home care, including the Child Welfare system's ability to effectively address:

- **Families' needs** - Coordinating and overseeing the delivery of services to parents and other caregivers to strengthen and support their ability to safely care for and support their children.

- **Children's educational needs** - Ensuring children in out-of-home care are engaged and successful in school.

- **Children's physical and behavioral health needs** - Coordinating and overseeing the delivery of medical, dental and behavioral health services to children in out-of-home care.

- **Children's independent living needs** - Preparing the over 1,300 children in Florida who "age out" of out-of-home care each year to successfully transition to adulthood.[28]

As mentioned above, historically, there has been more of an emphasis on measuring safety and permanency outcomes versus child and family well-being outcomes; therefore, more data gaps currently exist for the child and family well-being measures.

As shown in **Exhibit 24: Well-Being Outcome 1 Measures**, the measure for Well-Being Outcome 1 is presented in the table below.

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[28] Average number of exits to emancipation 2009-2012.Child Welfare Outcomes 2009-2012 Report to Congress. November 2014. Children's Bureau, U.S. Department of Health and Human Services.

WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB1.1	Caregiver Capacity to Provide for Child's Needs	Rating of performance based on the Family Functioning Assessment-Ongoing and Progress Update tools within FSFN assessing caregiver capacity to provide for their child's needs.	This indicator is used to evaluate the effectiveness of services provided by the Child Welfare system to caretakers in order to prevent the removal of the child from the home or return the child to the home.	Rating will be based on the Family Functioning Assessment-Ongoing and Progress Update tools within FSFN.	Rating will be based on the Family Functioning Assessment-Ongoing and Progress Update tools within FSFN.	Data collection based on the results of the Family Functioning Assessment – Ongoing and Progress Update tools within FSFN.

Exhibit 24: Well-Being Outcome 1 Measures

As shown in **Exhibit 25: Well-Being Outcome 2 Measures**, the two measures for Well-Being Outcome 2 are presented in the table below.

WELL-BEING OUTCOME 2: CHILDREN RECEIVE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB2.1	Health of Children in Out-Of-Home Care	Percent of children in out-of-home care who have received primary healthcare services. This measure is stratified by children receiving a dental exam every 7 months, children receiving an Early Periodic Screening, Diagnosis and Treatment (EPSDT) exam with 72 hours of removal, and children receiving recommended primary healthcare services.	This indicator is used to evaluate how well the Child Welfare system meets the primary health care needs of children in out-of-home care.	Number of children in out-of-home care for as of the last day of the reporting period.	Number of children in the denominator who have received primary healthcare, dental and EPSDT services within the prescribed timeframes.	Data collection by entry cohort.
WB2.2	Behavioral Health of Children in Out-Of-Home Care	Rating of performance based on tool assessing child's behavioral health upon initiation and at termination of services.	This indicator is used to evaluate the effectiveness of behavioral health services provided by the Child Welfare system to children receiving in-home case management services and in out-of-home care.	To be determined when tool selected / developed.	To be determined when tool selected / developed.	Data collection through case reviews and interviews with children, families, case workers and providers.

Exhibit 25: Well-Being Outcome 2 Measures

Exhibit 26: Well-Being Outcome 3 Measures presents the three measures for Well-Being Outcome 3.

WELL-BEING OUTCOME 3: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATION NEEDS						
#	**TITLE**	**DESCRIPTION**	**PURPOSE**	**DENOMINATOR**	**NUMERATOR**	**METHODOLOGY**
WB3.1	School Attendance of Children in Out-Of-Home Care	Percent of school days attended by children in out-of-home care.	This indicator is used to evaluate how well the Child Welfare system is meeting the child's educational needs by ensuring they attend school.	Of all children in out-of-home care during a 12-month period, the total number of school days these children were eligible to attend school.	Number of school days attended by the children in the denominator within the 12-month period.	Data collection by entry cohort.
WB3.2	School Performance of Children in Out-Of-Home Care	Percent of children in out-of-home care making adequate educational progress.	Children in out-of-home care often come into care behind grade level. This indicator is used to evaluate the educational progress of children in out-of-home care by ensuring the child's academic performance does not decline while in out-of-home care.	To be determined.	To be determined.	Data collection by entry cohort.
WB3.3	School Involvement of Children in Out-Of-Home Care	Percent of children in out-of-home care involved in at least one extracurricular school activity during the school year.	This indicator is used to evaluate how well the Child Welfare system is meeting the child's educational needs through the child's involvement in activities are likely to improve school attendance and sense of engagement and belonging in the school setting.	Number of children in out-of-home care for one year or more who are age 12 years or older.	Number of children in the denominator who have been involved in at least one extracurricular school activity in the last 12 months.	Data collection by entry cohort.

Exhibit 26: Well-Being Outcome 3 Measures

As shown in **Exhibit 27: Well-Being Outcome 4 Measures**, the seven measures for Well-Being Outcome 4 are presented in the table below.

Note: For those youth who have exited care, the National Youth in Transition Database (NYTD) survey data will be leveraged to the greatest extent possible for well-being outcome measures tracking future employment and housing. The NYTD is a national study assesses state performance in achieving positive outcomes for youth who "age out" of out-of-home care and transition into adulthood. Information is gathered and reported for Florida's youth in out-of-home care at age 17 and then again at ages 19 and 21.

WELL-BEING OUTCOME 4: CHILDREN DEVELOP THE CAPACITY FOR INDEPENDENT AND COMPETENCE AS AN ADULT						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB4.1	Transition to Independent Living / Adulthood – Education	Percent of young adults who aged out of out-of-home care who have completed or are enrolled in secondary education, vocational training and/or adult education.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge to enter into adulthood through proper education and job training.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have completed or are enrolled in secondary education, vocational training, adult education as of their 18th birthday.	Data collection by entry cohort.
WB4.2	Transition to Independent Living/Adulthood - Housing	Percent of young adults who aged out of out-of-home care who have safe and stable housing at 1 year and 3 years after discharge. This measure is stratified by youth who opt in to Extended Foster Care and by those who do not when aging out of out-of-home care.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have safe and stable housing at 1 year and 3 years after discharge.	Data collection by entry cohort.

WELL-BEING OUTCOME 4: CHILDREN DEVELOP THE CAPACITY FOR INDEPENDENT AND COMPETENCE AS AN ADULT						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB4.3	Transition to Independent Living/Adulthood - Employment	Percent of young adults who aged out of out-of-home care who have full-time or part-time employment at 1 year and 3 years after discharge.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have full-time or part-time employment at 1 year and 3 years after discharge.	Data collection by entry cohort.
WB4.4	Transition to Independent Living/Adulthood – Driver's License	Percent of young adults who aged out of out-of-home care who have obtained a driver's license.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care.	Number of young adults in the denominator who have obtained a driver's license.	Data collection by entry cohort.
WB4.5	Transition to Independent Living/Adulthood – Felony Convictions	Percent of children who aged out of out-of-home care who are not convicted of a felony within 36 months of discharge.	This indicator is used to evaluate the Child Welfare system's efforts to prepare youth who do not have a permanent home upon discharge for a successful transition into adulthood.	Number of young adults who aged out of out-of-home care in a 12 month period.	Number of children in the denominator who were not convicted of a felony within 36 months of discharge.	Data collection by entry cohort.
WB4.6	Children Aging Out of Out-Of-Home Care	Percent of children who aged out of out-of-home care.	This indicator is used to evaluate how well the Child Welfare system performs in finding permanent homes for the children in its care so they do not have to transition to adulthood without the support of a family.	Number of children who were discharged from out-of-home care.	Number of children in the denominator who aged out of out-of-home care.	Data collection by entry cohort.

WELL-BEING OUTCOME 4: CHILDREN DEVELOP THE CAPACITY FOR INDEPENDENT AND COMPETENCE AS AN ADULT						
#	TITLE	DESCRIPTION	PURPOSE	DENOMINATOR	NUMERATOR	METHODOLOGY
WB4.7	Former Foster Care Youth Perpetrating Abuse or Neglect	Percent of children who aged out of out-of-home care who are not perpetrators of abuse or neglect within seven years.	This indicator is used to evaluate the Child Welfare system's efforts to provide the necessary supports for youth aging out of out-of-home care so they do become perpetrators of abuse or neglect as adults.	Number of young adults who aged out of out-of-home care in a 12 month period.	Number of children in the denominator who were not perpetrators of abuse or neglect within seven years of discharge.	Data collection by entry cohort.

Exhibit 27: Well-Being Outcome 4 Measures

3.1.9.4 OUTCOME MEASURE CONSIDERATIONS

Essential to the cycle of accountability is measuring the impact of changes in services and programs on child and family outcomes and using this information to improve Florida's Child Welfare system. The implementation of the Program is a significant effort requiring the commitment of time and resources over several years to be successful. The outcome measures described above in section 3.1.9.3: Results-Oriented Accountability Program Outcome Measures represent a starting point. There are a number of pre- and post-implementation activities to be undertaken in order to ensure the information the measures provide is useful and effective in testing new and existing strategies, assessing progress and informing stakeholders about how the system's programs and services affect outcomes for children and families.

Construct Validity

The construct validity of the outcome measures must be tested and proven both prior to and post implementation. In *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy*, construct validity is defined as the "goodness of match" between an outcome and the outcome measure[29]. Prior to implementation, DCF will need to undertake an effort to validate the measures to better understand what the measure indicates, as well as what it does not indicate. It is important the evaluation of construct validity not be dependent on a single approach but corroborated by multiple approaches and evaluation methodologies. One approach includes academic research to identify existing external evidence to support the measures. In addition, data analysis can provide empirical evidence for certain aspects of construct validity. For example, the predictive validity of the measures, or the extent to which the measure is predictive of the outcome, are assessed through predictive validation methodologies such as separation metrics, comparison of predicted versus actual rates and misclassification rates. Alternatively, correlation with other metrics known to be valid for the outcome, including metrics more qualitative or abstract in nature can be used. Please see section 3.3: Data Analysis for a brief overview of how data analytics will be used to establish the construct validity of the outcome measures.

Validity will also be assessed through the use of two complementary models:

1. ROA Construct Validity models are used to verify all of the appropriate information is taken into account for a given outcome.
2. Measurement Traceability models are used to verify the appropriate set of measures are used to track outcomes.

As shown in **Exhibit 28: ROA Logic Model Validity**[30], Dr. Mark Testa's ROA Logic Model is used to describe and validate the correctness of required components (e.g., actions,

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[29] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
[30] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

populations, interventions, services, procedures and outcomes). Measurement models are used to identify "construct validity violations" (e.g., when measures are not good indicators of outcomes, or when measures required to measure outcomes are missing). Measurement traceability models leverage cause and effect logic to verify the relationships between outcomes, measure and actions. For example, a measurement model would be used to verify "if we wish to *preserve connections with siblings*" then we need to measure the "*Percent of sibling groups in out-of-home care in which siblings are placed together*" because "*This measure reflects the degree to which children in out-of-home care are placed with their siblings who are also in out-of-home care*" and "*indicates success of the Child Welfare system in maintaining family connections for children in out-of-home care.*" During the pre-implementation of the Program, ROA and Measurement traceability models would need to be constructed to validate construct and measurement validity.
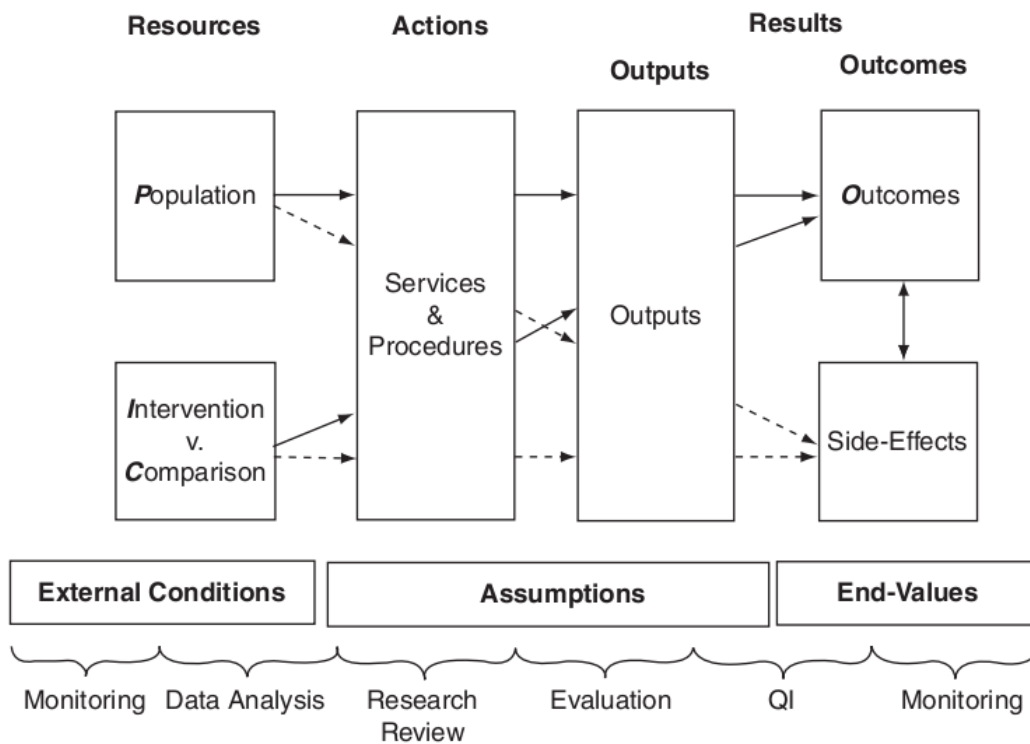
Exhibit 28: ROA Logic Model

The combined application of both sets of logic models should provide a concrete approach to creating and updating effective measurements which have construct validity.

Data Quality

Unfortunately, computer systems rarely have perfect data (especially when they are as large and complex as FSFN). However, perfection is not required to start the ROA process. In fact,

the implementation of the Program will provide the data analysis tools and data visibility needed to improve essential data quality. Staffing and costs associated with these efforts are allocated under:

- Initiative 3: Master Data Management (MDM) (to reconcile data differences between the various Child Welfare Community stakeholder groups)
- Initiative 10: Child Welfare Community Data: (to extract, transform, cleanse and load ROA data from all of the Child Welfare Community stakeholder groups (including DCF)).

In ROA, data quality becomes a continuous process of assessment and remediation. In the initial stages of analysis, data will be loaded into appropriate data analytics tools where basic quality issues and remediation tasks will be identified. FICW will also use analytics tools to continuously monitor ongoing data quality indicators and recommend remediation tasks. Throughout the Program, a risk-based approach to data quality will be used to prioritize work (e.g., focus cleansing efforts on Child Welfare impacts and integrity of essential ROA measures).

While data analysis tools can be used to identify and fix data issues after they occur, it is usually more effective to use things like training and procedures to minimize the problem before it occurs. For example, there has been no recent and comprehensive FSFN training provided to the Child Welfare Community. As a result, there is some variation statewide on the interpretation of the definition and use of certain data fields. To help ensure the accuracy, consistency and overall quality of the source data used to calculate the outcome measures, DCF should consider an additional implementation initiative or separate project to develop and distribute written guidelines and provide training for the Child Welfare Community to create a common understanding of the data entered in FSFN. Once the Program is operational, the data quality and reliability of the measures will be continuously assessed through the Outcomes Monitoring stage, and through this process, opportunities for improvement should be identified and acted upon.

Please see section 3.3: Data Analysis for a more detailed explanation of how data quality will be evaluated.

Unintended Consequences

The Program is built on a foundation of research and evidence-informed interventions demonstrating specific outcomes with minimal side-effects. In cases where new, innovative, or experimental interventions may be implemented, ROA has specific controls in place to incrementally expand the implementation of those interventions in a way to allow unintended consequences to be identified as early as possible. The Program also incorporates a set of logic models to confirm the construct validity of the measures before implementation. This helps prevent unintended consequences before measurement changes are implemented.

In both pre- and post-implementation, the outcome measures should be tested, reviewed and monitored for unintended consequences. As the measures included in this Plan were

developed, consideration was given to minimizing unintended consequences. For example, to offset the incentive to remove children who can be easily reunified, or reunify children before it is safe to do so in order to improve performance on the permanency measures, a rate of removal measure and rate of re-entry measure have been included. In addition, many of the measures do not cut off performance monitoring at a specific time period, such as 12 months, but continue monitoring the system's performance across longer periods of time. This eliminates the incentive to focus only on improving results for children at the specified threshold. In addition to the careful selection and design of measures, unintended consequences can be minimized by establishing performance targets balancing goals across all measures and outcomes.

Performance Baselines and Results/Outcome/Accountability Targets

After measures have been defined, validated and piloted, baseline measurements should be taken at the ROA system and stakeholder levels. These baselines provide a starting point to track against future progress.

Measurement accountability targets should also be defined. These targets define anticipated ranges of performance ranges. Initially, these accountability targets will be set by the individual stakeholders with assistance from FICW. As measurement usage matures, and collaboration extends to multiple stakeholders, FICW will coordinate the setting of accountability targets across the interrelated stakeholders. Accountability targets should take into account certain factors such as past performance, performance standards, service array and client characteristics. FICW will monitor targets, measurements and outcomes to detect and correct any unintended consequences or potential validity issues.

Measure Data Aggregation

Several of the outcome measures involve grouping of data by some factor such as age, time period and placement with all or some siblings. Prior to implementation of the Program, further consideration should be given to include additional aggregations across all of the measures. This would provide stakeholders with the option to review both the overall measure as well as segments of it reported by a variety of relevant factors such as age, gender, ethnic group and placement type. For example, for Safety Outcome Measure S1.3: Recurrence of Abuse and Neglect of Children Investigated by CPI, the user may want to summarize the data by age, ethnicity, gender, allegation type and reporter type to gain additional insight when evaluating the results.

Measure Drivers

There are two basic types of measures within ROA programs: outcomes and drivers. The outcome measures described in section 3.1.9.3: Results Oriented Accountability Program Outcome Measures are quantitative, and the majority of these measures will be calculated using administrative data routinely collected and housed in FSFN (Florida Safe Families Network) and other state agency systems. These measures will be used to determine whether the Child Welfare system is meeting the broad outcomes of safety, permanency, and well-being and to inform decisions of staff, administrators and legislators. These measures will also be used to test the effectiveness of new or modified programs and services.

Measure drivers track the implementation of services and procedures expected to produce the desired outcomes (see **Exhibit 28: ROA Logic Model**). Measure drivers fall into three categories: Fidelity to the practice model, process (compliance/outputs), level of resources (people/training/competency). This information is used to evaluate and improve the effectiveness of activities and the intervention they support. For example, this information could be used to eliminate unnecessary steps or indicate a need for specialized training. Measure drivers may be quantitative (calculated from administrative data) or qualitative data (collected through case reviews, focus groups, surveys, and interviews with children, families, case workers and providers). In summary, Measure drivers provide valuable information on services and procedures used to implement an intervention and achieve the desired outcomes.

It should be noted procedural and system changes will be required to support the implementation of measures. The effort associated with these changes reflected in the attached cost model as part of Data Updates.

Collaboration and Accountability Across the Child Welfare Community

The Child Welfare system is a confederation of many organizations who collaborate to achieve the safety, permanency and well-being outcomes. The initial ROA outcomes and measures presented above are based primarily on a DCF and CBC lead agency perspective. To be truly effective, a collaborative view of the Child Welfare Community is required for timely awareness of risks, opportunities and challenges.

To support a complete Child Welfare Community perspective, outcomes and measures need to be extended to capture the interdependencies between the various organizations, and to raise awareness and accountability of those interdependencies across the Child Welfare Community. An example of this collaboration is shown in below. **Exhibit 29: Measurements Across the Child Welfare Community** shows a simplified perspective of how a child and family may interact with the Child Welfare Community after initiated through a hotline referral.

For any stakeholder performing a function or sub-function in the Child Welfare Community should be accountable for the results of their function. In order to determine the results, measurement points for activities and outcomes are established example of how various stakeholders may collaborate to perform actions tied to specific outcome measures for safety, well-being, and permanency. Note: This exhibit reflects a point of measurement, not the

responsibility of the various stakeholders for child and family safety, permanency and well-being. In many cases, the point of measurement is influenced by the activities of other stakeholders.
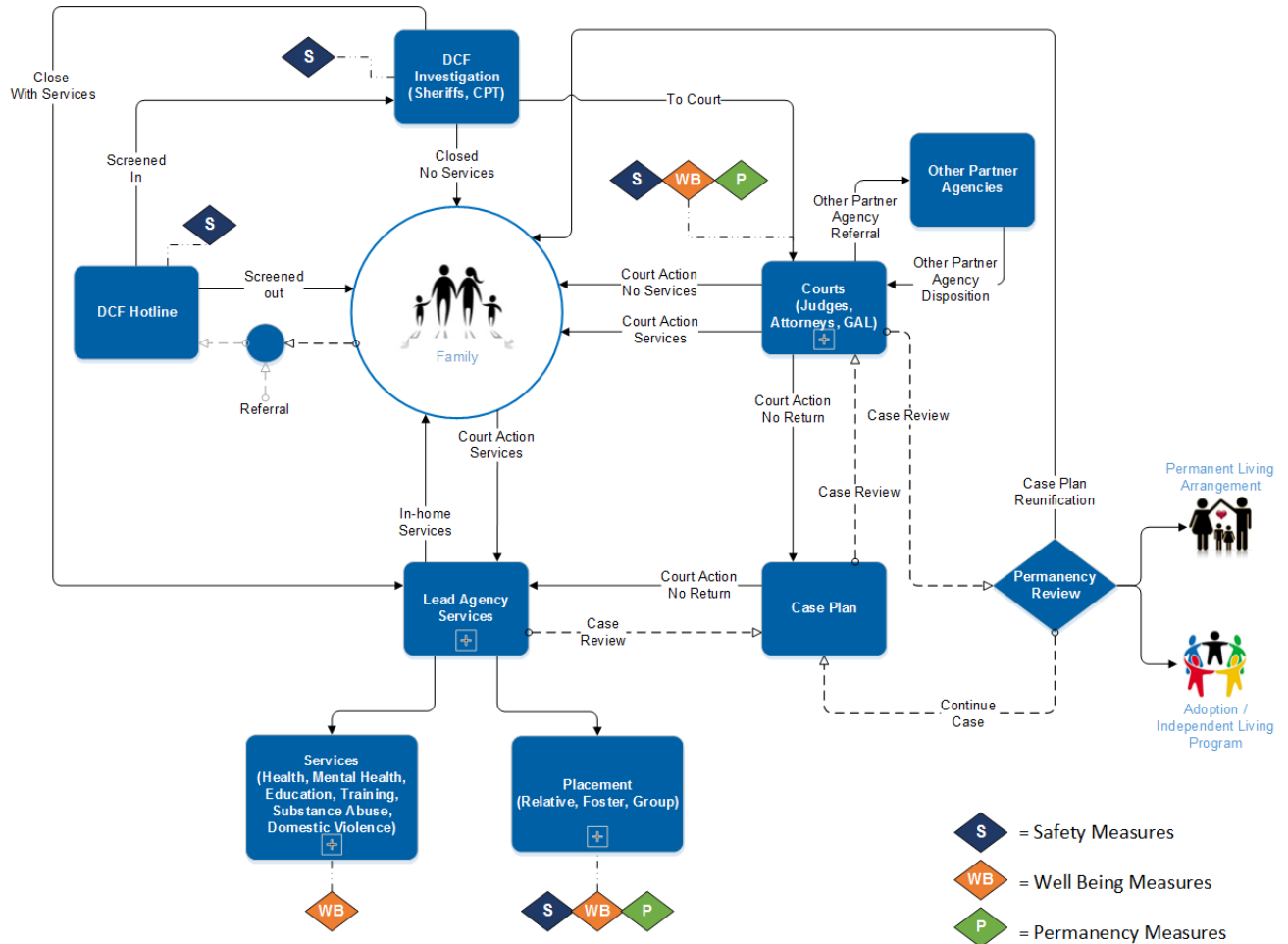
Exhibit 29: Measurements Across the Child Welfare Community

The ROA implementation plan takes an iterative approach to incorporating each of the various Child Welfare Community stakeholder groups (see **Exhibit 8: Child Welfare Community Stakeholders** for a current list of organizations). Each iteration would result in the deployment of ROA for one of these organizations. For example, one iteration might be used to incorporate CLS into the ROA program. At the end of the iteration, CLS functionality for ROA would be deployed.

Each iteration would involve the following initiatives for the stakeholder communities:

- **Initiative 2** - **Measure Development and Validation** (to define collaboration and accountability of each Child Welfare Community).

- **Initiative 9** – **Results-Oriented Accountability Reporting System** (to extend FSFN to support perspectives of each stakeholder group in the Child Welfare Community).

- **Initiative 10** – **Child Welfare Community Data** (to enable data sharing within the Child Welfare Community).

Specify Valid and Reliable Measures for Each Outcome

As indicated earlier in this document, FICW must validate measures before they are implemented, then work with the Child Welfare Community to continuously monitor and improve measurement quality after implementation. The sub-sections below introduce the measurement quality rating process used to establish an initial measurement quality baseline and improve the reliability and validity of those measures over time. The use of these measurement quality ratings will also help prioritize measure related activities such as measurement development and research. The initial baseline measurement ratings are provided in section 6.2 Example of "Validity and Reliability Ratings" for Outcome Measures. Detailed descriptions of the proposed Safety, Permanency and Child and Family Outcome Measures can be found in 3.1.8.3 Results-Oriented Accountability Program Outcome Measures.

In addition to the standard mathematical validity and reliability rating process described in the next subsection, there are several implementation factors to consider as part of validity and reliability. For example, are the correct outcomes and measures being tracked, are there any conflicts leading to gaming or prevent successful implementation, do the interventions identified resolve all issues without introducing new issues, are there any prerequisites which are currently preventing the implementation of the intervention(s) and finally, does the implementation take these factors into consideration? Measure traceability models are used to specifically address these types of issues.

3.1.9.5 *PROCESS FOR RATING VALIDITY AND RELIABILITY OF OUTCOME MEASURES*

The initial rating process described is based on the approach defined by the National Registry of Evidence-Based Programs and Practices (NREPP[31]). *NREPP rates the quality of the research supporting intervention outcomes and the quality and availability of training and implementation materials.* While there are several ratings systems which could be used, this measurement rating system was chosen because of NREPPs role in helping define national standards for evidence-based programs. NREPP also provides a standard for searchable online registry of interventions which should be used for finding and publishing research. Through NREPP, users can identify and learn more about interventions. All the interventions in

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[31] Rating information was based on the SAMHSA's National Registry of Evidence-based Programs and Practices which can be found on http://nrepp.samhsa.gov/AboutNREPP.aspx.

NREPP have met a set of minimum requirements, and have been assessed by independent reviewers.

The outcome measure ratings are based on NREPP's six evaluation criteria: Reliability, Validity, Fidelity, Missing Data, Confounding Variables and Appropriateness. A scale of 0 to 4 is used, with 4 being the highest rating given. These ratings are described below. An example of the initial ROA measurement ratings are shown in **Attachment 6.2: Example of Validity and Reliability Ratings for Outcome Measures**. An official measurement ratings process and baseline should be defined by FICW at the beginning of ROA implementation.

1. **Reliability of Measures** - Outcome measures should have acceptable reliability to be interpretable. "Acceptable" here means reliability at a level conventionally accepted by experts in the field. For example a 0 would indicate an absence of evidence of reliability or evidence some relevant types of reliability (e.g., test-retest, inter-rater, inter-item) did not reach acceptable levels. A score of 4 indicates all relevant types of reliability have been documented to be at acceptable levels in studies by the applicant.

2. **Validity of Measures** - Outcome measures should have acceptable validity to be interpretable. Here a score of 0 would indicate an absence of evidence of measure validity, or some evidence the measure is not valid. A score of 4 would indicate the measure has one or more acceptable forms of criterion-related validity (correlation with appropriate, validated measures or objective criteria); OR, for objective measures of response, there are procedural checks to confirm data validity; absence of evidence the measure is not valid.

3. **Measurement Fidelity** - The "experimental" measurement implemented in a study should have fidelity to the outcome. Instruments testing acceptable properties (e.g., inter-rater reliability, validity as shown by positive association with outcomes) provide the highest level of evidence. A fidelity score of 0 would indicate an absence of evidence or only narrative evidence the applicant or provider believes the intervention was implemented with acceptable fidelity. A score of 4 would indicate there is evidence of acceptable fidelity from a tested fidelity instrument shown to have reliability and validity.

4. **Missing Data and Attrition** - Study results can be biased by participant attrition and other forms of missing data. Statistical methods as supported by theory and research can be employed to control for missing data and attrition biasing results, and studies with no attrition or missing data needing adjustment provide the strongest evidence results are not biased. A 0 score would be given if missing data and attrition were taken into account inadequately, OR there was too much to control for bias. On the other end of the spectrum, a 4 would be given if missing data and attrition were taken into account by more sophisticated methods modelling missing data, observations, or participants, OR there were no attrition or missing data needing adjustment.

5. **Potential Confounding Variables** - Often variables other than the intervention may account for the reported outcomes. The degree to which confounds are accounted for affects the strength of causal inference. Zero indicates confounding variables or factors were as likely to account for the outcome(s) reported as were the hypothesized causes. Four would indicate all known potential confounding variables appear to have been completely addressed in order to allow causal inference between the intervention and outcome(s) reported.

6. **Appropriateness of Analysis** - Appropriate analysis is necessary to make an inference an intervention caused reported outcomes. If analyses were not appropriate for inferring relationships between intervention and outcome, OR sample size was inadequate, then a 0 score would be given. If analyses were appropriate for inferring relationships between intervention and outcome and the sample size and power (the ability of a test to detect an effect, if the effect actually exists) were adequate, then appropriateness would be rated as a 4.

Validity and Reliability Ratings of Initial Outcome Measures

Validity and Reliability ratings are used to show how well measures explain and predict outcome results. The following sub-sections describe a preliminary high-level assessment of the outcome measures. As mentioned earlier, a more detailed example of what a completed rating will look like is provided in **Attachment 6.2: Example of Validity and Reliability Ratings for Outcome Measures**. A detailed rating assessment should be performed by FICW to establish a quality baseline for these measures, prior to implementation. These ratings should continue to be monitored so informed decisions can be made to optimize measurement collection and usage. The results of this rating analysis will be used to plan and cost future ROA efforts.

Quality of Safety Outcome Measures

In evaluating these safety measures two major factors impacted the overall rating. First, all eight of the safety measures are based on existing measures used in some form in existing DCF or national dashboards. Secondly no major gaps were defined in the data required to calculate the measure.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing "face validity" (a test can be said to have face validity if it "looks like" it is going to measure what it is supposed to measure). There is also an absence of evidence the measure is invalid.

Quality of Permanency Outcome Measures

In evaluating the following Permanency measures two major factors impacted the overall rating. First, five of the six measures are based on existing measures used in some form in existing DCF or national dashboards. However, a new DCF measurement for Educational Stability has been added. The data required to calculate Educational Stability appears to already be stored in the FSFN database, but there are concerns with missing data. Changes to methodology and training would be required to address these issues.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing, face validity (it appears

to measure what it is supposed to measure). There is also an absence of evidence the measure is not valid.

Quality of Well-Being Outcome Measures

Well-being Outcome Measures are traditionally the most difficult to define and have required the greatest amount of innovation. In evaluating these well-being measures two major factors impacted the overall rating. First, only five of the 11 measures are based on existing measures used in some form within DCF. The seven additional measures are based on expert recommendations, implementations in other states, or implementation at the national level. The first new measure "Family Capacity to Provide for Childs Needs" will require an assessment of a family's capacity to provide for their child's need. The Family Functioning Assessment tool is a resource for this information. Behavioral Health of Children in Out-of-Home Care would require a behavioral health assessment upon initiation and termination of services. The gaps in the remaining new measures would require methodology reviews to determine identification of additional sources of educational, housing and employment data not currently stored in the FSFN database.

Although many of these outcome measures are new to DCF, they have acceptable reliability based on conventional acceptance of national and state experts in the field. The outcome measures have face validity (it appears to measure what it is supposed to measure). In researching these measures in literature, and with subject matter experts, nothing was found to indicate the measure is not valid.

3.1.9.6   STEPS AND PROCEDURES NECESSARY FOR COMPUTATION OF OUTCOME MEASURES

Methods and computation information are provided in section 3.1.9.3: Results-Oriented Accountability Measures.

3.1.9.7   PROPOSE OPTIONS FOR AGGREGATING THE AVAILABLE DATA

As described in **Exhibit 30: Aggregation Options**, no additional aggregation of data was defined, however additional stratification is required for the following measures:

OUTCOME MEASURE	AGGREGATION STRATIFICATION REQUIREMENTS	MITIGATION APPROACHES
Placement Setting	Placement Setting must be stratified by age (0-5 years, 6-12 years, 12 years and older).	Create data queries, views and reports with appropriate filters.
Permanency for Children in Out-of-Home Care	Stratified by age in months (0-12, 12-23, 24-59 and 60 months or more).	Create data queries, views and reports with appropriate filters.
Re-Entry into in Out-of-Home Care	Stratified by age in months (0-12, 12-23, 24-59 and 60 months or more).	Create data queries, views and reports with appropriate filters.

OUTCOME MEASURE	AGGREGATION STRATIFICATION REQUIREMENTS	MITIGATION APPROACHES
Transition to Independent Living/Adulthood – Housing	Stratified by youth who opt in to Extended Foster Care and by youth who age out of out-of home care.	Create data queries, views and reports with appropriate filters.

Exhibit 30: Aggregation Options

3.1.9.8   *IDENTIFY ESSENTIAL DATA*

A data gap assessment was performed with the Performance Management Unit Office of Child Welfare to identify essential data sources. During these outcome measures meetings information on measurement calculation data was captured (Denominator, Numerator). This information was then used to identify essential data requirements. A majority of Safety and Permanency data are available through FSFN. Additional data will need to be pulled from the Department of Education (DOE) and the Department of Health (DOH). The well-being measures are more innovative and will require methodology reviews to determine sources and detailed formulas. Please see section 3.1.9.3: Results-Oriented Accountability Measures for additional information on essential data for measurement calculations (e.g., denominators and numerators).

3.1.9.9   *ASSESS THE AVAILABILITY AND VALIDITY OF ESSENTIAL DATA*

As mentioned above in section 3.1.9.8: Identify Essential Data, most of the essential data is currently available and in use within FSFN. **Exhibit 31: Data Gaps** describes any data gaps in the identified outcome measures and the proposed mitigation approaches. Most of these involve calculations which require education, employment and housing data which may be available from CBC, DOE and DOH systems. These changes will need to be funded and included in a FSFN enhancement plan.

OUTCOME MEASURE	DATA GAP	MITIGATION APPROACHES
Educational Stability	FSFN data not available to calculate educational stability.	FSFN System Enhancement. To add data feed from school district.*
Family Capacity to Provide for Child's Need	Data is available as part of Safety Methodology Implementation, but still in process of rolling out data conversion.	Continue Implementation of the Safety Methodology Conversion.
Behavioral Health of Children in Out-of-Home Care	Data is available as part of Safety Methodology Implementation, but still in process of rolling out data conversion. A methodology and data collection process needs to be defined for this measure.	Continue Implementation of the Safety Methodology Conversion.
School Attendance of Children in out-of-home Care	Number of school days attended not in FSFN.	FSFN System Enhancement (e.g., interface to the DOE to obtain Attendance data.*

OUTCOME MEASURE	DATA GAP	MITIGATION APPROACHES
School Performance of Children in Out-of Home Care	Data available in FSFN but methodology to calculate would need to be defined.	Work with standards team to define calculation standard.
School Involvement of Children in Out-of-Home Care	Extracurricular activity not being captured in FSFN.	FSFN System Enhancement (e.g., interface to the DOE to obtain Placement Change data).*
Transition to Independent Living/Adult-hood – Housing	Housing Information not captured in FSFN.	FSFN System Enhancement.* Modify NYTD Survey to capture this information.
Transition to Independent Living/Adult-hood – Employment	Required Employment data not captured adequately in FSFN.	FSFN System Enhancement.* Modify NYTD Survey to capture this information.

Exhibit 31: Data Gaps

*Details on including additional fields in FSFN will drive the following costs:

1. Business process and requirements will need to be defined.
2. Information Technology (IT) will need to make changes in FSFN to capture, store and report information.
3. People impact will drive changes to policy development, training, report development, caseworker time to collect and enter data, management support, monitoring, etc.
4. There will also be practice costs for implementation and maintenance.

3.1.9.10 DATA QUALITY ASSESSMENT AND CLEANSING

Initiative 5: Data System Updates for Initial Measurement Gaps will be used to address data gaps between the ROA measures and the existing FSFN system. As measures are implemented, detailed data quality assessments and cleaning will be performed to resolve issues (e.g. missing or invalid ROA data). These activities will be performed within Initiative 10: Child Welfare Community Data. It should be noted a data quality assessment is already underway in a parallel related Study (Child Welfare Data Analytics). This study is currently performing data quality analysis for FSFN and its related systems. This Data Analytics project is performing a detailed quality analysis and the results of this detailed analysis could be used as a starting point for the data quality activities required for Program implementation.

During the Program implementation, ongoing data quality monitoring will be used to assess areas such as: Validity, Accuracy, Timeliness, Availability, Completeness, Specifications, Uniqueness, Perception, Consistency and Synchronization. These monitoring activities will be performed as part of Initiative 15: Results-Oriented Accountability – FICW Support.

3.2 CHILD WELFARE OUTCOMES MONITORING – DATA COLLECTION AND REVIEW

This section describes the approach(es) used for monitoring the measures specified in section 3.1.9.3 of this Plan. Data Collection and Review is synonymous with the Outcomes Monitoring step of the Cycle of Accountability Model depicted at right.

Section 409.997(3)(b), F.S., requires regular and periodic monitoring activities to track the identified outcome measures on a statewide, regional and provider-specific basis. It also specifics monitoring reports identify trends and chart progress toward achievement of the goals specified. This section addresses these requirements from an operational perspective.

3.2.1 OUTCOMES MONITORING ACTIVITIES

This section describes the monitoring activities of the Program.

3.2.1.1 PROGRAM DATA COLLECTION AND REVIEW PROCESS (OUTCOMES MONITORING)

This section presents an overview of the processes required to collect data and review it prior to conducting deeper data analysis activities.

As shown in **Exhibit 32: Program Data Collection and Review Process,** this process begins with completion of the development of outcomes measures by Program Stakeholders. This process is described in section 3.1.9.3 above. The Data Collection and Review process ends with identification of performance data and results requiring a deeper assessment in the Data Analysis process.

Title: 2.0 Results Oriented Accountability – Data Collection and Review Process

Governance Committee

Institute for Child Welfare

This could feed predictive/ preventive analytics

2.4 Review Outcomes Data

3.0 Data Analysis

Department of Children and Families

Case Data in FSFN/ Quality Systems/ Other Systems

2.5 Conduct Assessment of Results

From 1.0 Measures Defined

No – Engage in Deeper Data Analysis

2.6 Measures Meeting Targets?

Community Based Care Lead Agency & Sheriffs

2.2 Collect Quantitative and Qualitative Data

2.3 Produce and Publish Weekly/ Monthly/Quarterly Reports

Yes - Continue

Community Service Providers

2.1 Provide Services

Exhibit 32: Program Data Collection and Review Process

Exhibit 33: Program Overview Process Narrative presents a narrative description of each process step depicted in the Data Collection and Review process map in **Exhibit 32: Program Data Collection and Review Process**.

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
2.1	Provide Services	In this step, the Department, CBCs, their subcontractors and Community Providers deliver services to meet identified needs for children and their families. This includes services from Hotline to system exit.	DCF, CBCs and Subcontractors, Sheriff's Office and Community Providers	▪ Validated Outcome Measures and Measure Drivers	▪ Performance Data
2.2	Collect Quantitative and Qualitative Data	Data generated during service delivery is captured in FSFN, CBC, Provider and other agency systems.	DCF, CBCs and Subcontractors, Sheriff's Office	▪ Delivered Services	▪ Documented Performance Data
2.3	Produce and Publish Weekly/ Monthly/ Quarterly Reports	Using specifications developed for the Results Oriented Accountability Program, The CBCs and DCF produce performance reports which provide a numeric and graphical view of system performance. This information is communicated to the Governance Committee and other stakeholders. Results are published to the DCF website on a quarterly basis in a searchable format allowing users to drill down to the Unit level within CBC Case Management organizations, and an equivalent level within DCF (investigations function, including Sheriff' Offices).	DCF, CBCs and Sheriff's Office	▪ Documented Performance Data	▪ Performance Reports
2.4	Review Outcomes Data	In parallel with DCF, FICW receives performance data on a regular basis for predictive and preventive analytics development purposes.	FICW	▪ Documented Performance Data	▪ Analysis Results

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
2.5	Conduct Assessment of Results	The DCF Child Welfare Program Quality and Performance Management Team reviews the performance reports/results and determines if there are measures which are not meeting performance targets. FICW may also provide input, based on review of outcomes data analyzed during the period.	DCF, with consultation from FICW	▪ Performance Reports	▪ Analysis Results
2.6	Measures Meeting Targets?	The DCF Program Quality and Performance Management Team determines if measures are within specified performance parameters. If No, the workflow continues to 3.0 "Data Analysis" to determine if the results represent statistically valid gaps, or if the results are spurious. If Yes, the workflow returns to 2.1 "Provide Services" and normal service provision and data collection activities continue until the next review cycle.	DCF Program Quality and Performance Management Team	▪ Analysis Results	▪ Measures Identified as Not Meeting Targets

Exhibit 33: Program Overview Process Narrative

3.2.1.2 ADDITIONAL DATA COLLECTION PROCESS CONSIDERATIONS

The process described above represents a macro-level view of the activities required to get data into the accountability system for analysis. The initial outcome measures are based on administrative data housed in systems used for case management and investigations; therefore the initial performance reports will not be based on case reviews. Going forward, the Program will undertake initiatives to assess current qualitative measures and potentially develop or modify qualitative measures to extend the view of performance to the next level. These initiatives include:

▪ **Qualitative Measure Assessment** – Assess current "QA standards for CPI and QA Standards for Case Management" tool and methodology to identify correlation between the specified outcomes and the measures in the tool. While it is understood the structure of this methodology supports the federal CFSR, opportunities to leverage the

tool and associated data collection methods (e.g., the Department's web-based data collection tool) will be considered.

- **QA Capacity Study** – Complete a study of the capacity of current QA resources to collect additional qualitative data based on the assessment of current qualitative approaches/measures.

3.2.1.3 DATA COLLECTION AND REVIEW TECHNOLOGY CONSIDERATIONS

There are a number of technology and related activities and initiatives which will be required to implement data collection required for the Program:

- **Outcome Measures Validation** – FICW will be engaged to conduct a study to validate the recommended outcome measures. In some cases this will be accomplished through retrospective reviews of existing data, in other cases this will require longer-term longitudinal studies (e.g., new measures for which neither data nor evidence-supported research exists).

- **Algorithm Validation** – This effort includes activities to evaluate proposed algorithms to finalize measure numerators and denominators.

- **New Fields in Systems** – This includes additional fields in FSFN and DCF's web-based tool for collection of case review qualitative data, based on the assessment described above.

- **Analysis of CBC and Provider Systems** – An initiative will be undertaken to determine if additional performance data is available from CBCs and Provider systems. This effort should support and integrate with the FSFN System Adoption initiative.

- **Analysis of Other Stakeholder Agency Systems** – Because other agencies (Department of Education, Juvenile Justice, Court System, etc.) are involved in achieving macro-level outcomes, it is important data from these entities is considered in assessing outcomes for children. An initiative will be required to engage these partner agencies to identify data which can be utilized, develop agreements for data sharing and strengthen partnerships to support a macro-level view of child safety, well-being and permanency.

- **Data Transfer Procedures/Standards** – Upon reaching agreement data from other agencies support the assessment of Child Welfare outcomes, the Department will initiate a project to develop procedures for gathering/utilizing this data.

- **Data Governance** – In order to ensure the integrity of Program data, a Data Governance initiative is required. Data governance is concerned with management of data assets throughout the Program to ensure the data is of high quality and can be trusted. It also includes processes for transferring, storage and security of data.

- **Management Report Development** - Additional management reports will be required to provide Program leadership and Quality Improvement staff with Program performance results.

- **Website Reporting Mechanism Development** – Performance results will be reported via the DCF website via a searchable tool, per statutory requirements (see section

3.2.2). This will require an initiative to finalize requirements, develop, test and deploy the resulting web application.

- **Web tool for Qualitative Data Collection** – As qualitative case reviews are added to the protocol, the web tools current used for data collection will require modification to capture the additional or modified assessment items.

3.2.1.4 DATA COLLECTION AND REVIEW PEOPLE CONSIDERATIONS

There are several people-related considerations which must be addressed for implementation of the Program. These activities center on increasing the capacity of DCF to conduct analysis of Program outputs, training staff on related procedures and tools and conducting an analysis to determine if resources should be re-deployed to conduct case reviews resulting from additional qualitative activities. The scope of this plan does not include a detailed staffing analysis, and it is likely the current staffing model for existing Quality Improvement functions cannot adequately support the Program.

People-related considerations include:

- **Staffing for Initial Report Analysis and Action** – Present capacity within DCF must be enhanced to provide resources dedicated to Quality Improvement and associated analytical activities.

- **Training on Data Entry Requirements, Use of Reports, Procedures and Tools** – A part of data governance is to ensure system data can be trusted. Routine training of the workforce is required to teach data entry processes, definitions and data relationships to ensure data integrity.

- **Analyze Deployment of Current QA/Compliance Resources** – As case reviews requirements are potentially modified in the future, it will be beneficial to understand the deployment of current QA staff and their capacity to implement qualitative reviews beyond the case reviews required for federal compliance. In addition, deployment and utilization of Contract Monitoring staff should be included, with an assessment of the benefits of re-purposing these resources to outcomes-focused reviews, with pure contract compliance activities which do not require Child Welfare expertise (financial, timeliness, units of service, etc.) potentially conducted by third parties.

3.2.2 CHILD WELFARE OUTCOMES PRESENTATION AND COMMUNICATION

A critical component of the Results-Oriented Accountability Program is the open and transparent communication of performance results to interested stakeholders and decision-makers. Building transparency into all aspects of the Program is essential for establishing the credibility of its outputs. This means all interested stakeholders must have access to the information resulting from the Program in a form and schedule allowing them to drive and respond to outcomes.

As illustrated in process step 2.3, within **Exhibit 32: Program Data Collection and Review Process**, communication of performance data is an expected and regular Program activity. A

fundamental tool for the dissemination of the quarterly performance results is an interactive reporting site available via the DCF public website. While final requirements for this site must be developed as an implementation initiative, it is clear a number of stakeholders must be served via this mechanism.

This section describes the stakeholder needs for information and recommended designs for information dissemination. **Exhibit 34: Stakeholder Dissemination Strategy Summary** lists key stakeholders and the information required by them in relation to the Program. This table also specifies the frequency and format of communicating the information to the various stakeholder groups.

STAKEHOLDER	INFORMATION NEED	FREQUENCY/DUE DATE	FORMAT
Governor, President of the Senate, Speaker of the House, Dependency Judges	Performance Report	Annual/Oct. 1	Word performance report format with charts and narrative.
General Public	Detailed Results by Provider	On-Demand, Quarterly Updates	Accountability website, searchable database, online charts, custom filtering.
Community Alliances – Specialized Areas of Interest	Outcome-Level Performance Data	Quarterly	Accountability website, searchable database, online charts, custom filtering.
Program Governance Team	Multi-Level Performance Data	Monthly	Internal DCF and CBC management view of Program results data, with drill-down capability. Alerts for new data availability, alerts for measures falling below performance targets.
Child Welfare System Stakeholders	Detailed Results by Child Welfare Stakeholder	On-Demand, Quarterly Updates	Accountability website, searchable database, online charts, custom filtering.

Exhibit 34: Stakeholder Dissemination Strategy Summary

This work stream component will provide high-level descriptions of proposed reporting strategy for Results-Oriented Accountability. It should be noted DCF has existing performance related data, screens and reports which will be leveraged in the transition to Results-Oriented Accountability.

Section 409.997(2)(f), F.S., requires the Plan to propose formats, presentations and other methods of disseminating the accountability information. Further, section 409.997(3)(f), F.S.,

requires the plan provide procedures for making the results of the accountability program transparent for all parties involved in the Child Welfare system as well as policymakers and the public. This information must be updated at least quarterly and published on the department's website in a manner which allows custom searches of the performance data. The presentation of the data provides a comprehensible, visual report card for the state and each community-based care region, indicating the current status of the outcomes relative to each goal and trends in status over time. The presentation will identify and report outcome measures which assess the performance of the department, the community-based care lead agencies, and their subcontractors working together to provide an integrated system of care. **Exhibit 35: Existing Measures Screen**[32] shows the existing Planning & Performance Measures general information screen within the DCF website. Communication of performance data is an expected and regular part of the Program, and a fundamental tool for the dissemination of the quarterly performance results will be an interactive reporting site which is available via the DCF public website. Final requirements for this site must be developed in Program implementation.

Exhibit 35: Existing Measures Screen

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[32] Based on the DCF Planning & Performance scorecards. Retrieved from, http://www.myflfamilies.com/general-information/planning-performance-measures1/23/2015.

3.2.2.1 RESULTS-ORIENTED ACCOUNTABILITY REPORTING SYSTEM

There will be three basic levels of reporting within the ROA Reporting System (outcomes, outcome measures and driver measures). DCF has already done considerable work around the top two levels (i.e. outcomes and outcome measures). This will enable the ROA Reporting System to reuse much of the existing FSFN data, measurement calculations, screens and reports. Any gaps between the existing outcomes and outcome measures and ROA outcome measures is addressed by Initiative 5: Data System Updates for Initial Measurement Gaps.

The Results-Oriented Accountability Reporting System will require a more significant set of extensions to support the third level of information about intervention services and procedures (measure drivers). This additional level data and reporting is required to trace the effectiveness of interventions to their associated outcomes. The changes required to support this third level are included as part of Initiative 2: Measure Development and Validation (to define measure drivers), Initiative 9: Results-Oriented Accountability Reporting System (to define screens) and Initiative 10: Child Welfare Community Data (to develop interfaces).

A majority of the effort required for establishing ROA reporting involves the incorporation of approximately 20 Child Welfare Community stakeholder groups (e.g. Children's Legal Services (CLS), Community-Based Care Lead Agencies, Community Representatives, Court and Legal Community, etc.). Each of these communities will be implemented as an iteration (i.e., a sub-project) and will require the following activities: Initiative 2: Measure Development and Validation, Initiative 9: Results-Oriented Accountability Reporting System, and Initiative 10: Child Welfare Community Data.

As mentioned above, DCF has an existing set of performance measures and dashboards. The ROA reporting framework should leverage these existing dashboards where possible and extend them to include the drill down capabilities required to track the major components of the ROA implementation (as shown in **Exhibit 28: ROA Logic Model** in section 3.1.9.4). Another aspect of this presentation framework should support the analysis of the measurement traceability described in section 3.1.9.4. Finally, stakeholders within the Child Welfare Community should also be able to drill down through the outcome measures to their associated measure drivers so they can explore progress and issues across the community.

Exhibit 36: Example of Existing DCF Dashboard[33], depicts the existing Child Fatality Dashboard which provides an example of reporting capabilities already available within DCF.
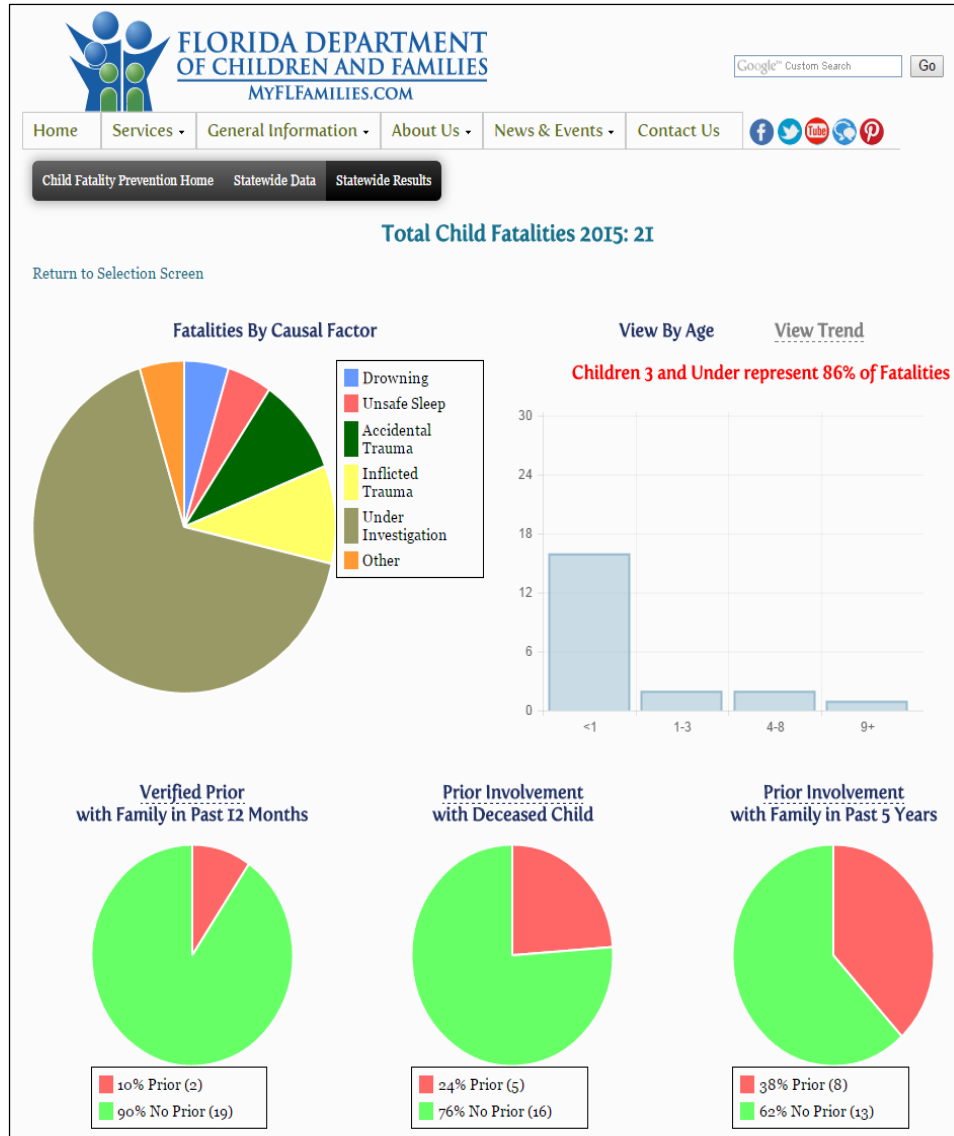
Exhibit 36: Example of Existing DCF Dashboard

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[33] Based on the DCF Planning & Performance scorecards. Retrieved from, http://www.dcf.state.fl.us/childfatality/state.shtml1/23/2015.

3.2.2.2 CONNECTING OUTCOMES TO EVIDENCE BASED INTERVENTIONS (EBI)

As Dr. Mark Testa, emphasized, "Too often, interventions in Child Welfare are piloted with limited evaluation, and untested interventions are hastily adopted and spread in response to politics, poor agency performance, or public pressure." [34] He goes on to say "the absence of a systematic and deliberate approach to building, sharing, and using knowledge, those responsible for making decisions and for performing evaluations can be left without answers."[34] As shown in the ROA Logic model, interventions are a starting point for a ROA solution. Evidence-informed intervention tools can be used to provide valuable information on the interventions available, quality of research and implementation guidance.

There are several examples of how case workers can find interventions having demonstrated efficacy and effectiveness for individual intervention outcomes for children. Another example of tying outcomes to interventions can be found in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. The following screen shots show sample screens from the SAMHSA system. A more detailed example can be found as an attachment at the end of this document or on the SAMHSA website (http://nrepp.samhsa.gov/AdvancedSearch.aspx). In summary, interventions are a key component of Results-Oriented Accountability, and an evidence-based approach to interventions should be integrated into the overall Results-Oriented Accountability measurement and presentation structure.

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[34] Testa, Mark F.; Poertner, John (2010-01-08). Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy (Page 196). Oxford University Press.

Exhibit 37: Sample Search Screen for Evidence-Based Interventions[35] shows an example of criterial used to search for interventions. Searches can be filtered by criteria including: Ages, Outcomes, Race or Ethnicity, Gender, Geography and Clinical Settings.

Exhibit 37: Sample Search Screen for Evidence-Based Interventions

Exhibit 38: Sample Screen from Evidence Based Intervention[36] shows the evidence which would typically be presented as a search result in the NREPP database. When searching by Race/Ethnicity, the search results may be selectively limited to interventions evaluated in studies with higher percentages (50% or more) of the selected groups.

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[35] Based on the in SAMHSA's National Registry of Evidence-based Programs and Practices, Find an Intervention - Advanced Search screen. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx, 1/16/2015.

[36] Based on the in SAMHSA's National Registry of Evidence-based Programs and Practices, Find an Intervention - Advanced Search screen. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx, 1/16/2015.

Areas of Interest	Mental health treatment
Outcomes	**Review Date: September 2013** 1: Generalized anxiety disorder diagnosis and severity 2: Worry and stress symptoms 3: Depression symptoms
Outcome Categories	Mental health
Ages	18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White
Settings	Outpatient
Geographic Locations	Urban Suburban
Implementation History	ABBT for GAD was developed in 2002, and since then, the intervention has been implemented with approximately 5,000 clients in 30 States and territories, as well as internationally in Australia, Brazil, Canada, Denmark, Iran, Israel, New Zealand, Singapore, Spain, Sweden, Switzerland, and the United Kingdom.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: No
Adaptations	ABBT for GAD has been adapted for delivery in a group format in an outpatient setting. The treatment manual has been translated into Spanish, and the program has been culturally adapted for use in Puerto Rico. Two program books have been translated into other languages: Mindfulness and Acceptance-Based Behavioral Therapies in Practice has been translated into Portuguese, and The Mindful Way Through Anxiety: Break Free From Chronic Worry and Reclaim Your Life has been translated into Finnish and German.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Exhibit 38: Sample Screen from Evidence Based Intervention

EBI from other organizations should be evaluated (e.g. for appropriateness for targeted population demographics) before implementation in a new community. The Children's Bureau recently released a series of videos which provide an excellent description of the EBI evaluation and implementation process. These videos can be found at: http://www.acf.hhs.gov/programs/cb/assistance/program-evaluation/virtual-summit/framework.

3.2.2.3   TECHNOLOGY CONSIDERATIONS

DCF is already presenting performance-related information, and the technology needed to implement Results-Oriented Accountability already exists within DCF to a large extent. While the presentation technology may not change considerably, the types and number of end users will increase dramatically. ROA data needs to be embedded within DCF and extended to the entire Child Welfare Community. This will drive additional software license counts and increased hardware and network consumption.

While advanced analytical tools are currently available within DCF, the data analysis tools made available to the Child Welfare Community to help them analyze and evaluate performance data in their respective areas should be intuitive and user friendly.

3.2.2.4 PEOPLE CONSIDERATIONS

It is critical a "results-oriented" (vs. "blame-oriented") approach be taken when building the Program. The Child Welfare system is complex and requires careful collaboration across many different individuals and organizations. Every person who plays a role in a child's welfare (including the children themselves) should understand what their responsibilities are and how well they are achieving them. As each Child Welfare Community stakeholder group is incorporated into the Program, they will actively participate in a series of workshops to guide the creation of outcomes and measures for their area, as well as the areas with which they collaborate.

The ROA Reporting System needs to support a role-based perspective of the Child Welfare Community so participants can understand and track their responsibilities. For example, if children and families are to play an active role in defining personal outcomes and responsibilities, then the ROA Reporting System should provide children and families with visibility into their specific intervention options, responsibilities, and progress.

The community participants should also be able to use the ROA Reporting System to evaluate the effectiveness of actions which participants are accountable for. The reporting system should allow participants to trace their services and procedures up to the associated measure drivers and outcome measures and they should also be able to compare these results with the performance of similar groups.

3.3 DATA ANALYSIS

This section describes the data analysis process as part of the overall ROA framework.

Section 409.997(3)(c), F.S., requires an analytical framework which builds on the results of the outcomes-monitoring procedures and assesses the statistical validity of observed associations between Child Welfare interventions and the measured outcomes. The analysis must use quantitative methods to adjust for variations in demographic or other conditions. The analysis must include longitudinal studies to evaluate longer term outcomes, such as continued safety, family permanence and transition to self-sufficiency. The analysis may also include qualitative research methods to provide insight into statistical patterns.

3.3.1 DATA ANALYSIS PROCESS

As shown in **Exhibit 39: Data Analysis Process** and described in **Exhibit 40: Data Analysis Process Narrative,** Data Analysis is the second stage of Results Oriented Accountability. Data Analysis is performed after pre-defined performance thresholds have been exceeded during Outcomes Monitoring. Data Analysis is used to distinguish the need for genuine system improvement from unrelated factors skewing results. If Data Analysis determines the results to be valid and significant, then we proceed to the Research Review to determine appropriate actions to take, based on research review of the external validity of current and past studies of promising interventions.

Title: 3.0 Results Oriented Accountability – Data Analysis Process

Department of Children and Families

Institute for Child Welfare

Community Based Care Lead Agency

Governance/ Technical Advisory Group

Logic Models

Raw Data

Risk Adjusted Data

Communicate Findings

Proceed to 6.0 Research Review

3.1 Review Logic Models

3.2 Load Data

3.3 Perform Data Analysis

3.4 Risk Adjustments?

No

Yes

3.5 Make Risk Adjustments

3.6 Measures within Thresholds

No

Yes

3.0 Data Analysis

Return 2.0 Data Collection and Review

Communicate Findings

Communicate Findings

Exhibit 39: Data Analysis Process

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
3.1	Review Logic Information	Review ROA and Measures Logic Models and Issue Description.	FICW/DCF	• ROA Logic Models • Measures Logic Models and Issue Description	• Updated ROA Logic Models and Issue Description
3.2	Load Data	Load raw data into analytics tools in FICW.	FICW/DCF	• Raw data pertaining to issue	• Data loaded into analytics tools
3.3	Perform Data Analysis	Identify statistical associations with population conditions and other risk factors (conditional associational analysis). a. extent to which the planned results are amenable to system improvement b. influence of external (exogenous) changes exaggerating or masking the need for corrective action	FICW	• Data in analytics tools	• Risk adjustments and exogenous impacts identified
3.4	If Risk-Adjustments Required	If Yes, data analysis identifies significant confounding effects, go to step 5 (adjustments) If No, then data variance should be escalated to research for further analysis.	FICW	• Adjustment requirements	• Adjustment decision
3.5	Make Risk Adjustments	Adjust measures to reflect risk factors and exogenous impacts	FICW	• Raw data	• Adjusted data
3.6	If Measures Are Within Thresholds	If adjustments bring measures back to acceptable levels, document adjustments and return to data capture and review, otherwise data variance should be escalated to research for further analysis.	FICW	• Raw Evaluation Data, ROA and PICO Logic Models	• Data Analysis results

Exhibit 40: Data Analysis Process Narrative

3.3.1.1 ASSESSES STATISTICAL VALIDITY

Not all data can be taken at face value. There are many different reasons why measurements may change, and not all of these changes are a result of internal factors. While comparative assessments against past performance, or peer groups, may indicate a possible issue, data analysis should be used to analyze the underlying data. This data analysis is required to distinguish between the need for genuine system changes and situations where external factors (e.g., population changes) may be skewing results.

Using Quantitative Methods to Adjust for Variations in Demographic or Other Conditions

One of the first steps in determining statistical validity involves removing confounding non-programmatic influences from the group. Confounding influences exist when there is a statistical relationship, or correlation, between two variables, and there is a third, confounding, variable which influences the other two variables. The statistical methods by which confounding variables are removed can be grouped under the heading of risk adjustment analysis. These data risk factors may be caused by uneven distribution of data across the population (age distribution), or may be caused by external factors (increase in employment) which need to be assessed. Risk-adjustment analysis adjusts comparison groups for differences in demographic characteristics, special needs and other preexisting conditions of the population affecting the outcome. This adjustment must be used before judging the importance and statistical significance of a cohort effect or policy change.

An example of a confounding variable is the commonly used example of the relationship between the number of ice cream cones sold and the number of people who drown each month. Just because there is a relationship (strong correlation) does not mean one caused the other. In the example, drowning and ice cream sales show a positive correlation with each other. One might infer that a causal relationship between the two variables exists: either ice-cream causes drowning, or the drowning causes ice-cream consumption. The most likely explanation is the relationship between ice-cream consumption is caused by warm weather – the confounding variable. Warmer temperatures lead to increased ice-cream consumption as well as more people swimming and thus more drowning deaths.[37]

Risk analysis should begin by analyzing the four primary components of the ROA Logic Model which are grouped together under the acronym of PICO (Population, Intervention, Course of Action and Outcome):

P—-The target population about which you wish to draw inferences;

I—-The intervention, whose efficacy and effectiveness you are interested in evaluating;

C—-The alternative course of action with which you want to draw a comparison;

O—-The intended outcome you want to see achieved.

The amount of gross change directly attributed to the net effects of program or policy changes must be separated from the amount of change due to all other population and other systematic influence.

When outcomes monitoring is done naively (without subjecting the comparison to risk adjustment analysis), the failure to take population and other influences into account can

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[37] Del Siegle, Ph.D. Neag School of Education - University of Connecticut
http://www.gifted.uconn.edu/siegle/research/correlation/correlation%20notes.htm

provide results which are mistaken for a genuine effect. A common method for performing this adjustment is referred to as "direct standardization." This involves applying the equivalent set of compositional weights for each group. For example, the average age of children entering foster care can potentially confound (skew) results. Age standardization applies the same hypothetical age distribution to each group being compared so no one group has disproportionately more infants or adolescents than the other group.

Linear regression analysis, the most popular risk-adjustment method for disentangling confounded effects from observational data, can also be applied. The advantages of linear and other regression methods over simpler rate standardization methods is it allows for multiple potential confounders, such as geographic residence, ethnicity, gender, and age, to be "adjusted out" of the comparison.

Including Longitudinal Studies to Evaluate Longer Term Outcomes

Longitudinal studies collect and analyze data over a period of time to identify and distinguish long-term trends versus short-term phenomena. In chapter 5 of *Fostering Accountability, Data for Policy Planning and Analysis*, Mark F. Testa discusses the limitations of exit cohort samples and the importance of longitudinal data analysis to model longitudinal outcomes. The Chapin Hall Center for Children has also advocated for use of entry cohorts as a means of tracking system change over time. The preferred solution is to collect data on Child Welfare cases by tracking children prospectively from their date of entry into foster care to their date of exit, and for a long enough period afterward so longer-term outcomes can be observed, such as transition to self-sufficient adulthood. This is needed to provide sufficient longitudinal information for calculating prospective measures, such as the odds of reunification within a year, median lengths of stay in foster care, rates of placement disruption and relative risks of reentry into foster care. [38]

Including Qualitative Research Methods to Provide Insight into Statistical Patterns

Longitudinal data, risk adjustment, and attention to practical and statistical significance bring greater transparency to the "whys" behind important variations in agency performance. Actual progress may however, still be impacted by unmeasured and unobserved influences which could affect outcome measures. In addition to quantitative methods to analyze the data, qualitative methods involving interviews and focus groups can help provide additional insights into statistical patterns.

Social workers make judgments every day based on their qualitative interpretations of client intention and meaning. Performance management also depends on qualitative information. But, full implementation of ROA requires information be based on objectively verifiable, quantitative data; otherwise it is vulnerable to distortion through "gaming". In his book *Fostering Accountability, Using Evidence to Guide and Improve Child Welfare Policy*, Dr. Testa

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[38] Testa, Mark F.; Poertner, John (2010-01-08). Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy (Page 196). Oxford University Press.

emphasized the need for a double loop to strengthen the construct validity of the theory of action. He said this is a "process that moves from hypothesis-generating qualitative evidence to more rigorous quantitative and experimental evidence and then loops back again to fine-tune performance. In this way, Results-Oriented Accountability is both practice informed and evidence-supported in its efforts to improve the quality and validity of services to families and children." [37]

No single measurement tool addresses all evaluation needs. As valuable as longitudinal analysis is, it doesn't adequately answer the question of why performance is poor, for example. To better understand evaluation findings, qualitative tools can explain the likely reasons for both good and poor results and should be a part of any evaluation regimen.

Using Logic Models to Drive Data Analysis

Logic models should be used to extend data analysis. In his book, Dr. Testa uses two types of logic models (ROA and PICO). These models are used to document key aspects of Results Oriented Accountability whenever an Outcome is created or modified. Logic models also provide a context for data analysis when unexpected measurements are being seen.

There are limits to the ability of data analysis to prove the validity and reliability of our measures (not all correlations make valid measures). When something unexpected in the measurements, logic models provide context for investigating areas for possible recalibration, or correction. The ROA logic model is used to capture the cause and effect relationships linking populations and interventions to the services, procedures and outputs impacting the outcomes. They are also used to represent key historical and external conditions defining the state of the service system prior to intervention and identify the major theoretical assumptions expected to generate the desired change. The results are described in terms of intended (outcomes) and unintended (side-effects) results. At the bottom of the ROA Logic model are the five stages of the Fostering Accountability Framework (monitoring, data analysis, research, evaluation, quality improvement) as they relate to each component of the logic model. The linkage of components to the different stages shows how a logic model can help tie together the cycle of results-oriented accountability in Child Welfare practice and policy.

The PICO model described earlier can be thought of as a subset of the overall ROA model. It is used to focus on exploring causal actions linking Population, Intervention, Course of Action and Outcome.

Measurement traceability models clarify the relationship of outcomes, measures and activities. These models are used to answer the following types of questions: are the right outcomes and measures being used; are there any conflicts which may lead to gaming or prevent the successful implementation; will the interventions resolve all issues without introducing new issues; are there any prerequisites currently preventing the implementation of the intervention(s) and finally, can a plan be created to implement the required changes.

3.3.2 CREATING THE FLORIDA INSTITUTE OF CHILD WELFARE LAB

Implementing ROA is not simple. It requires a basic shift in the way data is used to drive results. While outcomes and measures are nothing really new, in ROA they become much more significant. FICW will play a key role in making sure the right actions are being taken to drive the best measures for achieving our desired outcomes. They will also help track data and process quality to help clarify the results. Some of this will be performed using advance analytics to provide insights into issues such as confounding variables, or exogenous impacts. FICW is about more than just data, it is about how the data is being used to accelerate and improve the outcomes for our children. As such, FICW will play a leadership role in making sure the interventions are evidence-informed and adhere to ROA principles. FICW will provide leadership in the following areas:

- Acts act as a center of learning, where short term residencies are offered to members of academia and shining stars from the entire set of Child Welfare Community stakeholder groups. They not only perform research activities, they also act as mentors to other participants in areas such as research, publication, and ROA implementation.

- Monitors Outcome Measures, Secondary Outcome Measures, and Measure Drivers to identify issues and opportunities for improvement.

- Works with the Child Welfare Community stakeholders to define ROA standards (e.g., evidence rating, research standards, etc.). Also monitor and enforce those ROA implementation standards.

- Analyzes high impact intractable problems, including: defining why the system is sick; identifying conflicts leading to gaming or prevent successful implementations; identifying intervention(s) resolving issues without introducing new issues; identifying prerequisites currently preventing the implementation of the intervention(s); creating plans to implement and track interventions.

- Performs or directs research needed to support ROA.

- Implementation of ROA related training across Child Welfare Community.

3.3.2.1 *TECHNICAL CONSIDERATIONS FOR DATA ANALYSIS AND RESEARCH*

There are a wide variety of analysis tools and technologies which can be used to extract insights from the data. Many of these are already being used by DCF. Initiative 15: Results-Oriented Accountability Research contains cost estimates for analysis research efforts and the hardware and software needed to support them.

While most analysis is currently being performed on traditional databases, there is a great deal of Child Welfare information stored in other formats. For example, case files, hotline audio recordings, etc., have a great deal of unstructured data which would also be useful for analyzing outcomes. The addition of cognitive and unstructured analysis tools would facilitate greater access to this unstructured information.

ROA will incorporate information from many different organizations. Data sharing agreements will need to be signed and interfaces created. From a technical infrastructure standpoint, many government organizations are turning to secure cloud based solutions to support analytics projects like this. Cloud based solutions can provide the agility and dynamic scalability required for ROA implementations.

3.3.2.2 PEOPLE CONSIDERATIONS FOR DATA ANALYSIS

From a staffing perspective resources will be shared between Data Analysis and FICW:

- **Database Administrator** – Coordinates required database and interface changes.

- **IT Specialist** – Coordinates ROA Reporting System implementation and maintenance with FSFN IT staff.

- **Data Scientist** – Senior level role responsible for development of analytical models, planning, deeper analytical tasks, etc.

- **Data Analyst** – Perform basic data extracts, loads and transformations.

- **Researcher** – Perform reviews of scientific literature, retrieve articles of interest, performs systematic analysis of studies (meta-analysis) and summarizes relevant information as directed by Research Leader or Research Analyst.

- **Policy Subject Matter Expert (SME)** – A senior-level role focused on policy development, strategy design/development, thought leadership.

- **Senior Management (Director, etc.)** – Interfaces with DCF, helps craft/develop strategy for the Results Program, involved in several aspects of implementation as expert SME on policy, procedures, budget, etc.

- **ROA Training and Implementation** – Provide ROA training and act as ROA advisors during implementation of ROA.

Data analysis will extend past the resources who may reside in FICW. To be effective the ROA data analysis will also need to consider the following people requirements:

- Reduce time between insight and action.

- Empower people at every level to act with confidence.

- Enable decision makers to find their own actions.

- Reveal answers to questions no one knew to ask.

3.4 RESEARCH REVIEW

This section describes the recommended process and considerations for conducting research to address identified system issues.

Section 409.997(3), F.S., specifies the Results-Oriented Accountability Program will include a program of research review to identify interventions supported by research and evidence as causally linked to improved outcomes.

As indicated in Section 3, Program Design, the Florida Child Welfare Institute is an integral part of the Results-Oriented Accountability Program. Because of the expertise and focus of FICW, the Department will rely upon FICW for formal research review initiatives. This allows the Department to focus on oversight of the program, and on the actual work of Child Welfare while FICW utilizes its statewide and national resource base to conduct rigorous research reviews on issues identified through monitoring of outcomes and subsequent data analysis.

Prior to exploring the workflow related to Research Review, it is important to set a context for this set of activities from a Child Welfare perspective.

3.4.1 LEVELS OF EVIDENCE AND BEST AVAILABLE EVIDENCE

A difficulty in selecting promising interventions to meet identified performance gaps is the lack of experiments or trials which have been replicated and studied in a number of different settings. Given the lack of empirical studies around Child Welfare, policy decisions are often made based on "best available evidence."[39] In order to make decisions about the best interventions to implement based on research evidence, a method of evaluating and categorizing research is required. As an example, Thomlison[40], suggests the following framework described in **Exhibit 41: Child Welfare Levels of Evidence Framework Example**.

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[39] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.
[40] Thomlison, Barbara. "Characteristics of Evidence-Based Child Maltreatment Interventions." Child Welfare 82.5 (2003): 541-569. MasterFILE Elite. Web. 12 Jan. 2015

LEVEL	DESCRIPTION
1	Well-supported, efficacious treatment with positive evidence from more than two randomized clinical trials.
2	Supported and probably efficacious treatment with positive evidence from two or more quasi-experimental studies, or where researchers found positive evidence from only one clinical trial.
3	Supported and acceptable treatment with positive evidence from comparative studies, correlation studies and case control studies; one non-randomized study; or any type of quasi-experimental study.
4	Promising an acceptable treatment with evidence from experts or clinical experience of respected authority or both. (Thomlison, 2003)

Exhibit 41: Child Welfare Levels of Evidence Framework Example

An initial task of the Program will be to engage FICW to develop an agreed-upon framework for evaluating and categorizing research related to the Child Welfare system in a manner allowing for consistent and systematic classification of research-evidence.

3.4.2 RESEARCH REVIEW PROCESS

The Research Review process begins when a statistically valid performance gap is identified in the Data Analysis process. Research Review ends when priorities are set for further review and evaluation of promising interventions identified during research review activities.

Exhibit 42: Research Review Process presents a graphical overview of the Research process, based on the considerations discussed above. A narrative description of each process step or task follows in **Exhibit 43: Research Process Narrative.**
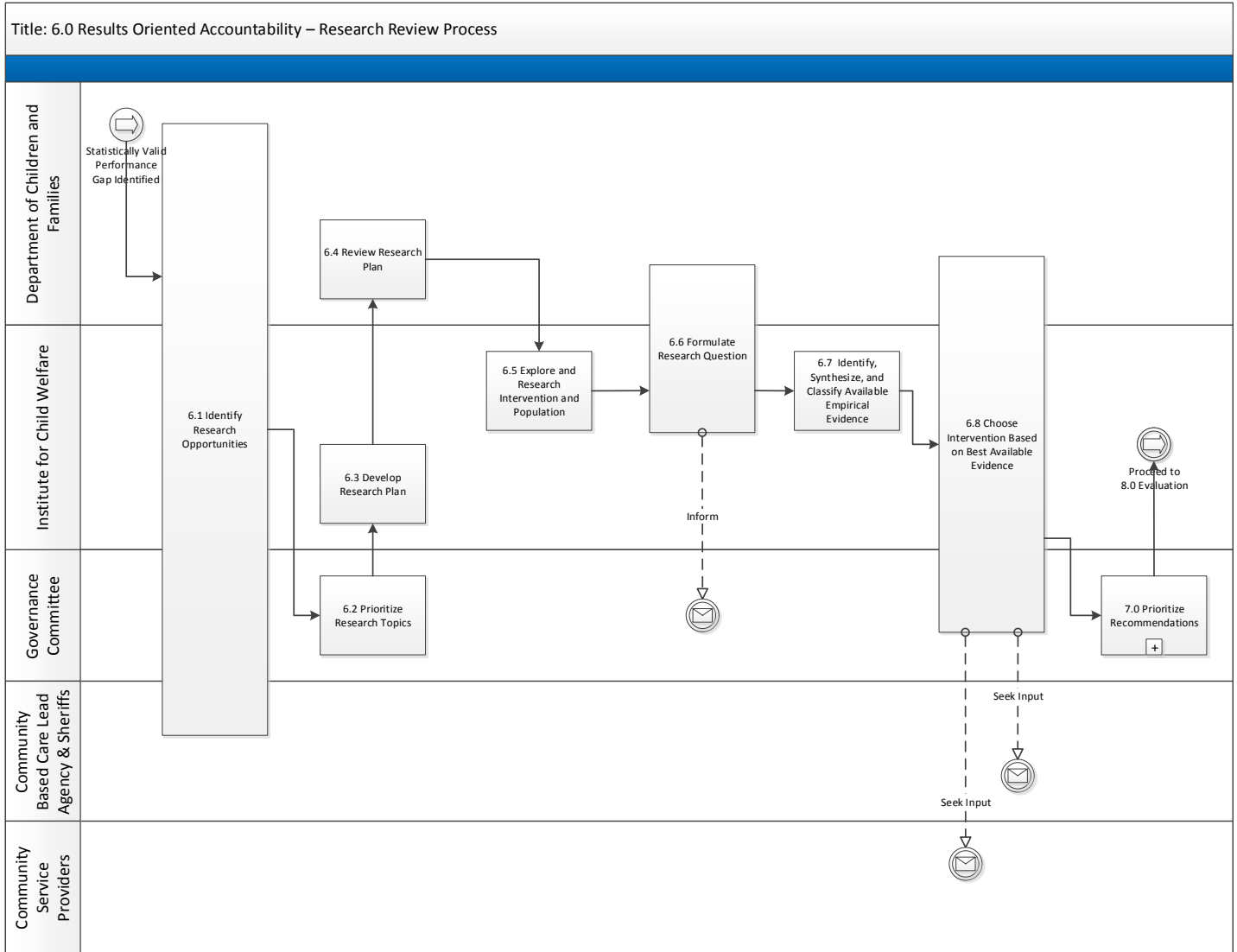
Exhibit 42: Research Review Process

Exhibit 43: Research Process Narrative presents a narrative description of each process step depicted in the Research Review process map provided in **Exhibit 42: Research Review** Process**.**

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
6.1	Identify Research Opportunities	Upon identifying statistically valid performance gaps, the Department, FICW and the CBCs will work together to identify research opportunities leading to research and evidence-supported interventions to address the performance gaps.	Department, FICW, CBCs & Sheriff' Offices	▪ Statistically Valid Performance Gaps	▪ Identified Research Opportunities
6.2	Prioritize Research Topics	After developing a list of research opportunities with FICW, the DCF Director of Program Quality and Performance Management will present the list to the Governance Committee for prioritization.	Governance Committee	▪ Identified Research Opportunities	▪ Research Priorities
6.3	Develop Research Plan	For each prioritized research topic, FICW will develop a plan for conducting the research review, including a description of the outcome being addresses, the types of studies to be reviewed, the timeline for the study, and the format of the final report.	FICW - Researcher	▪ Research Priorities	▪ Draft Research Plan
6.4	Review Research Plan	The Department will review and provide feedback on the Research Plan.	Department	▪ Draft Research Plan	▪ Final Research Plan
6.5	Explore and Research Intervention and Population	The Researcher will identify the desired outcome for the target population, identify the population of children most at risk for not achieving the desired outcome; research DCF policy related to the problem.	FICW - Researcher	▪ Research Plan	▪ Outcome Description ▪ Target Population Description ▪ DCF Policies Related to Problem
6.6	Formulate Research Question	Based on preliminary research, the FICW Researcher will develop Research question using PICO approach: P – Population; I, Intervention to evaluate; C – Comparison alternate action; O – the intended outcome to be achieved.	FICW Researcher	▪ Outcome Description ▪ Target Population Description ▪ DCF Policies Related to Problem	▪ Research Question

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
6.7	Identify, Synthesize and Classify Available Empirical Evidence	The FICW Researcher will conduct literature reviews to identify research reviews identifying interventions to produce the desired results. Using a predefined meta-analysis protocol, the Researcher will review and analyze the research results using various statistical techniques to identify and evaluate relevant research. This may include analysis of data from studies included in the research review. The systematic review is focused on the research question in a cause-and-effect form in order to identify correlations between interventions and outcomes reported in the studies.	FICW Researcher	▪ Research Studies, Research Question	▪ Preliminary Research Report
6.8	Choose Intervention Based on Best Available Evidence	The FICW Researcher will present the preliminary Research Report to the Department, the Governance Committee and FICW leadership. This group will also seek input from Community Service Providers and other resources within the Community-Based Care Lead Agencies (who are represented in an advisory capacity on the Governance Committee). Based on the systematic review of available research and evidence in the literature, the Department, the Governance Committee and FICW will collaborate to identify the target intervention. At a minimum, the Department should seek to understand the 5 questions posted in *Fostering Accountability*[41] posed in section 3.4.2.1 below.	Department, FICW, Governance Committee	▪ Preliminary Research Report	▪ Intervention as Candidate for Pilot and Evaluation
7.0	Prioritize Recommendations	Given there might be multiple recommendations resulting from a single study, or there could be multiple concurrent research initiatives, the Governance Committee will set priorities for implementing pilots.	Governance Committee	▪ Candidate Interventions	▪ Prioritized Interventions

Exhibit 43: Research Process Narrative

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[41] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

3.4.2.1 BEST AVAILABLE EVIDENCE – INTERVENTION SELECTION CONSIDERATIONS

As a longer-term strategy, the Program will collaborate with FICW to develop or adopt a rigorous method or protocol for systematic analysis of existing research (meta-analysis).

In the absence of rigorous meta-analysis protocols, Testa and Poertner, et al. suggest several questions the Department should apply when reviewing the results of intervention research prior to selecting interventions for pilot implementation:[42]

1. **Population**
   a. What were the populations or groups studied? It is important to understand the match between the populations studied and the target population DCF is trying to affect via an intervention.
2. **Intervention**
   a. To what was the intervention compared? The most effective studies will compare the target intervention to interventions available to the target population.
   b. How large were the effect sizes in the intervention? Research reviews should report effect sizes where available to provide a picture of the statistical significance of the correlation interventions and the outcomes of the studies.
   c. How many studies of the intervention are using the strongest research design? A larger number of studies employing strong research designs leads to greater assurance the intervention might be effective and efficacious.
3. **Alternative Course of Action**
   a. What alternative courses were considered? Were they viable alternatives?
4. **Outcomes**
   a. What were the outcomes examined in the study? Inclusion of studies matching the desired outcomes for a particular Florida gap is the outcomes/results in the reviewed studies are compared in some way to the desired outcomes in the target population is ideal, but odds are low there will be exact matches in many studies. The researcher must postulate hypotheses to support inclusion of the studies as evidence a particular intervention might be useful in Florida.

3.4.2.2 RESEARCH TECHNOLOGY CONSIDERATIONS

From an implementation perspective, currently there are no identified technology needs related to the research component of the Program.

3.4.2.3 RESEARCH PEOPLE AND PROCESS CONSIDERATIONS

The following people and process considerations must be addressed prior to the implementation of the Program:

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[42] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

- **Fractional FTE in Quality Improvement Office** – In order to effectively and efficiently manage the work ultimately completed by FICW, or jointly between DCF and FICW, a role is needed to manage/interface with FICW on Research Projects.

- **Training for DCF Staff on Research Review** – This includes providing some basic information on the purpose of the research function, and how future interventions promoted by the Department will rest on a foundation of research-informed evidence.

- **Develop Levels of Evidence Construct Specific to Florida** – As discussed above, the Department and FICW will jointly develop a framework for classifying research.

- **Develop Meta-analysis Protocol (FICW)** – A systematic methodology is required for the assessment of available research on Child Welfare interventions. A meta-analysis protocol will be developed to ensure all research review studies are conducted in the same manner to ensure consistent and reliable results.

- **Develop Annual Research Plan/Budget** – The Department and FICW will identify gaps between the portion of FICW's budget targeted to research for the Department and the actual and forecasted needs which should be addressed to identify promising interventions.

3.5 EVALUATION

This section describes the program evaluation approach to ensure recommended interventions/solutions are working and are effectively driving the desired outcomes.

The Evaluation process described in this section is intended to provide a rigorous approach to evaluating the efficacy and effectiveness of target interventions. Efficacy evaluation is used to determine the internal validity of the intervention (the correlation between the intervention and the desired outcome).

The Evaluation component of the Program is a means for determining the *internal validity* of promising interventions. Internal validity speaks to the characteristics of evidence reflecting the real meaning of the concept under consideration.[43] For example, does a positive difference in performance measures after implementation of an intervention really mean the intervention affected the outcome, or was it some other factor or even random chance? Internal validity adds a measure of assurance the intervention in the study truly made a difference.

The Program includes both formal evaluation of promising interventions intended to enhance outcomes for children and their families, as well as on-going predictive analysis of outcomes

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[43] Rubin, A; Babbie, E. 2011. Belmont, CA. Research Methods for Social Work. Brooks/Cole Cenage Learning.

data to identify correlations which become apparent when analyzing large data sets across thousands of cases.

Randomized controlled experiments can be employed by the Program to create a framework for assessing internal validity of interventions to ensure causality is defensible. While these types of studies are employed in other disciplines (medicine, education, public health, etc.) they are not employed in Child Welfare as frequently. Randomized controlled experiments increase the Program's ability to identify links between interventions and outcomes. Testa argues:

> "The benefit of randomly assigning clients, caseworkers, siblings, families, or other units of analysis to a promising, but still unconfirmed, intervention is that it greatly simplifies causal inference. By leaving the assignment process to chance, such as when flipping a coin, drawing a lottery ball, or consulting a table of random numbers, the laws of probability help to ensure that the intervention and comparison groups are statistically equivalent within the boundaries of chance error on both observable and unobservable characteristics before the start of the intervention. If, after the intervention is fully delivered, significant differences in outcomes emerge, it is reasonable to infer that the cause is the intervention itself rather than any preexisting dissimilarities between the groups." [44]

The Florida Child Welfare Institute plays a critical role in the evaluation of promising interventions, as depicted below. FICW (either directly, through contracts, or in conjunction with community partners) is the primary resource for conducting evaluation activities. This model is efficient as it equips the Department with advanced tools and access to specialized resources across multiple universities and partners without diverting the focus of attention from the primary responsibility of managing the Child Welfare Program.

3.5.1 EVALUATION PROCESS

The Evaluation process begins with the Design of an Evaluation Plan for promising interventions identified in the Research Review process. Evaluation ends with either the determination an intervention is not effective and efficacious, or the intervention is effective and efficacious but should not be implemented due to cost, complexity, or other factors, or the intervention should be incrementally implemented in a new environment to test external validity and generalizability.

Exhibit 44: Evaluation Process presents a graphical overview of the Evaluation process, based on the considerations discussed above. A narrative description of each process step or task follows in **Exhibit 45: Evaluation Process Narrative.**

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[44] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

Title: 8.0 Results Oriented Accountability – Evaluation Process
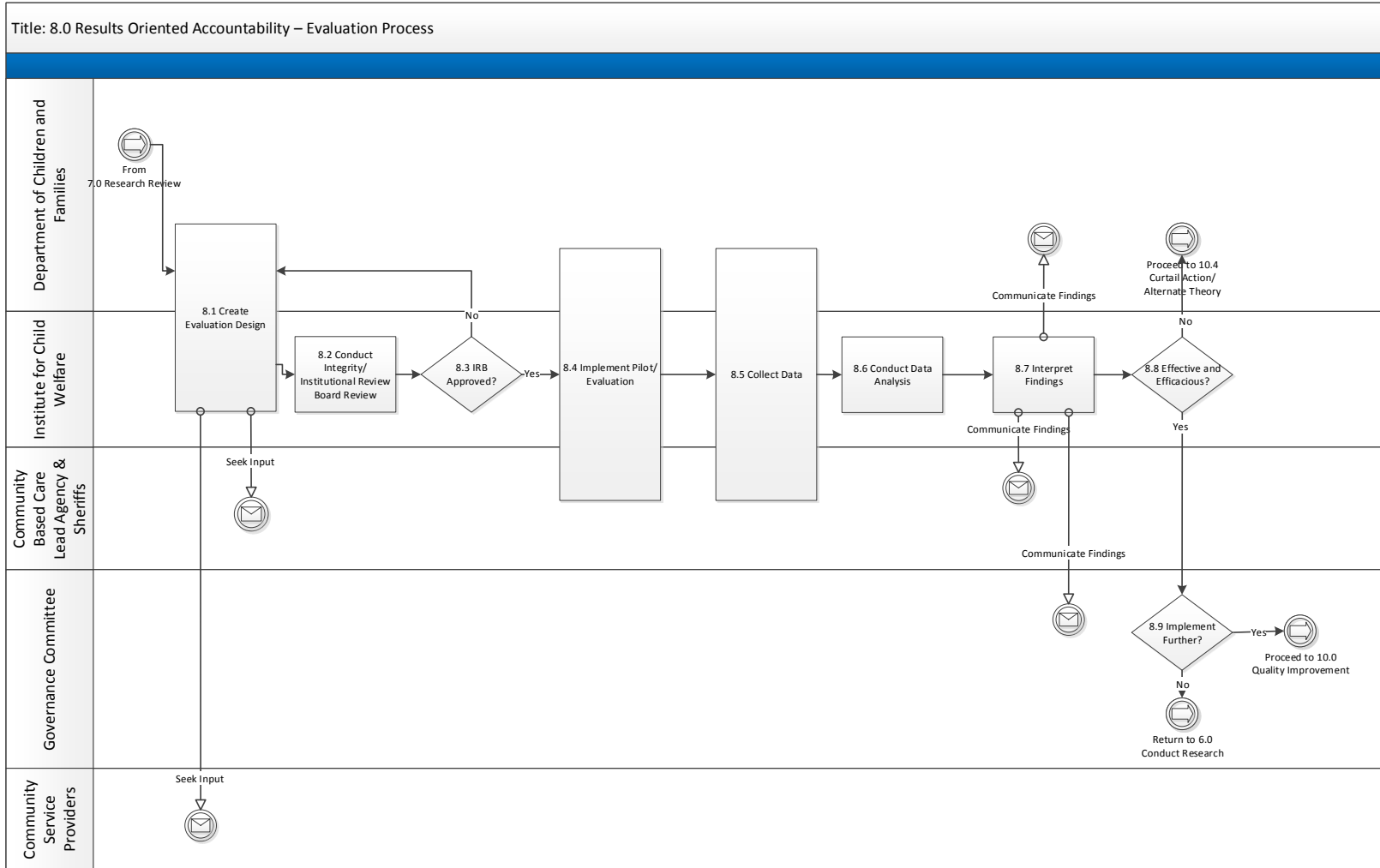
Exhibit 44: Evaluation Process

Exhibit 45: Evaluation Process Narrative presents a narrative description of each process step depicted in the Evaluation process map provided in **Exhibit 44: Evaluation Process.**

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
8.1	Create Evaluation Design	After research review has identified promising interventions, and the Governance Committee has determined priorities for evaluation of one or more interventions, the Department and FICW will create an evaluation design, with input from the CBCs, Sheriff's Office and Community Service Providers. See section 3.5.2 below for a discussion of Evaluation Design considerations.	Department, FICW	▪ Prioritized Interventions	▪ Evaluation Design Document
8.2	Conduct Integrity/Institutional Review Board Review	In compliance with federal law and DCF policy, FICW will conduct an Institutional Review of the Evaluation design to ensure the design is ethical and protects the interests and rights of the participants in the study. See section 3.5.2.3 below for a discussion of ethical considerations weighed by the IRB.	FICW, IRB	▪ Evaluation Design Document	▪ IRB Review Decision
8.3	IRB Approved?	The Institutional Review Board may approve or deny the proposed Evaluation Design. If yes, the workflow proceeds to 8.4 Implement Pilot/Evaluation. If no, workflow returns to 8.1 "Create Evaluation Design" and the evaluation design is modified.	FICW	▪ IRB Review Decision	
8.4	Implement Pilot/Evaluation	Upon approval by the IRB, the Department, FICW, the CBCs, Sheriff's Office and Providers implement the Intervention as a pilot in order to evaluate its effectiveness/efficacy.	Department, FICW, CBCs & Sheriff's Offices	▪ Evaluation Design	▪ Pilot Program for Intervention
8.5	Collect Data	Based on the evaluation design, the Department, FICW, the CBCs and Sheriff's Office collect data to study the pilot intervention.	Department, FICW, CBCs & Sheriff's Offices	▪ Evaluation Design Data Collection Methodology	▪ Raw Evaluation Data

#	Activity Name	Description	Role	Input(s)	Output(s)
8.6	Conduct Data Analysis	Using the joint data lab and associated procedures (as specified in the Evaluation Design), FICW will conduct a rigorous analysis of the data resulting from the study.	FICW	▪ Raw Evaluation Data ▪ Data Analysis Methodologies from Evaluation Design	▪ Data Analysis
8.7	Interpret Findings	After completion of the Data Analysis, FICW interprets the findings in the form of an evaluation report. The findings are communicated to the Department, CBCs, Sheriffs, Governance Committee and interested stakeholders via the DCF website.	FICW	▪ Data Analysis	▪ Evaluation Report
8.8	Effective and Efficacious?	If the study demonstrates the intervention was not successful, the workflow returns to the Research Review stage to select another promising intervention. If the pilot demonstrated effectiveness and efficaciousness, the Governance Committee is engaged to determine if the results warrant further implementation.	FICW	▪ Evaluation Findings ▪ Evaluation Report	▪ Decision
8.9	Implement Further?	If yes, the Governance Committee has determined the findings warrant additional implementation in a broader context via the Quality Improvement Process. Proceed to 10.0 "Quality Improvement." If No, the Governance Committee determines the results of the evaluation study do not warrant further implementation of the target intervention. The workflow returns to 6.0 "Conduct Research" to identify another promising intervention.	Governance Committee	▪ Evaluation Findings ▪ Evaluation Report	▪ Decision

Exhibit 45: Evaluation Process Narrative

3.5.2 EVALUATION DESIGN CONSIDERATIONS

As shown in **Exhibit 46: Categories of Studies for Evaluation Purposes**, in Social Science research, there are a number of study types to employ. Studies to use for the Program include (but are not limited to):

#	Type	Description	Discussion/Limitations
1	Classical Experimental Design (Pre-test – Post-test)	Classic design utilizes experimental and control group design with pre- and post-test for both.	Controls for threats to internal validity, however does not control for potential bias introduced by the pre-test.
2	Post-Test Only	This design employs experimental and control groups, without pre-test.	Assumes randomization is a means of removing initial differences between experimental and control groups.
3	Solomon Four-Group Design	Rarely used in social work studies, but effective in ensuring pre-test bias is accounted for. This design uses random assignment to four groups instead of two.	This approach is more complex and expensive to implement.
4	Alternative Treatment Design with Pre-Test	Used for comparison of two alternative interventions.	Sometimes used without a control group, but this threatens internal validity.
5	Dismantling Studies	This design is used to determine the components of the intervention which are driving the observed effects.	Components pulled out for study must stand on their own as interventions.
6	Quasi-Experimental	Does not utilize random assignment of participants to control and experimental groups.	Often provide less internal validity.

Exhibit 46: Categories of Studies for Evaluation Purposes

While the unique circumstances of each promising intervention will dictate the design of the study, it is certain the Program must determine the extent to which it will utilize true experimental research. Until the determination is made, it is likely most research evaluation will be based on quasi-experimental designs.

3.5.2.1 RANDOM CONTROLLED STUDIES – ETHICAL CONSIDERATIONS

Many in Child Welfare are hesitant to withhold interventions from children in control groups as it seems unethical. It could also lead to unwanted fiscal impacts, and may drive negative press or complaints. To counter, one could argue the ethics of providing interventions having no demonstrated evidence of their effectiveness. Most important, in Process 8.2 Evaluation, described in **Exhibit 43: Evaluation Process Narrative**, FICW will conduct an Institutional Review of the Evaluation design to ensure the design is ethical and protects the interests and rights of the participants in the study. This review would take into account the input of the social workers who have contact with the children, and who are primarily responsible for the qualitative interpretations of client intention and meaning.

3.5.2.2 FACTUAL VERSUS COUNTERFACTUAL

It is important for the Program to approach evaluation of promising interventions with a mindset of understanding what would have happened to the children who received the intervention if

they had not. This is counterfactual reasoning[45]. It is impossible to both provide and withhold the intervention from the same set of subjects, so the counterfactual has to be approximated in actual research and evaluation. This is accomplished in the Program through randomization, where possible, however when this is not possible other quasi-experimental matching designs must be used such as propensity score matching (PSM), in which participants are matched based on similarities on one or more variables.

3.5.2.3 *IMPORTANCE OF INSTITUTIONAL REVIEW PROCESS*

Because of federal requirements and ethical concerns with conducting experimental research in Child Welfare settings, it is imperative the Program utilize an Institutional Review process to ensure participants are protected and research and evaluation are conducted in an ethical manner. The Program design utilizes the Institutional Review process of FICW to ensure compliance with internal DCF policy regarding Institutional review. Some basic tenets of the ethical guidelines employed in the Institutional Review are:[46]

- **Voluntary Participation and Consent** – In all but a few exceptional cases research participation must be voluntary and must be conducted with the informed consent of the participants. Families will not be forced to participate, and they will be informed of the consequences of the study.

- **No Harm to Participants** – Research studies will not harm the participants, and must be rigorously designed to reduce the risk of harm to participants (physical, psychological and otherwise).

- **Anonymity and Confidentiality** – Participant identity must be protected to ensure researchers cannot associate a particular response with an identified responder. In cases in which responses can or must be associated with an individual participant due to needs of the study, confidentiality must be assured.

- **Deception** – Deceiving participants is unethical, and will be avoided unless there are scientific or administrative concerns.

- **Analysis and Reporting** – Accurately reporting results and providing negative findings, short-comings and problems with the design of the study will be requirements of the Program.

- **Benefits vs Costs** – Ensuring the potential benefits of the evaluation research will outweigh any potential ethical harm (i.e., the risk of harm brought on by using a control versus experimental group design) is a paramount concern.

- **Right to Receive Services vs Responsibility to Evaluate Service Effectiveness** – Ensuring Evaluation and Research designs provide mechanisms to address ethical concerns around denial of service to control groups will be evaluated for each study,

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[45]Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

[46] Rubin, A; Babbie, E. 2011. Belmont, CA. Research Methods for Social Work. Brooks/Cole Cenage Learning.

and options such as comparing available alternative interventions will be employed when possible.

3.5.2.4 EVALUATION PROCESS CONSIDERATIONS

- **Institutional Review Policy Evaluation** – As discussed above, the Institutional Review process is critically important to ensure ethical conduct of any evaluation projects. While DCF currently has an Institutional Review policy, a small initiative will be required to ensure the proposal to use the Institutional process in place at FICW sufficiently meets all state and federal requirements applying to DCF. Further, a determination must be made regarding which institution's process applies when the research is conducted by multiple organizations affiliated with FICW (currently housed at Florida State University, but coordinates with multiple Universities and Institutions across Florida).

- **Pilot Study Procedures** – Procedures must be developed to allow for systematic and repeatable planning and implementation of pilots. For example, if a promising intervention is identified mid-fiscal year, funding or spending authority must be obtained to implement a pilot within a FY. This procedure should outline requirements for planning and managing pilot studies.

- **CBC Contract and Sheriff's Office Grant Modifications** – Contracts and grants should be reviewed to determine the best approach for engaging the CBCs, Sheriff's Office and providers to participate in pilots, especially if there is a contractual impact. For example, if the CBC is contracted to provide certain services in a particular area, and the pilot requires modification to a portion of the services to create control and experimental groups.

- **Child Welfare Waiver Requirements** – If data collection during a pilot occurs outside of the Statewide Automated Child Welfare Information System (SACWIS, also known as FSFN), a waiver to proceed with the initiative will be required. Waiver Demonstration authority affords the state flexibility in the use of federal funds to test innovative approaches to Child Welfare service delivery and financing.

3.5.2.5 EVALUATION TECHNOLOGY CONSIDERATIONS

- **Data Lab for Data Analysis** – As noted in for Data Analysis section, a data lab is required to conduct the analysis of results created during the evaluation as well. Please see section 3.3.2 for a description of the data lab.

3.5.2.6 EVALUATION PEOPLE CONSIDERATIONS

In order to implement the Evaluation process, there are several people-related considerations which must be addressed:

- **Project Management** – In order to effectively accomplish smooth deployment and operation of evaluation pilots, expertise in both Child Welfare and Project Management is needed. The Department should initially dedicate at least one FTE Project Manager

Pilot Projects/Evaluation Projects once the Program is operating, with assessment of project management needs as the Program matures.

- **Data Lab Staffing** – FTE to staff the Data Lab. See Data Lab description in section 3.3.2 for further details.

3.6 QUALITY IMPROVEMENT AND INTEGRATION

This section describes the QA/CQI systems affected by the recommended program design, and describes the integration of Program data/information into affected quality systems.

3.6.1 RESULTS-ORIENTED ACCOUNTABILITY PROGRAM – QUALITY IMPROVEMENT FOUNDATION

First and foremost, it must be understood the Results-Oriented Accountability Program overall is a Quality Improvement program due to the fact it follows the generally accepted cycle of Plan-Do-Check-Act, i.e., goals are set, measures are determined, data is collected, results are compared against expectations, and actions are taken if results are not as expected. It is important to understand both the Quality Improvement actions which occur within the Cycle of Accountability after Evaluation, and the overall Quality Improvement focus of the Program required for success. This section addresses both the QI process and actions occurring at the fifth node of the cycle of accountability, and discusses considerations for other aspects of Quality Improvement which must be in place as a foundation for the Program.

The Results-Oriented Accountability Program is an integral part of the Department's Quality Improvement system, and the proposed Program Design places the Program as one of the primary QI tools of the Department. The Program's day-to-day operation is the responsibility of the newly created DCF Director of Program Quality and Performance Management. This role is responsible for creating true Quality Improvement focus within the Department and the system overall, through setting standards, creating tools, providing education and operating the Program. The QI approach is more than compliance; it seeks to create a true learning organization which adjusts and adapts its approach based on performance data. The goal is to improve the construct validity of Performance Improvement activities, to ensure QI is actually driving improved and meaningful performance of the organization, not just compliance.

3.6.1.1 CREATING THE LEARNING ORGANIZATION

A foundational principle of the Program is the Child Welfare system must become a "learning organization," one in which the vast amounts of data collected each day are analyzed and acted upon. Learning organizations not only take incremental action to correct performance issues, but go a step further to question the underlying constructs upon which the system is built. For example, when performance goals are not being achieved, the learning organization

not only looks for root causes to the variance, but also examines the underlying policy goals, assumptions and constructs upon which the intervention is based.

The incremental improvement of existing practices, policies, or actions is known as *single-loop learning*. This is a more traditional approach, in which goals and objectives are set, measurements are taken at specified intervals, and improvement of the defined interventions occurs as a result. In double-loop learning, outcomes are set, measurements are continuously taken and gaps are addressed through continuous assessment of the entire set of variables – including policy, practice models and a host of other factors influencing outcomes. [47,48]

What does this mean in a Child Welfare context, from an operational perspective? Ellen Munro, in evaluating the child protection system in the United Kingdom states:

> "With single loop learning, targets are set for the child protection system and its performance is monitored to check (='learn') whether the performance matches the targets. If not, then action is taken to change what is going on in the system and put things right i.e. to hit the target. In feedback terms there is a balancing loop… which acts to steer the performance measures closer and closer to the specified target.
>
> This can be contrasted with the broader, more reflective learning approach that is a characteristic of holistic thinking. This is double loop learning, in which the question that is being asked is: *have we specified the right thing to do?*"[49]

For example, if a new intervention is developed to address recurrence of maltreatment within high-risk families where domestic violence and substance abuse are present and maltreatment does not decrease to meet the targets, a traditional approach might be to continue to adjust the services and protocols to improve the outcomes. A double loop approach would question the entire approach, including the underlying policy, to ensure the theory behind this new intervention is correct. It could be the maltreatment is being driven by other factors not addressed by the narrowly focused intervention.

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[47] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

[48] Argyis, C. Single-Loop and Double-Loop Models in Research on Decision Making. 1977. Administrative Science Quarterly, Vol. 21, No. 3 (Sep., 1976), pp. 363-375. Ithaca, NY. Johnson Graduate School of Management, Cornell University

[49] Munro, E. The Munro Review of Child Protection Part One: A Systems Analysis. October, 2010. UK Dept. of Education (P.16)

3.6.1.2 IMPROVING QUALITY IMPROVEMENT

The Program design supports DCF in its move toward becoming a learning organization. Quality Improvement is the foundation upon which the learning organization rests. For truly effective quality improvement to occur, a QI mindset must permeate the culture of the Child Welfare system. Utilizing a series of steps proposed by Terry Moore, as discussed in *Fostering Accountability*, [50] the Program seeks to create a quality improvement culture in which information resulting from the Program is acted upon. The following key ingredients are necessary for this to occur:

- **Access to Data in Meaningful and Timely Reports** – The Program furnishes management reports designed in a way to provide meaningful information to managers and staff in a way which reduces the time required to interpret and act on the results. Beyond the regular accountability data published to the web, it is envisioned a series of reports are available down to the line staff level to inform their work.

- **Skills in Analyzing and Interpreting Data** – The ability to analyze data resulting from the Program, and to understand its meaning from a practice perspective are essential skills for managers (initially) and staff (for most effective performance).

- **Employing Action Strategies** – Action is taken when performance concerns arise. The Program supports an approach based on the tenets of creating goals and objectives, setting targets, implementing action, monitoring progress and adjusting actions or policy goals as needed to meet objectives.

- **Results-Oriented Culture** – The Program is a tool DCF can use to create a results-oriented culture throughout the Child Welfare system. There are several attributes of this culture which are expected to develop and mature as the Program is implemented:

  › **Routine use of data in decision-making** – Performance and other data are routinely used in decision-making.

  › **Responsibility is taken** – Persons involved in meeting performance outcomes for children take responsibility and act when expectations are not met.

  › **Action is taken** – Managers are taking action toward improving outcomes for children and families.

  › **Rewards are given** – Positive actions toward achievement of goals are recognized and rewarded.

  › **Stakeholders are involved** – The involvement of those with an interest or who are impacted are a part of crafting solutions.

  › **Learning Encouraged** – Data is shared, and people at all levels are encouraged to review it, understand its meaning and make changes to improve outcomes.

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[50] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

3.6.2 QUALITY IMPROVEMENT PROCESS

The Quality Improvement processes embedded within the cycle of accountability begin when evaluation of a promising intervention is complete, and end when the promising intervention is implemented on a wider basis, when alternate actions are selected for additional research and evaluation, or when underlying assumptions, logic models, policy goals, and resulting measures are modified and monitored through the regular processes within the Program.

Exhibit 47: Quality Improvement Process presents a graphical overview of the Quality Improvement process, based on the considerations discussed above. A narrative description of each process step or task follows in **Exhibit 48: Quality Improvement Process Narrative.**
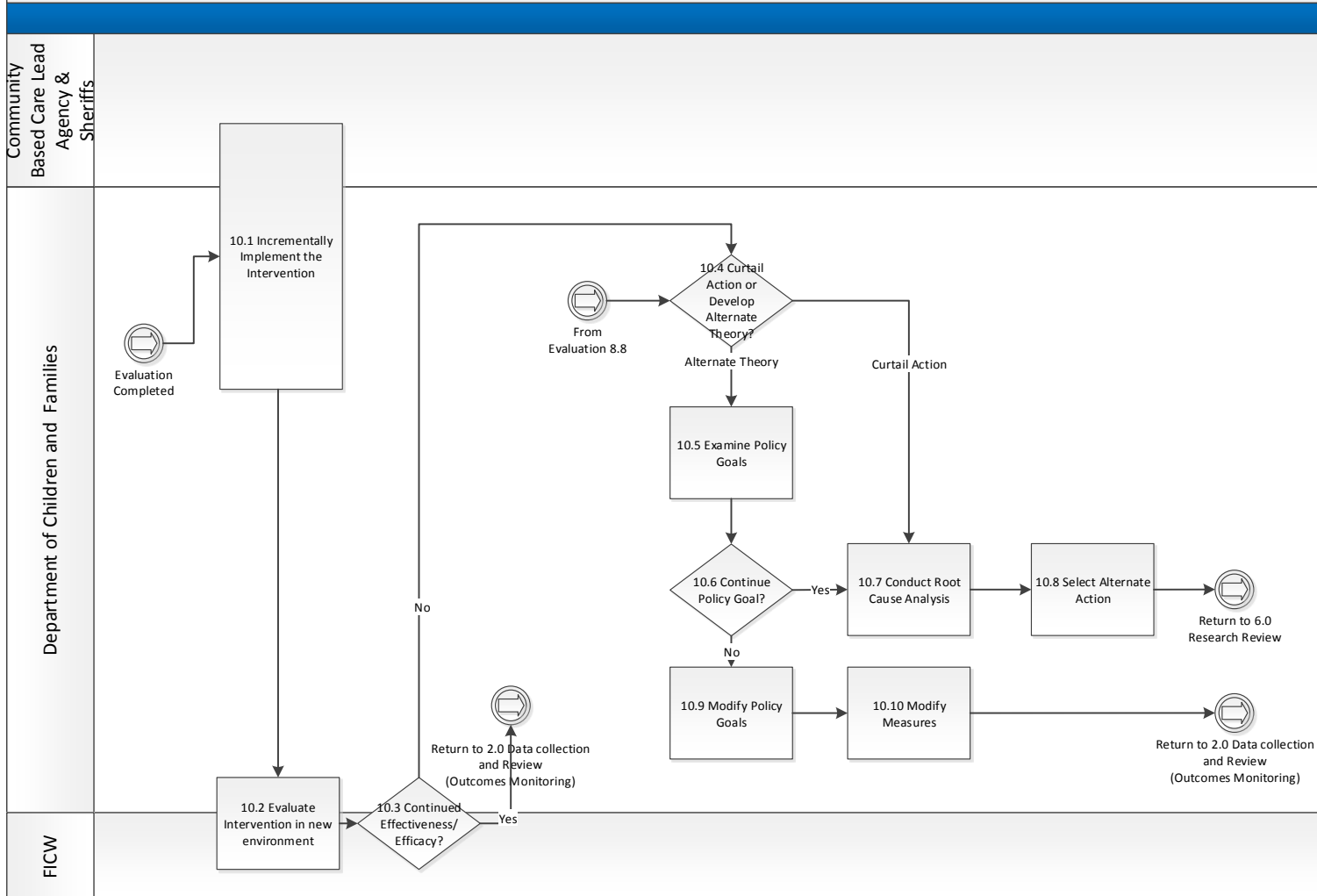
Exhibit 47: Quality Improvement Process

Exhibit 48: Quality Improvement Process Narrative presents a narrative description of each process step depicted in the process map provided in **Exhibit 47: Quality Improvement Process.**

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
10.1	Incrementally Implement the Intervention	Upon successful completion of evaluation of an intervention which meets expectations, the Department proceeds to implement the intervention in other locales/contexts in an incremental fashion (as dictated by the nature of the intervention and other factors identified in research and evaluation phases).	Department, CBCs, Providers	▪ Intervention which has been successful in evaluation, and has been approved for further implementation by the Governance Committee	▪ Intervention implemented in a new locale or context
10.2	Evaluate Intervention in new environment	The Department and its partners monitor key indicators to determine if the intervention is performing as it did during formal evaluation and pilot phases.	Department, FICW	▪ Intervention implemented in a new locale or context	▪ Performance Data
10.3	Continued Effectiveness/ Efficacy?	A determination regarding the performance of the intervention is made.

If Yes, workflow proceeds to 2.0 "Data collection and Review (Outcomes Monitoring)" and routine monitoring of Program measures continues.

If No, workflow proceeds to 10.4 "Curtail Action or Develop Alternate Theory?" | Department, FICW | ▪ Performance Data | ▪ Decision |

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
10.4	Curtail Action or Develop Alternate Theory?	A decision is made to either stop the action and pursue another action, or pursue another theory. This is a key tenet of creating a learning organization through double-loop learning. If "Curtail Action," workflow proceeds to 10.7 "Conduct Root Cause Analysis." In this case the assumption is the action is incorrect, but the underlying theory and policy goals are correct. If "Alternate Theory," workflow proceeds to 10.5 "Examine Policy Goals." In this case, the underlying policy goals, assumptions, and theories are in question.	Department	▪ Determination the intervention is not working in different contexts.	▪ Decision
10.5	Examine Policy Goals	The Department assesses the underlying policy assumptions/goals/ theories underlying the target area of practice to determine if the goals are still relevant or meaningful.	Department	▪ Decision to Pursue Alternate Theory	▪ Policy Goal Analysis
10.6	Continue Policy Goal?	A decision regarding the relevance of the policy assumptions/goals/ theories is made. If Yes, workflow proceeds to 10.7 "Conduct Root Cause Analysis." If No, workflow proceeds to 10.8 "Select Alternate Action."	Department	▪ Policy Goal Analysis	▪ Decision

#	ACTIVITY NAME	DESCRIPTION	ROLE	INPUT(S)	OUTPUT(S)
10.7	Conduct Root Cause Analysis	A decision has been made to continue with the current policy goals. The Department (with input from other stakeholders such as FICW, CBCs and Providers) conducts root-cause analysis to determine potential alternate actions.	Department	▪ Decision to Continue Policy Goals	▪ Root-cause Analysis Information
10.8	Select Alternate Action	Potential alternate actions have been identified based on root-cause analysis and require further research review activities.	Department	▪ Root-cause Analysis Information	▪ Alternate Actions for Research
10.9	Modify Policy Goals	Based on examination of policy goals, the Department modifies the underlying policy assumptions/goals/ theories.	Department	▪ Decision to Discontinue Policy Goal	▪ New or Modified Policy Goal
10.10	Modify Measures	Because fundamental goals have been modified, the Department evaluates and modifies measures to support the modified policy goals.	Department	▪ New or Modified Policy Goal	▪ Updated Measures for Monitoring

Exhibit 48: Quality Improvement Process Narrative

3.6.2.1 QUALITY IMPROVEMENT PROCESS CONSIDERATIONS

Development of the Quality Improvement approach to support a true learning organization requires the following activities to support the associated processes:

- ▪ **QI Procedures** – As discussed in the Data Collection and Review (Outcomes Monitoring) section, additional procedures and tools beyond "Windows into Practice" will be required to fully implement the Program. "Windows into Practice" and associated tools will require modifications as additional qualitative measures are developed.

3.6.2.2 QUALITY IMPROVEMENT TECHNOLOGY CONSIDERATIONS

The following technology development and/or updates are required to support the Quality Improvement process:

- **Enhancement of Systems to Capture Quantitative and Qualitative Data** – As qualitative measures are created to support the Program, current case review systems will require enhancement to produce data to feed the QI process.

- **Development of QI-specific Reports and Procedures** – As the broader QI organization is created within the system, reports and procedures to support the Program will be developed.

3.6.2.3 *QUALITY IMPROVEMENT PEOPLE CONSIDERATIONS*

Creating a culture of learning is heavily reliant on the readiness of the people within the organization to implement and operate its components. The initial people-related considerations for the Quality Improvement process are:

- **QI Organization** – The Program requires an initiative to develop a QI Organization within DCF to manage Results-Oriented Accountability. Current staffing of one FTE will require additional resources to manage the Program.

- **Director of Program Quality and Performance Management** – A new role is created to manage both the Quality functions of OCW, and to serve as Sponsor for the Results-Oriented Accountability Implementation initiatives and Team. This role reports directly to the Assistant Secretary for Child Welfare and is responsible for the following functions: Results-Oriented Accountability Implementation, Quality Assurance/Quality Improvement, Data and Analysis, Performance Management and Reporting and Training. The Implementation Team will be housed within the new Program Quality and Performance Function created within OCW.

- **Training for All Managers (DCF and CBC) on QI principles** – Training to provide managers with basic understanding of the use of data, management reports, analytical approaches and responsibility in taking action will be developed.

- **QI Training for All Child Welfare System Stakeholders (DCF, CBC, Provider, Foster/Adoptive Parents and others listed in section 2.2** – Training to introduce and reinforce a culture of accountability and basic QI tenets will be developed. This includes topics intended to apprise managers and staff of their role in achieving outcomes and the use of data for research and evidence-supported practice.

- **Training System in General** – A solid foundation of practice skills for employees at all levels is a paramount requirement for success of the accountability system, as interventions cannot be implemented with integrity if the workforce is not skilled in employing them, in assessing them, and in taking action when outcomes are not being met.

SECTION 4   IMPLEMENTATION PLAN

This section of the Program Plan includes the Program implementation timeline and roadmap. It also presents the risks and significant considerations affecting the Program implementation.

4.1   IMPLEMENTATION OVERVIEW

As discussed throughout previous sections, the Program requires a number of initiatives to fully implement the desired processes and functions necessary to achieve long-term change in the Child Welfare system. The initiatives include the creation of a governance and management structure to oversee implementation, developing the infrastructure for data collection and analysis, implementing the key components of the Cycle of Accountability, deploying extended Quality Improvement functions within the system and establishing a training regimen for staff on their role in the Program's success.

The basis for the overall implementation of the Program is an iterative approach to complete tasks and to meet high-priority objectives. Because the Program has great potential to create near and long-term change for the children of Florida, there must be a balance between the need to take a long-term approach to accomplishing all objectives versus moving quickly to start basic Program operations and produce results. A basic premise of the implementation philosophy is to take meaningful action to meet objectives while continually expanding and improving results.

The Department and other stakeholders will be faced with competing needs throughout the implementation of this important Program, so the focus is on achieving results early with as little disruption to daily operations as possible.

Implementation tasks and projects are completed by a combination of Department, Institute, and external staff to augment existing capacity. Critical to the success of the Program implementation is the creation of a Results-Oriented Accountability Implementation Project Team serving as the program management organization. The Results-Oriented Accountability Implementation Project Team includes creation and ownership of Program Governance processes (including engagement of advisory bodies such as the Technical Advisory Committee), initiative prioritization, program management standards and execution, and overall project management.

At the initiative level, management is accomplished through a combination of Department and external project management resources, with the Results-Oriented Accountability Implementation Project Team providing management of a Program Master Schedule used to coordinate initiatives, manage resources and ensure the timing of initiative meets Program objectives.

In an iterative approach, a set of initiatives or tasks is identified as candidates for implementation. Tasks and projects are prioritized, with a focus on the basic components needed to achieve early results. As prioritized tasks and projects are addressed through the process, project teams work through time-boxed project phases lasting 1-3 months to achieve a defined set of objectives. A key requirement for success is the use of regular status reporting and discussions to understand progress, and more importantly, to identify and remove roadblocks to implementation success.

Exhibit 49: Iterative Implementation Approach below depicts the Results-Oriented Accountability Program Plan implementation approach described above.
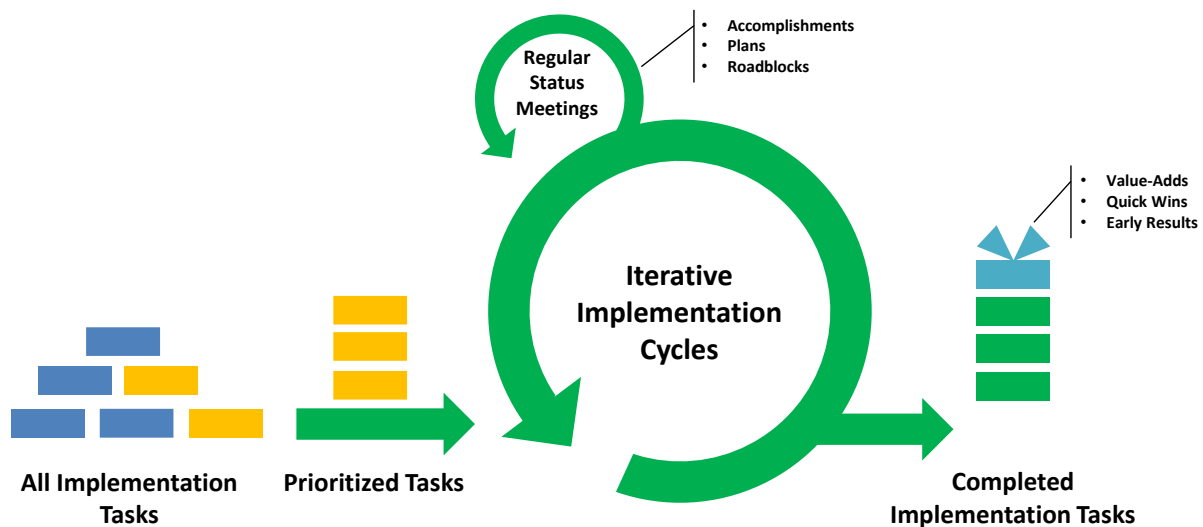
Exhibit 49: Iterative Implementation Approach

An iterative approach allows for the efficient identification and implementation of early-win initiatives and value-add activities otherwise lost in a traditional linear approach to an implementation of this nature. As discussed above, proceeding with the implementation activities and achieving meaningful results early is fundamental to facilitate complete adoption and success for the Program. A key premise of the implementation approach is to establish the infrastructure of the Program and embed the initial outcome measures to operations. Validation of the measures, expansion of measure drivers are addressed in an iterative fashion, much as the Program itself is modeled.

Essential governance, management procedures, structures and activities are initiated at the onset of the implementation, with infrastructure, data and basic presentation initiatives started as soon as the key Program Management processes are in place. As these elements come online, assumptions are checked, results are reviewed, and changes or improvements are made as the Program moves to the next cycle of incremental implementation. As the initial ROA Reporting System is defined and implemented, addition of new measures in future cycles potentially require new data, along with updates to various presentation mechanisms. The

infrastructure is envisioned to be flexible enough to handle these iterations in a cost-effective manner.

4.2 IMPLEMENTATION PLAN TASKS

This section contains a roadmap of initiatives needed for implementation and operation of the Program. Further breakdown of the tasks may be required as the projects are initiated. **Exhibit 50: Program Initiatives** provides a summary of the implementation initiatives.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
1	Results-Oriented Accountability Implementation Project Team	This initiative creates the management structure and processes required to manage and oversee the implementation of the Program.	▪ Implement the Program with the greatest positive impact at the least possible cost. ▪ Complete Program implementation within a reasonable time.
2	Measure Development and Validation	This initiative increases the construct validity of the selected measures,	▪ Develop reliable and valid measures exhibiting integrity in measuring desired outcomes. ▪ Set baseline targets to serve as a starting point for the Program. ▪ Develop qualitative measures and procedures to provide next level validation of performance outcomes.
3	Master Data Management	A Child Welfare Community perspective of ROA requires integration of data across the stakeholder community. An effective governance process will be needed to enable data collaboration while safe guarding confidentiality.	▪ Establish and implement procedures required to enable data quality, standardization and stewardship responsibilities of Results-Oriented Accountability child centric data across the Child Welfare Community.
4	Establishment of Data Lab and Tools	This initiative establishes an ROA analytics environment.	▪ Establish the Results-Oriented Accountability analytics hardware and software environment.
5	Data System Updates for Initial Measurement Gaps	This project is required to resolve gaps between the currently defined outcome measures and FSFN data required to calculate the measures.	▪ Resolve gaps between the currently defined outcome measures and the availability of FSFN data required to calculate the measures.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
6	Accountability Reports	In this project, the team will conduct additional analysis to identify the more detailed information presentation requirements for Program stakeholders. This will lead to the development of detailed report requirements and report designs for review and approval by stakeholders. As reports are developed, data extracts will be created, along with data transformation routines and presentation mechanisms. This project also includes testing of all report creation and delivery components. Finally, any training needed to support deployment and utilization of the reports will be created.	• Create transparency and accountability by facilitating timely and meaningful access to Program results. • Ensure reports are easy to use and do not require additional effort to interpret. • Meet the Program-related information needs of all stakeholders.
7	Quality Assurance/Compliance Resource Analysis	This initiative will Identify internal and external units conducting QA/QI and contract compliance activities (audits) in order to determine where resources are being utilized. A key outcome is the assessment of system-wide capacity to conduct case reviews and other QI-related activities. This activity will also include the assessment of external capacity/cost to conduct contract compliance reviews (audits) in case there is value to be gained from shifting compliance resources to higher value uses such as qualitative case reviews. This project will result in recommendations regarding QI staffing and deployment.	• Identify the best resource mix for supporting program objectives. • Deploy resources to their highest value use. • Increase the ability to collect and utilize qualitative data. • Develop a better picture of the capacity of the system to engage in enhanced Quality Improvement activities.
8	Quality Improvement Organization	This project will assess Quality Improvement needs associated with the Program, and will lead to the development or modification of a QI Program Plan and procedures, to include Results-Oriented Accountability functions. This effort will develop a QI staffing plan, and will result in the creation of a role to oversee and manage the overall QI function. The team will develop a QI Staffing Plan, to include QI resources to support Program operations, research, evaluation and QI functions. The project will also result in the development and delivery of QI focused training for managers, staff and other stakeholders in the system. This training is intended to further move the system toward a "learning organization" mindset.	• Create capacity within DCF to expand current Quality Assurance (QA) efforts into Quality Improvement (QI). • Complete the implementation of an organization to oversee and manage the DCF components within the Results-Oriented Accountability Program, as well as managing relationships and workflow with other involved stakeholders.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
9	Results-Oriented Accountability Reporting System	Used to monitor and improve results accountability across Child Welfare Community stakeholders.	• Incorporate measurement data from ROA Child Welfare Community stakeholders into the ROA Reporting System.
10	Child Welfare Community Data	This initiative is intended to develop interfaces for each of the 20 Child Welfare Community stakeholder groups.	• Complete FSFN System Adoption • Establish interface for non-SACWIS data captured at the local level • Incorporate measurement data from ROA Child Welfare Community stakeholders into the ROA Reporting System.
11	Institutional Review Policy (IRB) Updates	This project is intended to facilitate review of IRB processes employed by FICW and affiliated Institutions in order to ensure federal and other requirements are met. This project is also intended to define how the IRB process will work when multiple institutions are involved to ensure there is a consistent review process acceptable to all parties involved.	• Develop a blanket Institutional Review Board (IRB) policy accepted/utilized by institutions engaged to conduct research and evaluation on behalf of the Program. • Ensure all Federal and DCF IRB requirements are met, regardless of entity engaged to conduct research or evaluation activities.
12	Research Standards	A major output of this project is the development of a "Levels of Evidence" construct specific to Child Welfare in Florida. As indicated in *Fostering Accountability*,[51] there is not a solid "Levels of Evidence" model in Child Welfare which can be used to classify research studies. This initiative will also research, test and implement a meta-analysis protocol for Research Reviews requiring meta-analysis of large numbers of target studies. Another key output is the development of a process for estimating research budgets.	• Create clearly defined and implemented research and evaluation standards. • Develop levels of evidence and obtain stakeholder agreement on their meaning and application. • Implement systematic methodologies for research review. • Develop a meta-analysis protocol to apply consistently across research reviews. • Create a consistent process to estimate research needs and budgets.

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[51] Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

#	INITIATIVE NAME	INITIATIVE DESCRIPTION	INITIATIVE GOALS
13	Pilot Study Standards	In this initiative, the Department will jointly develop pilot study procedures with FICW. The intent is to determine all of the critical elements, approvals and considerations which must be addressed prior to implementing a pilot study in a Child Welfare setting. This will include a work stream to assess and update CBC contracts to ensure they allow for pilots, including specific tenets to account for resource shifts, impacts to performance measures, etc. caused by pilot activities. Also included is the creation of standards for project management of pilot studies (both research/evaluation and service delivery components), along with development of protocols for staffing pilots, if current levels need to shift or expand to accommodate pilot studies.	▪ Create methodologies and approaches to ensure pilots of interventions are completed consistently across the state. ▪ Develop and gain stakeholder acceptance of procedures for conducting pilot studies. ▪ Ensure pilots are meaningful and represent impactful expenditure of funds. ▪ Create an atmosphere in which cooperation in pilots is received from all required providers in the state, regardless of geography or demographics.
14	Research and Evidence-Informed Practice Training Development	This effort includes a needs assessment to determine training requirements and objectives related to research and evidence-informed practice. The intent is to ensure the Program begins to drive a culture shift within the system to one in which data is used in decision-making, and a "learning organization" mentality emerges. Key activities after needs assessment include design of the training strategy, development of training materials, and implementation of training and evaluation of the results. After the materials are finalized, they will be integrated training and curriculums for all Child Welfare professionals and related fields including case manager's CPI, CLS, Courts, Foster/Adoptive Parents, GAL, etc.	▪ Develop an understanding of the importance of DCF and Provider roles in supporting research and evaluation. ▪ Educate staff on the importance of using research-informed interventions. ▪ Create a culture in which stakeholders within the system incorporate research into decision-making. ▪ Impact the culture of the organization causing it to shift toward the use of research and evidence of the effectiveness of interventions as a basis for actions taken.
15	Results Oriented Accountability – FICW Support	This initiative represents FICW activities required to support the Results-Oriented Accountability Program.	▪ This charter represents FICW activities required to support the Results-Oriented Accountability Program.

Exhibit 50: Program Initiatives

Exhibit 51: Program Roadmap below provides an overview of the suggested implementation initiatives. This Gantt chart may be used as a guide to the sequencing of Program initiatives over the five-year timeframe described in this Program Plan.

Results-Oriented Accountability Program Initiatives – Baseline Implementation

The following Gantt chart may be used as a guide to the scheduling of initial and on-going iterative initiatives over the five years. Timelines are approximate and will be reevaluated when project charters are complete.
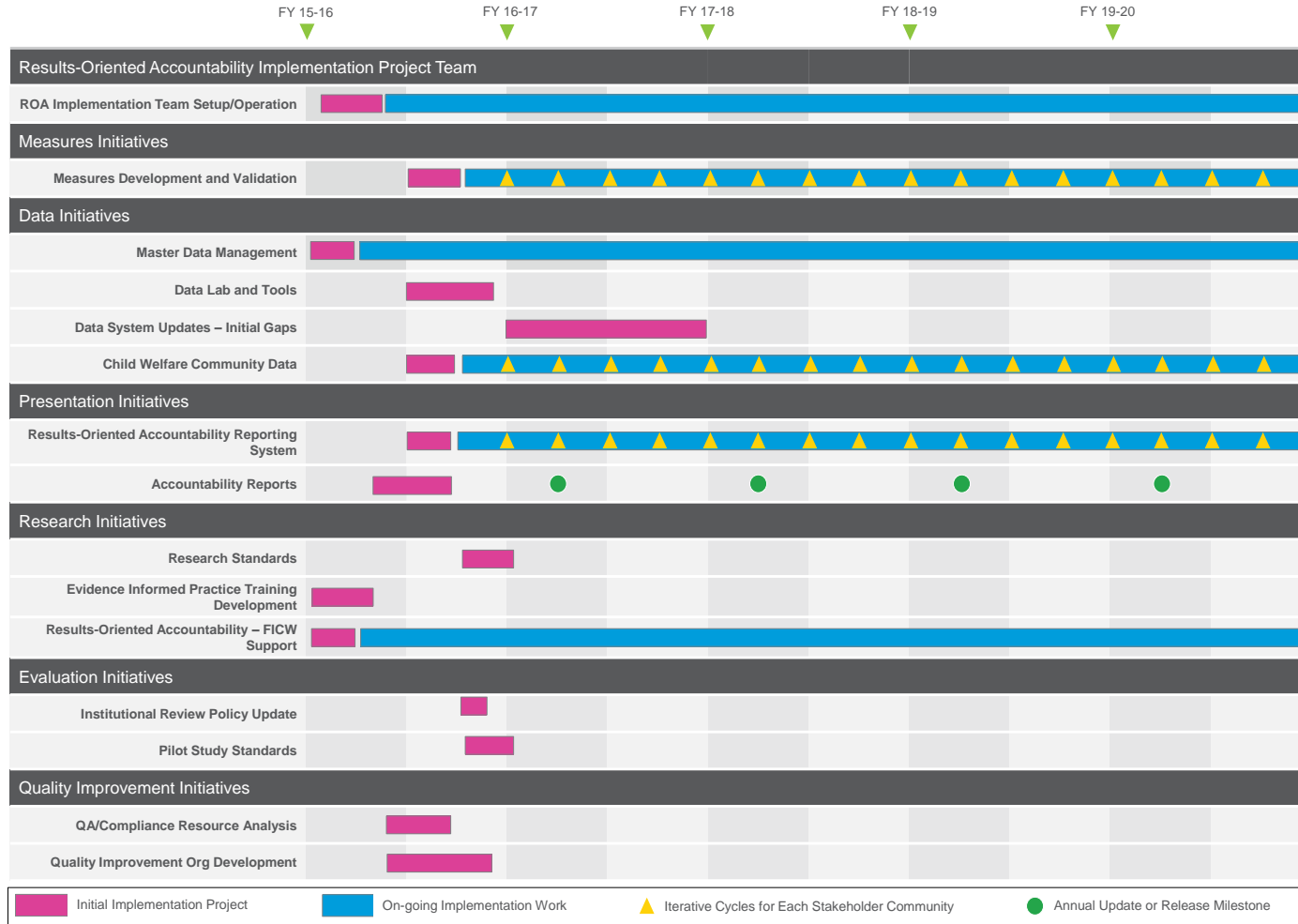
Exhibit 51: Program Roadmap

4.3 INITIATIVE DETAILS

This section includes individual initiative overviews listing goals, key tasks, risks, success factors, anticipated resources and budget impact. Major milestones are also listed, with the understanding dates and other attributes of the estimates may change as scope is refined prior to project initiation. All estimates are rough order of magnitude for planning purposes.

The need for Legislative Budget Requests (LBR) will be determined as DCF evaluates implementation options.

Initiative 1: Results-Oriented Accountability Implementation Project Team

Project Goals

- Implement the Program with the greatest positive impact at the least possible cost.
- Complete Program implementation within a reasonable time.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Assistant Secretary for Child Welfare
  - DCF Director of Program Quality and Performance Management
- **External:**
  - Providers
  - CBCs
  - Florida Institute for Child Welfare

Key Tasks

- Create Results-Oriented Accountability Implementation Project Team.
- Create Program Management processes.
- Develop Program Governance processes/procedures.
- Create and validate Program prioritization process.
- Develop detailed Program implementation master schedule.
- Engage project teams and execute prioritized initiatives.
- Manage and respond to risks affecting Program implementation.

Risks/Challenges

- Insufficient DCF staff to dedicate to the implementation impacts project schedule and objectives.
- Appropriation/budget levels are below minimum threshold to facilitate objective completion.
- Competing priorities mitigate focus.

Success Factors

- Program decisions are made using repeatable Governance and prioritization processes.
- Appropriate stakeholders are involved in Program implementation decisions.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - DCF and External Consultant Program Manager
- **Project Team:**
  - DCF Program Staff
  - DCF Program Management
  - Project Manager External
  - Program Manager External
  - FICW Resource(s)

Milestones

- 7/1/2015 – Internal Team Begins.
- 12/1/2015 - Program Processes Developed.
- 9/1/2020 – 5-Year Program Milestone, Implementation Team Tasks Complete.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 2: Measure Development and Validation

Initiative Goals

- Develop outcome measures and measure drivers for key system stakeholders.
- Provide additional data needed to help determine what is driving change in outcomes by capturing the activities across the Child Welfare process.
- Develop valid and reliable measures that exhibit integrity in measuring safety, permanency and well-being outcomes and test the effectiveness of new programs and services.
- Counterbalance measures to ensure there is no negative impact on outcomes.
- Set performance baselines and targets to serve as a starting point for Program implementation.

Key Tasks

For the 20 stakeholder groups comprising the Child Welfare Community:

- Conduct stakeholder focus groups/interviews to identify measures.
- Confirm measure validity and identify and address unintended consequences through research, data analysis and logic models.
- Develop calculation algorithms.
- Set performance baselines and targets.
- Pilot measures and make necessary adjustments based on results.
- Update relevant documentation (training manuals, processes, procedures, etc.).

Risks/Challenges

- There is limited evidence-based research to support validation of the measures.
- Other agency stakeholders not willing to engage because they see accountability for Child Welfare outcomes as a DCF responsibility.

Success Factors

- Stakeholders trust measures.
- Measures support informed, objective decision-making.
- Performance targets are clear.
- Stakeholders are able to interpret and use the measure data.
- Unintended consequences are mitigated.

Milestones

- It will take approximately 3 months to develop and validate measures for each of the 20 Child Welfare Community stakeholder groups, so every 3 months there will be a milestone for each iteration incorporating an additional stakeholder group. This iterative approach will also be used to integrate data and configure screens for the 20 Child Welfare Community stakeholder groups (Initiatives 9 and 10).

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Office of Child Welfare Staff
  - DCF Region Office CPI and QA Staff
- **External:**
  - All external stakeholders, including but not limited to: Children and Families, CBC Lead Agencies, Providers, Other State Agencies, Court and Legal System, Florida Institute for Child Welfare, Sheriff's Offices, Public

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF Performance Management Unit Staff
  - DCF Central / Region Office QA Unit Staff
  - CBC Lead Agency Staff
  - Other Stakeholder Group Staff
  - Florida Institute for Child Welfare
  - External Consultants
  - External IT

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 3: Master Data Management (MDM)

Project Goals

- Establish and implement procedures required to enable data quality, standardization and stewardship responsibilities of Results-Oriented Accountability child centric data across the Child Welfare Community.

Notes: The MDM team will manage the initiation of data sharing agreements with all of the various stakeholder communities.

Initiative 3 is a strategic data governance process. Initiative 10 involves the actual collection, cleansing and loading of ROA data.

Initiative 3 will be led by the OCW and managed by the Results-Oriented Accountability Program Implementation Project Team.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development (e.g. FSFN and Stakeholder IT Staff)

Key Tasks

- Define Master Data Management procedures and documentation.
- Establish initial data sharing agreements with stakeholder communities.
- Coordinate updates to data sharing agreements (e.g. when development teams provide detailed data requirements).
- Implement Master Data Management across Child Welfare Community.

Risks/Challenges

- Scope will expand to include all DCF (non ROA-related) MDM and stakeholders.

Success Factors

- Data governance is supported at the level needed.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Team Project Manager
- **Project Team:**
  - DCF Program Staff
  - External IT Staff

Milestones

- 1/1/16 – MDM Initiation.
- 7/1/16 – Procedures and Documentation Established.
- 7/1/16-7/1/20 – Ongoing MDM for incremental incorporation of stakeholder ROA data.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 4: Establishment of Data Lab and Tools

Project Goals

- Establish the Results-Oriented Accountability analytics hardware and software environment.

Note: This is only the establishment of the lab. Hardware, software, and research tasks are included in Initiative 15. Initiative 4 is led by DCF.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development
  - FICW

Key Tasks

- Establish Lab Tools:
  - Install and configure analytics software;
  - Test software installation and configuration;
  - Conduct knowledge transfer.

Risks/Challenges

- Timely procurement of hardware and software is essential for success.

Success Factors

- Data lab is operational and sufficiently robust to support the Program.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - Florida Institute for Child Welfare
  - External IT
  - External Consultant - Casey Family Programs

Milestones

- 1/1/16 – Initiative Start.
- 7/1/16 – Initiative Completion.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 5: Data System Updates for Initial Measurement Gaps

Project Goals

- Resolve gaps between the currently defined outcome measures and the availability of FSFN data required to calculate the measures.
  - *Initial Outcome Measure Data Gaps*: Educational Stability, School Attendance of Children in out-of-home care, School Performance of Children in Out-of-Home Care, Transition to Independent Living/Adulthood-Housing, Transition to Independent Living/Adulthood – Employment.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development

Key Tasks

- Each update will be performed based on the standard DCF development lifecycle (e.g. Analysis, Testing, Quality Assurance, Deployment) and standard DCF deliverables (e.g. application component, training and documentation deliverables).

Risks/Challenges

- Stakeholder understanding that measures are just a starting point is critical for success.
- There will be a time lag between the implementation of some data system updates and their effective use.

Success Factors

- Gaps in initial measures have been addressed.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - External IT Staff

Milestones

- 7/1/16 - Initiative Start.
- 6/30/17 – Initiative Completion.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 6: Accountability Reports

Project Goals

- Create transparency and accountability by facilitating timely and meaningful access to Program results.
- Ensure that reports are easy to use and do not require additional effort to interpret.
- Meet the Program-related information needs of all stakeholders.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Program Quality and Performance Management Team
- **External:**
  - Florida Legislature and Governor's Office
  - Judiciary
  - CBCs and Subcontractors
  - Community Providers
  - Families
  - Public

Key Tasks

- Conduct next level of Program information needs assessment for each stakeholder.
- Develop detailed report requirements.
- Create detailed report designs for review and approval by stakeholders.
- Develop report extracts, data transformation and presentation mechanisms.
- Test all reporting components.
- Develop and conduct end-user training.
- Deploy reports.
- Conduct ongoing updates.

Risks/Challenges

- Limited access to broader group of stakeholders may limit the ability to gather detailed report requirements.
- Ability to meet reporting requirements may be limited by lack of data in areas of interest.
- Engaging other agencies and stakeholders to provide data from their systems is complex and may impact project timelines.

Success Factors

- Stakeholders trust Program reports.
- Reports are clear and easy to use.
- Widespread use of Program data and reports.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF QI Staff - Subject Matter Expert (SME)
  - CBC QI Staff (SME)
  - Subcontractor Staff (SME)
  - External Child Welfare Experts (SME)
  - DCF IT

Milestones

- 10/1/16 - Report Requirements.
- 12/1/16 – Report Designs Complete.
- 3/15/16 – First Round Reports Complete.
- 10/1/16 – Annual Update.
- 10/1/17 - Annual Update.
- 10/1/18 - Annual Update.
- 10/1/19 - Annual Update.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 7: Quality Assurance/Compliance Resource Analysis

Project Goals

- Identify the best resource mix for supporting program objectives.
- Deploy resources to their highest value use.
- Increase the ability to collect and utilize qualitative data.
- Develop a better picture of the capacity of the system to engage in enhanced Quality Improvement activities.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Contract Monitoring Team
  - DCF Director of Program Quality and Performance Management

- **External:**
  - CBC QA Staff
  - Providers

Key Tasks

- Identify internal and external units conducting QA/QI and contract compliance activities (audits).
- Assess capacity to conduct case reviews and other QI activities.
- Assess external capacity/cost to conduct contract compliance reviews (audits).
- Develop recommendations regarding QI staffing.

Risks/Challenges

- Resistance to change current approach to deployment of resources could impede project success.
- In some areas compliance focus might outweigh outcomes focus, leading to lack of support for this project.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF OCW Program Staff (SME)
  - DCF QA Manager (SME)
  - CBC Staff (SME)
  - External Child Welfare Experts (SME)
  - External Consultant Analyst

Success Factors

- Enhanced capacity to assess outcomes.
- Skilled resources are deployed to higher-value use.

Milestones

- 10/1/16 – Analysis Begins.
- 12//15/15 – Capacity Assessment Complete.
- 1/15/16 – Recommendations complete.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 8: Quality Improvement Organization

Project Goals

- Create capacity within DCF to expand current Quality Assurance (QA) efforts into Quality Improvement (QI).
- Complete the implementation of an organization to oversee and manage the DCF components within the Results-Oriented Accountability Program, as well as managing relationships and workflow with other involved stakeholders.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Director of Program Quality and Performance Management
- **External:**
  - CBCs and Subcontractors
  - Community Stakeholders
  - Families

Key Tasks

- Assess Quality Improvement needs associated with the Program.
- Develop/modify QI Program Plan and procedures, to include Results-oriented Accountability functions.
- Develop QI Staffing Plan.
- Create role/position and appoint QI Director.
- Obtain QI staff to support Program operations, research, evaluation and QI functions.
- Develop and deliver QI Learning Org Training for Managers.
- Develop and Deliver QI/Learning Org Training for Line Staff and Stakeholders.

Risks/Challenges

- A lack of internal resources to conduct an objective analysis could lead to increased cost and schedule.
- Funding for additional QI resources is not available.
- Effecting a major culture change is difficult in the absence of an incentive/rewards structure.

Success Factors

- A "Learning Organization" culture is evident.
- Quality Improvement develops capacity to manage the Program and conduct true QI for the system.
- The organization leads and supports QI efforts across the system.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF Director Program Quality and Performance Management
  - DCF Assistant Secretary
  - DCF Program Staff
  - External Consultant Analysts

Milestones

- 1/1/16 – QI Needs Assessment.
- 3/1/16 – QI Procedures Update.
- 4/1/16 – 7/1/16 – Staffing Adjustments.

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 9: Results-Oriented Accountability Reporting System

Project Goals

- Provide visibility into each of the Child Welfare Community participant's ROA perspectives of how they contribute to children's safety, permanency and well being. Will need to add Child Welfare Community-specific screens and reports (e.g., outcome measures and measure drivers into the DCF's existing measurement system).
- Complete technical development, documentation and training.
- Leverage existing DCF hardware and software.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development
  - ROA Stakeholders

Key Tasks

For the 20 stakeholder groups comprising the Child Welfare Community:

- Incorporate stakeholder data and screens into ROA Reporting System.
- Complete the typical development lifecycle: Analysis, Testing, QA, Deployment.

Risks/Challenges

- Data and application scope must be limited to just the stakeholder data related to ROA measures.
- ROA Reporting must balance transparency while safeguarding confidentiality.
- Resistance to ROA could limit Program success.

Success Factors

- ROA Reporting System is operational and actively used by the Child Welfare Community.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - External IT Staff

Milestones

- It will take approximately 3 months to develop and validate measures for each of the 20 Child Welfare Community stakeholder groups, so every 3 months there will be a milestone for each iteration incorporating an additional stakeholder group. Each iteration will include requirements definition, design, develop, test and implement phases. This iterative approach will also be used to integrate measures and data from the 20 Child Welfare Community stakeholder groups (Initiatives 2 and 10).

Budget Impact

- **Are external resources required?** Yes.
- **Will an LBR be necessary?** DCF to determine.

Initiative 10: Child Welfare Community Data

Project Goals

- Complete FSFN System Adoption and establish user interface for non-SACWIS data captured at the local level.
- Incorporate measurement data from ROA Child Welfare Community stakeholders (including FSFN, QA Reporting System) into the ROA Reporting System.
  - Includes effort associated with technical development (e.g. interfaces and data warehouse), documentation and training.
  - Addresses identification and mitigation planning for ROA data integrity issues in FSFN. Originating system will be responsible for initial/ongoing cleansing of data provided.
  - Follows a typical development lifecycle: Analysis, Testing, QA, Deployment, Enable Data Security Safeguards.

Stakeholders

- **Internal:**
  - DCF
- **External:**
  - External IT Development
  - ROA Stakeholders

Key Tasks

For the 20 stakeholder groups comprising the Child Welfare Community:

- Map data sources to ROA target fields.
- Provide data details for data sharing agreements.
- Develop Interfaces and data extraction tools.
- Configure data cleansing procedures and tools.
- Develop data transformation tools (e.g. reformatting or aggregating).

Risks/Challenges

- Data scope must be limited to just the stakeholder data related to ROA measures.
- Data quality issues may hamper establishing validity of data.

Success Factors

- Acceptable quality data is incorporated from entire Child Welfare Community.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - External IT

Milestones

- It will take approximately 3 months to develop and validate measures for each of the 20 Child Welfare Community stakeholder groups, so every 3 months there will be a milestone for each iteration incorporating an additional stakeholder group. This iterative approach will also be used to integrate measures and configure screens from the 20 Child Welfare Community stakeholder groups (Initiatives 2 and 9).

Budget Impact

- **Are external resources required?** TBD.
- **Will an LBR be necessary?** DCF to determine.

Initiative 11: Institutional Review Policy Update

Project Goals

- Develop a blanket Institutional Review Board (IRB) policy accepted/utilized by all institutions that are engaged to conduct research and evaluation on behalf of the Program.
- Ensure all Federal and DCF IRB requirements are met, regardless of entity engaged to conduct research or evaluation activities.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Office of Child Welfare Assistant Secretary
  - Program Staff
  - Legal Staff
- **External:**
  - Florida Institute for Child Welfare Leadership
  - ICW Affiliated Institution Leadership

Key Tasks

- Facilitate review of IRB processes employed by the Florida Institute for Child Welfare (FICW) and affiliated Institutions.
- Determine the need for updates to DCF or FICW policy to ensure that all Federal and other requirements are met.
- Develop Program-specific procedures for engaging the IRB process, including any DCF workflows that are needed to ensure proper sign-off on all studies.

Risks/Challenges

- Potential for varying policies at the Institution level and lack of cooperation may create barriers to success.
- Resistance to use of experimental research in the Child Welfare environment may impede progress.

Success Factors

- Stakeholders trust Program intent.
- Widespread acceptance of the IRB process.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF Program Staff
  - External Child Welfare Experts
  - FICW Staff

Milestones

- 4/1/16 – IRB Policy Review Begins.
- 5/30/16 – IRB Policy Agreement Across Institutions and DCF Completed.

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** DCF to determine.

Initiative 12: Research Standards

Project Goals

- Create clearly defined and implemented research and evaluation standards.
- Develop levels of evidence and obtain stakeholder agreement on their meaning and application.
- Implement systematic methodologies for research review.
- Develop a meta-analysis protocol to be consistently applied across research reviews.
- Create a consistent process to estimate research needs and budgets.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Program Quality and Performance Management Team
- **External:**
  - Providers
  - Families
  - Legislature
  - Public
  - Florida Institute for Child Welfare

Key Tasks

- Research and develop "Levels of Evidence" construct that is specific to Child Welfare, and to Florida.
- Research, test and implement a meta-analysis protocol that is employed for Research Reviews requiring meta-analysis of large numbers of target studies.
- Develop process for estimating research budgets.

Risks/Challenges

- Disagreement among stakeholders regarding methodology may require additional time to resolve.
- The perception that research is an academic activity (versus practice-related) may lead to reduced engagement by stakeholders, who are critical in this process.

Success Factors

- Research Reviews are consistently conducted.
- Research Results are reliable.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team Members:**
  - FICW Researchers and Statisticians
  - DCF QI Analysts
  - DCF QI Manager
  - DCF OCW Subject Matter Expert(s) (SMEs)

Milestones

- 4/16 – Project Begins.
- 5/16 – Levels of Evidence Developed.
- 6/16 – Meta-Analysis and Budgeting.

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** DCF to determine.

Initiative 13: Pilot Study Standards

Project Goals

- Create methodologies and approaches to ensure that pilots of interventions are completed consistently across the state.
- Develop and gain stakeholder acceptance of procedures for conducting pilot studies.
- Ensure that pilots are meaningful and represent impactful expenditure of funds.
- Create an atmosphere in which cooperation in pilots is received from all required providers in the state, regardless of geography or demographics.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF Director of Program Quality and Performance Management
- **External:**
  - CBCs
  - Providers
  - Families
  - Florida Institute for Child Welfare

Key Tasks

- Jointly develop pilot study procedures with FICW.
- Assess and update CBC contracts to ensure contracts allow for pilots, including specific tenets to account for resource shifts, impacts to performance measures, etc. that are caused by pilot activities.
- Create standards for project management of pilot studies (both research/evaluation and service delivery components).
- Create protocols for staffing pilots, if current levels need to shift or expand to accommodate pilot studies.

Risks/Challenges

- Hesitance to get involved in true research activities due to pressure on current performance measures may lead to decreased cooperation from providers and CBCs.
- If contract changes are required to support true pilot studies, timeframes may be elongated.

Success Factors

- Pilot studies are easily implemented.
- Pilots are properly managed.
- Results are reliable and useful.

Team/Resources

- **Executive Sponsor(s):**
  - DCF Secretary
  - DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - ROA Implementation Project Team Project Manager
- **Project Team:**
  - DCF OCW Leadership
  - DCF QI Director
  - FICW Researchers
  - FICW Leadership
  - CBC Leadership
  - Provider Representatives

Milestones

- 4/16 – Pilot Study Procedures.
- 6/16 - CBC Contract Analysis.
- 7/16 – Pilot Study Management Standards.
- 8/16 – Staffing Protocols Developed.

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** DCF to determine.

Initiative 14: Research and Evidence-Informed Practice Training Development

Project Goals

- Develop an understanding of the importance of DCF and Provider roles in supporting research and evaluation.
- Educate staff on the importance of using research-informed interventions.
- Create a culture in which stakeholders within the system incorporate research into decision-making.
- Impact the culture of the organization causing it to shift toward the use of evidence of the effectiveness of interventions as a basis for actions taken.

Stakeholders

- **Internal:**
  - o DCF Executive Team
  - o DCF Program Staff
  - o DCF Field Staff
- **External:**
  - o CBC Staff
  - o Provider Staff
  - o Families

Key Tasks

- Conduct Needs Assessment to determine training requirements/objectives.
- Design Training/Strategy.
- Develop Training Materials.
- Implement Training Materials through FICW.
- Conduct Training Evaluation to Determine Effectiveness of training.
- Integrate Course into New Employee Curriculum., and other stakeholder training (Case Managers, CPI, GAL, Courts, Foster Parents, etc.).

Risks/Challenges

- Current practice is focused on compliance, not quality improvement, meaning a culture change might be difficult.
- There is limited time and capacity for staff to participate in training and related events.
- Other Program components must be available to support the change.

Success Factors

- Training is effective in communicating the intended message.
- Staff articulate importance of research in making intervention decisions.

Team/Resources

- **Executive Sponsor(s):**
  - o DCF Secretary
  - o DCF Assistant Secretary for Child Welfare
- **Project Manager:**
  - o ROA Implementation Project Team Project Manager
- **Project Team:**
  - o DCF OCW Leadership
  - o DCF QI Director
  - o FICW Researchers
  - o FICW Leadership
  - o CBC Leadership
  - o Provider Representatives
  - o External Training Developer

Milestones

- 7/16 – Needs Assessment.
- 8/16 – Training Design.
- 10/16 – Train-the-Trainer.
- 11/16 – Integration with Standard Curricula (New Employee Orientation, etc.).

Budget Impact

- **Are external resources required?** TBD.
- **Will an LBR be necessary?** DCF to determine.

Initiative 15: Results-Oriented Accountability – FICW Support

Project Goals

This charter represents FICW activities required to support the Results-Oriented Accountability Program.

- Provide an ROA center of learning and act as ROA mentors in areas such as research, evidenced-based intervention (EBI) and ROA implementation optimization.
- Continuously improve outcome measures and measure drivers.
- Work with the Child Welfare Community to define and enforce ROA standards.
- Lead research of high impact intractable problems.
- Lead pilots which evaluate efficacy and effectiveness of experimental interventions.
- Perform ROA-related training across Child Welfare Community.

Stakeholders

- **Internal:**
  - DCF Executive Team
  - DCF IT
- **External:**
  - FICW
  - Child Welfare Community
  - Casey Family Programs

Key Tasks

- Coordinate database administration.
- Advise ROA Portal Implementation Team.
- Perform data analysis.
- Perform data extracts, transforms and loads.
- Perform program research.
- Develop ROA policy and strategic design and Thought Leadership.
- Interface with DCF and develop ROA Program Strategy .
- Support ROA Implementation and Training.

Risks/Challenges

- ROA research could become a bottleneck for DCF. Need to exploit and extend existing DCF, research and EBI systems to accelerate ROA implementation.
- Child Welfare Community sees ROA as something the "lab" does, not something "we" do.

Success Factors

- FICW becomes a respected advisor to the Child Welfare Community.
- Recommendations are actionable, practical and tied to results.

Team/Resources

- **Executive Sponsor(s):**
  - FICW Director
- **Project Manager:**
  - FICW Project Manager
- **Project Team:**
  - FICW Resources
    - Database and IT Specialists
    - ROA Support Analysts
    - Data Scientists, and Analysts
    - Researchers
    - Policy SMEs

Budget Impact

- **Are external resources required?** No.
- **Will an LBR be necessary?** FICW to determine.

Milestones

- This initiative will start at the beginning of the Results-Oriented Accountability Program and continue throughout its entire duration.

SECTION 5 COST ANALYSIS

The Cost Analysis identifies the costs associated with the initiatives required for Program implementation as presented in section 4: Implementation Plan. This analysis quantifies the cost estimates required for initiative development and implementation across a five year implementation period. A five year implementation period was selected to balance the time required to implement a Program of this scope and complexity with risk of turnover in executive sponsorship which could impact the overall success of the implementation.

The cost analysis considers three implementation options:

- **Option One** - Baseline Program Implementation.
- **Option Two** - Effort Shift from External to Internal Resources.
- **Option Three** - Effort Shift from External to Internal Resources and Scope Reduction.

In the sections below, a brief overview of the cost model, estimating approach and assumptions are described and the cost estimates for Program implementation are presented.

5.1 COST MODEL

For each of the three implementation options, a cost model has been created for the 15 individual initiatives identified in section 4: Implementation Plan. The cost model captures five-year projections of costs, including the following major cost elements:

- Labor.
- Contracted Services.
- Hardware.
- Software.
- Facilities.

The cost model reflects the total estimated cost of implementing the initiatives and does not factor in existing resources DCF or the other stakeholders may apply to the implementation. *As such, the total cost of implementation does not represent an estimated budget request.*

To calculate the cost of implementing an initiative, the model applies standard variables such as a weekly labor and facilities cost rates to the estimated labor (in full-time equivalents) and duration (in weeks) required to complete the initiative tasks. In addition to labor and facilities costs, the estimated costs associated with hardware and software purchases, hardware maintenance and license renewals are included for applicable initiatives. Section 5.3: Assumptions provides the standard variables and assumptions used in the cost model.

The cost models used to develop the implementation costs for the three Program implementation options have been provided separately as electronic Microsoft Excel files.

5.2 ESTIMATING APPROACH

The cost estimates were developed based on an understanding of and experience with implementation of the planned technical and programmatic scope of work for each initiative. Project charters outlining the scope for the initiatives are provided in section 4.3: Initiative Details. Based on an assessment of the scope of work defined in the initiative charters, an estimate of the required resources (labor, facilities, hardware and software) was developed. Expected schedule durations and constraints and the needed skill sets were considered.

In addition to expert judgment and experience, historical cost information, actual cost data from similar efforts, and third party estimates were used as inputs to develop the estimates. Examples include parameters such as the ratio of project managers to project staff and rates such as the facilities cost per resource and labor cost per hour. Development costs were estimated using the standard FSFN cost model provided by DCF.

The overall Program is designed to be implemented incrementally across each of the Child Welfare Community stakeholders (e.g., DCF, CBC lead agencies, other state agencies, providers, courts, etc.). The effort associated with implementing the solution for each incremental stakeholder group will vary based on the breadth of the user community and data involved. Stakeholder iteration implementation ratings were applied to factor in the level of complexity into the effort estimation process, as described below in section 5.3.5: Iterative Implementation.

5.3 ASSUMPTIONS

The following assumptions were used to develop the cost estimates.

5.3.1 GENERAL

General assumptions applied across all of the initiative cost estimates are presented in **Exhibit 52: General Assumptions**.

ITEM	VALUE
Hours Per Year	2080
Hours Per Week	40
Weeks Per Year	52
Ratio of Project Managers to Project Staff	1:32
Ratio of Program Managers to Project Managers	1:8
Inflation Rate	1.5%

ITEM	VALUE
Facilities Space Year One - Cost Per Resource*	$10,093
Facilities Space Year One - Additional Cost Per Resource*	$4,154
Facilities Space - Cost Per Resource*	$5,939
Facilities Space - Internal Resources Cost*	$344

The cost of facilities per resource is assumed to include hardware, software, IT support and maintenance, furniture and supplies.

Exhibit 52: General Assumptions

5.3.2 STAFFING

A description of the human resources and labor rates used to develop the cost estimates are presented below in **Exhibit 53: Staff and Labor Rates**. Also, the designation of the resource as internal or external is provided. For the purpose of the cost analysis, only contracted services staff are considered external resources – all other staff (such as DCF, CBC lead agency, FICW, Other Stakeholders, etc.) are considered internal. Contracted services staff considered in the development of the initiative implementation cost estimates include IT consultants, management consultants and Child Welfare subject matter experts.

RESOURCE DESCRIPTION	TYPE	HOURLY RATE	WEEKLY RATE	COMMENTS
DCF Program Management, DCF Project Management and DCF Office of Child Welfare (Program) Staff	Internal	$44.40	$1,776	Based on average salary of $92,347.
DCF IT Staff	Internal	$47.12	$1,885	Based on average salary of $98,017.
DCF Director of Program Quality and Performance Management (new position)	Internal	$48.08	$1,923	Based on average salary of $100,000.
CBC Lead Agency Staff	Internal	$44.40	$1,776	Based on DCF Child Welfare Program Office Staff rate.
Florida Institute for Child Welfare Staff	Internal	$47.25	$1,890	Based on average salary of $98,292.
Other Stakeholders – Program Staff	Internal	$44.40	$1,776	Based on DCF Child Welfare Program Office Staff rate.
Other Stakeholders – IT Staff	Internal	$47.12	$1,885	Based on DCF IT Staff rate.

Resource Description	Type	Hourly Rate	Weekly Rate	Comments
External Consultant (includes contracted SMEs)	External	$180.00	$7,200	Based on the average of Senior Consultant and Consultant position rates for 12 vendors on the Management Consulting State Term Contract.
External IT Consultant	External	$110.00	$4,440	Based on the DCF standard rate for external IT resources.
External Project Manager	External	$225.00	$9,000	Based on industry experience.
External Program Manager	External	$275.00	$11,000	Based on industry experience.

Exhibit 53: Staff and Labor Rates

5.3.3 HARDWARE

The hardware cost estimate to establish the data lab is included in Initiative 15: Results-Oriented Accountability – FICW Support and uses the following server specifications:

- 2 core processor.
- 1.66 GHz or higher.
- Minimum 10 GB of RAM.
- Minimum 2Tb of disk space.

Based on the implementation of the Program to an increasing number of stakeholder groups each year, hardware costs are estimated to increase by $10,000 per year. Annual hardware support costs are estimated at 20 percent of total hardware cost.

5.3.4 SOFTWARE

The software licensing and renewal cost estimate to establish the data lab is included in Initiative 15: Results-Oriented Accountability – FICW Support and uses the following user profiles and counts:

- System Administrator: 1.
- Report Dashboard Authors: 10.
- External Power Users: 70.
- External Standard Users: 100.

Based on the implementation of the Program to an increasing number of stakeholder groups each year, software licensing costs are estimated to increase by $100,000 per year. Annual software licensing renewal costs are estimated at 20 percent of total software cost.

5.3.5 ITERATIVE IMPLEMENTATION

The iterative implementation approach described in section 4.1: Implementation Overview is reflected in the cost estimates developed for the following initiatives:

- Initiative 2 - Measure Development and Validation.
- Initiative 9 - Results-Oriented Accountability Reporting System.
- Initiative 10 - Child Welfare Community Data.

This approach assumes implementation of these initiatives to individual stakeholder groups in three month cycles across the five year implementation period. For Options One and Two of the cost analysis, 20 stakeholder groups are included in the implementation. For Option Three, which reduces the Program scope, only 10 stakeholder groups are included in the implementation.

Initiatives to establish Child Welfare Community data and the Results-Oriented Accountability Reporting System (Initiatives 9 and 10) also utilize assumptions regarding the complexity of implementing these initiatives for the various stakeholder communities. The complexity impacts the level of effort, estimated in FTEs, required to complete the initiative tasks. The complexity assumption for each stakeholder group is indicated by its Effort Rating, which is presented below in **Exhibit 54: Stakeholder Iteration Complexity.**

STAKEHOLDER	EFFORT RATING	COMMENTS
Advocate Groups	High	High, because of data interface and master data management requirements.
Children and Families	High	High, based on significance and novelty of design work.
Children's Legal Services	High	High, based on significance and broad role of work.
Community-Based Care Lead Agencies	Extra High	Extra High, because of data sharing and master data management requirements.
Community Representatives	Medium	Medium, because of master data management requirements, could be higher if data interfaces are required.
Court and Legal Community	High	High, because of data interface requirements.
Elected Officials	High	High, challenge is to move beyond standard dashboards.
Florida Agency for Health Care Administration (AHCA)	High	High, because of data sharing requirements.
Florida Agency for Persons with Disabilities (APD)	High	High, because of data sharing requirements.
Florida Department of Children and Families (DCF)	High	High, due to central role in Program implementation.

STAKEHOLDER	EFFORT RATING	COMMENTS
Florida Department of Education (DOE)	High	High, because of data sharing requirements.
Florida Department of Health (DOH)	High	High, because of data sharing requirements.
Florida Department of Juvenile Justice (DJJ)	High	High because of data sharing requirements.
Florida Institute for Child Welfare	Medium	Medium, minimal new data sharing.
Foster/Adoptive Parents and Relative Caregivers	Medium	Medium, data entry and reporting with drill down, no new data interfaces.
Law Enforcement Agencies	High	High, because of data interface requirements.
Service Providers	Extra High	Extra High, because of diversity and master data management requirements.
Sheriff's Offices	High	High, because of data interface and master data management requirements.
Tribes	Medium	Medium, minimal interfaces required.

Exhibit 54: Stakeholder Iteration Complexity

5.3.6 RESULTS-ORIENTED ACCOUNTABILITY IMPLEMENTATION PROJECT TEAM

Initiative 1 establishes the Results-Oriented Accountability Implementation Project Team, or Program Management Office (PMO), to manage the Program implementation. The costs associated with providing program and project management for Initiatives 1 through 14 are included in the cost estimate for this initiative as well as the cost of performing organizational change management (OCM). OCM focuses on the people side of change and will help to ensure the successful adoption of the new business processes and cultural shift associated with the implementation and ongoing operation of the Program. Therefore, with the exception of Initiative 15, the costs associated with these activities are not included in the cost estimates for the individual initiatives. For Initiative 15, which uses only FICW resources, the cost model assumes program and project management will be performed by FICW and is included within the cost estimate for Initiative 15.

As shown in **Exhibit 52: General Assumptions,** the estimated number of project and program managers required for the Program implementation is based on a ratio of one project manager for every 32 project staff (excluding Initiative 15) and a ratio of one program manager for every 8 project managers, rounding up to a full time equivalent.

5.3.7 CHILD WELFARE COMMUNITY DATA

The costs associated with the implementation of Initiative 10: Child Welfare Community Data are based on the following assumptions:

- Data cleansing and data transformation will occur within this initiative.
- Initiation of data sharing agreements will occur within Initiative 3: Master Data Management.

5.3.8 REPORTING SYSTEM REUSE

Initiative 9: Results-Oriented Accountability Reporting System assumes a reuse factor of 25 percent of existing screens and measure calculations to leverage for implementation of this initiative.

5.4 COST ANALYSIS RESULTS

The cost analysis considered three implementation options:

- **Option One** - Baseline Program Implementation.
- **Option Two** - Effort Shift from External to Internal Resources.
- **Option Three** - Effort Shift from External to Internal Resources and Scope Reduction.

Summary cost estimates by initiative for these options are presented in the sections below. In addition to the cost estimates, the level of effort in person years has been provided for each initiative. More detailed cost estimate data for all three options is provided in the following electronic files:

- **Option One** - 20150126-DCF23-ROA-Pgm-Cost-Model-Opt1_v3_0.
- **Option Two** - 20150126-DCF23-ROA-Pgm-Cost-Model-Opt2_v3_0.
- **Option Three** - 20150126-DCF23-ROA-Pgm-Cost-Model-Opt3_v3_0.

5.4.1 OPTION ONE: BASELINE PROGRAM IMPLEMENTATION

Exhibit 55: Program Implementation Cost Estimate – Option One presents the cost and effort estimate for Option One: Baseline Program Implementation. Option One considers a baseline implementation scope and internal to external resource mix. The total cost for Option One is $46,743,150. Effort is presented in terms of person years.

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
1: Results-Oriented Accountability Implementation Project Team	$1,750,248	7.2	$1,754,044	6.0	$1,780,354	6.0	$1,563,024	5.0	$1,586,469	5.0	$8,434,139
2: Measure Development and Validation	$1,009,350	7.0	$960,115	6.5	$974,517	6.5	$989,134	6.5	$1,003,971	6.5	$4,937,087
3: Master Data Management	$580,575	3.0	$576,635	3.0	$585,284	3.0	$594,063	3.0	$602,974	3.0	$2,939,532
4: Data Lab and Tools	$0	0.0	$705,648	4.0	$0	0.0	$0	0.0	$0	0.0	$705,648
5: Data System Updates for Initial Measurement Gaps	$1,672,251	7.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$1,672,251
6: Accountability Reports	$266,237	1.5	$51,927	0.3	$52,706	0.3	$53,497	0.3	$54,299	0.3	$478,667
7: Quality Assurance/Compliance Resource Analysis	$156,092	0.7	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$156,092
8: Quality Improvement Organization	$397,032	2.0	$107,877	1.0	$109,495	1.0	$111,138	1.0	$112,805	1.0	$838,347
9: Results-Oriented Accountability Reporting System	$1,368,150	5.7	$1,363,374	5.7	$1,383,825	5.7	$1,404,582	5.7	$1,425,651	5.7	$6,945,583

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
10: Child Welfare Community Data	$1,212,769	5.1	$1,209,879	5.1	$1,228,027	5.1	$1,246,448	5.1	$1,265,144	5.1	$6,162,267
11: Institutional Review Policy Update	$64,029	0.3	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$64,029
12: Research Standards	$39,120	0.4	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$39,120
13: Pilot Study Standards	$70,801	0.7	$14,408	0.2	$0	0.0	$0	0.0	$0	0.0	$85,209
14: Research and Evidence-Informed Practice Training Development	$147,954	0.6	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$147,954
15: Results-Oriented Accountability – FICW Support	$1,822,898	13.5	$2,769,318	24.0	$2,787,362	24.0	$2,848,142	24.0	$2,909,505	24.0	$13,137,225
Total	$10,557,506	54.7	$9,513,225	55.8	$8,901,571	51.6	$8,810,029	50.6	$8,960,819	50.6	$46,743,150

Exhibit 55: Program Implementation Cost Estimate – Option One

The total effort, as described in person years, by key stakeholder group is summarized for the five year implementation period in **Exhibit 56: Program Implementation Effort by Stakeholder Group – Option One**.

	FY 15-16	FY16-17	FY 17-18	FY 18-19	FY 19-20
STAKEHOLDER GROUP	**EFFORT**	**EFFORT**	**EFFORT**	**EFFORT**	**EFFORT**
DCF OCW, IT, Program Management, Project Management, Director of Program Quality and Performance Management	8.6	5.7	5.7	5.2	5.2
CBC Lead Agency, Other Stakeholders Program and IT	3.1	2.1	2.0	2.0	2.0
FICW	16.8	28.8	26.8	26.8	26.8
External Consultants / SMEs, IT Consultants, Program Management, Project Management	26.2	19.1	17.1	16.6	16.6
Total	**54.7**	**55.8**	**51.6**	**50.6**	**50.6**

Exhibit 56: Program Implementation Effort by Stakeholder Group – Option One

5.4.2 OPTION TWO: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES

Option Two: Effort Shift from External to Internal Resources shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization. **Exhibit 57: Program Implementation Cost Estimate – Option Two** presents the cost and effort estimate for Option Two. The total cost for Option Two is $45,835,179 which represents a decrease in cost of $907,971 from Option One: Baseline Program Implementation due to the difference in the cost rate between internal DCF staff and external resources. Effort is presented in terms of person years.

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
1: Results-Oriented Accountability Implementation Project Team	$1,750,248	7.2	$1,754,044	6.0	$1,780,354	6.0	$1,563,024	5.0	$1,586,469	5.0	$8,434,139
2: Measure Development and Validation	$893,510	7.0	$846,732	6.5	$859,433	6.5	$872,325	6.5	$885,410	6.5	$4,357,410
3: Master Data Management	$580,575	3.0	$576,635	3.0	$585,284	3.0	$594,063	3.0	$602,974	3.0	$2,939,532
4: Data Lab and Tools	$0	0.0	$705,648	4.0	$0	0.0	$0	0.0	$0	0.0	$705,648
5: Data System Updates for Initial Measurement Gaps	$1,672,251	7.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$1,672,251
6: Accountability Reports	$206,573	1.5	$34,349	0.3	$34,864	0.3	$35,387	0.3	$35,918	0.3	$347,093
7: Quality Assurance/Compliance Resource Analysis	$111,812	0.7	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$111,812
8: Quality Improvement Organization	$306,500	2.0	$107,877	1.0	$109,495	1.0	$111,138	1.0	$112,805	1.0	$747,815
9: Results-Oriented Accountability Reporting System	$1,368,150	5.7	$1,363,374	5.7	$1,383,825	5.7	$1,404,582	5.7	$1,425,651	5.7	$6,945,583
10: Child Welfare Community Data	$1,212,769	5.1	$1,209,879	5.1	$1,228,027	5.1	$1,246,448	5.1	$1,265,144	5.1	$6,162,267
11: Institutional Review Policy Update	$47,757	0.3	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$47,757
12: Research Standards	$39,120	0.4	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$39,120

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
13: Pilot Study Standards	$70,801	0.7	$14,408	0.2	$0	0.0	$0	0.0	$0	0.0	$85,209
14: Research and Evidence-Informed Practice Training Development	$102,318	0.6	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$102,318
15: Results-Oriented Accountability - FICW	$1,822,898	13.5	$2,769,318	24.0	$2,787,362	24.0	$2,848,142	24.0	$2,909,505	24.0	$13,137,225
Total	$10,185,282	54.7	$9,382,264	55.8	$8,768,646	51.6	$8,675,110	50.6	$8,823,876	50.6	$45,835,179

Exhibit 57: Program Implementation Cost Estimate – Option Two

The total effort, as described in person years, by key stakeholder group is summarized for the five year implementation period in **Exhibit 58: Program Implementation Effort by Stakeholder Group – Option Two**.

STAKEHOLDER GROUP	FY 15-16 EFFORT	FY16-17 EFFORT	FY 17-18 EFFORT	FY 18-19 EFFORT	FY 19-20 EFFORT
DCF OCW, IT, Program Management, Project Management, Director of Program Quality and Performance Management	9.9	6.1	6.1	5.6	5.6
CBC Lead Agency, Other Stakeholders Program and IT	3.1	2.1	2.0	2.0	2.0
FICW	16.8	28.8	26.8	26.8	26.8
External Consultants / SMEs, IT Consultants, Program Management, Project Management	24.9	18.7	16.7	16.2	16.2
Total	54.7	55.8	51.6	50.6	50.6

Exhibit 58: Program Implementation Effort by Stakeholder Group – Option Two

5.4.3 OPTION THREE: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES AND SCOPE REDUCTION

Option Three: Effort Shift from External to Internal Resources and Scope Reduction shifts 50 percent of the work effort assigned to external resources to DCF staff for Initiatives 2 through 14, as applicable given the availability of the required skills within the current DCF organization. In addition, this option also reduces the number of stakeholder communities for which measures will be developed and reported from twenty to ten. This reduction in scope impacts the level of effort and cost associated with Initiatives 2, 9 and 10.

Exhibit 59: Program Implementation Cost Estimate – Option Three presents the cost and effort estimate for Option Three. The total cost for Option Three is $37,116,430 which represents a decrease in cost of $9,626,720 from Option One: Baseline Program Implementation due to the difference in the cost rate of internal DCF staff and external resources as well as the 50 percent reduction in the number of stakeholder groups included in the Program implementation. Effort is presented in terms of person years.

	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		
INITIATIVE	**COST**	**EFFORT**	**COST**	**EFFORT**	**COST**	**EFFORT**	**COST**	**EFFORT**	**COST**	**EFFORT**	**TOTAL COST**
1: Results-Oriented Accountability Implementation Project Team	$1,750,248	7.2	$1,754,044	6.0	$1,780,354	6.0	$1,563,024	5.0	$1,586,469	5.0	**$8,434,139**
2: Measure Development and Validation	$481,679	3.9	$413,975	3.3	$420,184	3.3	$426,487	3.3	$432,885	3.3	**$2,175,210**
3: Master Data Management	$580,575	3.0	$576,635	3.0	$585,284	3.0	$594,063	3.0	$602,974	3.0	**$2,939,532**
4: Data Lab and Tools	$0	0.0	$705,648	4.0	$0	0.0	$0	0.0	$0	0.0	**$705,648**
5: Data System Updates for Initial Measurement Gaps	$1,672,251	7.0	$0	0.0	$0	0.0	$0	0.0	$0	0.0	**$1,672,251**
6: Accountability Reports	$206,573	1.5	$34,349	0.3	$34,864	0.3	$35,387	0.3	$35,918	0.3	**$347,093**

INITIATIVE	FY 15-16		FY16-17		FY 17-18		FY 18-19		FY 19-20		TOTAL COST
	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	COST	EFFORT	
7: Quality Assurance/Compliance Resource Analysis	$111,812	0.7	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$111,812
8: Quality Improvement Organization	$306,500	2.0	$107,877	1.0	$109,495	1.0	$111,138	1.0	$112,805	1.0	$747,815
9: Results-Oriented Accountability Reporting System	$684,075	2.9	$681,687	2.9	$691,913	2.9	$702,291	2.9	$712,826	2.9	$3,472,791
10: Child Welfare Community Data	$611,431	2.5	$607,954	2.5	$617,073	2.5	$626,329	2.5	$635,724	2.5	$3,098,510
11: Institutional Review Policy Update	$47,757	0.3	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$47,757
12: Research Standards	$39,120	0.4	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$39,120
13: Pilot Study Standards	$70,801	0.7	$14,408	0.2	$0	0.0	$0	0.0	$0	0.0	$85,209
14: Research and Evidence-Informed Practice Training Development	$102,318	0.6	$0	0.0	$0	0.0	$0	0.0	$0	0.0	$102,318
15: Results-Oriented Accountability – FICW Support	$1,822,898	13.5	$2,769,318	24.0	$2,787,362	24.0	$2,848,142	24.0	$2,909,505	24.0	$13,137,225
Total	$8,488,038	46.3	$7,665,894	47.1	$7,026,530	42.9	$6,906,862	41.9	$7,029,105	41.9	$37,116,430

Exhibit 59: Program Implementation Cost Estimate – Option Three

The total effort, as described in person years, by key stakeholder group is summarized for the five year implementation period in **Exhibit 60: Program Implementation Effort by Stakeholder Group – Option Three**.

	FY 15-16	FY16-17	FY 17-18	FY 18-19	FY 19-20
STAKEHOLDER GROUP	EFFORT	EFFORT	EFFORT	EFFORT	EFFORT
DCF OCW, IT, Program Management, Project Management, Director of Program Quality and Performance Management	9.4	5.7	5.6	5.1	5.1
CBC Lead Agency, Other Stakeholders Program and IT	2.3	1.1	1.0	1.0	1.0
FICW	15.5	27.4	25.4	25.4	25.4
External Consultants / SMEs, IT Consultants, Program Management, Project Management	19.1	12.9	10.9	10.4	10.4
Total	**46.3**	**47.1**	**42.9**	**41.9**	**41.9**

Exhibit 60: Program Implementation Effort by Stakeholder Group – Option Three

5.5 RISK ANALYSIS OF IMPLEMENTATION OPTIONS

All three options evaluated are complex and challenging. Implementation timelines are measured in years (not weeks or months) and require significant resources invested to achieve successful completion. Because of their complexity and breadth, the options share many of the same risks but differ in the likelihood and severity of impact of each of the risks. **Exhibit 61: Implementation Option Risk Analysis** highlights the common risks which may be encountered during the implementation regardless of the selected option along with the likelihood and severity of impact of each of the risks. Each option was given a score of High, Medium or Low for each risk based on the likelihood of occurrence for each risk. For scoring purposes High = 3 points, Medium = 2 points, and Low = 1 point. The average points for each option are then calculated.

RISK	OPTIONS CONSIDERED		
	OPTION 1: BASELINE PROGRAM IMPLEMENTATION	OPTION 2: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES	OPTION 3: EFFORT SHIFT FROM EXTERNAL TO INTERNAL RESOURCES AND SCOPE REDUCTION
Loss of political / executive sponsorship	Medium	Medium	Medium
DCF funding not available	High	High	Medium
FICW funding not available	Medium	Medium	Medium
DCF resources with the required skill set for initiative implementation not available	Low	Medium	Medium
Lack of Child Welfare Community buy-in and support	Medium	Medium	Medium
Lack of data standardization	High	High	Medium
Data quality / data cleansing issues	High	High	Medium
Average Risk Score	**2.3**	**2.4**	**2.0**

Exhibit 61: Implementation Option Risk Analysis

Based on the analysis, Option 1 and Option 2 scored 2.3 and 2.4, respectively. Option 3 scored 2.0, which is the lowest risk score of the three options. The reduced scope and lower cost of Option 3 reduced risk across the following items:

- DCF funding not available.
- Lack of data standardization.
- Data quality/data cleansing issues.

5.6 CONCLUSION

By establishing the Results-Oriented Accountability Program, the 2014 Florida Legislature founded a key mechanism for extensive advancement of the Child Welfare system. As demonstrated in this Plan, an emphasis on research and evidence-informed actions and interventions should improve outcomes for children served by the Child Welfare Community.

The Results-Oriented Accountability Program represents a significant investment in the future of Florida's children by implementing a system of accountability built on the shared efforts of the stakeholders across the Child Welfare Community. The Program will identify practices to improve outcomes based on well-designed studies by the FICW, and will broaden the base of research and evidence for interventions. Connecting well-designed studies, focused research, and policy and practice changes should lead to better outcomes for children, development of stronger partnerships among stakeholders and a more proactive Child Welfare system. Success requires a cultural shift across the Child Welfare Community, with major changes in the assessment of performance of the system and the actions taken when outcomes do not meet expectations. In other words, the culture shifts from an incident driven reactionary workforce to an evidence-based workforce.

Implementation of the Results-Oriented Program Plan represents a positive step toward achieving significant improvement in outcomes for Florida's children.

Attachments

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SECTION 6   ATTACHMENTS

This section includes any attachments required to support the Program Plan.

6.1   OUTCOME MEASURE BASIS FOR SELECTION

The articles, academic papers and other research sources documented below provide a basis for selection of the outcome measures presented in section 3.1.8.3: Results-Oriented Accountability Program Outcome Measures.

6.1.1   SAFETY

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

Referenced Sources:

Child Maltreatment Recurrence: Supplement to the Briefing Paper on Child Maltreatment Recurrence. A Leadership Initiative of the National Resource Center on Child Maltreatment. National Resource Center on Child Maltreatment.

Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. Office on Child Abuse and Neglect, Children's Bureau.

Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. What are the consequences of child abuse and neglect? In a coordinated response to child abuse and neglect: The foundation for practice (pp. 35–38). Washington DC: Department of Health and Human Services.

Hickman, L., Jaycox, L., Messan Setodji, C., Kofner, A., Schultz, D., Barnes-Proby, D., Harris, R. Assessing the Relationship Between Children's Lifetime Exposure to Violence and Trauma Symptoms, Behavior Problems, and Parenting Stress. Journal of Interpersonal Violence, v. 28, no. 6, Apr. 2013, p. 1338-1362.

Loman, L. Anthony. Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect. February 2006. A Report of the Institute of Applied Research. St. Louis, Missouri.

Series: Grantee Lessons Learned. 2003. Children's Bureau (DHHS), Washington, DC.

US Children's Bureau, In-Home Services Issue Brief. March 2014.

US Children's Bureau, Report to Congress 2009-2012.

Safety Outcome 2/3: Children are safely maintained in their homes if possible and appropriate / Services are provided to protect children and prevent their removal from the home

Referenced Sources:

Hickman, L., Jaycox, L., Messan Setodji, C., Kofner, A., Schultz, D., Barnes-Proby, D., Harris, R. 2013. Assessing the Relationship Between Children's Lifetime Exposure to Violence and Trauma Symptoms, Behavior Problems, and Parenting Stress. Journal of Interpersonal Violence, v. 28, no. 6, p. 1338-1362.

Goldman, J., Salus, M. K., Wolcott, D., Kennedy, K. Y. 2003. A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice. Office on Child Abuse and Neglect, Children's Bureau.

Series: Grantee Lessons Learned. 2003. Children's Bureau (DHHS), Washington, DC.

Testa, M., Poertner, J. et al. Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy. 2010. New York, NY. Oxford University Press.

US Children's Bureau. In-Home Services Issue Brief. March 2014.

6.1.2 PERMANENCY

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

Referenced Sources:

Barth, R. P. June 2002. Chapel Hill, NC. Institutions vs. foster homes: The empirical base for the second century of debate. University of North Carolina School of Social Work, Jordan Institute for Families.

Child Welfare Information Gateway. 2012. Supporting reunification and preventing reentry into out-of-home care. Washington, DC. U.S. Department of Health and Human Services, Children's Bureau.

Conger, V., Rebeck, A. How Children's Foster Care Experiences Affect Their Education. December 2001. New York, NY. Vera Institute of Justice.

Courtney, M., Terao, S., Bost, N. 2004. Chicago, IL. Executive Summary - Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care. Chapin Hall Center for Children at the University of Chicago.

Courtney, M., Roderick, M., Smithgall, C., Gladden, R., Nagaoka, J. December 2004. Chicago, IL. The Educational Status of Foster Children. Chapin Hall Center for Children at the University of Chicago.

Dolan, M., Casanueva, C., Smith, K., & Ringeisen, H. February 2013. NSCAW Child Well-Being Spotlight: More than One Quarter of Children Placed Out of Home Experience Placement Disruption in the First 18 Months After a Maltreatment Investigation. OPRE Report #2013-05, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Hatton, H., Brooks, S. November 2008. Davis, CA. Preventing Re-entry into the Child Welfare System A Literature Review of Promising Practices. Northern California Training Academy.

Joftus, S. Educating Children in Foster Care: The McKinney-Vento and No Child Left Behind Acts. 2007. Seattle, WA. Casey Family Programs.

Jones Harden, B. Safety and Stability for Foster Children: A Developmental Perspective. Children, Families and Foster Care. Volume 14, Number 1. The Future of Children.org.

Moving in the Right Direction: More Kids in Families. May 2011. Baltimore, MD. Data Snapshot on Foster Care Placement. KidsCount, a project of the Annie E. Casey Foundation.

National Conference of State Legislatures. May 2010. Washington, DC. State Progress Toward Child Welfare Improvement Findings from Fiscal Years 2007 and 2008 of the Child and Family Service Reviews.

National Working Group on Foster Care and Education. December 2008. Fact Sheet: Educational Outcomes for Children and Youth in Foster Care and Out-of-Home Care.

National Working Group on Foster Care and Education. July 2011. Education is the Lifeline for Youth in Foster Care.

Roller White, C., Corwin, T., Buher, A., O'Brien, K. August 2013. Seattle, WA. The Multi-Site Accelerated Permanency Project Technical Report 12-Month Permanency Outcomes. Casey Family Programs.

Semanchin Jones, A., LaLiberte, T. February 2010. Hennepin-University Partnership (HUP) Re-entry to Foster Care Report. Center for Advanced Studies in Child Welfare, University of Minnesota College of Education and Human Development.

Shaw, T., Webster, D. 2011. A Matter of Time: The Importance of Tracking Reentry Into Foster Care Beyond One Year After Reunification. Journal of Public Child Welfare, 5:5, 501-520.

Sudol, T., December 2009. Placement Stability Information Packet. National Resource Center for Permanency and Family Connections. A Service of Children's Bureau/ACF/DHHS.

Retrieved from:
http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/Placement_Stability_Info_Pack.html

Testa, M., Ryan, J. March 2005. Child maltreatment and juvenile delinquency: Investigating the role of placement and placement instability. Children and Youth Services Review. Volume 27, Issue 3.

The Center for State Child Welfare Data, Chapin Hall at the University of Chicago. May 2014. Webinar Recap: CFSR Reviews — Measures and Methods. Retrieved from: https://fcda.chapinhall.org/permanency/recap-cfsr-reviews-measures-methods/.

US Department of Health and Human Services Administration for Children and Families Administration for Children, Youth and Families Children's Bureau. August 2013. Child Welfare Outcomes 2008-2011 Report to Congress.

Permanency Outcome 2: Family relationships and connections are preserved for children

Referenced Sources:

Child Welfare Information Gateway. January 2013. Washington, DC. Sibling Issues In Foster Care and Adoption. US Department of Health and Human Services, Children's Bureau.

Fostering Connections Act: Sibling Placement Provision Chart. National Conference of State Legislatures. http://www.ncsl. Org/research/human-services. Retrieved November 19, 2014.

Kernan, E. October-December 2005. Keeping Siblings Together: Past, Present, and Future. National Center for Youth Law. Youth Law News.

6.1.3 WELL-BEING

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

Referenced Sources:

McCroskey, J., Meezan, W. 1998.Family-Centered Services: Approaches and Effectiveness. The Future of Children – Protecting Children from Abuse and Neglect Volume 8 No. 1.

National Family Preservation Network. Overview of Assessment Tools. Retrieved on November 2014. http://www.nfpn.org/Portals/0/Documents/assessment_tools_overview.pdf

Well-Being Outcome 2: Children receive services to meet their physical and mental health needs

Referenced Sources:

Allen, K., Hendricks, T., Medicaid and Children in Foster Care, March 2013, State Policy Advocacy and Reform Center.

Houshyar, S. October 2011. Washington, DC. Addressing the Health Care Needs of Children in the Child Welfare System. First Focus.

Officials: Foster care system frequently neglects dental needs. August 13, 2012. http://www.palmbeachpost.com/news/lifestyles/health/officials-foster-care-system-frequently-neglects

Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., Roller White, C., Wiggins, T., Holmes, K. March 2005. Seattle, WA. Improving Family Foster Care: Findings from the Northwest Foster Care Alumni Study.

The Catalyst Center. Children in Foster Care are Children with Special Health Care Needs. November 2011. Boston, MA. Boston University School of Public Health.

Well-Being Outcome 3: Children receive appropriate services to meet their education needs

Referenced Sources:

Advocates For Children of New York, Inc., July 2000, New York. Educational Neglect: The Delivery of Educational Services to Children in New York City's Foster Care System.

Burley, M., Halpern, M., 2001, Olympia, WA, Educational attainment of foster youth: Achievement and graduation outcomes for children in state care. Washington State Institute for Public Policy.

Castrechini, S., November 2009, Educational outcomes for court-dependent youth in San Mateo County, Stanford, CA, John W. Gardner Center for Youth and Their Communities, Stanford School of Education.

Conger, D., Rebeck, A., December 2001, How Children's Foster Care Experiences Affect Their Education, New York, NY, Vera Institute for Justice.

Courtney, M.E., Terao, S., Bost, N., February 2004, Chicago, IL, Midwest Evaluation of the Adult Functioning of Former Foster Youth: Conditions of Youth Preparing to Leave State Care. Chapin Hall Center for Children at the University of Chicago.

Joftus, S., 2007, Educating Children in Foster Care: The McKinney-Vento and No Child Left Behind Acts, Seattle, WA, Casey Family Programs.

Klitsch, S., Beyond the Basics: How Extracurricular Activities Can Benefit Foster Youth, Youth Law News, Oct-Dec 2010, National Center for Youth Law.

Larson, A., 2009, Children in Treatment Foster Care: Using agency data to study cross-system child outcomes, Minnesota, Center for Advanced Studies in Child Welfare at the University of Minnesota School of Social Work.

Pecora, P., Williams, J., Kessler, R., Downs, C., O'Brien, K., Hiripi, E., Morello, S., October 2003, Seattle, WA, Assessing the Effects of Foster Care: Early Results From the Casey National Alumni Study. Casey Family Programs.

Smithgall, C., Gladden, R.M., Howard, E., Goerge, R., Courtney, M., 2004, Educational experiences of children in out-of-home care, Chicago, IL, Chapin Hall Center for Children at the University of Chicago.

Well-Being Outcome 4: Children develop the capacity for independent living and competence as an adult

Avery, R. An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. October 2009. Ithaca, NY. Department of Policy Analysis and Management Cornell University.

Courtney, M.E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., Bost, N. May 2005. Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19, Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Dworsky, A., Courtney, M. E., March 2010, Chicago, Illinois, Assessing the Impact of Extending Care beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study, Chapin Hall at the University of Chicago.

Hook, J. L., Courtney, M. E., March 2010, Chicago, IL, Employment of Former Foster Youth as Young Adults: Evidence from the Midwest Study. Chapin Hall at the University of Chicago.

Jim Casey Youth Opportunities Initiative, Aging Out. May 2005. http://www.jimcaseyyouth.org/about/aging-out, Retrieved November 2014.

Pecora, P., Williams, J., Kessler, R., Downs, C., O'Brien, K., Hiripi, E., Morello, S., October 2003, Seattle, WA, Assessing the Effects of Foster Care: Early Results From the Casey National Alumni Study.

Section 409.1454, Florida Statutes

6.2 EXAMPLE OF "VALIDITY AND RELIABILITY RATINGS" FOR OUTCOME MEASURES

A detailed assessment of measurement validity ratings should be performed to establish a quality baseline prior to the implementation of any measure. These ratings are used to show how well measures explain and predict outcome results. The following tables provide a very preliminary example of rating results for the proposed outcome measures based on NREPP scoring criteria. The specific scoring criteria used will be determined by FICW prior to implementation. These ratings should continue to be monitored so informed decisions can be made to optimize measurement collection and usage.

Quality of Safety Outcome Measures (Rating: 2.0 out of 4.0)

In evaluating these safety measures two major factors impacted the overall rating. First, all eight of the safety measures are based on existing measures which are being used in some form in existing DCF or national dashboards. Secondly no major gaps were defined in the data required to calculate the measure.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing face validity. In other words, a test can be said to have face validity if it "looks like" it is going to measure what it is supposed to measure. There is also an absence of evidence the measure is invalid.

Exhibit 62: Safety Outcome Measure Ratings presents example validity and reliability ratings for the safety outcome measures.

Outcome	Measure	Reliability	Validity	Fidelity	Data	Confounding Variables	Data Analysis	Overall Rating
SO1-Children are first and foremost protected from abuse and neglect	Rate of abuse and neglect per day of children receiving in-home case management services	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Rate of abuse and neglect per day of children in out-of home	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children without a subsequent verified report of abuse and neglect within 12 months of an initial verified finding by CPI	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children without a verified report of abuse and neglect within 12 months of termination of Family Support Services	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
	Percent of children without a verified report of abuse and neglect within 12 months of termination of in-home case management services	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children without a verified report of abuse and neglect within 12 months of the end of removal episode.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
SO2 Children are safely maintained in their homes, if possible and appropriate	Percent of children receiving Family Support Services which are escalated to in-home case management services or out-of-home care.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children receiving in-home case management services which are escalated to out-of-home care.	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
SO3 Services are provided to protect children and prevent their removal from their home	Percent of children receiving Family Support Services which are escalated to in-home case management services or out-of-home care. Note: Also used for SO2	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children receiving in-home case management services which are escalated to out-of-home care. Not: Also used for SO2	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Overall Research Rating		2.0	2.0	2.0	2.0	2.0	2.0	2.0

Exhibit 62: Safety Outcome Measure Ratings

Quality of Permanency Outcome Measures (Rating: 1.9 out of 4.0)

In evaluating the following Permanency measures two major factors impacted the overall rating. First, five of the six measures are based on existing measures which are being used in some form in existing DCF or national dashboards. However, a new DCF measurement for Educational Stability has been added. The data required to calculate Educational Stability appears to already be stored in the FSFN database, but there are concerns with missing data. Changes to methodology and training would be required to address these issues.

These outcome measures have been determined to have acceptable reliability based on conventional acceptance by national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing, face validity (it appears to measure what it is supposed to measure). There is also an absence of evidence the measure is not valid.

Exhibit 63: Permanency Outcome Measure Ratings presents example validity and reliability ratings for the permanency outcome measures.

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
PO1-Children have permanency and stability in their living arrangements	Percent of children in out-of-home care who are placed in a family-based setting [stratified by age (0-5 years, 6-12 years, 12 years and older) and type of family-based setting (relative, non-relative, and licensed foster home)]	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Rate of placement moves per day of children in out of home care.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children with a placement change which did not result in a school change.	1.0	1.0	1.0	1.0	1.0	1.0	1.0
	Percent of children who achieved permanency within 0-12 months of entering out-of-home care. The indicator is reported by all and individual permanency goals, including reunification, adoption, and guardianship.	2.0	2.0	2.0	2.0	2.0	2.0	2.0

Outcome	Measure	Reliability	Validity	Fidelity	Data	Confounding Variables	Data Analysis	Overall Rating
	Percent of children who achieved permanency within 12-23, 24-59 and 60 months or more entering out-of-home care. The indicator is reported by all and individual permanency goals, including reunification, adoption and guardianship	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children who achieved permanency subsequently re-enter out-of-home care within 0-12, 12-23, 24-59 and 60 months or more	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of sibling groups in out-of-home care in which siblings are placed together [stratified by all siblings in the same placement and some siblings in the same placement]	2.0	2.0	2.0	2.0	2.0	2.0	2.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
PO2 Family Relationships and connections are preserved for children	Percent of sibling groups in out-of-home care in which siblings are placed together [stratified by all siblings in the same placement and some siblings in the same placement]	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Overall Research Rating		**1.9**	**1.9**	**1.9**	**1.9**	**1.9**	**1.9**	**1.9**

Exhibit 63: Permanency Outcome Measure Ratings

Quality of Well-Being Outcome Measures (Rating: 1.4 out of 4.0)

Well-Being Outcome Measures are traditionally the most difficult to define and have required the greatest amount of innovation. In evaluating these Well-Being measures two major factors impacted the overall rating. First, only five of the eleven measures are based on existing measures being used in some form within DCF. The seven additional measures are based on expert recommendations, implementations in other states, or implementation at the National level. The first new measure "Family Capacity to Provide for Childs Needs" will require an assessment of a family's capacity to provide for their child's need. A similar measure is being used in North Carolina based on their family assessment tool. The assessment tool and methodology would need to be defined. Behavioral Health of Children in Out-of-Home Care would require a behavioral health assessment upon initiation and termination of services. The gaps in the remaining new measures would require methodology reviews to determine identification of additional sources of educational, housing and employment data not currently stored in the FSFN database.

Although many of these outcome measures are new to DCF, they have been determined to have acceptable reliability based on conventional acceptance of national and state experts in the field. The outcome measures have also been judged to have validity of measure because of existing, face validity (it appears to measure what it is supposed to measure). In researching these measures in literature, and with subject matter experts, nothing was found indicating the measure is not valid. This is part of the criteria which determines a "2" rating criteria: there is also an absence of evidence.

Exhibit 64: Well-Being Outcome Measure Ratings presents example validity and reliability ratings for the permanency outcome measures.

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
W01 Families have enhanced capacity to provide for their children's needs	Rating/Scoring of performance based on a tool which assesses family capacity to provide for their child's needs upon initiation and at termination of services	1.0	1.0	1.0	1.0	1.0	1.0	1.0
WO2 Children receive services to meet their physical and mental health needs	Percent of children in out-of-home care who have received dental services in the last seven months.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children in out-of-home care who have received medical services in the last 12 months.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Rating/Scoring of performance based on tool which assesses child's behavior health upon initiation and at termination of services	1.0	1.0	1.0	1.0	1.0	1.0	1.0
WO3 Children receive appropriate services to meet their education needs	Rate of school days attended by children in out-of-home care.	1.0	1.0	1.0	1.0	1.0	1.0	1.0
	Rate of children in out-of-home care performing at grade level	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Outcome	Measure	Reliability	Validity	Fidelity	Data	Confounding Variables	Data Analysis	Overall Rating
	Percent of children in out-of-home care involved in at least one extracurricular school activity during the school year	1.0	1.0	1.0	1.0	1.0	1.0	1.0
WO4 Children develop the capacity for independent living and competence as an adult	Percent of young adults discharged from out-of-home care at age 18 who have completed or are enrolled in secondary education, vocational training, and/or adult education	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of young adults discharged from out-of-home are at age 18 who have safe and stable housing at 1 year and 3 years after discharge [stratified by youth who opt in to Extended Foster Care and by youth who age out of out-of-home-care]	1.0	1.0	1.0	1.0	1.0	1.0	1.0

OUTCOME	MEASURE	RELIABILITY	VALIDITY	FIDELITY	DATA	CONFOUNDING VARIABLES	DATA ANALYSIS	OVERALL RATING
	Percent of young adults discharged at age 18 who have full-time or part-time employment at 1 year and 3 years after discharge.	1.0	1.0	1.0	1.0	1.0	1.0	1.0
	Percent of young adults discharged at age 18 who have obtained a driver's license.	2.0	2.0	2.0	2.0	2.0	2.0	2.0
	Percent of children who "aged out" of out-of-home care	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Overall Research Rating		**1.4**	**1.4**	**1.4**	**1.4**	**1.4**	**1.4**	**1.4**

Exhibit 64: Well-Being Outcome Measure Ratings

6.3 SAMHSA EXAMPLE OF EVIDENCE BASED INTERVENTION

Section 409.997(3)(c), F.S., requires "an analytical framework that builds on the results of the outcomes monitoring procedures and assesses the statistical validity of observed associations between Child Welfare interventions and the measured outcomes."

A key tenant of Results Oriented Accountability is interventions must be able to demonstrate evidence in achieving targeted outcomes. California Evidence-Based Clearinghouse for Child Welfare, and several other organizations, provide searchable intervention databases. These databases should be leveraged to search for existing research, as well as provide a standard for publication of new FICW research. The following screen shots show the types of intervention information, and evidence, provided by the SAMHSA National Registry of Evidence-based Programs and Practices (e.g., based on intervention search is performed on General Anxiety Disorder (GAD)). [52]
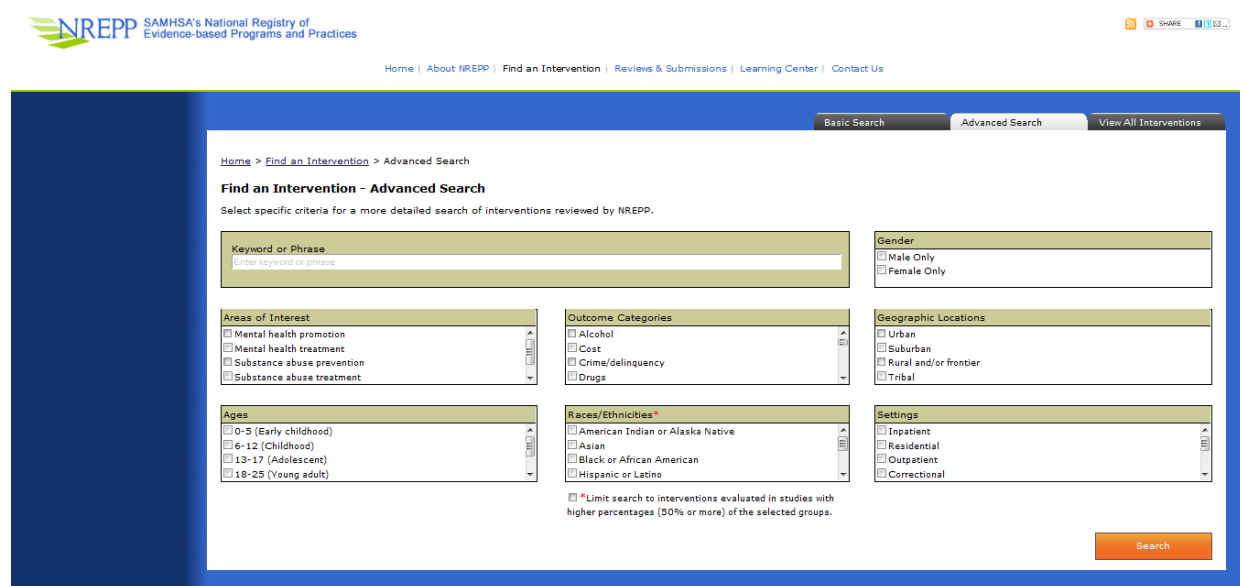
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[52] http://nrepp.samhsa.gov/AdvancedSearch.aspx Based on the in SAMHSA's National Registry of Evidence-based Programs and Practices, Find an Intervention - Advanced Search screen. Retrieved from http://nrepp.samhsa.gov/AdvancedSearch.aspx, 1/16/2015.

Acceptance-Based Behavioral Therapy for Generalized Anxiety Disorder

Acceptance-Based Behavioral Therapy (ABBT) for Generalized Anxiety Disorder (GAD) is a form of psychotherapy for adults who have a principal diagnosis of GAD. The treatment is designed to decrease symptoms of worry and stress, so clients no longer meet DSM-IV criteria for GAD or they experience a reduction in GAD symptoms and comorbid depression or mood-related symptoms. The model on which ABBT for GAD operates theorizes that GAD is caused and maintained by a restricted and self-critical position toward one's own internal experiences of thoughts, emotions, memories, and physical sensations, resulting in a behavioral repertoire of rigid and habitual efforts to control or avoid the unwanted internal experiences rather than engaging in valued activities. By integrating clinical methods and strategies from cognitive behavioral therapy with acceptance, mindfulness, and values practices, the intervention aims to help each client cultivate a curious, compassionate position toward one's internal experiences; increase acceptance of these internal experiences without behavioral efforts to avoid them; and increase the client's engagement in valued activities.

A therapist works one-on-one with a client over an 18-week period, delivering ABBT for GAD through 14 weekly and 2 biweekly sessions that include (1) psychoeducation regarding the nature of worry, anxiety, emotion, and experiential avoidance; (2) practice developing mindfulness and acceptance as an alternative response to internal experiences; and (3) identification of valued directions and actions, recognition of obstacles to these actions, and practice engaging in chosen valued actions nonetheless. The therapist focuses on helping the client make choices to act in value-consistent ways rather than in ways that are motivated by avoidance of anxiety. Each session begins with a mindfulness practice, involves the review of activities in identified valued directions between treatment sessions, and concludes with the assignment of out-of-session work. The first eight sessions include both psychoeducational and experiential components with a focus on helping the client develop skills, which are applied through practice during the final eight sessions. The last two sessions also include a focus on relapse prevention.

ABBT for GAD is one of several mindful acceptance-based and values-oriented behavioral therapies, which include Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and Mindfulness-Based Cognitive Therapy (each of which was reviewed by NREPP separately).

Descriptive Information

Areas of Interest	Mental health treatment
Outcomes	**Review Date: September 2013** 1: Generalized anxiety disorder diagnosis and severity 2: Worry and stress symptoms 3: Depression symptoms
Outcome Categories	Mental health
Ages	18-25 (Young adult) 26-55 (Adult)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White
Settings	Outpatient
Geographic Locations	Urban Suburban

Implementation History	ABBT for GAD was developed in 2002, and since then, the intervention has been implemented with approximately 5,000 clients in 30 States and territories, as well as internationally in Australia, Brazil, Canada, Denmark, Iran, Israel, New Zealand, Singapore, Spain, Sweden, Switzerland, and the United Kingdom.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: No
Adaptations	ABBT for GAD has been adapted for delivery in a group format in an outpatient setting. The treatment manual has been translated into Spanish, and the program has been culturally adapted for use in Puerto Rico. Two program books have been translated into other languages: Mindfulness and Acceptance-Based Behavioral Therapies in Practice has been translated into Portuguese, and The Mindful Way Through Anxiety: Break Free From Chronic Worry and Reclaim Your Life has been translated into Finnish and German.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
IOM Prevention Categories	IOM prevention categories are not applicable.

Quality of Research
Review Date: September 2013

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Roemer, L., Orsillo, S. M., & Salters-Pedneault, K. (2008). Efficacy of an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder: Evaluation in a randomized controlled trial. Journal of Consulting and Clinical Psychology, 76(6), 1083-1089. PubMed

Supplementary Materials

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. Psychological Assessment, 10(2), 176-181.

Brown, T. A., Antony, M. M., & Barlow, D. H. (1992). Psychometric properties of the Penn State Worry Questionnaire in a clinical anxiety disorders sample. Behaviour Research and Therapy, 30(1), 33-37. PubMed

Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. Behaviour Research and Therapy, 35(1), 79-89. PubMed

Brown, T. A., Di Nardo, P. A., Lehman, C. L., & Campbell, L. A. (2001). Reliability of DSM-IV anxiety and mood disorders: Implications for the classification of emotional disorders. Journal of Abnormal Psychology, 110(1), 49-58. PubMed

Hayes, S. A., Orsillo, S. M., & Roemer, L. (2010). Changes in proposed mechanisms of action during an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder. Behaviour Research and Therapy, 48(3), 238-245. PubMed

Hayes-Skelton, S. A., Roemer, L., & Orsillo, S. M. (2013). A randomized clinical trial comparing an acceptance-based behavior therapy to applied relaxation for generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 81(5), 761-773. PubMed

Michelson, S. E., Lee, J. K., Orsillo, S. M., & Roemer, L. (2011). The role of values-consistent behavior in generalized anxiety disorder. Depression and Anxiety, 28(5), 358-366. PubMed

Roemer, L., & Orsillo, S. M. (2007). An open trial of an Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder. Behavior Therapy, 38(1), 72-85. PubMed

Outcomes

Outcome 1: Generalized anxiety disorder diagnosis and severity	
Description of Measures	GAD diagnosis and severity were assessed using the Anxiety Disorders Interview Schedule for DSM-IV: Lifetime Version (ADIS-IV-L), which determines current and lifetime DSM-IV diagnostic status for GAD and provides a clinical severity rating (CSR) for each GAD diagnosis. The CSR ranges from 0 to 8, with higher numeric ratings indicating a greater severity of GAD.

Key Findings	In a randomized clinical trial, adults who met DSM-IV criteria for GAD and sought treatment at an outpatient center for anxiety and related disorders were randomly assigned to the intervention group or the wait-list control group. All participants were assessed by trained doctoral students before (pretreatment) and after treatment (posttreatment), at least 14 weeks after study entry. Participants in the wait-list control group were offered ABBT for GAD after the posttreatment assessment, and all participants who received the intervention were assessed at 3- and 9-month posttreatment follow-ups. Findings included the following: • From pre- to posttreatment assessments, participants in the intervention group had a larger reduction in the CSR for GAD compared with participants in the wait-list control group ($p < .001$). This group difference was associated with a large effect size (Cohen's d = 1.32). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants who received the intervention (including former wait-list participants), there was no significant change in the CSR for GAD. • At the posttreatment assessment, the percentage of participants who no longer had a DSM-IV diagnosis for GAD was larger for the intervention group relative to the wait-list control group (76.92% vs. 16.67%; $p < .01$). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants who received the intervention (including former wait-list participants), there was no significant change in the percentage who no longer had a DSM-IV diagnosis for GAD (78.26% at the posttreatment assessment and 84.21% and 76.47% at the 3- and 9-month posttreatment follow-ups, respectively).
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.1 (0.0-4.0 scale)

Outcome 2: Worry and stress symptoms	
Description of Measures	Worry and stress symptoms were measured using the following: • The Penn State Worry Questionnaire (PSWQ), a 16-item measure of trait levels of excessive worry. Using a scale ranging from 1 ("not at all typical of me") to 5 ("very typical of me"), participants respond to each item (e.g., "My worries overwhelm me," "I do not tend to worry about things," "Many situations make me worry"). Higher scores indicate a greater number of worry symptoms. • The 7-item Stress subscale of the 21-item Depression Anxiety Stress Scales (DASS-21). The DASS-21 includes Depression, Anxiety, and Stress subscales, and the Stress subscale approximates symptoms associated with GAD. Using a scale ranging from 0 ("did not apply to me at all") to 4 ("applied to me very much, or most of the time"), participants respond to items related to tension, agitation, and negative affect (e.g., "I felt I was rather touchy," "I found it difficult to relax," "I found myself getting agitated"). Higher scores indicate a greater number of stress symptoms.
Key Findings	In a randomized clinical trial, adults who met DSM-IV criteria for GAD and sought treatment at an outpatient center for anxiety and related disorders were randomly assigned to the intervention group or the wait-list control group. All participants were assessed by trained doctoral students before (pretreatment) and after treatment (posttreatment), at least 14 weeks after study entry. Participants in the wait-list control group were offered ABBT for GAD after the posttreatment assessment, and all participants who received the intervention were assessed at 3- and 9-month posttreatment follow-ups. Findings included the following: • From pre- to posttreatment assessments, compared with participants in the wait-list control group, those in the intervention group had larger reductions in worry symptoms ($p = .001$) and in stress symptoms ($p = .002$). These group differences were associated with large effect sizes (Cohen's d = 1.02 and 0.92, respectively). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants who received the intervention (including former wait-list participants), there were no significant changes in worry or stress symptoms.
Studies Measuring Outcome	Study 1
Study Designs	Experimental

Quality of Research Rating	2.7 (0.0-4.0 scale)

Outcome 3: Depression symptoms	
Description of Measures	Depression symptoms were measured using the Beck Depression Inventory (BDI), a 21-item self-report instrument that assesses the severity of depression symptoms over the past 2 weeks. Using a scale ranging from 0 to 3, participants respond to each item. Total scores range from 0 to 63, with higher scores indicating more severe depression symptoms.
Key Findings	In a randomized clinical trial, adults who met DSM-IV criteria for GAD and sought treatment at an outpatient center for anxiety and related disorders were randomly assigned to the intervention group or the wait-list control group. All participants were assessed by trained doctoral students before (pretreatment) and after treatment (posttreatment), at least 14 weeks after study entry. Participants in the wait-list control group were offered ABBT for GAD after the posttreatment assessment, and all participants who received the intervention were assessed at 3- and 9-month posttreatment follow-ups. Findings included the following: • From pre- to posttreatment assessments, compared with participants in the wait-list control group, those in the intervention group had a larger decrease in the severity of depression symptoms ($p = .001$). This group difference was associated with a large effect size (Cohen's d = 1.06). • From the posttreatment assessment to the 3- and 9-month posttreatment follow-ups with all participants (including former wait-list participants), there was no significant change in the severity of depression symptoms.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.8 (0.0-4.0 scale)

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	18-25 (Young adult) 26-55 (Adult)	71% Female 29% Male	87.1% White 6.5% Hispanic or Latino 3.2% Asian 3.2% Black or African American

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Generalized anxiety disorder diagnosis and severity	2.3	1.8	1.8	1.8	2.0	3.0	**2.1**

2: Worry and stress symptoms	3.9	4.0	1.8	1.8	2.0	3.0	**2.7**
3: Depression symptoms	4.0	4.0	1.8	1.8	2.0	3.0	**2.8**

Study Strengths

Reliability was high (kappa = .72) for the ADIS-IV-L CSR across trained doctoral students who conducted the assessments; construct and face validity for this measure also were present. Internal reliability for the PSWQ was moderate (Cronbach's alpha = .79) with the study sample and high (Cronbach's alpha = .86) with subsamples with GAD in an independent clinical sample. Reliability for the DASS-21 Stress subscale was high (Cronbach's alpha = .87) with the study sample, as was internal consistency (Cronbach's alpha = .91) with an independent study sample. The BDI is very well known in the mental health field and has strong psychometric properties, including high internal consistency and test-retest reliability and construct, convergent, and discriminant validity (among depression subtypes and between depression and anxiety); reliability for the BDI was high (Cronbach's alpha = .87) with the study sample. The PSWQ has construct (for one factor, worry), criterion, and convergent validity with a subsample with GAD. The DASS-21 Stress subscale has construct validity (for stress, anxiety, and depression factors), with concurrent and discriminant validity (among different anxiety groups). The intervention is manual driven and was delivered by six doctoral students under the direct supervision of the investigators/intervention developers. Two sessions with each client were randomly selected and rated for treatment adherence using a 17-item checklist, with 25% of the randomly selected sessions double rated for interrater reliability, which was moderate across the two doctoral student raters (kappa = .70). Random assignment controlled for many potential confounding variables. The analytic strategy used an intent-to-treat approach and sophisticated statistical modeling with prospective power analyses and effect size calculations to detect between-group differences in the outcomes.

Study Weaknesses

For the GAD diagnosis from the ADIS-IV-L, interrater reliability across raters was low during the study (kappa = .56), despite training, experience, certification, and ongoing consensus meetings with a supervising doctoral-level psychologist. The validity of the GAD diagnosis was complicated by the comorbid presence of mood disorders, which were allowed in the study population, and the fact that GAD diagnostic disagreements frequently involved incomplete separation between GAD and mood disorders. The 17-item adherence checklist was described as a listing of 12 "allowed" and 5 "forbidden" strategies, but the strategies were not linked to critical stages or steps to be carried out in a treatment session, and no psychometric properties were presented for the checklist. The number of sessions rated with the adherence checklist was low across the study and inadequate to establish psychometrics for a fidelity instrument. There was no comparison of completers and noncompleters on pretreatment demographic variables, despite a small sample size and attrition rates of 13% in the intervention group and 25% in the wait-list control group at the posttreatment assessment. For the 3- and 9-month follow-ups, the attrition rates were much higher (38.7% and 45.2%, respectively), and again, there was no comparison of completers and noncompleters on pretreatment demographic variables. Potential confounding variables include the absence of an attention control group, the absence of substantiated reliability of the GAD diagnosis at posttreatment and follow-up assessments, the inability to confirm that raters were blind to condition, and the absence of independent fidelity competency ratings of the therapists delivering the intervention. The sophisticated statistical modeling used requires a minimum sample size per group and more than two groups, requirements that were not met in the study.

Readiness for Dissemination
Review Date: September 2013

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the intervention and the availability of additional, updated, or new materials.

Orsillo, S. M. (n.d.). An Acceptance-Based Behavior Therapy for Generalized Anxiety Disorder [PowerPoint slides]. Boston, MA: Author.

Orsillo, S. M., & Roemer, L. (2011). The mindful way through anxiety: Break free from chronic worry and reclaim your life. New York, NY: Guilford Press.

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Roemer, L., & Orsillo, S. M. (2009). Mindfulness- and acceptance-based behavioral therapies in practice. New York, NY: Guilford Press.

Roemer, L., & Orsillo, S. M. (n.d.). Mindfulness and acceptance-based behavioral therapy for anxiety disorders [PowerPoint slides]. Boston, MA: Author.

Other program materials:

- ABBT for GAD Adherence Checklist
- ABBT for GAD Weekly Competence Form
- ABBT Group Adaptation Materials
- ABBT Helpful Responses Worksheet and Answers
- ABBT Medication Monitoring Forms
- ABBT Mindfulness Exercises
- ABBT Treatment Handouts
- ABBT Treatment Monitoring Forms
- ABBT Treatment Values Assignments
- List of Potential Measures

Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
4.0	3.3	3.5	**3.6**

Dissemination Strengths

The program materials are comprehensive and clearly describe therapeutic techniques of the intervention and the implementation of individual psychotherapeutic sessions. Although training is not required, a training workshop is offered to address variation in implementer skill and includes a range of detail on the model. Ongoing consultation and support are available. Tools for assessing client progress in treatment, client satisfaction with treatment, and observer ratings of therapist fidelity to the model and skills used in treatment sessions are available to support quality assurance. Guidance is provided on selecting and administering assessment tools for use with various client populations.

Dissemination Weaknesses

Little guidance is provided for the interpretation and use of data collected from quality assurance tools. Supervision and comprehensive fidelity monitoring are not emphasized as an integral part of program delivery.

Costs

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Item Description	Cost	Required by Developer
Mindfulness- and Acceptance-Based Behavioral Therapies in Practice (book)	$28 each	Yes
The Mindful Way Through Anxiety: Break Free From Chronic Worry and Reclaim Your Life (book)	$16.95 each	Yes
Acceptance and Commitment Therapy (book)	$37.78 each	No
Mindfulness-Based Cognitive Therapy (book)	$55 each	No
Skills Training Manual for Treating Borderline Personality Disorder	$36.87 each	No
An Acceptance-Based Behavior Therapy for GAD (manual)	Free	No
ABBT Treatment Handouts	Free	No
On-site ABBT training workshop	Varies, depending on site needs, length of training, and location	No

Implementation consultation by phone or email or in person	$150 per hour, plus travel expenses if necessary	No
ABBT for GAD Weekly Competence Form	Free	No
ABBT for GAD Adherence Checklist	Free	No

Replications

Selected citations are presented below. An asterisk indicates that the document was reviewed for Quality of Research.

Hayes-Skelton, S. A., Roemer, L., & Orsillo, S. M. (2013). A randomized clinical trial comparing an acceptance-based behavior therapy to applied relaxation for generalized anxiety disorder. Journal of Consulting and Clinical Psychology, 81(5), 761-773. PubMed

Contact Information

To learn more about implementation, contact:
Susan M. Orsillo, Ph.D.
(617) 305-1924
sorsillo@suffolk.edu

To learn more about research, contact:
Lizabeth Roemer, Ph.D.
(617) 287-6358
lizabeth.roemer@umb.edu

Consider these Questions to Ask (PDF, 54KB) as you explore the possible use of this intervention.

Web Site(s):

- http://mindfulwaythroughanxietybook.com/

This PDF was generated from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=366 on 1/26/2015

Evidence Based Interventions from other organizations should be evaluated (e.g. for appropriateness for targeted population demographics) before implementation in a new community. The Children's Bureau recently released a series of video's which provide an excellent description of the EBI evaluation and implementation process. These videos can be found at: http://www.acf.hhs.gov/programs/cb/assistance/program-evaluation/virtual-summit/framework.

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Video series: A Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare

🔊 Listen ▶

The Children's Bureau recently released A Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare, a publication for professionals and funders who implement and evaluate child welfare interventions. To complement this document, the Children's Bureau produced a series of five animated videos that explain the major components of the framework and illustrate how they can be applied to build evidence and spread effective child welfare practice. Each brief video builds upon the next, and together they demonstrate how administrators, evaluators, and funders can partner to systematically use evaluation, apply findings, and make decisions that will increase the chances that the programs, policies, and practices will improve outcomes for children and families.

Overview

- Video 1 - Partnerships, Evaluation, and Effective Practice in Child Welfare: Introducing a New Framework

Phases 1–5

- Video 2 - A Framework to Design, Test, Spread, and Sustain Effective Child Welfare Practice: Identify & Explore (includes Phase 1)
- Video 3 - A Framework to Design, Test, Spread, and Sustain Effective Child Welfare Practice: Develop & Test and Compare & Learn (includes Phases 2 and 3)
- Video 4 - A Framework to Design, Test, Spread, and Sustain Effective Child Welfare Practice: Replicate & Adapt and Apply & Improve (includes Phases 4 and 5)

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Child Welfare Evaluation Virtual Summit Series

53

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[53] http://www.acf.hhs.gov/programs/cb/assistance/program-evaluation/virtual-summit/framework

6.4 BUSINESS PROCESS MODEL AND NOTATION OVERVIEW

The workflow diagrams included as part of the process models have been developed using the Business Process Model and Notation (BPMN) standard. The Business Process Management Initiative (BPMI) developed the Business Process Model and Notation (BPMN) standard and introduced the first version in May, 2004.
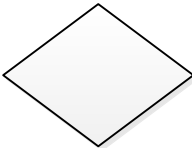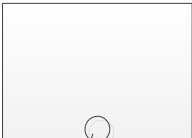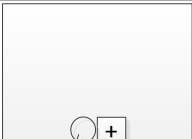
The primary goal of the BPMN effort was to provide a notation which is readily understandable by all business users, from the business analysts creating the initial drafts of the processes, to the technical developers responsible for implementing the technology to perform those processes, and finally, to the business people who will manage and monitor those processes.

A workflow diagram is based on a flowcharting technique tailored for creating graphical models of business processes. A workflow diagram, then, is a network of graphical objects which are the activities and flow controls defining their order of performance organized by the actor responsible for the activity.

A workflow diagram is made up of a set of graphical elements. The elements were chosen to be distinguishable from each other and to utilize shapes which are familiar to most modelers. For example, activities are rectangles and decisions are diamonds. It should be emphasized one of the drivers for the development of BPMN was to create a simple mechanism for creating business process models while at the same time being able to handle the complexity inherent to business processes.

Exhibit 65: BPMN Overview defines the use of each of the typical process charts elements used in basic diagrams:

SYMBOL NAME	NOTATION	DESCRIPTION
Activity / Task		An **Activity** is a generic term for work performed as a part of the process. When an activity is depicted at its lowest level, it is known as a **Task** and is displayed using the symbol at left. When the activity consists of multiple tasks it is referred to as a "Sub-process" and is displayed using the Sub-process symbol below.
Annotated Activity	1.0 Process Activity	The **Activity** shape depicts an activity as a distinct step in the process.
End Event	◯	The **End Event** indicates where the process ends.

SYMBOL NAME	NOTATION	DESCRIPTION
Gateway		The **Gateway** is used to determine branching, forking, merging and joining of process flow. Often referred to as a "decision step" as the process flow is routed based on evaluation of conditions to determine the path.
Intermediate Event		**Intermediate Events** occur between start and end events. They affect the process flow but do not start or terminate the event.
Intermediate Link Event		**An Intermediate Link Event** indicating the flow links to another point in the process. This symbol is often used to indicate off-page references for printing purposes (when the process continues on another page).
Intermediate Message		The **Intermediate Message** element is used to depict a communication between participants in a process. The message element may be annotated to indicate the content and/or type of message (e-mail, for example).
Message Flow		The **Message Flow** connector is used to depict the flow of various types of communications between participants in a process.
Multiple Event Trigger		The **Multiple Event Trigger** indicating more than one event must occur for the process to proceed.
Parallel Gateway		The **Parallel Gateway** symbol Indicates activities which can be carried out concurrently.
Repeated (Looping) Activity		The **Loop** symbol on an activity indicates it is repeated until specified conditions are met allowing the process to proceed.
Repeated (looping) Sub-process		The **Loop** symbol on a sub-process indicates it is repeated until specified conditions are met allowing the process to proceed.

Symbol Name	Notation	Description
Sequence Flow	→	The **Sequence Flow** connector is used to depict the order in which activities are performed.
Start Event	○	The **Start Event** indicates where a particular process will start.
Sub-Process	+	The **Sub-Process** symbol indicates the activity has lower level details and is broken out in its own swim lane diagram.
Swim Lane	Role Name	The **Swim Lane** is a sub-partition within a process and is used to organize the activities belonging to one role or function within the process.
Timer	⊕	The **Timer** is used to indicate the time required to complete a particular task, activity, or sub-process. It is also used to denote delays or wait steps in the process.

Exhibit 65: BPMN Overview

References and Background

SECTION 7   REFERENCES AND BACKGROUND

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Child Protective Investigations

Rapid Safety Feedback

This document contains the items which critical child safety teams will use to assess open investigations of children under four years of age meeting the criteria described on page 3.

This document has been updated to align with the Safety Practice Guidelines.

Table of Contents

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Introduction

The child welfare practice model for child protection is a continuum of interventions that begin when a child abuse or neglect report is received by the agency and concludes when a case closes and children are in a safe and permanent home. The effectiveness of this system of services is contingent on all stages of service working together to achieve these outcomes. As a family proceeds through certain steps or decision making points across stages of service, the safety of the child remains paramount.

The single most critical function of child welfare case reviewers is the complex process of assessing investigation decision making related to child safety at every stage. The reviewer's assessment and case consultation is crucial to addressing a child's immediate safety through a thorough understanding of the CPI safety analysis and Safety Plan. The role of the reviewer is to critically assess the investigative activities to ensure the CPI is assessing the safety of children. Theses reviews must be completed with a sense of urgency to reduce and prevent child deaths, serious injuries or egregious incidents related to maltreatment or insufficient child welfare case practice.

Case reviews are stratified as follows:

Tier One
QA Managers should pull the cases meeting criteria. Consideration should be given to having Field Support Consultants (FSCs) work along the CPI on these cases. Consultations on Tier One cases should include the Operations Manager and/or Program Administrator, Supervisor and the Child Protective Investigator
1. Youngest victim aged 0-3, AND
2. Allegations of Family Violence Threatens Child, AND
3. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs), AND at least one of the following:
   (a) Bone Fracture, or
   (b) Burns, or
   (c) Internal Injuries, or
   (d) Sexual Abuse, any form (Sexual Abuse, Sexual Abuse-Sexual Battery, Sexual Abuse-Sexual Exploitation by Parent, Sexual Abuse-Sexual Molestation).

Tier Two
The sample will be selected using the business objects report entitled "Daily Child Investigations and Special Conditions Listing" and is available within the FSFN Public Florida >Child Investigation Folder.
1. There is at least one prior report on the child victim, another child victim in the home, or the alleged caregiver responsible AND (this is consistent with our current guideline)
2. Youngest victim aged 0-3, AND
3. Allegations of Family Violence Threatens Child, AND
4. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs)

Tier Three
1. There is at least one prior report on the child victim, another child victim in the home, or the alleged caregiver responsible AND
2. Youngest victim is under 12 months of age AND
3. Allegations of any type of Substance Misuse (Substance Misuse, Substance Misuse-Alcohol, Substance Misuse-Illicit Drugs, Substance Misuse-Prescription Drugs), AND
4. Allegations of physical injury maltreatment.

Refer to Windows into Practice for additional Tiers.

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Item 1

ASSESSMENT OF PRIOR CHILD ABUSE AND NEGLECT REPORTS, PRIOR SERVICES, AND CRIMINAL HISTORY

1.0 Are the prior child abuse and neglect reports, prior services, and criminal histories accurately summarized and used to assess patterns, potential danger threats, and the impact on child safety?

◯ Yes   ◯ No

Core Concepts: In every investigation, the investigator must assess the immediate safety and short and long-term risks to each child and identify the safety service needs for each child and family. One of the most important activities involves assessing household members' and frequent visitors' criminal histories and prior involvement with the child welfare system and using this information to assess patterns, potential danger threats, and the impact on child safety.

Instructions and Considerations:
The reviewer's task is to determine how effectively the background information is used to assess patterns, potential danger threats, and the impact on child safety. Reviewers should carefully consider background checks to determine if the results were included in the assessment. The reviewer must assess if the investigator did or did not recognize an increase over time in the seriousness or frequency of the criminal history and prior abuse and neglect reports. Information may be obtained from FSFN within the Family Functioning Assessment, Present Danger Assessment, and case notes.

Reviewers must determine if the investigator is using the information to assess for safety.

- The reviewer should also consider how the investigator used the background history of frequent visitors to assess safety and safety service needs. Reviewers should carefully consider if the supervisor consultation provided guidance to the investigator and was it considered in the assessment.

- The reviewer must assess if the information obtained through these checks appropriately drove proper identification of danger threats, parent protective capacities, and child vulnerability.

- Some factors that should impact decisions related to assessment of child safety and danger threats include: violent criminal acts, multiple reports of abuse and neglect involving the same perpetrator, or same type of maltreatment, reports documenting prior or current domestic violence, ongoing substance abuse and/or mental health concerns, or any combination thereof.

The following information is provided to give additional guidance to the reviewer when there are additional household members and/or frequent visitors.

- <u>Additional family or household members</u>. Upon learning there are additional family or household members, the investigator must request criminal background checks be conducted on those people and include the findings in the overall assessment. If there are criminal histories, prior reports of abuse or neglect or prior case management services provided to the child and family, the investigator must consider the entirety of this history during the course of the investigation.

- <u>Frequent Visitor</u>.   Abuse history and criminal records checks shall be requested by the child protective investigator on all adult household members not screened by the Florida Abuse Hotline at the time the report was accepted. The criminal records check shall be initiated within 24 hours of the individual's identity and presence in the home becoming known to the investigator. Records checks shall also be <u>completed on any adult visitor to the home who provides care or supervision of the child outside the parent's immediate presence while visiting the home</u>. If the family has lived in another state within the past five (5) years, the child protective investigator shall contact the appropriate law enforcement and child protection agencies in the state where the family resided and request a criminal, including local, and abuse history check on all subjects and household members of the report (reference FAC 65C-29.003(1)(e)).

    Reviewers must determine if there is evidence or a determination is made that an individual provides care or supervision of the child outside the parent's immediate presence while visiting the home. Information to consider when deciding if an individual is a frequent visitor:
    - Does the visitor spend any unsupervised time in the home with the child?
    - Is the visitor ever left in a caregiver role?
    - How does the child define the frequent visitor?
    - How do collaterals define the frequent visitor? In relation to the information provided by the family?

Rating Criterion:

- The reviewer will answer yes if,
    1) The investigator provided a justification as to why the prior abuse and criminal history does not pose a threat of harm to the child.
    2) The investigator linked observed behaviors to the individuals' prior abuse and criminal history.
    3) The investigator assessed how prior reports and criminal history impact parental behaviors.
    4) The investigator assessed for current /future patterns in behaviors based on abuse priors and criminal history to help identify danger threats, caregiver protective capacities and child vulnerability.
    5) The investigator engaged the family on various occasions in order to understand the individuals' behaviors.
    6) The investigator has taken action to ensure the safety of the child while continuing the assessment of the family.

- The reviewer will answer no if,
    1) A note is in the file indicating only a review of prior abuse and criminal history.
    2) Prior abuse and criminal history being contained in the file with no indication of review by the investigator.
    3) There is no indication that the background screening information drove the proper identification of danger threats, parent protective capacities, and child vulnerability.
    4) A safety plan was made with someone whose criminal history and priors could impact child safety.

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Item 2

PRESENT DANGER ASSESSMENT

2.0 Does the present danger assessment support present danger or the absences of present danger?

❍ Yes ❍ No

Core Concepts. Present danger is most often identified at the onset of an investigation, but can occur at any point in time. Present danger refers to <u>immediate</u>, <u>significant</u> and <u>clearly observable harm or threat of harm occurring to a child in the present time</u>, requiring **immediate protective actions** on the part of the CPI. Assessing for present danger is an on-going process as family and individual circumstances are dynamic and not static in nature. Even when there is a safety plan in place, at any point during an investigation or an on-going services case, a new danger threat may be occurring.

Instructions and Considerations:
The reviewer must be very knowledgeable of the 11 danger threats and examples outlined in Appendix 1 and in the Safety Methodology Practice Guide. Information can be obtained within the Present Danger Assessment. The reviewer must document in their notes why the present danger assessment accurately supports present danger or the absence of present danger.

The reviewer must assess the Present Danger Assessment to determine it the investigator appropriately identified which danger threat is occurring. While the general definition for each danger threat is fairly specific in nature, it is absolutely critical that an investigator use the full definitions and descriptions provided in the Safety Methodology Desk Reference Guide in determining whether the information collected meets the threshold criteria for each threat. Present danger can be identified by one or more of the eleven danger threats listed below and included in the Safety Methodology Desk Reference Guide. Except as noted, nine of these threats can also represent impending danger in the home but within a different context from present danger.

Careful consideration when determining present danger should be made when assessing domestic violence and family violence. Parent/legal guardian or caregiver may not be "actively" violent in the presence of the worker, however the domestic violence dynamics within the household could be active. In addition, there should be consideration of information that indicates that a child and spouse are being mistreated. Concerns are heightened when abuse of a child and spouse are both occurring.

Refer to the full description of Danger Threats in Appendix 1.

The reviewer must understand that In present danger, the dangerous situation is in the process of occurring which means <u>it is happening</u> right in the presence of the investigator (e.g., *an infant is left unattended in a parked car*) or <u>it might have just happened</u> (e.g., *a child presents at an emergency room with a serious unexplained injury*) or <u>it happens "all the time"</u> (e.g., *young children were left alone last night and are likely to be left home alone again tonight*).

- The child welfare professional is in the midst of the danger the child is subject to. The threatening family condition is happening now and requires an immediate response.

- The threatening family condition may be readily apparent, or it may be an allegation of significant harm that if true requires protective actions. Examples may include:
    - Serious injuries to an infant with no plausible explanation and/or the perpetrator is unknown
    - Allegations of child sexual abuse

- The family condition is dramatic, graphic or notable in its damaging and harmful effect on the child.

During the case consultation, the reviewer must be prepared to probe in the following areas:

1. The investigator is required to assess present danger in accordance with Safety Methodology Practice Guidelines for Investigations, "Assess Present Danger and Take Immediate Actions."

2. Present danger threats are usually identified at initial contact by an investigator, however can occur during the course of an investigation or while the family is receiving case management services. Serious harm will result to the child without prompt response and interventions.

3. The investigator will identify present danger using the following criteria:

    a. **"Immediate"** for present danger means that danger in the family is happening during the time that the CPI is in the home. The dangerous family condition, child condition, individual behavior or act, or family circumstances are active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, it is actively in the process of placing a child in peril.

    b. **"Significant"** for present danger qualifies the family condition, child condition, individual behavior or acts, or family circumstances as exaggerated, out of control, extreme. The danger is recognizable because what is happening is onerous, vivid, impressive, and notable. Significant is anticipated harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment or death. What the CPI or case manager encounters becomes the dominant matter that must be addressed immediately.
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    c. "Clearly observable" as what is happening or in the process of happening is totally transparent. The case manager will see and experience it in obvious ways. There is no guesswork; if the worker has to interpret what is going on to be present danger it is not present danger. Usually, when Present Danger exists because of extreme family conditions, a child's condition, individual behavior or acts, or family circumstances the CPI will know even without conducting interviews. There are clearly observable actions, behaviors, emotions or out-of-control conditions in the home which can be specifically and explicitly described which directly harm the child or are highly likely to result in immediate harm to the child.

4. When present danger is not immediately apparent, special consideration needs to be given to the following :

    a.   If what is alleged could be true, does it equate to present danger (e.g., *serious unexplained injuries or sexual abuse allegations*)?

    b.   Is any child in the home vulnerable to the identified threat? (In essence, a threat only exists in tandem with a vulnerable child).

    c.   Does the investigator need to respond to the threat immediately?

5. A CPI will not leave a home when a child is in present danger without establishing a safety plan that goes into effect immediately.

FSFN Documentation. The investigator will utilize the Present Danger Assessment in FSFN to document their assessment. The supervisor will document their consultation with the child welfare professional of the Present Danger Assessment.

Rating Criterion:

- The reviewer will answer yes if,
  1) The investigator described the present danger threat in detail.
  2) The investigator linked how the family condition is dangerous to the child and how it immediately impacts the child's safety.
  3) The investigator describes how the danger threat has crossed the threshold criteria for present danger.
  4) The investigator has taken action to ensure the safety of the child while continuing the assessment of the family.

- The reviewer will answer no if,
  1) The investigator did not identify present danger upon assessment with the family when the family conditions indicated present danger. A REQUEST FOR ACTION IS REQUIRED.
  2) The investigator did not apply the threshold criteria accurately.
  3) The reviewer does not agree with the present danger assessment.

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Item 3
INITIATION OF A PRESENT DANGER SAFETY PLAN

3.0 Did the CPI implement a present danger safety plan that was sufficient to control the present danger threats identified?

❍ Yes ❍ No ❍ NA a present danger safety plan was not needed and reviewer concurs.

Core Concepts. Where there is present danger, a protective response is developed in detail and implemented with the family through a Present Danger Safety Plan. Because family and individual circumstances are dynamic and not static in nature, present danger can be manifested at any point throughout the investigation. Development and implementation of a Present Danger Safety Plan during this initial, very early involvement with the family creates a "safety bubble" around the children in the home. This allows the investigator enough time to collect sufficient information on the family to inform the safety decision; however, the present danger plan shall not be in effect for more than 14 days without a staffing being held to assess the safety plans ongoing effectiveness to protect the child and to discuss and remove any barriers to completing the FFA-investigation.

Instructions and Considerations:
Requirements pertaining to the development of the safety plan must meet the following:
1) The safety plan controls the behavior, emotion or condition that results in the child being unsafe
2) The effect of a safety plan is immediate, and/or continues to protect the child every day

ANYTIME THE REVIEWER IDENTIFICES PRESENT DANGER AND A PRESENT DANGER SAFETY PLAN AS NOT BEEN DONE, A REQUEST FOR ACTION (RFA) MUST BE DONE.

Use of the Practice Guidelines for Investigators
The reviewer must be knowledgeable of the Practice Guidelines.
1) When an investigator encounters a child in present danger, **the investigator must implement a present danger plan prior to leaving the child**.
2) Initial Supervisory Consultation that affirms:
   a) The investigator has clearly described the child, caregiver(s) and home condition(s) observed during the initial contact with the family.
   b) The investigator identified present danger and the danger is described to be immediate, significant, and clearly observable.
   c) The present danger plan is effective in managing the present danger threat.
   d) The investigator's decision to take action immediately to assure the protection of the child.
   e) Supervisors are required to review present danger safety plans within 24 hours of the CPI developing the plan.
   f) Supervisors are required to request a 2nd Tier Consultation for all present danger safety plans in which the child either remains in the home or a Family Arrangement is used.

FSFN Documentation
1) The child welfare professional and their supervisor are responsible for ensuring that the safety plan in FSFN is the current, active version of the safety plan in place.
2) When a survivor safety plan is developed in cases where a perpetrator is responsible for domestic violence, the survivor plan will be uploaded to the file cabinet and identified as "Survivor Safety Plan."

Rating Criterion:

- The reviewer will answer yes if,
    1) The investigator identified the appropriate safety services to control and manage the threats of safety with the home.
    2) The investigator identified the appropriate safety service providers to help manage the plan.
    3) The family was engaged in development of the safety plan.
    4) The investigator is sufficiently managing the safety plan.

- The reviewer will answer no if,
    1) The Investigator did not implement a safety plan.
    2) The investigator did not implement a safety plan timely.
    3) The development of the safety plan did not include the family.
    4) The safety services identified were promissory in nature.
    5) The investigator is not managing the safety plan.

References: *Safety Planning:* ss. 39.301(9)(a) 6.a., F.S., Safety Methodology Practice Guidelines, All Staff Pg. 28-32, *Identification and Selection of Least Intrusive Safety Action:* Safety Methodology Practice Guidelines, All Staff Pg. 26-27; *Release and/or Placement of a Child with Non Maltreating Parent:* Safety Methodology Practice Guidelines, All Staff Pg. 33-34; *Safety Plan Involving Family Arrangements:* Safety Methodology Practice Guidelines, All Staff Pg.35-38, *Approval of Informal Safety Service Providers*: Safety Methodology Practice Guidelines, All Staff Pg.39-40; *Assess for Present Danger*: Safety Methodology Practice Guidelines, Investigations Pg. 34-38, Safety Methodology Practice Guidelines, All Staff Pg. 9-11.

Item 4

PROTOCOL FOR SEQUENCING INITIAL CONTACTS AND INTERVIEWS WITH HOUSEHOLD MEMBERS

4.0 Are interviews with household members and collaterals conducted following established sequencing information collection protocols?

❍ Yes ❍ No

Core Concepts. The six information domains provide the substantive basis for the components which comprise the safety decision making process: (1) the presence of impending danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian **in the household** who has sufficient protective capacities to manage the identified danger threat in the home. The sufficiency of this information and interaction of these components are the critical elements in the determination of a child being safe or unsafe.

Information collection and analysis, including information validation and reconciliation, occurs best by implementing a systematic and structured approach to interviews. During pre-commencement planning, the investigator shall plan the sequencing of interviews and consider the following factors to facilitate the collection of information. Establishing a working relationship with the family to facilitate information gathering requires the investigator spend sufficient time establishing and building rapport with the child's parents/caregivers.

Instructions and Considerations:
Information gathered and assessed in the domains is essential in order to understand what is occurring in the family day in and day out and to effectively assess child safety and family risk.

1) With few exceptions, household members should be interviewed separately in the home when possible, in the following order, using information gathered from one interview to assist in the development of questions for the next interview

2) Based on the information gathered during pre-commencement planning, each contact should be planned with consideration given to location of interviews, appropriate questioning, joint agency response, and ability to conduct unannounced interviews.

3) When a child is interviewed outside the home the investigator will make every effort to interview the non-maltreating parent, and to the extent practical, the maltreating parent before the child returns home. (*See Practice Guidelines for Additional Guidance*)

4) When a child and a maltreating or non-maltreating parent are interviewed in separate locations and at different times, the investigator, to the extent practical, will arrange a follow-up interview in order to directly observe the child-parent interactions.

5) If law enforcement requests the alleged maltreating caregiver not be interviewed because of an ongoing criminal investigation, the investigator should document this request and the Supervisor's approval to delay the interview.

6) The most important interaction pattern the investigator should focus on is the nature of the parent – child relationship.

The reviewer should note that leaving voice mails or sending certified letters is not considered a diligent attempt to engage the family for information collection.

Rating Criterion:

- The reviewer will answer yes if,
    1) If the information protocol was followed.
    2) If the information collection protocol was not followed but justification was in the case as appropriate.
    3) All key family members and other collaterals necessary for information collection have been interviewed.
    4) The investigator has demonstrated due diligence using the interview protocol during the investigation

- The reviewer will answer no if the information collection protocol was not followed and no documentation as to the reason for deviation.

References: Interviews: ss. 39.301(9) (a) 2 & 10 (b) & (11), F.S., Safety Methodology Practice Guidelines, Investigations Pg. 39-53, Safety Outcome 2, Item 4; *Observations:* 39.301(10) (b), F.S.; & 65C-29.003 (3) (c), F.A.C., ., Safety Methodology Practice Guideline, Investigations Pg. 56-58 Safety Outcome 2, Item 4; *Collaterals: s*. 39.301(6) & (11), F.S.; & 65C-29.003 (8) & 30.001(28), F.A.C., Safety 2, Outcome 4 *Diligent Efforts:* s. 39.201(5) F.S. & 65C-29.013 (2) (a) & (b) 1-4, F.A.C., Safety Outcome 1, Item 1; *Sufficient Information:* Safety Methodology Practice Guidelines, All Staff Pg. 15-19.

Item 5
SUFFICIENCY OF INFORMATION COLLECTION

5.0 Did the CPI collect sufficient information to inform the decision making process related to the presence of impending danger threats, child vulnerability, and caregiver protective capacities?

○ Yes ○ No

ITEM	Yes, sufficient information	No, Insufficient Information
5.1 Extent of the alleged maltreatment?	○	○
5.2 Nature of maltreatment?	○	○
5.3 Child functioning?	○	○
5.4 Adult Functioning?	○	○
5.5 Parenting general?	○	○
5.6 Parenting discipline/ behavior management?	○	○

Core Concepts. The six information domains provide the substantive basis for the components which comprise the safety decision making process: (1) the presence of impending danger threats; (2) if a child is vulnerable to the identified threat; and (3) whether there is a non-maltreating parent or legal guardian **in the household** who has sufficient protective capacities to manage the identified danger threat in the home. The sufficiency of this information and interaction of these components are the critical elements in the determination of a child being safe or unsafe. Information gathered and assessed in the domains is essential in order to understand what is occurring in the family day in and day out and to effectively assess child safety and family risk.

Instructions and Considerations:
Refer to the full description of the six information domains in Appendix 2. The information documented in the domains will be considered **sufficient** when the information:
   a. Fully describes what has or is happening in each domain, providing a clear picture and accurate understanding of the domain without having to refer to additional material (e.g., FSFN notes, CPT report, completed assessments, etc.)
   b. Is relevant to that domain only (for example, aspects of child functioning are not described in the adult functioning domain, etc.)
   c. Is essential to gaining a full understanding or complete picture of the domain (e.g., "child has numerous healthy peer relationships" is relevant; providing names of friends is not relevant)
   d. Covers the core issues associated with the domain (e.g., Extent of Maltreatment – there is information on severity, maltreatment history, description of specific events, behaviors, emotional and physical symptoms, and identification of maltreating parent, etc.)
   e. Adequately describes the role of other persons in the home or the family resource network in the context of their relationship with the parent/legal guardian
   f. Provides a clear rationale for the decision and provides confidence that the correct conclusion was reached
   g. Supports the impending danger threshold criteria
   h. Supports protective capacity assessment

Rating Criterion:

Overall Rating:

- The reviewer will answer yes if,
    1. There is clear evidence that the CPI analyzed the information contained in each of the domains and this analysis guided the determination of a child being safe or unsafe.
    2. The investigator provided a clear rationale for the decision and provides confidence that the correct conclusion was reached.
    3. Information in the domains was validated by the investigators observations and/ or corroboration from additional sources.
    4. Covers the core issues associated with that domain only.
    5. The investigator talked with multiple sources to validate and reconcile information provided by the family.
    6. The investigator analyzed information obtained with observed behaviors, past abuse priors, and past criminal history.
    7. The investigator successfully engaged the family at various levels of contact.
    8. The investigator teamed with other experts.
    9. Information allows for the development of an appropriate safety plan.
    10. Information assists in the determination of maltreatment findings

- The reviewer will answer no if,
    1) Information obtained was all self-reports.
    2) The investigator identified negative family condition but did not expand upon these areas to identify how they impact the child/ family.
    3) Information is insufficient

For Drill Downs:

Nature of Maltreatment/Circumstances Surrounding:

- The reviewer will answer yes if,
    1) Information collected allowed the reviewer to assess/ identify potential danger threats and understand the family condition.
    2) Information collected informs:
        o Type of maltreatment,
        o Severity,
        o Description of specific events,
        o Child's emotional and physical symptoms,
        o Identification of victim and maltreating caregiver.
        o Condition of child/ parent after the maltreatment.
    3) Information collected informs:
        o Duration of maltreatment
        o History of Maltreatment
        o Pattern of caregiver functioning leading to or explaining the maltreatment
        o Caregivers explanation for maltreatment and family conditions
        o Unique aspects of maltreatment
        o Caregiver Intent, acknowledgement, and attitude about the maltreatment.

- The reviewer will answer no if,
    1) Information collected does not explain what occurred around or leading up to the maltreatment.
    2) Information is insufficient.

Child Functioning:
- The reviewer will answer yes if information collected allowed the reviewer to identify/assess the child's vulnerability.

- The reviewer will answer no if,
    1) Information domains where not developed separately for each child.
    2) The child was not interviewed timely.
    3) Information is insufficient.

Adult Functioning:
- The reviewer will answer yes if,
    1) Information collected allowed the reviewer to assess/ identify potential danger threats and understand the family condition.
    2) The reviewer can identify who that adult is outside of being a parent.

- The reviewer will answer no if,
    1) Information domains where not developed separately for each parent caregiver.
    2) The adults were not interviewed within a reasonable time to allow for an accurate assessment of danger threats.
    3) Information is insufficient.

Parenting General/ Parenting Discipline:
- The reviewer will answer yes if information collected allowed the reviewer to assess/ identify parenting beliefs and behavior management techniques within the home.

- The reviewer will answer no if,
    1) Information domains where not developed separately for each parent caregiver.
    2) Information is insufficient

References: Sufficient Information; Safety Methodology Practice Guidelines, All Staff Pg. 15-19; Determining the Findings: Safety Methodology Practice Guidelines, Investigations Pg. 69-70.

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Item 6

IDENTIFICATION OF DANGER THREATS RELATED TO IMPENDING DANGER

6.0 Did the CPI correctly identify impending danger threats at the conclusion of the Family Functioning Assessment?

❍ Yes ❍ No

*Core Concepts. "*Impending danger" refers to a child being in a continuous state of danger due to caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of severe harm to a child. Impending danger is often not immediately apparent and may not be active and threatening child safety upon initial contact with a family. Impending danger is often subtle and can be more challenging to detect without sufficient contact with families.

Impending danger threats can best be described as a pervasive "state of danger." Impending danger threats result from persistent and on-going out-of-control negative family conditions in the home. Impending danger places a child in a continual, imminent, but not present position of being seriously or severely maltreated.

The danger threshold criteria must be considered and applied to identify impending danger. All five aspects of the threshold criteria must be present for impending danger to exist:

- A family condition is out of control.
- A family condition is likely to result in a severe effect.
- The severe effect is imminent.
- The family condition is observable and can be clearly described and documented.
- There is a vulnerable child.

Instructions and Considerations:
Refer to the full description of Danger Threats in Appendix 1. The reviewer must determine if the CPI correctly identified the danger threat at the conclusion of the Family Functioning Assessment.

Rating Criterion:
- The reviewer will answer yes if,
    1) The investigator identified the correct danger threat and described the threat in detail.
    2) The investigator linked how the family condition is dangerous to the child and how it has or will likely impact the child in the near future.
    3) The investigator identified how the danger threat has crossed the threshold criteria for Impending danger.

- The reviewer will answer no if,
    1) The investigator did not clearly identify impending danger threats occurring within the home at the completion of the FFA.
    2) The investigator did not identify impending danger threat correctly.
    3) The investigator did not apply the threshold criteria accurately.
    4) The investigator did not accurately identify the person in the household who provide

significant care and protection for the child to include them in the Family Functioning Assessment.

5) Did not identify impending danger when impending danger exists. AN IMMEDIATE REQUEST FOR ACTION IS REQUIRED.

References: *Impending Danger:* Safety Methodology Practice Guidelines, Investigations Pg. 59-65, Safety Methodology Practice Guidelines, All Staff Pg.24-25; *Impending Danger:* Safety Methodology Practice Guidelines, Investigations Pg. 59-65, Safety Methodology Practice Guidelines, All Staff Pg.24-25

Item 7
ASSESSING CAREGIVER PROTECTIVE CAPACITIES

7.0 Is the assessment of caregiver protective capacities supported by information?

❍ Yes ❍ No

Core Concepts. Caregiver protective capacities are personal behavioral, cognitive and emotional characteristics that can be specifically and directly associated with being protective of one's child. Caregiver protective capacities are personal qualities or characteristics that contribute to vigilant child protection. Caregiver protective capacity is a concept that applies specifically to the adult who lives with a child and is responsible for the primary care of a child. This does not include people who care for a child temporarily such as relatives caring for a child from time to time, day care providers, other institution providers, babysitters, etc. A caregiver protective capacity is a specific quality that can be observed and understood to be part of the way a parent thinks, feels and acts that makes him or her protective. This includes demonstrated behavior over time.

There is also cognitive, behavioral, and emotional caregiver protective capacities related to adult functioning. This refers to personal characteristics that are apparent about a person regardless of whether he or she is a parent. These are characteristics that are typical of how the person (as an adult) functions on a daily basis.

- *Cognitive Protective Capacities Related to Parenting* - Caregivers are more likely to be protective when they understand their protective role. They recognize when their child's safety is threatened. They have an accurate perception of their child. They accurately recognize their child's needs. They possess adequate knowledge about child development, parenting, and protection, and have realistic expectations for their child.

- *Emotional Protective Capacities Related to Parenting* - Caregivers are more likely or motivated to be protective when they demonstrate love toward their child. They are sensitive toward their child. They have empathy for their child. They are emotionally bonded to their child. They feel a positive attachment to their child.

- *Behavioral Protective Capacities Related to Parenting* - Caregivers are more likely to be protective when they have a history of being protective. They control their impulses in parenting situations. They are successful at setting aside their own needs.

Instructions and Considerations:
Caregiver protective capacities are to be assessed only for the parent(s)/legal guardians and other persons in the household with significant responsibility for the care and protection of child(ren). The investigator will determine, based on information gathered, if **the parent or legal guardian can and will protect a child based on an assessment of specific caregiver protective capacities.** These capacities may be behavioral, cognitive, or emotional attributes that demonstrate the individual's degree of adequacy in fulfilling caregiving responsibilities, using resources necessary to meet the child's basic needs, or setting aside personal needs in favor of a child.

Protective capacities are personal and caregiving <u>behavioral, cognitive and emotional</u> characteristics that specifically and directly can be associated with being protective to one's children. Protective capacities are personal qualities or characteristics that contribute to vigilant child protection.

1) Criteria for Determining Caregiver Protective Capacities
   a. The characteristic prepares the person to be protective
   b. The characteristic enables or empowers the person to be protective
   c. The characteristic is necessary or fundamental to being protective
   d. The characteristic must exist prior to being protective

2) When the dynamics of domestic violence are present, the protective capacity assessment will be completed by the child welfare professional as follows:
   a. The survivor and the alleged perpetrator, when the alleged perpetrator is a significant caregiver, will both be assessed when they are members of the household which is the focus of the investigation.

   b. When the alleged perpetrator is a parent in a different household than the child, only that household will be assessed for protective capacities unless it is learned during the course of the investigation that the parent is also responsible for acts of maltreatment in the home where the child resides.

   a. In all cases, information from the parent who is the survivor (not the perpetrator) will be gathered and will inform all of the information domains as well as the final safety summary and analysis.

3) The investigator will determine whether each of the caregiver protective capacities exists.

All 19 protective capacities contained in the FFA-Investigation need to be assessed by the investigator in light of overall functioning, independent of the maltreatment incident itself and actual maltreatment findings.

The investigator must make a decision about a caregiver's ability to protect his or her child from a danger threat in the home. The parent either does or does not have sufficient protective capacity to protect the child. Vulnerability and protectiveness are not measured by degree, but by determining the variable being considered is either present or absent.

A full description of Caregiver Protective Capacities is included in Appendix 4. Also, refer to the Safety Methodology Practice Guidelines, Desk Reference Guide Pg. 35-53

Rating Criterion:

1) The reviewer will answer yes if information within the domains clearly describes the adequate or inadequate functioning associated with each protective capacity.

2) The reviewer will answer no if information within the domains did not clearly describe the adequate or inadequate functioning associated with each protective capacity.

Reference: Assessment and Present Danger and Protective Capacity: s. 39.301 (9) 5 & 6, Safety Methodology Practice Guidelines Investigations Pg. 34-38; Impending Danger: Safety Methodology Practice Guidelines Investigations Pg. 59-65; Caregiver Protective Capacities: Safety Methodology Practice Guidelines All Staff pg. 20-

Item 8
FAMILY FUNCTIONING ASSESSMENT AND SAFETY DECISIONS

8.0 Does the Family Functioning Assessment (FFA) drive the correct safety decision of safe or unsafe?

○ Yes ○ No

Core Concepts. The Family Functioning Assessment (FFA) is a comprehensive assessment conducted by the investigator using information from all six information domains to identify impending danger based on three fundamental safety constructs: danger threats, child vulnerability, and the absence of caregiver protective capacity to manage danger threats. The interplay of these three critical safety constructs results in an overall determination of safe or unsafe, and in the case of unsafe, the need for an impending danger safety plan to manage the identified threats while allowing case management services to initiate.

Instructions and Considerations:
Safety Practice Guidelines require that the investigator provide sufficient information in each information domain in order to adequately identify and establish the existence of impending danger and inform caregiver protective capacities. The investigator must establish that there is impending danger based upon the identification of **all threshold criteria.**

The reviewer should seek to understand the following:
- How long has the family condition been concerning or problematic?
- How often is the negative condition actively a problem or affecting caregiver performance?
- What is the extent or intensity of the problem and how consuming is it to caregiver functioning and overall family functioning?
- What stimulates or causes the threat to child safety to become active?
- How is the child vulnerable to the threat?

The reviewer must determine the sufficiency of the safety analysis:
1) Does the documentation associated with the 6 assessment areas in the FFA sufficiently answer the 6 assessment questions?
   a. Are there "gaps" in information?
   b. Is there need for further clarification regarding documented information?
   c. Are family, caregiver, and child functioning sufficiently understood?
2) Do you understand how impending danger is occurring in the family?
   a. Does documentation in the FFA support the identification of impending danger?
   b. Is it obvious how threats to child safety are operating in the family?
   c. Is impending danger justified, clearly and precisely described in the FFA and safety analysis?
   d. Is further information needed to understand the safety determination?

3) Can the family adequately control and manage for the child's safety without direct assistance from Department ongoing intervention?
   a. Does documentation support the decision that the family can sufficiently manage safety on its own? Sustainability?
   b. Is there an adequate basis for determining that a non-maltreating caregiver has the capacity and willingness to protect?
   c. Is further clarification indicated?

4) Is there a need for further clarification and supervisory consultation?
    a. Does the safety plan analysis documentation confirm the need for children to remain in placement outside of the home?
    b. Is there a need for further clarification regarding the decision to place?
    c. Have you summarized the conditions for return if children are out of home placement? What needs to change related to the 5 criteria for in home safety plan; what needs to change related to behavior, associated DANGER threats, and associated diminished CPCs for kids to go home with in-home safety plan?
5) Identification of Caregiver Protective Capacities
    a. Does documentation identify specific strengths associated with the caregiver role?
    b. Is there need for clarification regarding caregiver protective capacities?
    c. Consider what possibilities may exist for discussing and using caregiver protective capacities during the ongoing family functioning assessment process.

Rating Criterion:

- The reviewer will answer yes if,
    - Information domain areas are sufficiently described in order to identify family conditions and danger threats to inform the safety decision.
    - Safety analysis summary presents why the child is determined to be safe, or unsafe.

- The reviewer will answer no if,
    - The safety decision was inaccurate. A REQUEST FOR ACTION IS REQUIRED.
    - Child was deemed safe due to the caregiver protective capacities of a caregiver who resides within another household.
    - Information domain areas **not** are sufficiently described in order to identify family conditions and danger threats.
    - Safety analysis summary does not justify why the child is determined to be safe, or unsafe.

References: *Determining If There Is Impending Danger:* Safety Methodology Practice Guidelines, Investigations Pg. 59-65, Safety Methodology Practice Guidelines, All Staff Pg.24-25;

Item 9
INITIATION A SAFETY PLAN

9.0 Does safety planning analysis and justification clearly support the type of safety plan developed?

○ Yes ○ No ○ Not Applicable – child is safe and reviewer concurs with the assessment

Core Concepts. A safety plan is established in order for the agency to assume responsibility for protecting a child when a parent is unavailable, unable or unwilling to protect their child. A safety plan will be established in response to impending danger. A safety plan will be based upon a specific parent/legal guardian's behavior, emotion, or condition that results in a child being unsafe using the least intrusive means appropriate. A safety plan will be in effect as long as a case remains open with a case plan goal of "strengthen and maintain" or "reunification", and parents do not have the protective capacity necessary to protect the child from identified danger threats.

Instructions and Considerations:
It is essential for all individuals to know and understand how the safety actions will manage the identified danger threats in the home. While the development of the plan is collaborative in nature it is not a democratic process ruled by the majority. The investigator is responsible for determining the elements required in the plan to ensure child safety. Caregivers have a right to reject a protective action but must be helped to understand their decision to reject protective action as an option will require the investigator to seek legal intervention. Caregivers do not have to agree the protective action is necessary, but must be willing to accept the protective action when the investigator determines the action is required to ensure child safety.

Section 39.604(3), F.S. requires that when a child is enrolled in an early education or child care program regulated by the department, the child's attendance in the program must be a required action in the safety plan or the case plan.

The reviewer must determine the sufficiency of the safety analysis. Can an in-home safety plan sufficiently manage impending danger?
   a. Does the safety planning analysis documentation clearly support the decision to use an in-home safety plan?
   b. Do identified safety plan actions match up with how impending danger is manifested in the family to control the danger while treatment services are initiated for behavior change?
   c. Does the in-home safety plan provide a detailed and sufficient level of effort to control threats and augment parent/caregiver protective capacities?
   d. Is it clear who is responsible for providing what safety action?
   e. Is the CPI/case manager clear on what safety management will entail with each safety service provider (natural supports, informal or formal provider)?
   f. Are there gaps in the safety plan information and safety actions that require immediate follow-up?

Refer to information on Safety Plans in Appendix 3.

Rating Criterion:

- The reviewer will answer yes if,
   1) The investigator identified the appropriate safety services to control and manage the threats of safety with the home.
   2) The family was engaged in development of the safety plan.
   3) The safety plan was sufficiently managed by the CPI.

- The reviewer will answer no if,
    1) The Investigator did not implement a safety plan when needed. A REQUEST FOR ACTION IS REQUIRED.
    2) The investigator did not implement a safety plan timely.
    3) The development of the safety plan did not include the family.
    4) The safety services identified were promissory in nature.
    5) The investigator did not use the information gathered to help manage and modify the existing safety plan.
    6) The safety plan was not managed by the CPI.

References: *Safety Planning:* ss. 39.301(9)(a) 6.a., F.S., Safety Methodology Practice Guidelines, All Staff Pg. 28-32, *Identification and Selection of Least Intrusive Safety Action:* Safety Methodology Practice Guidelines, All Staff Pg. 26-27; *Release and/or Placement of a Child with Non Maltreating Parent:* Safety Methodology Practice Guidelines, All Staff Pg. 33-34; *Safety Plan Involving Family Arrangements:* Safety Methodology Practice Guidelines, All Staff Pg.35-38, *Approval of Informal Safety Service Providers*: Safety Methodology Practice Guidelines, All Staff Pg.39-40; *Assess for Present Danger*: Safety Methodology Practice Guidelines, Investigations Pg. 34-38, Safety Methodology Practice Guidelines, All Staff Pg. 9-11.

Item 10
SUPERVISORY CONSULTATION AND GUIDANCE

10.0 Is the CPI supervisor providing consultation, support, and guidance to ensure sufficient information is collected to support a quality assessment and appropriate decision making?

❍ Yes ❍ No   ❍ Reviewer cannot determine due to insufficient information

Core Concepts: Quality and sufficiency refer to enough depth and breadth in all information collection to: a) provide a reasonable understanding of family members and their functioning, and b) support and justify decision making. Information is specific, behaviorally stated, precise, relevant and comprehensive. There is evidence of sufficient supervisory support and guidance <u>throughout the investigation</u>.

Instructions and Considerations:

The supervisor and investigator must both be aware of the information needed and why. The investigator must consult with the supervisor to review the observed family condition and discuss what was observed and why the child was assessed to be safe, or there is evidence of Impending Danger, or there is evidence to support Present Danger. The supervisory consultation should focus on whether the investigator's information and observations are sufficient to support the investigator's conclusion. When the investigator determines there is present or "impending danger", the supervisor must explore all aspects of the family condition and ensure the information obtained is reconciled with the core concepts of each. The supervisory consultation should not reflect a list of actions the investigator was directed to complete.

The reviewer should look for evidence the investigator was encouraged to critically analyze the information obtained, observations made, and what is known and unknown about the family. The follow-up planned should address those factors known and unknown and the actions planned by the investigator to address the present or "impending danger" concerns when applicable.

When "present danger" is assessed, is the assessment, decision making, and supervision consistent with:

1. An understanding of the implications of the prior abuse history of reports and investigations.
2. Information collected from completed contacts.
3. Conditions believed to endanger the child.
4. Child's condition and whether it is consistent with the definition of "present danger".
5. Caregiver's condition and whether it is consistent with the definition of "present danger"
6. An active current danger based on the investigator's description.
7. An active threat to child safety based on the investigator's description of the family's circumstance or an aspect of the caregiver's functioning.
8. A need to take action immediately to assure the child's protection.
9. A "present danger" Safety Plan that includes a sufficient strategy to control danger threats and a specific plan for ensuring accountability for how all safety actions will be monitored, by whom, for how long, and the process for reporting challenges or changes.

When "impending danger" is assessed, is the assessment, decision making and supervision consistent with a state of danger in which family behaviors, attitudes, motive, emotions, and/or situations pose a threat which is not currently active, but can be anticipated to have severe effects on a child at any time?

Rating Criterion:

- The reviewer will answer yes if,
    1) Guidance was clear and facilitated critical thinking.
    2) Guidance occurred at critical junctures within the case.
    3) Guidance was appropriate.
    4) Guidance encouraged reconciliation and validation.
    5) Guidance explored the sufficiency of information.
    6) Guidance explored family strengths and weaknesses through review of information sufficiency.
    7) Guidance explored the sufficiency of the safety plan if a danger threat was identified.

- The reviewer will answer no if,
    1) Guidance was not provided to the investigator.
    2) Guidance was checklist oriented.
    3) Guidance was insufficient and did not identify safety threats.
    4) Guidance did not occur at critical case junctures.
    5) Guidance did not occur timely within the investigation.
    6) Guidance was maltreatment focused.

Reference: Initial consultation: s. 39.301(4), F.S.; & 65C-29.003 (6) (b), F.A.C., Safety Methodology Practice Guidelines Investigations Pg. 82, CFSR Systemic Factor #31; Assessing Impending Danger: Safety Methodology Practice Guidelines All Staff Pg. 25; Caregiver Protective Capacities: Safety Methodology Practice Guidelines All Staff Pg. 21-23; Sufficient Information: Safety Methodology Practice Guidelines All Staff Pg. 18-19; Safety Planning: Safety Methodology Practice Guidelines All Staff Pg. 31-32

APPENDIX 1

Danger Threats *(Source: Safety Methodology Practice Guideline, Investigations, dated 8/8/14)*

Danger Threat	Guidance
Parent/legal guardian's intentional and willful act caused serious physical injury to the child, or the caregiver intended to seriously injure the child.	This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended," suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was willfully to act in a manner in which would reasonably hurt/harm the child. This threat must be distinguished from an incident in which the parent/legal guardian or caregiver meant to discipline or punish the child, and the child was inadvertently hurt. Examples of Present Danger may include but are not limited to: • Parent/legal guardian or caregiver actions were directed at the child to inflict injury; parent/legal guardian or caregiver shows no remorse for the injuries. • Initial information supports that the injuries/child's condition is a result of the deliberate preconceived planning or thinking which the parent/legal guardian or caregiver is responsible. • Serious injury locations for present danger should be considered when located on the face/head/neck. Child's injuries may or may not require medical attention. • Bone breaks, deep lacerations, burns, inorganic malnutrition, etc. characterize serious injury. • Children that are unable to protect themselves have sustained a physical injury as a result of the parent/legal guardian or caregiver intentional and willful act. Could include parent/legal guardian or caregiver who used objects to inflict pain. Examples of Impending Danger may include but are not limited to: • Fractures, deep lacerations, extensive bruising, burns or inorganic malnutrition characterize serious injury • Typically involves the use of objects to inflict pain/cause injury • Child has no ability to protect themselves from physical injury or excessive corporal punishment
Child has a serious illness or injury (indicative of child abuse) that is unexplained, or the parent/legal guardian/caregiver explanations are inconsistent with the illness or injury.	This refers to serious injury which parent/legal guardian or caregivers cannot or will not explain. While this is typically associated with injuries, it can also apply when family condition or what is happening is bizarre and unusual with no reasonable explanation. Generally this will be a danger threat used only at present danger. Examples for present danger may include but are not limited to: • A child who has sustained multiple injuries to their face and head and the parent/legal guardian cannot or will not explain the injuries and the child is very young and non-verbal. Examples for impending danger may include but are not limited to: • Multiple injuries or singular severe injury that could not have occurred • accidentally • Despite seriousness of injury, parent reportedly does not know how child was injured

Danger Threat	Guidance
	• Explanation for how child was injured changes over time

The child's physical living conditions are hazardous and a child has already been seriously injured or will likely be seriously injured. The living conditions seriously endanger a child's physical health.	This threat refers to conditions in the home which are immediately life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).
	
	Examples for present danger may include but are not limited to:
	• The child's living condition is an immediate threat to the child's safety. This would include the most serious health conditions, such as:
	  – Living condition in the home has caused the child to be injured, such as digesting toxic chemicals and/or material and the child requires immediate medical attention.
	  – Home has no egress and child is vulnerable, unable to access an exit and dependent on parent/legal guardian who has not or will not act.
	Examples for impending danger may include but are not limited to:
	• Extreme lack of hygiene with potential to cause serious illness
	• Toxic chemical or materials easily within reach of child
	• Unsecured, loaded firearms/ammunition in child's presence
	• Illicit or prescription drugs accessible by children

There are reports of serious harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee to avoid agency intervention and/or refuses access to the child and the reported concern is significant and indicates serious harm.	This threat refers to situations the location of the family cannot be determined, despite diligence by the agency to locate the family. The threat also refers to situations where a parent/legal guardian refuses to see or speak with agency staff and/or allow agency staff to see the child, is openly hostile or physically aggressive toward the investigator or case manager, is totally avoiding staff, refusing access to the home, hides child, or refuses access to the child <u>and</u> the reported concern is significant and indicates serious harm. The hiding of children to avoid agency intervention should be thought of in both overt and covert terms. Information, which describes a child being physically confined within the home or parents who avoid allowing others to have personal contact with the child, can be considered 'reported concern is significant and indicates serious harm' for example. The act of physically restraining a child within the home might be a maltreatment of bizarre punishment or physical injury, and would indicate use of this danger threat. The threat is qualified by the allegation of maltreatment, information from prior case history and current reports regarding the child. There should be concern for present or impending danger based upon information provided to the agency that would result in serious harm to the child. Generally this will be a danger threat used only at present danger.
Parent/legal guardian is not meeting the child's essential medical needs <u>and</u> the child is/has already been seriously harmed or will likely be seriously harmed.	This refers to medical care that is required, acute, and significant that the absence of such care will seriously affect the child's health. "Essential" refers to specific child conditions (e.g., retardation, blindness, physical disability), which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child's essential needs, will not or cannot meet the child's basic needs.

Danger Threat	Guidance
	Examples of present and impending danger may include but are not limited to: • There is an emergent quality about the required care. • Child has Type 1 diabetes and is unable to self-administer their medication and the parent/legal guardian or caregiver has not been administering medication to ensure child safety.
Child shows serious emotional symptoms requiring intervention and/or lacks behavioral control and/or exhibits self-destructive behavior that parent/legal guardian is unwilling or unable to manage.	This refers to specific deficiencies in parenting that must occur for the "exceptional" child to be unsafe. The status of the child helps to clarify the potential for severe effects. Clearly, "exceptional" includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself. Examples of present danger may include but are not limited to: • Present danger considerations are focused both on the child's emotional needs and the parent/legal guardian or caregiver ability to meet those needs. Child's emotional symptoms are serious in that they pose a danger to others or themselves, this could include self-harming, fire-setting, and sexual acting-out on others. Parent/legal guardian or caregiver response places the child in present danger. • Child that requires acute psychiatric care due to self-harming that the parent/legal guardian or caregiver will not or cannot meet despite the resources and ability to attend to the child's needs. Examples of impending danger may include but are not limited to: • Child is self-injurious • Child is setting fires • Child is sexually acting out • Child is addicted to drugs or alcohol
Parent/legal guardian is violent, impulsive, or acting dangerously in ways that seriously harmed the child or will likely seriously harm to the child.	Violence refers to aggression, fighting, brutality, cruelty, and hostility. It may be regularly active or generally potentially active. This threat is concerned with self-control. It is concerned with a person's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the absence of caregiver self-control that places vulnerable children in jeopardy. When violence includes the perpetrator dynamics of power and control it is considered "domestic violence." Physical aggression in response to acts of violence may be a reaction to or self-defense against violence. For purposes of child protection interventions, is important to accurately identify the underlying causes of the violence and whether or not the dynamics of power and control are evident. It should be noted that the Florida criminal code for domestic violence (Florida Statute 741), which provides for law enforcement responses and investigations is narrower in scope. Impulsive means that one does not think before one acts. It may mean that you blurt things out or take actions without thinking about the consequences.

Danger Threat	Guidance
	Impulsivity (or impulsiveness) is a multifactorial construct that involves a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of consequences. Impulsive actions typically are "poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation that often result in undesirable consequences, which imperil long term goals and strategies for success. Impulsivity appears to be linked to all stages of substance abuse and is linked to sexual abuse. Those who discount delayed reinforces. Extreme difficulty controlling impulses or urges despite negative consequences. Individuals suffering from an impulse control frequently experience five stages of symptoms: compelling urge or desire, failure to resist the urge, a heightened sense of arousal, succumbing to the urge (which usually yields relief from tension), and potential remorse or feelings of guilt after the behavior is completed. Dangerous parents may be behaving in violent ways; however this is intended to capture a more specific type of behavior. Examples of present danger may include but are not limited to: • Child has experienced sexual abuse and/or exploitation and perpetrator has on-going access to child. • Parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways. Examples of impending danger may include but are not limited to: • Child has been sexual abuse and/or exploitation and perpetrator has on-going access to child. • Parent/legal guardian or caregiver is described as physically/verbally imposing/threatening, brandishing weapons, known to be dangerous and aggressive, currently behaving in attacking or aggressive ways. • Caregiver is brandishing a weapon • Domestic violence dynamics are present in the household • Caregiver is involved in substance misuse. • Caregiver is violating "no contact" supervision restrictions by order of the court.
Parent/legal guardian is not meeting child's basic and essential needs for food, clothing and/or supervision, AND child is/has already been seriously harmed or will likely be seriously harmed.	Basic needs" refers to the family's lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources to provide for a minimal standard of care if they were available. Examples of present danger may include but are not limited to: • For present danger, consideration of the parent/legal guardian or caregivers who are unable or unwilling to provide for food, clothing, and/or supervision.

Danger Threat	Guidance
	• The parent/legal guardian or caregiver may be currently intoxicated and/or unavailable, thus leaving the child without supervision and the child is children are unable to protect themselves. • Child is found unsupervised in a dangerous condition—such as being left wandering the streets. • There is no parent/legal guardian or caregiver that is currently providing for supervision of the child. • Lack of essential food, clothing, and/or supervision that result in child needing acute medical care due to the severity of the present danger. • Hospitalized child due to non-organic failure to thrive. Examples of impending danger may include but are not limited to: • Child is unsupervised in a dangerous environment or condition • Lack of basic, essential food, clothing, or shelter that result in child needing medical care or attention • Child needs to be hospitalized for non-organic failure to thrive
Parent/legal guardian is threatening to seriously harm the child; is fearful he/she will seriously harm the child.	This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help." Examples for present danger may include but are not limited to: • At present danger this refers to parents/legal guardian or caregivers who express intent and/or desire to harm their child. • Parent/legal guardian or caregiver may have a history of harming children in the past and has identified a need for intervention due to their fear of harming their child. • Intent should be considered for present danger, in addition access and ability to harm child. Examples of impending danger may include but are not limited to: • Parent expresses intent or desire to harm child • Parent makes statements about the family's situation being hopeless • Child describes extreme mood swings in parent, drug or alcohol use that exacerbate parent's volatility and frustration with child
Parent/legal guardian views child and/or acts toward the child in extremely negative ways AND such behavior has or will result in serious harm to the child.	"Extremely" is meant to suggest a perception, which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate. Examples present danger may include but are not limited to: • This is the extreme, not just a negative attitude towards the child. It is consistent with seeing the child, as demon possessed, evil, and responsible for the conditions within the home. • Consideration of parent/legal guardian or caregiver's viewpoint of the child as being in action for present danger.

Danger Threat	Guidance
	Examples for impending danger may include but are not limited to: • Parent describes the child as evil or has singled the child out for being • responsible for the family's problems • Child expresses fear of being left with caregiver. • Child describes being subjected to confinement or bizarre forms of punishment
Other	This category should be used rarely. Consultation with a supervisor must occur to determine that the threat identified is not covered in any of the standard danger threat definitions.

APPENDIX 2

Information Domains *(Source: Safety Methodology Practice Guideline, Investigations, dated 8/8/14)*

Domains	Guidance
Extent of alleged maltreatment	This domain is concerned with the maltreating behavior and immediate effects on a child. It considers what is occurring or has occurred and what the results are (e.g., hitting, injuries, lack of supervision, etc.). The assessment also results in a finding/identification of maltreatment (as in an allegation or verification of the alleged maltreatment). This is typically the focus of most hotline reports and investigations; so, it is very important. However, relying only on information from this domain is inadequate for assessing safety. Information that informs this domain includes: • Type of maltreatment • Severity of maltreatment • Description of specific events • Description of emotional and physical symptoms • Identification of the child and maltreating caregiver • Condition of the child
Nature of maltreatment	This domain is concerned with the nature of what accompanies or surrounds the maltreatment. It addresses what is going on at the time that the maltreatment occurs or occurred. It serves to qualify the maltreatment by placing it in a context or situation that l) precedes or leads up to the maltreatment, or 2) exists while the maltreatment is occurring. By selectively "assessing" this element separate from the actual maltreatment, we achieve greater understanding of how serious the maltreatment is. In other words, circumstances that accompany the maltreatment are important and are significant in-and-of themselves and qualify how serious the maltreatment is. Information that informs this domain includes: a. The duration of the maltreatment b. History of maltreatment c. Patterns of functioning leading to or explaining the maltreatment d. Parent/legal guardian or caregiver intent concerning the maltreatment; (assessment of intent re: parenting/discipline vs. intent to harm) e. Parent/legal guardian or caregiver explanation for the maltreatment and family conditions f. Unique aspects of the maltreatment, such as whether weapons were involved g. Caregiver acknowledgement and attitude about the maltreatment and h. Other problems occurring in association with the maltreatment
Child Functioning	This domain is concerned with the child's general behavior, emotions, temperament, development, academic status, physical capacity and health status. It addresses how a child functions from day to day, their current status, rather than focusing on a specific point in time (i.e. CPI contact, time of maltreatment event, CM home visit). A developmentally appropriate standard is applied in the area of inquiry. This information element is qualified by the age of the child and/or any special needs or developmental delays. Functioning is considered with respect to age appropriateness.

Domains	Guidance
	Age appropriateness is applied against the "normalcy" standard. Among the areas to consider in information collecting and "assessing" are trust, sociability, self-awareness and acceptance, verbal skills/communication, independence, assertiveness, motor skills, intellect and mental performance, self-control, emotion, play and work, behavior patterns, mood changes, eating and sleeping habits and sexual behavior. Additionally, you consider the child's physical capabilities including vulnerability and ability to make needs known. In terms of a child who is currently receiving ongoing case management, this information should reflect areas of current child need, such as a medical condition that must be managed, symptoms of depression and/or trauma, poor academic performance. If the child is in out-of-home care, it should include information as to the child's stability in the current placement." Information that answers this question includes: • General mood and temperament • Intellectual functioning • Communication and social skills • Expressions of emotions/feelings • Behavior • Peer relations • School performance • Independence • Motor skills • Physical and mental health • Functioning within cultural norms
Adult Functioning	This information element has strictly to do with how adults (the caregivers) in a family household are functioning. This domain is concerned with how the adults (parents/legal guardians or caregivers) in the family household typically feel, think, and act on a daily basis. The domain focuses on current adult functioning separate from parenting. We are concerned with how the adults behave regardless of the fact that they are parents or caregivers. This assessment area is concerned with life management, social relationships, meeting needs, problem solving, perception, rationality, self-control, reality testing, stability, self-awareness, self-esteem, self-acceptance and coherence. It is important that recent (adult related) history is captured here such as employment experiences, criminal history and what that tells us about the adult's behavior, impulse control, etc.; previous relationships and including any history of violence against a previous or the current partner; and so on. Information that answers this question includes: a. Family and partner relationships b. Home and financial management (household responsibilities, support system) c. Income/Employment d. Physical health and capacity e. Communication and social skills f. Coping and stress management (includes self-care and self-preservation) g. Problem solving (includes judgment, decision-making, resourcefulness) h. Citizenship and community involvement i. Functioning within cultural norms

Domains	Guidance
	j. Substance use (description of pattern, frequency, associated behaviors) k. Mental health (specific diagnoses, method of managing, symptoms) l. Domestic violence pattern of coercive control) m. Family Violence (aggression related to anger and lack of impulse control) n. History of trauma

General Parenting	This domain explores the general nature and approach to parenting which forms the basis for understanding caregiver-child interaction in more substantive ways. When considering this information element, it is important to keep distinctively centered on the overall parenting that is occurring and not allow any maltreatment incident or discipline to shade your study. Among the issues for consideration within this element are: parenting styles and the origin of the style, basic care, affection, communication, expectations for children, sensitivity to an individual child, knowledge and expectations related to child development and parenting, reasons for having children, viewpoint toward children, examples of parenting behavior and parenting experiences. Information that answers this question includes:
	    a. Reasons for being a caregiver
	    b. Ability to nurture
	    c. Parent/legal guardian's support of the partner's parenting
	    d. Satisfaction in being a caregiver
	    e. Parent/legal guardian or caregiver knowledge and skill in parenting and child development
	    f. Parent/legal guardian or caregiver expectations and empathy for a child
	    g. Decision making in parenting practices
	    h. Parenting style
	    i. History of parenting behavior
	    j. Cultural practices
	    k. Protectiveness

Parenting disciplinary practices	Discipline is considered in a broader context than socialization; teaching and guiding the child. Usually, staff focuses on discipline only within a punishment context, so emphasis on the importance of viewing discipline as providing direction, managing behavior, teaching, and directing a child are considered in answering this question. Study here would include the parent's methods, the source of those methods, purpose or reasons for, attitudes about, context of, expectations of discipline, understanding, relationship to child and child behavior, meaning of discipline. Information that answers this question includes:
	    a. Disciplinary methods
	    b. Approaches to managing child behavior
	    c. Perception of effectiveness of utilized approaches
	    d. Concepts and purpose of discipline
	    e. Context in which discipline occurs
	    f. Cultural practice

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Safety Plans *(Source: Safety Methodology Practice Guideline, Investigations, dated 8/8/14)*

Safety Plan	Guidance

Safety Plans	1. To the fullest extent possible, the parent(s) will be engaged in developing the safety plan and identifying members of their resource network who might be willing and able to participate as safety service providers.
	
	2. Safety plans must:
	   • ***CONTROL*** the behavior, emotion, or condition that results in a child being unsafe (as opposed to "treatment" or other services to remedy or change the underlying, contributing family condition).
	   • Be immediate, protecting the child today.
	   • Achieve its purpose fully each time it is delivered.
	   • Not be promissory commitments. (e.g., Mom will not spank; parents will remain sober; mom will file an injunction and will not let the batterer back in the home; dad will not use drugs, etc.)
	   • Ensure the parent/legal guardians have a physical location in which to implement an in-home safety plan.
	
	3. Safety Plans may:
	   • Use formal and informal "safety service" providers, including family members and family-made arrangements with a responsible adult caregiver.
	   • Be exclusively an in-home plan, an out of home plan, or a combination of both.
	
	4. For domestic violence:
	   • Separate safety plans will be developed with the perpetrator of domestic violence and the parent who is a survivor of domestic violence.
	   • Child welfare professionals will partner with the survivor of domestic violence
	   • The safety plan developed with the parent who is a survivor of domestic violence may not be shared with the perpetrator and other precautions will be taken to ensure confidentiality of the plan
	   • The safety plan developed with the perpetrator will identify actions that the department and/or other safety plan providers will take to protect the children from the perpetrator's violence.
	
	   See additional guidance for domestic violence safety planning: *Safety Methodology Practice Guidelines, All Staff Pg. 28-39*
	
	5. In response to impending danger, the investigator will conduct a safety planning conference with the parent, members of the parent's resource network, and other safety service providers to establish a safety plan.
	
	6. If the plan involves relocation or placement of the child out of the home, the Conditions for Return will be established and are appropriate.

Safety Plan	Guidance
Safety Plan Sufficiency	When analyzing the sufficiency and appropriateness of a Safety Plan, the reviewer should consider the following: • Is the safety threat clearly and accurately identified? • Is the child's vulnerability accurately identified? • Are the caregiver's protective capacities known, appropriately assess, and supported by the information obtained? • Is the safety decision consistent with the available information and in alignment with the safety threats, child vulnerabilities, and parental protective capacities? • Did the plan address the safety actions needed? • Is there evidence of collaboration? • Is there clarity in responsibility? • Is there clarity about the plan for monitoring? • Is the duration of the plan clearly stated and appropriate?
Safety Analysis	When a safety plan is established in response to impending danger, the child welfare professional will determine feasibility of an in-home safety plan given household conditions and dynamics using the following standardized Safety Analysis criteria: • The parent/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. • 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. • Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home. • An in-home safety plan and the use of in-home safety services can sufficiently manage impending danger without the results of scheduled professional evaluations.

Caregiver Protective Capacities *(Source: Safety Methodology Practice Guideline, Investigations, dated 8/8/14)*

Behavioral Protective Capacity	
Definition	Means specific action, activity, performance that is consistent with and results in protective vigilance. The following are behavioral protective capacities.
The parent/legal guardian/caregiver demonstrates impulse control	This refers to a person who is deliberate and careful, who acts in managed and self-controlled ways. Examples may include: • People who do not act on their urges or desires • People that do not over-react as a result of outside stimulation • People who think before they act • People who are able to plan
The parent/legal guardian/caregiver takes action	Refers to a person who is action oriented as a human being, not just a caregiver. Examples may include: • People who perform when necessary • People who proceed with a course of action • People who take necessary steps • People who are expedient and timely in doing things • People who discharge their duties
Physically able	Refers to people who are sufficiently healthy, mobile and strong. Examples may include: • People who can move quickly when an unsafe situation presents (e.g. active toddlers who may dart out toward the street or water source, pool, canal, etc.) • People who can lift children • People who are able to physically manage a child's behaviors • People with physical abilities to effectively deal with dangers (e.g. a child with special needs who may be prone to 'running' away, a child who requires close supervision, etc.
Assertive and responsive	Refers to being positive and persistent. Examples may include: • People who are firm and purposeful. • People who are self-confident and self-assured. • People who are secure with themselves and their ways. • People who are poised and certain of themselves.
Adequate energy	Refers to the personal sustenance necessary to be ready and 'on the job' of being protective. • People who are alert and focused • People who can move, are on the move, ready to move, will move in a timely way • People who are motivated and have the capacity to work and be active • People who express force and power in their action and activity • People who are not lethargic to the point of incapacitation or inability to be • protective • People who are rested or able to overcome being tired
Uses resources to meet basic needs	Refers to knowing what is needed, getting it, and using it to keep a child safe. Examples may include: • People who get people to help them and their children. • People who use community public and private organizations • People who will call on police or access the courts to help them • People who use basic community services such as food and shelter

The parent/legal guardian/caregiver sets aside her/his needs in favor of a child	This refers to people who can delay gratifying their own needs, who accept their children's needs as a priority over their own. Examples may include: • People who do for themselves after they have done for their children. • People who sacrifice for their children. • People who can wait to be satisfied. • People who seek ways to satisfy their children's needs as the priority.
	This refers to people who adjust and make the best of whatever caregiving situation occurs. Examples may include: • People who are flexible and can adapt • People who accept things and can move with them • People who are creative about caregiving • People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting
The parent/legal guardian/caregiver demonstrates adequate skill to fulfill caregiving responsibilities	This refers to the possession and use of skills that are related to being protective. Examples may include: • People who can feed, care for, supervise children according to their basic needs • People who can handle, manage, oversee as related to protectiveness • People who can cook, clean, maintain, and guide, shelter as related to protectiveness
The parent/legal guardian/caregiver is adaptive as a caregiver	This refers to people who adjust and make the best of whatever caregiving situation occurs. • People who are flexible and can adapt • People who accept things and can move with them • People who are creative about caregiving • People who come up with solutions and ways of behaving that may be new, needed and unfamiliar but more fitting
History of Protecting	This refers to a person with many experiences and events in which he or she has demonstrated clear and reportable evidence of having been protective. Examples may include: • People who have raised children (now older) with no evidence of maltreatment or exposure to danger • People who have protected their children in demonstrative ways by separating them from danger, seeking assistance from others or similar clear evidence • Caregivers and other reliable people who can describe various events and experiences where protectiveness was evident

Cognitive Protective Capacity	
Definition	Means specific intellect, knowledge, understanding and perception that results in protective vigilance. The following are cognitive protective capacities.
The person is self-aware as a parent/legal guardian/caregiver	This refers to sensitivity to one's thinking and actions and their effects on others or on a child. Examples may include: • People who understand the cause – effect relationship between their own actions and results for their children • People who are open to who they are, to what they do and to the effects of what they do • People who think about themselves and judge the quality of their thoughts, emotions and behavior • People who see that the part of them that is a caregiver is unique and requires different things from them
The parent/legal guardian/caregiver is intellectually able/capable. Adequate Knowledge to Fulfill Caregiving Duties	This refers to information and personal knowledge that is specific to caregiving that is associated with protection. Examples may include: • People who know enough about child development to keep kids safe • People who have information related to what is needed to keep a child safe • People who know how to provide basic care which assures that children are safe
The parent/legal guardian/caregiver recognizes and understands threats to the child	This refers to mental awareness and accuracy about one's surroundings, correct perceptions of what is happening and the viability and appropriateness of responses to what is real and factual. Examples may include: • People who recognize threatening situations and people • People who are alert to danger about persons and their environment • People who are able to distinguish threats to child safety
The parent/legal guardian/caregiver recognizes the child's needs	This refers to seeing and understanding a child's capabilities, temperament, needs and limitations correctly. Examples may include: • People who know what children of a certain age or with particular characteristics are capable of. • People who respect uniqueness in others • People who see a child essentially as the child is and as others see the child • People who recognize the child's needs, strengths and limitations. • People who can explain what a child requires, generally, for protection and why • People who see and value the capabilities of a child and are sensitive to difficulties a child experiences • People who appreciate uniqueness and difference • People who are accepting and understanding
The parent/legal guardian/caregiver understands his/her protective role	This refers to awareness. This refers to knowing there are certain solely owned responsibilities and obligations that are specific to protecting a child. Examples may include: • People who possess an internal sense and appreciation for their protective role • People who can explain what the "protective role" means and involves and • why it is so important • People who recognize the accountability and stakes associated with the role • People who value and believe it is his/her primary responsibility to protect the Child
The parent/legal guardian/caregiver plans	This refers to the thinking ability that is evidenced in a reasonable, well-thought-out plan. Examples may include:

and is able to articulate a plan to protect children	• People who are realistic in their idea and arrangements about what is needed to protect a child • People whose thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child • People who are aware and show a conscious focused process for thinking that results in an acceptable plan • People whose awareness of the plan is best illustrated by their ability to explain it and reason out why it is sufficient

Emotional Protective Capacity	
Definition	Refers to specific feelings, attitudes, identification with a child and motivation that result in protective vigilance. The following are emotional protective capacities.
The parent/legal guardian/caregiver is able to meet own emotional needs	This refers to the parent/caregiver satisfying their feelings in reasonable, appropriate ways that are not dependent on or take advantage of others, in particular children. Examples may include: • People who use personal and social means for feeling well and happy that are acceptable, sensible and practical • People who employ mature, responsible ways of satisfying their feelings and emotional needs • People who understand and accept that their feelings and gratification of those feelings are separate from their child
The parent/legal guardian/caregiver is resilient as a caregiver	This refers to responsiveness and being able and ready to act promptly. Examples may include: • People who recover quickly from setbacks or being upset • People who spring into action • People who can withstand challenges and stress • People who are effective at coping as a caregiver
The parent/caregiver is tolerant as a caregiver	This refers to caregiver who is able to endure trying circumstances with even temper, be understanding and sympathetic of experiences, express forgiveness under provocation, broad-minded, and patient as a caregiver. Examples may include: • People who can let things pass • People who have a big picture attitude, who don't overreact to mistakes and accidents • People who value how others feel and what they think
The parent/legal guardian/caregiver expresses love, empathy and sensitivity toward the child; experiences specific empathy with regard to the child's perspective and feelings	This refers to active affection, compassion, warmth and sympathy. • People who fully relate to, can explain and feel what a child feels, thinks and goes through • People who relate to a child with expressed positive regard and feeling and physical touching • People who are understanding of children and their life situation
The parent/caregiver is stable and able to intervene to protect children	This refers to the mental health, emotional energy, and emotional stability of the parent/caregiver in providing for protection of children. • People who are doing well enough emotionally that their needs and feelings don't immobilize them or reduce their ability to act promptly and appropriately • People who are not consumed with their own feelings and anxieties • People who are mentally alert, in touch with reality • People who are motivated as a caregiver and with respect to protectiveness

The parent/caregiver is positively attached to the child	This refers to a strong attachment that places a child's interest above all else. Examples may include: • People who act on behalf of a child because of the closeness and identity the person feels for the child • People who order their lives according to what is best for their children because of the special connection and attachment that exists between them • People whose closeness with a child exceeds other relationships • People who are properly attached to a child
The parent/legal guardian/caregiver is supportive and aligned with the child.	Supportive refers to actual, observable sustaining, encouraging and maintaining a child's psychological, physical and social well-being. Examples may include: • People who spend considerable time with a child filled with positive regard • People who take action to assure that children are encouraged and reassured • People who take an obvious stand on behalf of a child Aligned refers to a mental state or an identity with a child. Examples may include: • People who strongly think of themselves as closely related to or associated with a child • People who think that they are highly connected to a child and therefore responsible for a child's well-being and safety • People who consider their relationship with a child as the highest priority
Displays concern for the child	This refers to a sensitivity to understand and feel some sense of responsibility for a child and what the child is going through in such a manner to compel one to comfort and reassure. Examples may include: • People who show compassion through sheltering and soothing a child. • People who calm, pacify and appease a child. • People who physically take action or provide physical responses that reassure a child that generate security.

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Proficiency Process Critical Child Safety Practice Experts

Introduction

In January 2014, the Department implemented Rapid Safety Feedback for child protective investigations to flag potential child safety threats for children under age 4 who have multiple risk factors such as a paramour in the home; parental substance abuse; and domestic violence history. Rapid Safety Feedback looks at CPI investigations in "real time" while the investigation is open. This provides an opportunity for the Critical Child Safety Reviewer to engage the CPI and supervisor in discussions about patterns, potential danger threats, parental protective capacities, and child vulnerability. Reviewer proficiency is vital to ensuring CPIs are practicing with fidelity to the Safety Methodology Practice Model and addressing child safety threats with a sense of urgency.

This process establishes the mandatory qualifications, training and a formalized proficiency process for Department employees herein referred to as "reviewer" conducting Rapid Safety Feedback. The proficiency process is established to ensure Reviewers are subject matter experts in the Safety Methodology Practice Model and have the knowledge, skills, and abilities necessary for case analysis and feedback. This process identifies a broad set of proficiency areas in the safety methodology, case consultation, and feedback. The proficiency process applies to staff who are responsible for rapid safety feedback case reviews and case consultations.

The proficiency assessment will measure the Reviewer's knowledge and skill set within the Safety Methodology Practice Model. The proficiency assessment looks at three core skill areas — critical thinking, writing, and consultative feedback.

Prerequisite:

All Reviewers working as a Critical Child Safety Practice Reviewer must have the following prerequisite:

1. Super Safety Practice Expert or Safety Practice Expert or successful completion of new safety practice training

Competencies, Professional Behavior, and Performance Measures

The Critical Child Safety Teams will be staffed with staff who are experts in child welfare and have been deemed proficient in the safety methodology practice model. The *Rapid Safety Feedback Performance Measures* are derived from the Child Welfare Rapid Safety Feedback standards and Safety Methodology Practice Guidelines. An example of proficiency items, competencies and professional behaviors, and performance measures is depicted in Table 1. A complete list is provided in Attachment 1.

Proficiency Assessment Levels

Level 1 Proficiency:

Step 1:
Must receive an overall passing score on a randomly selected Rapid Safety Feedback Review. This assessment will evaluate the Reviewer's competencies and professional behaviors as demonstrated through the written analysis documented in a completed Rapid Safety Feedback investigation. A standardized assessment instrument and scaling definitions will be used. All staff will be granted 2 attempts and must successfully complete prior to the end of probationary status.

Step 2:
Successful demonstration of feedback and consultation skills. The reviewer will be observed (telephonically) providing feedback to a CPI and supervisor during a randomly selected consultation. To achieve proficiency, the reviewer must be able to articulate and convey goal focused feedback with "Practice Model" concepts/constructs. All staff will be granted 2 attempts and must successfully complete prior to the end of probationary status.

Level 2 (Expert level) Proficiency:

Step 1: Reviewer will demonstrate the ability to lead fidelity case consultation calls. The reviewer will be observed (telephonically) leading a randomly selected statewide fidelity call. To achieve proficiency, the reviewer must be able to demonstrate the application of practice model concepts/constructs and assist the field with identification of barriers and challenges. All staff will be granted 2 attempts and must successfully complete prior to the end of probationary status.

Step 2: Reviewer will demonstrate the ability to train the new safety practice. The reviewer will be observed leading/training one 2-3 hour learning circle for frontline staff related to gaps identified through analysis of local secondary/rapid safety feedback reviews. All staff will be granted 2 attempts and must successfully complete prior to the end of probationary status.

Proficiency Records
The Office of Child Welfare will maintain a registry of all Reviewers deemed proficient (Level 1 and Level 2) to conduct Rapid Safety Feedback Reviews.

Rapid Safety Feedback Proficiency Items
Competencies, Professional Behavior, and Performance Measures

PROFICIENCY ITEM	COMPETENCIES AND PROFESSIONAL BEHAVIOR Knowledge and skills in related areas of practice and in advanced proficiency.	PERFORMANCE MEASURE	Rapid Safety Feedback Scaling Instrument
Assessment of prior child abuse and neglect reports, prior services, and criminal history	RSF 1.0-01 Ability to determine how effectively the background information is used to assess patterns, potential danger threats, and the impact on child safety. RSF 1.0-02 Ability to assess if the investigator did or did not recognize an increase over time in the seriousness or frequency of the criminal history and prior abuse and neglect reports.	Accurate assessment of patterns, potential danger threats, parental protective capacities, and child vulnerability. Accurate assessment of the CPI understanding and recognition of the seriousness of the frequency of the criminal history and prior abuse and neglect reports.	1
Present Danger Assessment	RSF 2.0-01 Ability to identify the correct danger threat. RSF 2.0-02 Ability to identify the present danger criteria.	Accurate assessment of the danger threat. Accurate identification of the present danger criteria.	2
Initiation of Present Danger Safety Plan	RSF 3.0-01 Ability to identify the protective response needed through initiation of a Present Danger Safety Plan	Accurate assessment of the need for a Present Danger Safety Plan. Accurate identification of safety services needed to control and manage the danger threats.	2
Sufficiency of Information Collection	RSF 5.0-01 Knowledge of the Safety Methodology six information domains. RSF 5.0-02 Ability to identify sufficiency of information related to the presence of impending danger threats, child vulnerability, and parental protective capacities.	Accurate identification of information needed to describe what is happening in each domain. Accurate assessment of the sufficiency of information collection related to the presence of impending danger threats, child vulnerability, and parental protective capacities.	1
Identification of Danger Threats Related to Impending Danger	RFS 6.0-01 Knowledge of the eleven impending danger threats. RSF 6.0-02 Ability to identify danger threats in the child protective investigation.	Accurate identification of the correct impending danger threat. Accurate identification of the threshold criteria that must be present for impending danger to exist.	4
Assessing Caregiver Protective Capacity	RSF 7.0-01 Knowledge of personal behavioral, cognitive, and emotional characteristics associated with being protective. RSF 7.0-02 Ability to identify household members needing a caregiver protective capacity assessment. RDF 7.0-03 Ability to assess caregiver protective capacities.	Accurate description of caregiver protective capacities. Accurate identification of household members needing a caregiver protective capacity assessment.	5

PROFICIENCY ITEM	COMPETENCIES AND PROFESSIONAL BEHAVIOR Knowledge and skills in related areas of practice and in advanced proficiency.	PERFORMANCE MEASURE	Rapid Safety Feedback Scaling Instrument
Family Functioning Assessment and Safety Decisions	RSF 8.0-01 Ability to assess if a Family Functioning Assessment informs the determination of safe or unsafe.	Accurate assessment of the Family Functioning Assessment. Accurate identification of danger threats. Accurate identification of the impending danger safety decision.	3
Initiation of an Impending Danger Safety Plan	RSF 9.0-01 Knowledge of safety plans and actions needed to manage identified danger threats in the home. RSF 9.0-02 Ability identify when an impending danger safety plan is needed. RSF 9.0-03 Ability to identify safety services needed to control and manage the threats of safety in the home.	Accurate assessment of the safety planning analysis and justification. Accurate identification of the need to implement an impending danger safety plan when impending danger was identified. Accurate identification of the safety services needed to control and manage the threats of safety in the home.	6
Supervisory Consultation and Guidance	RSF 10.0.01 Knowledge of supervisory requirements for consultation RSF 10.01-02 Ability to assess supervisory consultation, support, and guidance.	Accurate identification of the sufficiency of supervisory guidance related to information collection, assessments, and decision making.	
Critical Thinking	Ability to apply critical thinking when reviewing an open investigation	Written analysis indicates the reviewer has a strong depth of understanding of the safety methodology practice model.	

State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

MyFLFamilies.com

DATE: January 26, 2015

TO: Regional Managing Directors
Regional Family and Community Services Directors

FROM: Pete Digre, Deputy Secretary
Janice Thomas, Assistant Secretary for Child Welfare

SUBJECT: Minimum Requirements to Conduct Specified Reviews of All Child Fatalities

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PURPOSE: The purpose of this Memorandum is to advise staff of the minimum requirements to conduct specified types of Child Fatality Reviews for:

- All child fatalities reported to the Florida Abuse Hotline (Hotline);
- All child fatalities that occur during the course of an open investigation;
- All child fatalities that occur during ongoing case management services provided by a contracted Community Based Care (CBC) provider, including sub-contracted Case Management Organizations (CMOs).

BACKGROUND: In the ongoing effort to prevent future child fatalities; apply lessons learned from past fatalities; improve safety and risk assessments to increase and maintain the safety of children during protective investigations and/or case management services; and to further support transparency and accountability with the comprehensive release of information and data regarding child fatalities, the following minimum requirements will apply to *all* child fatalities that come to the attention of the Department or a contracted CBC/CMO provider.

Effective immediately for any child fatality reported to the Hotline since January 1, 2015 or having occurred since that date during an open investigation or period of ongoing case management services:

A. <u>All child fatalities reported to the Hotline as the result of suspected Abuse or Neglect:</u>

    1. Those with <u>no</u> prior history on the decedent, siblings or other children in the household: A Child Fatality Review pursuant to Children and Families Operating Procedure (CFOP) 175-17, <u>Child Fatality Review Procedures;</u> Effective Date March 3, 2011.

    2. Those <u>with</u> prior history (regardless of Findings of Maltreatment) on the decedent, siblings or other children in the household, that occurred within five (5) years preceding the child's death:

        a. A Child Fatality Review pursuant to CFOP 175-17, <u>Child Fatality Review Procedures;</u> Effective Date March 3, 2011; ***and***

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Advance Personal and Family Recovery and Resiliency

       b. A Quality Assurance Review of all prior investigative and case management history. The specified process and reporting format for this review will be provided under separate cover on January 30, 2015.

   3. Those with a "Verified" finding of any maltreatment regarding the decedent or siblings, in an investigation conducted within the 12 months preceding the child's death:

       a. A Child Fatality Review pursuant to CFOP 175-17, <u>Child Fatality Review Procedures;</u> Effective Date March 3, 2011, ***and***

       b. An immediate review by an assigned Critical Incident Rapid Response Team (CIRRT), pursuant to the requirements set forth in Chapter 39.2015, F.S.

B. <u>All child fatalities that occur during the course of an open investigation, *with no additional allegations that the death is the result of alleged abuse or neglect*</u>:

   1. A Child Fatality Review pursuant to CFOP 175-17, <u>Child Fatality Review Procedures;</u> Effective Date March 3, 2011.

     Note: If during the course of the investigation and/or this review there arises any knowledge or suspicion that the fatality was or may be the result of alleged abuse or neglect, the individual first developing this knowledge or suspicion shall *immediately* report these concerns to the Hotline, pursuant to Chapter 39.201(1), F.S. If an Intake is generated based on these circumstances, the review process for Sections A. (1), (2) <u>or</u> (3) shall be initiated, pursuant to the requirements set forth in those sections.

C. All fatalities that occur while ongoing case management services are being provided by a contracted CBC provider, including sub-contracted CMOs, *with no allegations that the death is the result of alleged abuse or neglect*:

   1. A Child Fatality Review pursuant to CFOP 175-17, <u>Child Fatality Review Procedures;</u> Effective Date March 3, 2011.

     Note: If during the course of ongoing case management and/or this review there arises any knowledge or suspicion that the fatality was or may be the result of alleged abuse or neglect, the individual first developing this knowledge or suspicion shall *immediately* report these concerns to the Hotline, pursuant to Chapter 39.201(1), F.S. If an Intake is generated based on these circumstances, the review process for Sections A. (1), (2) or (3) shall be initiated, pursuant to the requirements set forth in those sections.

ACTION REQUESTED: Please disseminate this memorandum to all Regional Child Fatality Prevention Specialists and Regional Quality Assurance Managers.

CONTACT INFORMATION: For additional information, please contact Lisa Rivera at (813) 337-5881 or (850) 294-4765, or email <u>Lisa.Rivera@myflfamilies.com</u>.

cc: Traci Leavine, Director of Child Welfare Practice
Lisa Rivera, Statewide Child Fatality Prevention Specialist
Eleese Davis, Statewide Child Welfare CQI Manager
Pat Badland, Director of Operations

Attachment: CFOP 175-17, Child Fatality Review Procedures

Florida's
Foster and Adoptive Parent Diligent Recruitment Plan

Foster and Adoptive Parent Diligent Recruitment Plan

Florida's Foster and Adoptive Parent Diligent Recruitment Plan is a targeted plan within Florida's Child and Family Services Plan 2015-2019.   The link for the CFSP and full Foster and Adoptive Parent Diligent Recruitment Plan on Florida's Center for Child Welfare is

  http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

The plan has been updated to reflect the activities conducted during the reporting period to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.

Characteristics of children for whom foster and adoptive homes are needed

The Department gathered data about the types of adoptive parent populations who successfully adopted during the last five years and gathered three months of data that describes the available children who do not have identified families and therefore require adoption recruitment efforts.

More than 3,000 children were adopted from foster care during each of the last five years, with approximately 40% being adopted by relative caregivers, 35% by foster parents and 25% by recruited families. Currently, and at any given point in time during the last several years, the number of children available for adoption who require recruitment efforts is 750 to 800 children. Florida Safe Families Network data from September 2014 document that the following demographics describe the available children who require recruitment efforts:

- Race: 49% are African American, 47% are Caucasian and 4% are a mix of other races

- Gender: 59% are male and 41% are female

- Age: 7% are 0-8 years of age; 26% are 9-13 years of age and 67% are 13-17 years of age.

- Children with Medical Challenges: approximately 3% (please see the Disabilities Awareness Campaign later in this document)

- Sibling groups being adopted together: 45-50 sibling groups are available at any given point with 90% of them being sibling groups of two

- Length of Time since TPR:

    - 19% have been in care less than 12 months since TPR;

    - 23% have been in care between 12-13 months since TPR;

    - 14% have been in care 24-35 months since TPR and

    - 44% have been in care more than 36 months.

In order to meet the specific needs of children placed in communities across Florida, each of the Community-Based Care lead agencies delivering foster care and adoption services provided updated descriptions of the characteristics of the children needing families on an annual basis. The goal is to ensure agencies are tailoring their recruitment efforts to meet needs.

Major Recruitment Initiatives and Activities

The Intelligent Recruitment Project (IRP), is being administered by the Department in partnership with Community Based Care lead agencies, and is expected to demonstrate the impact of using marketing strategies to identify resource families for youth with challenging needs and who may

remain in foster care for more than two years. The project will use an intelligence-driven approach to diligent recruitment based on "Intelligent Imagination™" -- a value and behavior based multi-layered strategic marketing process used by many Fortune 500 companies. Attachment A (to this Appendix), Florida Intelligent Recruitment Project Information, provides additional information on the IRP.

IRP's overarching goal is to establish and implement a strategic recruiting process that will permit every child to have a permanent home, with a secondary goal to develop a model site that can provide significant evidence-based programmatic guidance to:

- Develop and Implement a strategic marketing-based model for Diligent Recruitment

- Improve Permanency Planning Options and Outcomes with Diligent Recruitment Programs

- Strengthen training for newly recruited perspective Resource families

- Enhance the pool of perspective resource families to more accurately reflect the out-of-home care population needs.

Project objectives are established with the intent of contributing to a national body of knowledge pertaining to the impact and effectiveness of strategic and targeted marketing efforts within the context of a Diligent Recruitment program. The outcomes of these targeted marketing efforts will be used to revise CBC, regional, and statewide targeted recruitment plans and expected outcomes.

The Department and partners have completed year one, which was the planning year, of this five-year grant. The participating CBCs include:

- Kids Central, Incorporated

- Heartland for Children

- OurKids

- Big Bend Community-Based Care

The recruitment efforts in Florida have three main levels of focus. The individual Community-Based Care lead agencies develop CBC recruitment plans, which drive regional plans, which drive an overall statewide plan. These plans are intended to fulfill specific foster and adoptive home recruitment goals, which are developed in a process further detailed below in the section titled "Foster and Adoptive Home Recruitment Plans." In general, the planning process includes the following activities.

- Specific needs in CBC and regional plans are shared and communicated via the Fostering Florida's Future (FFF)[1] workgroup, which identifies challenges and barriers to recruiting and licensing foster homes.

- The Department then takes identified challenges and barriers and develops proposed solutions, which are submitted back to FFF for review and input.

- Statewide solutions, such as streamlining the relicensing process and implementing quality standards for licensed foster parents, are then implemented. A prime example of this process is the newly implemented Unified Home Study, which reduced the actual home study document from 35 pages to 12, and combined all purposes of home studies into one electronic format that changes parameters depending on type of home study selected.

- FFF members also identify needs for recruiting for certain populations.

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[1] This group is discussed further in the Outreach section below.

- o Disabilities Awareness Campaign – recruitment materials and media plan for recruiting foster and adoptive homes for children with special needs.

- o Homes for Teens – recruitment materials and media plan for recruiting foster and adoptive homes for teens.

- o Longest-waiting Teen – state-led campaign to identify adoptive homes for teens who have been in the Department's care the longest.

Foster and Adoptive Home Recruitment Plans

CBC recruitment plans drive regional plans, which drive the statewide plan. Specific foster and adoptive home goals are developed in a process that begins in April-May of each year. For adoptive home recruitment, the Office of Child Welfare Data Reporting Unit develops preliminary recommendations for goals based on prior year out-of-home care information (see Adoption Targets FY-2014-15 on page 213). Adoption goals are then negotiated by the regions with the local CBCs, taking into consideration such details as judicial characteristics and increases in out-of-home care. The final agreed adoption goals are amended into each CBC's contract.

Foster home recruitment goals are derived locally using the out-of-home care trends from the prior year. In addition, the Department, CBCs, and Children's Medical Services partner to recruit Medical Foster Homes for children with special medical needs. The Medical Foster Care (MFC) program coordinator is responsible for recruitment activities. These activities are coordinated with the CBC licensing staff. Recruitment is not limited to existing licensed foster homes, but includes activities directed at publicizing the need for MFC parents in the community. Recruitment activities include but are not limited to:

- Attending a Department-approved parent preparation training course "guest night" and sharing about MFC;

- Distributing brochures in the community in various locations, particularly medical facilities;

- Displaying MFC posters in public places;

- Distributing information for public service announcements such as radio, television and newspapers;

- Purchasing billboard announcements;

- Submitting special interest newspaper articles and help wanted ads, and

- Community networking and announcements at community meetings.

Foster home goals will be established by August 1, and are monitored monthly as part of the statewide tracking of foster home licensing. See Counts of Licensed Foster Care Providers and Newly Licensed Providers on page 214.

Outreach and Dissemination Strategies

The Department uses newer strategies including internet and social media, and traditional strategies, such as collaborative workgroups, initiatives, and associations, in a broad approach to recruiting and informing potential and active foster/adoptive parents.

Internet and Social Media

The Department hosts or sponsors multiple websites to assist with recruitment including: fosteringflorida.com, adoptflorida.org, qpiflorida.com, jitfl.com, and centerforchildwelfare.fmhi.usf.edu/.

The first two websites, fosteringflorida.com and adoptflorida.org, connect individuals interested in fostering or adopting through the Department to the appropriate local agency that can assist them in beginning the fostering or adoption process. Both sites include anecdotal information from experienced foster or adoptive parents, and give answers to frequently asked questions and dispel common myths that often are barriers to people thinking about fostering or adopting. Fosteringflorida.com is also a link to an active Department-sponsored workgroup, Fostering Florida's Future, which is described below.

The other two websites, qpiflorida.com and jitfl.com, are training resources specifically designed to meet the in-service training requirements and general training needs of foster parents. Both websites routinely post webinars that have been created for and conducted by actual foster parents in response to needs expressed by the foster and adoptive community in Florida. These sites also both focus on enhancing quality of care for the children, and quality of experience for the parents.

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

Fostering Florida's Future Workgroup

The Fostering Florida's Future Workgroup was initiated in 2012, and is continuing throughout 2014 and beyond. This group is composed of paired foster parents and CBC lead agency staff from each of the 19 circuits in the state. The primary purpose of this group is to share best practices regarding recruitment and retention, and to develop targeted recruitment strategies for special populations, such as teens and children with special needs. In addition, the group works to resolve implementation issues, such as barriers to licensing or home study issues, through sharing trends and concerns. DCF staff facilitates the meetings, and take the group's input to DCF executive leadership for the purpose of effecting policy change. This workgroup will continue throughout the planning period.

Quality Parenting Initiative

The Quality Parenting Initiative (QPI) provides training and strategies to improve child safety, permanency and well-being for children who are placed in Florida's out-of-home care system. It is designed ensure that children are residing in an out-of-home care setting shall be placed with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child's culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The community-based care lead agency and other agencies provide prospective caregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child. Such careful attention to placement-matching details improves the ability of caregivers to provide the right support and parenting to children placed with them. Mentoring and coaching from foster parents to birth parents is encouraged as a "best practice" through QPI trainings. In addition, QPI is also designed to promote the participation and engagement of foster care parents in the planning, case management, and delivery of services for those children that are residing in Florida's out-of-home care system, which increases positive outcomes for children and families. See also the discussion of QPI as an ongoing strategy in Chapter IV, Goals and Objectives.

Adoptive Parent Training, Communication, and Organizations

The Department of Children and Families hosts a statewide training opportunity for adoptive parents twice a year, one in January and one in May. The trainings are conducted by nationally recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien and Dr. Wayne Dean. Each training contains a general information and question session, conducted by the state's Adoption Policy Specialist.

The Department continues to collaborate with The Florida Association of Heart Galleries to provide general awareness as to the needs of the foster parents, respite, mentors, volunteers and adoptive families.

The Department's Communication Office works closely with foster/adoptive families and child welfare staff throughout the state to support recruitment efforts and to conduct public awareness events. This includes prevention events, legislative session activities, and partnerships with community-based care organizations. The Executive Communications Office is assisting with a new foster and adoptive parent recruitment initiative to target homes for children with special needs. This initiative, DCF's Disabilities Awareness Campaign, launched in June 2014 as part of the Fostering Florida's Future workgroup. More information about this activity is included under Plan for Action below.

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

The Department collaborates with One to One Child of Florida in the efforts to provide general information and recruitment efforts to Florida Foster and Adoptive community within Florida's Child Welfare community.

Information and Access Strategies

The Department uses and plans to continue use of several different strategies for access to information and services. Some of the strategies are local, based on the needs of the community, while others are statewide strategies.

Local:

- Weekend and after hours training classes.
- Community-based organizations delivering services in multiple locations (churches, neighborhoods, etc.), which helps with transportation issues.
- Providing child care services so that families can attend pre-service and in-service trainings. Individualized study processes when needed.
- Outreach by FSFAPA to local associations and individual parents.
- Designated staff at CBC lead agencies for foster parent liaison work.
- Foster parent mentors (voice of experience).

- Some CBCs conduct site visits when prospective parents inquire. The purpose of the site visit is to answer questions the parents have, and also to do a preview of the home to determine if there are any apparent barriers to becoming a foster or adoptive parent.

Statewide:

- Training available on line.

- Streamlined home study and relicensing processes.

- Quarterly mini-conferences and an annual Educational Conference are sponsored by the Florida State Foster/Adoptive Parent Association (FSFAPA) and supported by the Department and the Florida Coalition for Children.

- Multiple websites for obtaining information, such as Explore Adoption, adoptflorida.org. and its associated Adoption Information Center, 1-800-96ADOPT.

Explore Adoption is a statewide adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is a part of a sibling group. Through public education, expanded partnerships and social media, Explore Adoption invites Floridians to learn more about the children immediately available for adoption in their home state and community. The initiative puts a new face on public adoption by telling many stories of families who have enriched their lives by adopting Florida's children. Since the beginning of Governor Scott's administration, Florida has reduced the number of children available for adoption without an identified family from 850 to 750 on any given day. This can be tied to several initiatives:

- diligent training efforts from the state Office of Child Welfare with adoption specialists across the state;

- identification of a system setting in Florida's SACWIS system that was preventing posting of some siblings; and

- increased coordination with Heart Galleries to post children simultaneously on both the Heart Gallery and Department websites.

Training for Diverse Community Connection

The Department is committed to diversity in community connections and will continue to employ strategies such as:

- Online training resources available at the Department's child welfare portal, Center for Child Welfare: http://centerforchildwelfare.fmhi.usf.edu/Publications/CulturalCompetencyDiversityPub.shtml

- DCF will continue to host the Child Protection Summit annually – this comprehensive conference has plans to include annual opportunities for diversity training, such as working with children who have special needs, being sensitive to children's cultures, and understanding and working with gender identity matters.

- The Florida Coalition for Children also hosts an annual training conference – another potential resource for diversity training.

- The Adoption Information Center and the Department will host statewide in-service adoption trainings, one in January and one in May. The two-day trainings are conducted by nationally recognized adoption experts such as Dr. Denise Goodman, Sue Badeau, Pat O'Brien and Dr. Wayne Dean. The attendees include adoption case managers, adoption

supervisors, Guardians ad Litem, private adoption agency staff and Children's Legal Services' attorneys.

Our new child welfare practice model describes engagement in the following way:

- Build rapport and trust with the family and people who know and support the family.
- Empower family members by seeking information about their strengths, resources and proposed solutions.
- Demonstrate respect for the family as the family exists in its social network, community and culture.

Because the new pre-service curricula is based on the key practices outlined in our practice model, the themes of relationship-building, respect for the family, and understanding the family's culture are woven throughout the curricula. Also, there is discussion about personal bias and understanding its impact on the work of the child welfare professional. Presenting these themes to child welfare professionals at the beginning of their employment with the Department sets a tone of respect and appreciation for all individuals involved in the child welfare system. It will increase employee awareness of foster parents as partners and professionals, thereby enhancing communications and relationships and improving recruitment and retention of valued members of our system of care. The adoption track of Florida's new pre-service curriculum is derived from the National Child Welfare Resource Center for Adoption's: Adoption Competency Curriculum.

In addition to "culture" being woven throughout, the new pre-service "core curriculum" contains the following in module 4:

"Unit 4.2: The Impact of Family Dynamics and Culture on Family Functioning

- The purpose of this unit is to introduce to participants the concepts of family dynamics and culture. During this segment, participants will understand family dynamics and cultural characteristics, and will be provided opportunities to evaluate these elements through a scenario-based activity, and explain the dynamic they observe. This understanding helps participants approach their child welfare work with the ability to discriminate among healthy and unhealthy family dynamics and cultural issues."

The changed focus of pre-service training emphasizes to new child welfare professionals that respect and appreciation for differing family dynamics allows for meaningful engagement. Engaging families will allow workers to address to the symptoms that cause these families to become involved with Florida's system of care.

Strategies for dealing with barriers to communication

One strategy the Department will continue to use in order to address linguistic barriers is hiring staff from diverse backgrounds to ensure native speakers of Spanish, Creole, and other languages are available. Child welfare materials have been requested and produced in Spanish and Creole, the two languages most used by families involved with the Department. In addition, interpreter services are available for purchase as needed. The chart below represents the primary languages spoken in Florida:

RANK	LANGUAGE	SPEAKERS
1	English	11,569,740
2	Spanish	2,476,500
3	French Creole	208,485
4	French	125,445
5	German	89,575
6	Italian	67,255
7	Portuguese	54,710
8	Tasalog	38,440
9	Arabic	32,420
10	Vietnamese	30,960

Source: Communicaid, http://www.communicaidinc.com/a-42-florida.php

Some areas of the state provide foster and/or adoption preparation classes in Spanish. The need for Spanish materials is greatest in areas south of Orlando, as indicated by the percentages of Hispanic or Latino populations in the map below.
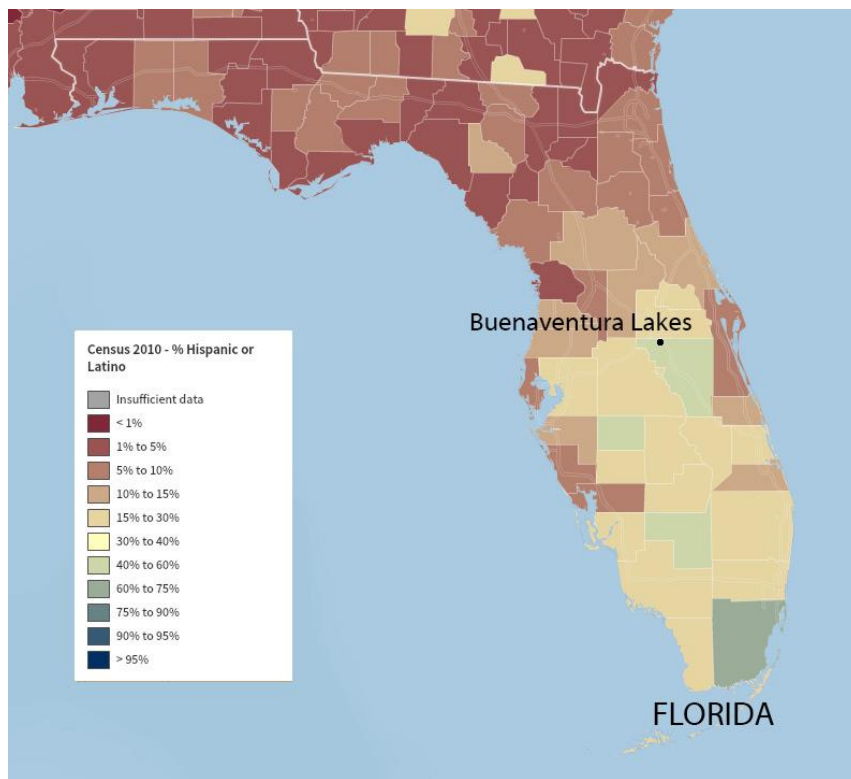
(Source: 2010 U.S. Census).

In addition, providers have created some and are working to create more materials in French-Creole.

Linguistic barriers are not limited to the language spoken by a family. These barriers also can be hearing or speech limitations. The Department is partnering with Health and Human Services on an Advisory Committee for the Deaf and Hard of Hearing (DHH) to make improvements in the following areas, based on the committee's recommendations:

- Recruiting foster parents who are DHH or who can sign;

- Placing children in foster homes with parents who are DHH or who can sign, when appropriate;

- Ensuring caregivers who have a DHH placed in their homes receive appropriate aids and services; and

- Improving foster parent training as it relates to services to those who are DHH.

The Department met with the DHH Advisory Committee on May 1, 2014, and had two final meetings during 2014 to further implement these recommendations.

Non-discriminatory Fee Structures

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

- All out-of-home care and adoption services are available free-of-charge.

- Prospective adoptive families may choose to pay for an adoption home study to expedite the process. If a family chooses to go to an outside agency that can conduct adoptive home studies because they do not want to wait, they can choose to do so. Chapter 65C-16, Florida Administrative Code, determines in the order in which home studies are to be completed. The cost for securing a home study by this method ranges from $500 to $1500, depending on whether the family also attends adoptive parent pre-service classes and whether the individual completing the home study is a licensed practitioner, or attached to a licensed child placing agency.

- Florida Administrative Code 65C-15.010 governs "Finances" for child-placing agencies and provides a structure to ensure fees are based on reasonable costs and are non-discriminatory.

Timely Search and Placement

The Department, in collaboration with the Casey Family Programs, will continue the Permanency Roundtable approach in eleven Community Based Care agencies during the next five years. Training and mentoring by Casey Family Programs will be provided for staff and stakeholders at each new site with a designated lead and facilitator identified by the new Community Based Care Agency. To ensure fidelity of the model, a monitoring component will be implemented. Each new Community Based Care Agency will be required to begin their Permanency Roundtable implementation with a comprehensive review of all children who have an APPLA goal and children who have been permanently committed to the Department for more than 12 months. The goal is to implement the Permanency Roundtables statewide. Each year, one to two Community Based Care lead agencies will develop an implementation plan that begins with a training plan and identification of one staff person from an experienced Community Based Care Agency being assigned as a mentor. For additional information refer to Chapter V under local permanency initiatives.

In addition, the Department's attorneys with Children's Legal Services, in collaboration with Casey Family Programs, will continue the "Cold Case" initiative and research cases that involve children who have been in care for three or more years.

All children available for adoption and who have no identified family must be, according to Florida statute, on the statewide website with a photo and narrative within 30 days of TPR. In addition, the national photo listings at adoption.com, adoptuskids.com and Children Awaiting Parents are also utilized.

The Department will continue to collaborate with One Church One Child in their efforts to recruit adoptive families for our foster children by engaging local churches across Florida. The focus of One Church One Child is to continually reach out to the African American community. African American children represent about half (40 – 50%) of the available children awaiting adoption. In addition, One Church One Child provides education and outreach about the adoption process in the church community. This outreach is primarily to provide public awareness, support children in need of a

permanent family, support foster/adoptive families, and keep the community involved and engaged. It is difficult to quantify the number of adults who become mentors, foster or adoptive parents or supportive adults to someone in their church due to the time spans between outreach, response and training.

Additional child specific recruitment efforts will be conducted for National Adoption Month in November and December and again for Black History Month in February. A video of an available child, primarily a teen, will be shown each day in November, December and February on the statewide website at www.adoptflorida.org. The recruitment event is called "30 Days of Amazing Children" and each video will show a child speaking directly to the camera about topics important to him/her. During February, only videos of the African American available children will be shown. These recruitment efforts have resulted in increased numbers of inquiries to the Department's Adoption Information Center, 1-800-96-ADOPT.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days. The event generate numerous inquiries and interest to 1-800-96-ADOPT.

The statewide Association of Heart Galleries completes annual child specific recruitment initiatives for 30 days. The event generate numerous inquiries and interest to 1-800-96-ADOPT.

Currently, the Dave Thomas Foundation's Wendy's Wonderful Kids program has Wendy's recruiters in eight Community Based Care Agencies.   Wendy's Wonderful Kids in collaboration with the Department will be conducted a Post Adoption Study with children who were adopted through the recruitment efforts Wendy's Wonderful Kids.

The Department's Adoption Specialist will collaborate with the staff of Children's Medical Services and establish a written protocol that will establish that local Heart Gallery photos and videos of children with medical challenges can be on display in the CMS waiting rooms where the caregivers of children with similar medical issues congregate. This is an excellent target audience for our children with medical challenges.

Plan for Action

Adoption

1. The Department, in collaboration with the Casey Family Programs, will engage at least one new Community Based Care Agency each year to join the Permanency Roundtable Project. Beginning in 2015, one to two CBCs will be implementing Permanency Roundtables each year.

During the report period, the Department, in collaboration with the Casey Family Programs, has implemented Permanency Roundtables in three additional CBC's.

2. Once a month, the Department will continue to pull information from Florida's statewide website to update the information about Florida's children on the national website, adoption.com. The information includes photo, age and web memo narrative for each child/sibling. This is an opportunity for Florida's children to be shown on another national website for recruitment (not analytic).

3. The Department's Adoption Specialist will continue to conduct a monthly monitoring of the children who are available without an identified family, according to FSFN, and are not on the statewide website. The Adoption Specialist will also communicate with the adoption specialist of each Community Based Care agency about the accuracy of the website.

4. The Department will continue to assess increasing the tasks required in the contract for One Church One Child. For the upcoming year, the tasks will be increased to include:

- Recruitment and referral of 100 families to complete adoptive parent training

- Enrollment of 88 partner churches to assist with adoptive parent recruitment

- Six statewide educational presentations with churches about recruitment.

5. The statewide Association of Heart Galleries has a goal for the next five years to establish one or two annual child specific recruitment initiatives, especially a Heart Gallery display on the 22nd floor of the State Capital building, a well-trafficked area, to kick-off National Adoption Month. The plan will engage all fifteen Heart Galleries. In addition, the statewide Association will develop an action plan to assist the local Heart Galleries disseminate and publicize the videos that are currently available on the 15 individual websites.

During the report period, photos from the local Heart Galleries were on display at the top of the Capitol as a kickoff for National Adoption Month.

6. The Department's Adoption Specialist and the Wendy's Wonderful Kids Director will establish an action plan to engage more CBCs, with a focus on the need for Wendy's recruiters in the larger Florida counties. The goal will be to obtain at least one new Wendy recruiter per year for each of the five years.

7. The Department's Adoption Specialist will collaborate with the staff of Children's Medical Services (CMS) to ensure that at least one CMS office per CBC displays local Heart Gallery photos and videos of children with medical challenges in the CMS waiting rooms.

Fostering

1. The Department will continue its bi-monthly Fostering Florida's Future meetings in order to continue identify "best practices" in and barriers to foster parent recruitment and retention.

2. As part of the Fostering Florida's Future workgroup, the Department will add (in June 2014) a Disabilities Awareness Campaign aimed at recruiting foster and adoptive homes for children who have a disability or special medical need. Details of this campaign are included below.

3. Work collaboratively with Community-Based Care lead agencies and Department's Regional Managing Directors to establish foster home and adoption goals for each CBC that are consistent with the predictive analytics in each local geographic region it serves.

4. Continue to send monthly data on newly licensed foster homes to the CBCs and Department leadership, and to the Governor's office for him to send a personal letter of appreciation.

5. During SFY 2015-16 implement the recommendations from the Re-Licensing Workgroup in order to reduce redundancy for foster parents going through re-licensing, thereby improving retention.

6. Continue making changes to Florida's administrative rule for foster home licensing to further reduce barriers and unnecessary regulatory processes.

7. Florida's Disabilities Awareness Campaign: There's a Special Need for your Heart.

Currently, 757 children (this is a reduction from more than 800 the prior year) in Florida's foster care system are diagnosed with a disability and are living in a group care setting. DCF and its Community Based Care partners want to reduce the number of children in group care by encouraging more families to foster and adopt children in foster care with special needs. Given the chance to live in a loving, nurturing home with a foster or adoptive family, these children often thrive and can achieve their maximum potential.

In February 2014, the Department hosted a "call to collaboration" meeting of foster and adoptive parents, along with more than 40 stakeholders across the state, to begin discussions about how we can all work together to encourage more families to foster and adopt children in foster care with special needs. Participants included CBCs, Guardian ad Litem, Agency for Persons with Disabilities,

Department of Education, Children's Medical Services, Family Café, Gretchen Everhart, Developmental Disabilities Council, and ARC of Florida. Next steps for this initiative are to:

- Design a Process Map that serves as a guide to prospective parents interested in fostering or adopting a child (or children) in foster care with special needs.

  A Process Map was designed that serves as a guide to prospective parents interested in fostering or adoption a child (or children) in foster care with special needs.

- Share/Collect Best Practices from CBCs and providers on recruitment and parent support efforts that are successful.

  Marketing materials customizable by CBC were designed and distributed for statewide use.

Adoption Targets

Adoption Targets 2014-15
Community Base Care
Statewide - 3,057

Legend:
- Families First Network
- Big Bend Community Based Care
- Partnership for Strong Families
- Family Support Services North Fla
- Kids First of Florida, Inc.
- Community Partnership for Children
- Family Integrity Program
- Eckerd Community Alternatives
- Eckerd Community Hillsborough
- Sarasota Y/Safe Children Coalition
- Children's Network of SW Florida
- Kids Central, Inc.
- Community Based Care Central Fla Seminole
- Community Based Care Central Fla Orange-Osceola
- Heartland For Children
- Brevard Family Partnership
- Devereux Families Inc.
- ChildNet Palm Beach
- ChildNet Broward
- Our Kids of Miami-Dade/Monroe

Bar values: 178, 130, 122, 190, 36, 145, 21, 318, 288, 124, 167, 140, 31, 213, 130, 75, 120, 155, 171, 303

Counts of Licensed Foster Care Providers and Newly Licensed Providers

Number of Licensed Foster Care Providers Statewide & Turnover	
Number licensed on 6/30/2013,	4388
Number licensed on 6/30/2014	4666
Number licensed on 9/30/2014	4661
Number of licenses ended in SFY 2014/15 as of 9/30/2014	344
Number 'newly licensed' in SFY 2014/15 as of 9/30/2014	339

Number of Licensed Providers, by CBC

CBC	6/30/2013	6/30/2014	9/30/14	Net Change from 6/30/2013 - 6/30/2014
Big Bend CBC	187	189	183	2
CBC of Brevard	103	112	115	9
CBC of Central Florida	213	226	227	13
CBC of Central Florida (Seminole)	66	78	75	12
ChildNet Inc	439	511	522	72
ChildNet Palm Beach	205	262	263	57
Children's Network of SW Florida, Inc.	290	340	334	50
Community Partnership for Children	187	194	191	7
Devereux CBC	107	93	106	-14
Eckerd Community Hillsborough	461	444	441	-17
Eckerd Youth Alternatives Inc	434	459	450	25
Families First Network	298	299	294	1
Family Support Services of North Florida	295	317	313	22
Heartland for Children	152	173	178	21
Kids Central, Inc.	155	182	182	27
Kids First of Florida Inc	45	62	60	17
Our Kids of Miami-Dade/Monroe, Inc.	404	389	399	-15
Partnership for Strong Families	112	117	120	5
Sarasota Family YMCA, Inc.	178	167	155	-11
St. Johns County Board of County Commissioners	34	34	39	0
Unknown	23	18	14	-5
Total	**4388**	**4666**	**4661**	**267**

Number Newly Licensed between 7/01/2013 and 9/30/2014, by CBC

CBC	Number of Newly Licensed Foster Homes	Total Bed Capacity of Newly Licensed Foster Homes	Number of Newly Licensed Foster Homes with a New Placement After Licensure**	Percent of Newly Licensed Providers with a New Placement Since Licensed
Big Bend CBC	11	25	8	73%
CBC of Brevard	8	19	6	75%
CBC of Central Florida	13	22	8	62%
CBC of Central Florida (Seminole)	4	6	3	75%
ChildNet Inc	57	84	38	67%
ChildNet Palm Beach	27	38	18	67%
Children's Network of SW Florida, Inc.	19	36	12	63%
Community Partnership for Children	13	25	4	31%
Devereux CBC	20	35	13	65%
Eckerd Community Hillsborough	29	43	16	55%
Eckerd Youth Alternatives Inc	24	38	12	50%
Families First Network	20	40	15	75%
Family Support Services of North Florida	14	28	11	79%
Heartland for Children	13	26	10	77%
Kids Central, Inc.	12	29	6	50%
Kids First of Florida Inc	2	4	2	100%
Our Kids of Miami-Dade/Monroe, Inc.	26	49	18	69%
Partnership for Strong Families	11	24	5	45%
Sarasota Family YMCA, Inc.	4	7	2	50%
St. Johns County Board of County Commissioners	7	17	5	71%
Unknown	0	0	0	0%
Total	**334**	**595**	**212**	**63%**

Florida Intelligent Recruitment Project Information

Project Description: Building upon Fostering Florida's Future, a statewide collaborative effort designed to improve the quality and availability of foster and adoptive resource homes, the Department of Children and Families (DCF) proposed to implement an intelligence-driven approach to the diligent and targeted recruitment of families for children in the foster care system. Utilizing Gold & Associates' "*Intelligent Imagination*"™— a value- and behavior-based multi-layered strategic marketing process deployed for Disney, GEICO, the NFL and many other Fortune 500s firms, the *Intelligent Recruitment Project* (IRP) committed to breaking 'plateaus' of child placement.

The project team, consisting of the Florida Department of Children and Families and four privatized child welfare Community Based Care Lead Agencies, each responsible for coordinating child welfare safety and permanency services in one or more Judicial Circuits, is focused on using proven marketing strategies to identify permanent resource families for some of Florida's most difficult to place youth. The project proposal, theory of change and logic model emphasized the implementation of the *Intelligent Recruitment Project* as a means to improve permanency outcomes for children in 21 Florida Counties; utilizing a level of creativity that doesn't always occur in the child welfare system.

The approach builds upon key findings from 2008 and 2010 Diligent Recruitment grantees and serves as a national 'test-bed' for measuring the effectiveness of a strategic market research-based approach to recruiting across distinct demographic, geographic, and socioeconomic environments.

Responsibility Matrix:

Entity	Responsibilities and Timeframe (Task or Activity)
Florida Department of Children and Families (DCF)	**Project Kickoff** • Execute and maintain contract with ACF / Children's Bureau • Convene project partners, clarify roles and responsibilities, execute sub-contract with Kids Central as Managing Partner **Year One Specific Tasks** • Participate in scheduled project partner meetings • Collaborate in the development of project plan and communication plan • Review and approve revised project plan for years 2 – 5 • Provide access to needed data for development of Strategic / Targeted Marketing research and planning **Ongoing Project Responsibilities Years 2 - 5** • Submit semi-annual reports compiled by Kids Central and project partners

Entity	Responsibilities and Timeframe (Task or Activity)
	• Review and submit annual budget completed by Managing Partner (Kids Central) • Monitor annual project plan and reported outcomes and make recommendations for changes to schedule, activities, or • Identify and provide recommendations related to project implementation and progress in relation to statewide initiatives, strategic goals and objectives • Identify and mitigate potential barriers to dissemination at the statewide level • Integrate and communicate project work and findings state wide through *Fostering Florida's Future* workgroup and meetings • Integrate findings into statewide Child and Family Services Plan • Provide access to child services data (via SACWIS) in accordance with each Community Based Care Lead Agency contract • Provide necessary staffing and associated funding required to complete project activities.
Kids Central, Inc. (Project Managing Partner)	**Managing Partner Responsibilities:** 1. Provide all aspects of grant management including, 2. Develop annual project plan including activities, work schedules, key deliverable due dates, and outcome expectations, 3. Monitor adherence to work plan 4. Establish annual budget 5. Schedule and facilitate project meetings 6. Initiate project communication 7. Maintain project communication forums (web, blog, written communication) 8. Compile materials and tools developed for project tasks 9. Establish and maintain website for project documentation 10. Develop, monitor and amend project annual budget as necessary 11. Collect and compile documentation from each project partner pertaining to work activities, budget expenditures, progress towards project activities, goals and objectives 12. Work collaboratively with project partners to refine and implement project plan for years 2 - 5 13. Compile semi-annual reports and provide to DCF for submission 14. Monitor evaluation activities and outcomes, amend project plan, activities and schedule as appropriate 15. Provide all necessary oversight and communicate feedback to project partners 16. Coordinate attendance and presentations at annual Grantees Meeting 17. Collaborate with and provide project information, data, and findings to DCF **Project Kickoff** • Convene project kick off in partnership with DCF • Develop project charter in cooperation with partnering entities **Year One Specific Tasks** • Work collaboratively with Gold and Associates to develop market data collection tools, collect data, compile data, and interpret results • Revise years 2 – 5 project plan based on year 1 findings and outcomes • Provide oversight of project subcontractors, *Gold and Associates* and *J.K. Elder & Associates* • Develop and execute project communications plan with partnering entities • Review specific geographic and programmatic areas of need for children in care • Provide Gold and Associates and J.K. Elder & Associates with required Circuit-level (via SACWIS or internal tracking systems) • Collaborate with external evaluator to develop evaluation plan and IRB application • Develop circuit-specific strategic targeted marketing plan in cooperation with, and in consideration of recommendations and findings made by Gold and Associates • Submit revised Years 2 – 5 Plan for ACF review and approval **Ongoing Project Responsibilities Years 2 - 5** • Provide required staffing to implement strategic targeted marketing plan • Implement strategic targeted marketing plan

Entity	Responsibilities and Timeframe (Task or Activity)
	• Re-allocate CBC contractual funding to fund media campaign created in collaboration with Gold and Associates • Attend project meetings • Maintain local project communication plan with key stakeholders • Modify circuit-level project activities in response to evaluation findings and project outcomes • Attend all project meetings • Designate project staff to attend annual grantee meetings • Provide necessary staffing and associated funding required to complete project activities.
Big Bend CBC, Inc. Heartland for Children, Inc. Our Kids of Miami-Dade / Monroe, Inc.	**Project Kickoff** • Attend project kickoff meeting • Collaborate with project partners to develop project charter, communication plan and work plan **Year One Specific Tasks** • Review specific geographic and programmatic areas of need for children in care • Work collaboratively with Gold and Associates to develop market data collection tools, collect data, compile data, and interpret results • Revise years 2 – 5 project plan based on year 1 findings and outcomes • Develop and execute project communications plan with partnering entities • Provide Gold and Associates and J.K. Elder & Associates with required Circuit-level (via SACWIS or internal tracking systems) • Develop circuit-specific strategic targeted marketing plan in cooperation with, and in consideration of recommendations and findings made by Gold and Associates • Provide required staffing to implement strategic targeted marketing plan **Ongoing Project Responsibilities Years 2 - 5** • Implement strategic targeted marketing plan • Re-allocate CBC contractual funding to fund media campaign created in collaboration with Gold and Associates • Attend project meetings • Maintain local project communication plan with key stakeholders • Modify circuit-level project activities in response to evaluation findings and project outcomes • Attend all project meetings • Designate project staff to attend annual grantee meetings
Gold and Associates, Inc.	**Project Kickoff** • Attend project kick off meeting • Work collaboratively with all partners to establish project work plan **Year One Specific Tasks** • Review specific geographic and programmatic areas of need to establish data collection process • Prepare strategic targeted marketing process overview and present to project partners • Develop forms, questionnaires, focus group protocols and interview protocols to collect demographic, geographic, and lifestyle data from current foster parents • Prepare a statistical research questionnaire • Prepare outreach materials explaining data collection purpose and process for distribution to foster / adoptive resource families • Execute market research plan / statistical study • Present findings • Coordinate and cross-reference data using proprietary systems to identify market-specific trends for successful outreach in each distinct market area • Develop strategic targeted marketing plan with recommendations for messaging, media, formatting, and frequency (as appropriate) **Ongoing Project Responsibilities Years 2 - 5** • Work collaboratively with CBC Lead Agencies to implement and execute marketing plans

Entity	Responsibilities and Timeframe (Task or Activity)
J.K. Elder & Associates, Inc. (External Evaluator	**Project Kickoff** • Attend project kick off meeting • Work collaboratively with all partners to establish project work plan **Year One Specific Tasks** • Design project logic model • Review and refine appropriate control group • Design and implement project evaluation plan • Review project work plan, charter, and other documentation for compliance with project objectives, intent and desired outcomes – provide recommendations to project partners • Communicate data needs, timeframes and submission requirements to project partners • Develop evaluation tools, questionnaires, surveys, focus group questions, protocols, process documentation, formats and data bases to capture project data to evaluate implementation and outcomes • Submit IRB Application and annual updates **Ongoing Evaluation Tasks Years 1 - 5** • Implement data collection protocols • Compile project data from each partnering CBC Lead Agency • Document project qualitative and quantitative changes for process and outcome aspects of evaluation • Data analysis and reporting • Provide monthly status report and related recommendations • Complete semi-annual project evaluation reports and submit to project partners for review and submission to ACF • Compile and communicate project findings with each partnering agency, statewide workgroup (via DCF), and provide recommendations for integration into Child and Family Services Plan • Attend annual grantee meeting • Provide staffing required to execute and implement project evaluation tasks and objectives.

Target Analysis: At the time of the initial proposal, Florida's CBC Lead Agencies were serving more than 5,200 children who had been in out-of-home care for more than 12 months. The project was specifically designed to respond to the most challenging of these cases; those who are from nine (9) to fifteen (15) years old. The proposed project covers six Judicial Circuits (21 counties) and includes children from a broad range of socioeconomic, ethnic, and demographic characteristics. The large, diverse population of children served by the partnering agencies supports the selection of a representative target population that serves as the focus for our project. As of July 2015, partnering CBCs serve 27.37% of youth in care meeting the definition of the target population. The following charts provide a breakdown of these youth by CBC Lead Agency:

CBC Lead Agency	# of Youth in Target Population	Average Age	Average Time Since Removal (Years)	Average Time Since TPR (Years)
Big Bend East	11	14.27	2.50	1.55
Big Bend West	17	11.41	3.98	2.09
Kids Central	27	13.11	3.65	2.81

Heartland for Children	24	12.50	3.87					1.93
Our Kids	91	12.11	4.28					3.33
Statewide	**621**	**12.67**	**5.65**					**3.00**

	Target Population, Count of Children By Age							
Lead Agency & Placement Type	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**Grand Total**
Big Bend East								
Approved non-Relative	0	0	0	0	0	1	1	2
Approved Relative	0	0	0	0	0	0	3	3
DJJ, Jail, Prison	0	0	0	0	0	0	1	1
Foster Home	0	0	0	0	0	0	1	1
Group Facility	1	0	0	0	0	1	2	4
Big Bend East Total	**1**	**0**	**0**	**0**	**0**	**2**	**8**	**11**
Big Bend West								
Adopt Placement	2	0	0	0	0	0	0	2
Approved non-Relative	0	1	0	1	0	1	0	3
Approved Relative	1	0	0	0	0	0	0	1
Foster Home	1	1	0	0	1	0	0	3
Group Facility	2	1	0	0	1	2	2	8
Big Bend West Total	**6**	**3**	**0**	**1**	**2**	**3**	**2**	**17**
Heartland for Children								
Adopt Placement	0	1	0	1	0	1	0	3
Approved non-Relative	0	1	1	1	0	0	0	3
Approved Relative	1	0	0	0	0	0	0	1
Foster Home	1	0	2	0	0	2	0	5
Group Facility	0	0	0	1	2	5	2	10
Missing Child	0	0	0	0	0	0	1	1
Respite	0	1	0	0	0	0	0	1
Heartland for Children Total	**2**	**3**	**3**	**3**	**2**	**8**	**3**	**24**
Kids Central								
Approved non-Relative	0	0	2	0	0	1	0	3

Approved Relative	0	0	0	0	1	1	1	3
DJJ, Jail, Prison	0	0	0	0	1	1	0	2
Foster Home	1	1	1	0	1	3	3	10
Group Facility	0	1	1	1	1	2	3	9
Kids Central Total	**1**	**2**	**4**	**1**	**4**	**8**	**7**	**27**
Our Kids Inc.								
Adopt Placement	1	0	1	0	0	1	0	3
Approved non-Relative	3	1	2	0	1	1	1	9
Approved Relative	3	4	4	2	3	3	1	20
DJJ, Jail, Prison	0	0	0	0	0	0	1	1
Foster Home	6	6	5	4	4	2	6	33
Group Facility	1	2	1	3	3	5	8	23
Medical Mental Health	0	0	0	0	0	1	0	1
Missing Child	0	0	0	0	0	0	1	1
Our Kids Inc. Total	**14**	**13**	**13**	**9**	**11**	**13**	**18**	**91**
Statewide Total	60	64	75	64	80	114	164	621

Projected Need: Given existing removal, placement and recruiting trends, the project team projected potential needs for each Lead Agency partner. Additionally, CBCs were asked to independently project their targeted recruitment goals based on their perceived need. The following table provides a comparison of calculated need vs. independent projections for each CBC:

CBC Lead Agency	Calculated Needs Projection	CBC Recruitment Target
Big Bend CBC	42	119
Heartland for Children	72	70
Kids Central, Inc.	53	60
Our Kids Inc.	154	195

Florida's
Health Care Oversight and Coordination Plan

Florida's Health Care Oversight and Coordination Plan

Florida's Health Care Oversight and Coordination Plan is a discreet plan within Florida's Child and Family Services Plan 2015-2019.   The link for the CFSP and full Health Care Oversight and Coordination Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Update

During the reporting period, the Department coordinated with the Agency for Health Care Administration (AHCA) on process mapping and necessary policy changes in preparation for managed care roll-out, scheduled for completion by August 2014. The Managed Medical Assistance (MMA) program provides primary care, acute care and behavioral health care to recipients enrolled in an MMA plan. The Statewide Medicaid Managed Care (SMMC) program includes the Child Welfare Specialty Plan for recipients in the child welfare system. The following summarizes modifications to the Health Care Oversight and Coordination Plan.

Continuity of Care and Coordination of Services

Health Care

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

(1) The organization of care coordination/case management staff, including the role of qualified and trained nursing, social work and behavioral health personnel in case management processes;

(2) Maximum caseload for case managers with an adequate number of qualified and trained case managers to meet the needs of enrollees;

(3) Case manager selection and assignment, including protocols to ensure newly enrolled enrollees are assigned to a case manager immediately.

Behavioral Health Care

Under the newly established SMMC, the care coordination/case management program is required to address the role of qualified and trained nursing, social work and behavioral health personnel in case management processes.

Monitoring and Treating Identified Health Needs, Including Emotional Trauma

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

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

Trauma-Informed Care

The Department revised its child welfare pre-service curriculum to infuse child development, attachment, and trauma-informed care throughout the curriculum.

Sharing Medical Information, With the Option For An Electronic Health Record

In 2013, the Florida Legislature appropriated $450,000 to create an electronic health records system for children in foster care. The Department contracted with Five Points to create this system using a system already in partial use in Florida called MyJumpVault. During the reporting period, the hosting environment configuration was completed (July 2014) and User Acceptance Testing was conducted (September 2014). Deployment of the MyJumpVault health record functionality is expected during the 2014 - 2015 federal reporting period.

Continuity of Health Care Services, With the Option of A Medical Home

The Department continued to partner with CBCs and Children's Medical Services to recruit additional medical foster homes through a targeted recruitment campaign for children with special needs, launched in July 2014. The campaign provided a resource guide about caring for a child diagnosed with a disability, and marketing materials for local CBCs to use in recruiting new medical foster/adoptive homes in order to increase children's opportunities to be placed in a home environment that meets their medical needs.

Healthcare Transition Planning for Youth Aging Out of Foster Care

In July 2014, community advocates notified the Office of Child Welfare that a large number of young adults served by DCF were not aware of their new eligibility for Medicaid. These young adults aged out prior to the extension of foster care and the Affordable Care Act, and are now over 21 years of age. In partnership with the Department's Automated Community Connection to Economic Self Sufficiency (ACCESS) Office, the Office of Child Welfare identified the population of young adults who had not applied for Medicaid. The Office of Child Welfare issued guidance and worked in partnership with Community-Based Care providers throughout the state to address this concern. All young adults participating in an Independent Living Program who are eligible will be enrolled during the 2014-2015 federal reporting period.

To continue monitoring Medicaid enrollment of youth who reached age 18 while in foster care but are not currently receiving Independent Living Services, the Department disseminated to the six DCF Regions the first quarterly list reflecting young adults ages 18-26 who reached age 18 while in foster care and their current Medicaid status. Lists will continue through the 2014-2015 reporting period.

Starting in 2013, the Department and CBCs developed a new scorecard measure focusing on medical and dental services received in the last 12 months for children in out-of-home care. The CBC scorecard measures for medical services in the last 12 months and dental services in the last 7 months. There are summary reports in FSFN to track this, and corresponding list reports that will allow caseworkers and managers to identify children who have not had these services in the requisite time frame, or are coming due for a service.

According to the Health Care Plan, AHCA has developed performance measure to ensure the health care needs of children are being met. AHCA will monitor performance through the contract performance measures required within the Child Welfare Specialty Plan contract. AHCA has adopted a set of quality metrics that sets targets on the metrics that equal or exceed the 75th percentile national Medicaid performance level. In addition, these metrics will be used to establish plan performance, improvement projects focusing on areas such as improved prenatal care and well child visits in the first 15 months and better preventive dental care for children. The

Child Welfare Specialty Plan must report on 24 measures from the Healthcare Effectiveness Data and Information Set (HEDIS), 6 measures from the Children's Health Insurance Program Reauthorization Act (CHIPRA) core measures, 11 measures that are agency defined, 2 measures that are HEDIS and agency defined, and one Joint Commission measure. The list of performance measures that the Child Welfare Plan is required to report can be found in the Report Guide at the following link:

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

For calendar year 2014, the Child Welfare and Children's Medical Services Network (CMSN) were not required to report on the three antipsychotic National Collaboration for Innovation in Quality Measurement (NCINQ) performance measures. The two child-specific plans were required to report on several measures from the CMS Child Core Set:

- HPV Vaccine for Female Adolescents – (HPV)

- Medication Management for People with Asthma – (MMA)

- Developmental Screening in the First Three Years of Life – (DEVSCR)

The first Performance Measure Report is due to AHCA no later than July 1, 2015. Due to calendar year 2014 being a transition year across contracts for managed medical care, performance measures were collected but will be labeled "transition year" measures.

Florida's
Child Welfare Disaster Plan

Florida's Child Welfare Disaster Plan

Statewide Disaster Planning

As required Florida's Child Welfare Disaster Plan is a discreet plan within Florida's Child and Family Services Plan 2015-2019.   The link for the CFSP and full Child Welfare Disaster Plan on Florida's Center for Child Welfare is

http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Update

Florida has not experienced an emergency/disaster during the reporting year. The Office of Child Welfare continues to be vigilant in communicating the need to review and revise, when necessary, all Emergency Plans from Community-Based Care Lead Agencies and their subcontracted providers. We also remind our stakeholders and partners in the field to make sure staff are trained and apprised of any changes in the plan. All information from Chapter IX, Florida's Child Welfare Disaster Plans, CFSP 2015-2019 remains relevant.

- Florida's privatization of child welfare case management services has created Community-Based Care Lead Agencies. Each lead agency has locally driven Continuity of Operations Plans and Child Welfare Disaster Plans. The disaster plans address how the lead agency, along with any subcontracted case management agencies, would assist families in maintaining uninterrupted services if displaced or adversely affected by a disaster. All written plans are updated and submitted annually to the Department of Children and Families. Copies of the written plans are provided to the Department of Children and Families' Offices of General Services and Office of Child Welfare, as well as being made available to the circuits, regions and within all community-based care locations.

- In case of a disaster, one of the aftermath activities of local agencies responsible for case management services is to quickly begin to contact families that care for children under state custody or supervision. During these contacts, the child's case manager (primary case manager) explores if any services to the child have been interrupted by the disaster.

- The case manager will explore with the family expected duration of interruption, alternative service providers, transportation considerations, etc.

- Local agencies make determinations as to the extent of damage and interruption of services. If the agency identifies that certain services to children may be interrupted, such as speech therapy, mental health services, educational supports like tutoring, etc., they will work with local community providers and volunteers to address the provision of alternative services and ensure that the case manager supervisors make the staff aware of the alternative services available.

- If a family relocates intrastate due to a disaster, the child's primary case manager will request, through the Courtesy Supervision mechanism, that a secondary case manager be assigned in the new county. The secondary case manager will be responsible for conducting visits, identifying new needs based on the relocation, providing stabilization services to the family, and completing referrals that would ensure the child is provided services for previously identified needs. The primary and secondary worker would also work together and with the local providers in their respective areas to ensure that new providers have current, relevant information as to the child's needs and status in service provision prior to leaving their originating county.

- If the family relocates interstate, the primary worker will immediately notify the Florida Interstate Compact on the Placement of Children Office (ICPC) and will forward a packet of information to be sent to the receiving state so that notification and a request for services can be made. The packet will include a Child Social Summary that will contain information as to service needs and will request that once a local case manager is assigned, that case manager make contact with the child's Florida case manager to discuss service needs. The receiving state's case manager will be asked to affect continued services to address the child's previously identified needs as well as any new needs identified in their own contacts with the family.

The Department of Children and Families and its Community-Based Care Lead Agencies will continue to work with state emergency management personnel and agency leadership to ensure the safety of its clients and staff prior to, during, and after any disaster that Florida may experience.

Florida's Training Plan

Florida's Staff Development and Training Plan

As required, Florida's Staff Development and Training Plan is a discreet plan within Florida's Child and Family Services Plan 2015-2019.   The link for the CFSP and full Child Welfare Disaster Plan on Florida's Center for Child Welfare is

   http://centerforchildwelfare.fmhi.usf.edu/Publications/ChildFamilyServicesPlan.shtml

Update

The Staff Development and Training Plan includes a summary of planned enhancements such as the Student Stipend Program and Court Improvement Training Program.

Florida's Title IV-E Social Work Student Recruitment Stipend Program
The turnover rate for community-based care case managers is 30%; the turnover rate for child protective investigators is 20% (Source: Florida and Other States' Child Welfare Systems, Office of Program Policy Analysis and Government Accountability). High turnover requires continuous recruitment and training of child welfare professionals. The Department and its contracted entities must sustain a multi-pronged approach to stabilize and professionalize the workforce.

 As part of the Secretary's strategic plan for the Department, one of the Priorities of Effort is to establish a Professional Development Program. The end state of this priority is to have a qualified and talented staff that possesses the required skill set for all program and functional areas to maximize mission accomplishment for the Department. The recruitment and retention of a highly skilled workforce will be achieved through partnerships with the university system. The title IV-E Social Work Student Recruitment Stipend Program is one approach to developing a well-qualified pool of professionals to recruit, employ and retain.

The Department in collaboration with the Florida Association of Deans and Directors of Social Work (Association) and a representative of the case management organizations developed a Title IV-E Social Work Student Recruitment Stipend Program for the state of Florida. We looked at other states' programs including Georgia, Kentucky, and Oregon. We talked with the other states to gain knowledge on how they established their IV-E stipend program leveraging federal dollars to provide social work students with a specialized course of study in child welfare.

The Department and our partners worked closely with the Regional Office of the Administration for Children and Families whose insight and experience proved invaluable in our attempt over several months to establish an innovative program. They helped us address both the needs of Florida in developing a well-qualified pool of professionals and the federal expectations of meeting all the Title IV-E requirements as well as establishing an invoicing process that clearly laid out who was participating, the penetration rate, and the matching certification.

The student stipend program is designed to ensure when students graduate with a degree in Social Work at one of the 14 public/private universities, they will be prepared to pass the test for certification and to be employed as a case manager or child protective investigator without going through the weeks of pre-service training.

The Department completed a legislative budget request outlining the program design and implementation and requesting budget authority to access funding for the program. The Legislature approved our request for the state fiscal year 2015-16 starting in July 2015, so we are ready to begin implementation.

The Title IV-E Social Work Student Recruitment Stipend Program

Florida's program consists of three parts. First and foremost is the stipend itself. The stipends are $6,000 for a full-time student and $4,000 for a part-time student. They are to be used by the student while attending a semester of school. The student can receive up to two stipends for two different years and often times the stipends are used to cover expenses while in their placement. In return, the student must work for the Department, Community-Based Care Lead Agency (CBC) or CBC subcontractor for a year for each stipend received.

Due to the start-up requirements which include hiring staff, developing implementation plans and developing and finalizing curriculum, only 200 stipends will be available statewide starting with the first semester in January 2016. The next year, the Department anticipates having funding for 300 stipends.

The second part of the program, but equally important, is the faculty who are involved with the stipend program. Faculty will be hired to work 100% for the program. Their job duties include working with the students, developing curriculum in conjunction with the Department and the Florida Institute for Child Welfare that addresses the core competencies, teaching specialized classes, developing appropriate field settings in child welfare agencies, recruiting and selecting appropriate students to participate in the program, and acting as a mentor and coach for the students in the program.

Oversight and evaluation makes up the third part of the program. Two full-time employees, one program lead and one administrative assistant, will guide implementation, oversee, and validate the program's required eligibility checks, reviews, screenings, federal requirements and fulfillment of work commitments for the program. The independent evaluation will be contracted with a third party to assess the effectiveness of the program.

Effective July 1, 2015, the Department will contract with the University of Central Florida (UCF) who was named in the Fiscal year 2015-16 General Appropriations Act as the coordinator for this program. This lead university will coordinate with the 13 other participating schools of social work through sub-contracts. UCF will have two full time and two part-time positions to administer the statewide program and coordinate among the other universities.

The full-time administrative coordinator will be responsible for coordinating UCF's stipend program and will oversee the subcontracts with the other 13 universities. The position requires the ability to interpret federal policies and procedures regarding reimbursement for eligible child welfare educational expenses and ensure compliance with federal and state requirements. A half-time budget coordinator is also needed to develop, monitor, and account for all costs and expenditures of the project statewide. They will be required to submit the invoice template that has been reviewed by the Regional Office of the Administration for Children and Families on a monthly basis including all expenses and certified public expenditures to be used as match.

Each university will develop and implement a recruitment plan to identify students who have an expressed interest in child welfare. Each university will select stipend recipients based on standardized selection criteria developed in consultation with the Department. The universities will award the stipends to selected students in both the bachelor's and master's programs.

Each student may receive a maximum of two stipends in two different years. The stipend recipients must commit to work for the Department, sheriff investigation units, or with a community-based care agency post-graduation on a year for year basis (meaning one year of receiving a stipend equates to one year of work). The stipend recipients must obtain

employment within six months of graduating (full time employment). If a recipient fails to fulfill the work commitment, the student must repay the stipend.

Each university will have staff (one position for large institutions and part-time positions for the smaller institutions) to provide guidance to the students as they complete their required coursework and supplemental coursework, as necessary, to expand their knowledge specifically in the area of child welfare. These employees will also coach, mentor and guide the students throughout their field placements (internships) to demonstrate links between theory and practice. Part of this will take place in the recruitment and teaching of the students. Once in the program, the student's needs and progress will determine the amount of time needed to coach, mentor, and guide the student through their field placement. In addition, the university employees will also facilitate the development of the field placement learning contracts and have weekly contact with the students while they are placed in the child welfare agencies.

The Department and the universities will work in partnership to align the social work coursework and field placements with the core competencies taught in the training program for newly hired employees. Students exiting the stipend program will have these core competencies and can bypass some, if not all of the required training required for new hires.

In consultation with the Department, the universities will identify performance measurements and will report monthly on the measures. On a semiannual basis (at a minimum), the Department and UCF will meet to review the program, the ongoing progress of the students, and the statewide performance measures. At this time, any necessary adjustments to the program will be made.

To effectively manage and oversee the program, the two Department staff mentioned previously will develop:

> Program guidance for the students and universities;

> Student eligibility requirements to include receipt of the stipend;

> A tracking system to ensure fulfillment of work commitments after graduation; and

> A recoupment process for students/new hires who do not fulfill the work commitment.

In addition, the Department staff will analyze the universities' reports to ensure all program guidelines and performance measures are being met and identify recommendations to overcome the challenges the universities may be facing. They will monitor the hiring of the graduates to ensure they meet federal guidelines of being hired within two months of graduation, their commitment to work, and the recruitment and hiring standards.

Other duties include helping to develop and negotiate a contract with UCF to coordinate the program as well as developing and negotiating a contract with a third party to conduct an evaluation of the program. The evaluation will include, but will not be limited to ascertaining whether the program contributes to a more stabilized workforce and determining the performance of the stipend recipients.

Goal: Over time, these graduates can help stabilize and reshape the professional workforce in child welfare for the state of Florida. This goal is in keeping with the state's commitment to increase the number of social workers employed in public child welfare to 50% of the staff. The state will benefit by enhancing the professionalization of the workforce, by providing a career ladder for BSW graduates in child welfare as many of these workers can move on to receive a

MSW degree, and finally by increasing the number of supervisors and administrators in child welfare who hold a degree in social work.

Office of Court Improvement Training Program

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

The Office of Court Improvement will hire a "master trainer" to develop and to deliver training to case managers, family court managers, and magistrates hearing cases involving dependent children. In addition, the "master" trainer will assist in staffing the Supreme Court Steering Committee on Families and Children in the Court (FCC). Much of the work completed by the FCC has a training component. Currently, three of the four committee charges have associated training needs, and all four charges have a child welfare tie-in. Finally, there is a high need for court personnel training, in general. The following factors create a significant demand for training:

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

- The 2016 Child and Family Services Review.

- Cutting edge research in the areas of trauma, brain development, and child development.

- Potential research findings and recommendations from the new Florida Institute for Child Welfare.

The functions of this position include: conducting an annual training needs assessment, developing a training plan to include training related to the work products of the FCC, training court personnel to use the Florida Dependency Court Information System (FDCIS), coordinating training with outside resources, and delivering training.

Florida's Staff Development and Training Plan

SECTION 1: Training Plan Overview
SECTION 2: Headquarters Training Unit Overview
SECTION 3: Description of the Initial Training for New Child Welfare Professionals
SECTION 4: Training Tracking
SECTION 5: Training Funding
Attachment A: Five-Year Staff Development and Training Plan

SECTION 1: TRAINING PLAN OVERVIEW

The 2015 - 2019 Child and Family Services Staff Development and Training Plan (the Training Plan) describes Florida's three staff development and training goals listed below, along with corresponding initiatives. It was developed with careful consideration of the current state (assessment based on the data available) and visioning for where Florida will be in five years, in response to the assessment.[1]

The initiatives were developed during in-person planning sessions with the Department's headquarters training staff, regional training staff, and community-based training partners. These planning sessions were held in March 2014 immediately following the release of the Administration for Children and Families Program Instruction regarding development of the 2015 - 2019 Child and Family Services Plan. Additional input was sought from the Seminole tribe through a telephone conversation with the tribe's family preservation administrator. The Training Plan reflects a combination of both current and new initiatives.

GOAL 1: Professionalize and Strengthen the Training Infrastructure

Initiative 1.1   Annual Needs Assessment, Planning, and Budgeting
Initiative 1.2   Trainer Credentialing
Initiative 1.3   Professionally Developed Curricula
Initiative 1.4   Research and Policy Development
Initiative 1.5   Training Resource Clearinghouse / Support Network
Initiative 1.6   Leadership and Guidance

GOAL 2: Promote a Culture of Career-Long Learning

Initiative 2.1   Career Ladders / Specialty Tracks / Career-Long Curricula
Initiative 2.2   Supervisor Professional Development

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

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

SECTION 2: HEADQUARTERS TRAINING UNIT OVERVIEW

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

Organizationally, the Department's training unit is situated within the Office of Child Welfare. During the last five year time period, since 2011, the training unit has been disbanded,

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[1] Note: This plan covers staff training related to Title IV-B and aspects of Title IV-E except training for foster care, adoption, and guardianship. For training of those groups, see Chapter VII, Foster and Adoptive Diligent Recruitment Plan.

reorganized, disbanded again, and most recently reorganized in November 2014 with the current staffing configuration. The unit consists of one supervisor and two specialists. The supervisor is dedicated solely to training initiatives. One specialist is dedicated to curriculum design. The other specialist is dedicated training initiatives.

Programmatically, the training unit will be responsible for ensuring that all training and staff development activities are in direct support of Florida's practice model and Florida's goals for prevention, safety, permanency, and well-being (see Appendix E4. Practice Model). Specifically, the training unit will ensure the following:

- The seven professional child welfare practices are effectively taught and reinforced through curricula, performance expectations, structured field experiences, coaching and supervision.

- Training curricula and field experiences are safety focused, trauma-informed, and family centered.

- Child welfare trainers have ready access to quality training materials and resources and are adequately prepared, supported, and – eventually - certified.

Administratively, the training unit will be responsible for the following:

- Tracking the training activities of the Department and community-based training providers to ensure they are supportive of the Child and Family Services Plan goals and objectives as well as the ongoing professional development of child welfare staff.

- Monitoring the expenditure of Title IV-E training dollars by the Department's regional training offices, sheriff offices, and community-based lead agencies.

- Acting as liaison between the Office of Child Welfare and its Center for the Advancement of Child Welfare Practice (housed at the University of South Florida).

SECTION 3: DESCRIPTION OF THE INITIAL TRAINING FOR NEW CHILD WELFARE PROFESSIONALS

New curricula. In order to ensure that the newly developed training curriculum supports the Florida Child Welfare Practice Model the proposed implementation date was extended from the summer of 2014 to the summer of 2015. During this time, extensive reviews and revisions were made to the overall framework of the curriculum plan. The newly revised Pre-Service curriculum now consists of Core training and 5 separate specialty curricula.   A sixth tack has been designed for Children's Legal Services that does not utilize Core training, but is supportive of the Florida Child Welfare Practice Model.

See below for the content overview of each.

Key design principles. Key principles of the curriculum design: creating a combination of classroom instruction, lab days and structured field days to provide an opportunity for more skills-based or interactive activities along with true reality-based experiences.

Core Pre-Service Curriculum

Core is a five week curriculum consisting of an orientation, 9 classroom based modules, 5 labs, 4 structured field days and ends with a readiness assessment. Core is the first step for hotline counselors, investigators, case managers, adoptions specialists, and foster care licensing specialists.

Week 1	Week 2	Week 3	Week 4	Week 5
Orientation / Classroom	Lab	Structured Field Day	Lab	Structured Field Day
Classroom	Structured Field Day	Classroom	Lab	Classroom
Classroom	Classroom	Classroom	Structured Field Day	Classroom
Lab	Classroom	Classroom	Classroom	Classroom
Lab	Lab	Classroom	Lab	Classroom

Orientation

In this module, we will welcome participants and provide an overview of training, the purpose of the training, and the contents of the training.

Module 1: Florida's Child Protection System

This module provides an overview of the key legal constructs driving Florida's Child Welfare System, our guiding principles, the major roles and responsibilities of Child Welfare Professionals, and the ethical standards for a Child Welfare Professional.

> **Unit 1.1: Legal Foundations**
> The purpose of this unit is to provide new Child Welfare Professionals with an understanding of the core legal constructs that govern Florida's Child Welfare System.

> **Unit 1.2: Guiding Principles**
> This unit provides new Child Welfare Professionals with an understanding of the purpose of the child welfare system and the principles that guide our work.

> **Unit 1.3: Roles and Responsibilities**
> The purpose of this unit is to begin to inform participants of the various child welfare roles within DCF's Child Welfare System, what they each do, and how they work together, as well as with community partners to achieve child safety, permanency and resilient families.

> **Unit 1.4: Ethical Requirements of the Child Welfare Professional**
> The purpose of this unit is to provide participants with a continued discussion on ethical behavior and to highlight the importance of vigilance in behaving ethically.

> **Unit 1.5: Tools and Resources**
> The purpose of this unit is to provide participants with the tools and resources they will need to be successful Child Welfare Professionals.

Module 2: The Practice Model
In this module, we turn participant attention to Florida's Child Welfare Practice Model.

> **Unit 2.1: Florida's Child Welfare Practice Model**

This unit introduces participants to the major components of the child welfare system, building on the legal foundations, purpose and principles, and professional roles. Participants will have their first introduction to Florida's Child Welfare Practice Model.

Module 3: Child Development

In this module, participants will learn about child maturation; the child's developmental stages; the child's need for protection, nurturing and well-being.

Unit 3.1: How Children Develop

The purpose of this unit is to provide participants with a strong understanding of the stages of child development and to provide participants with the ability to evaluate children based on the developmental stages. It also introduces the child functioning domain, how to assess a child's functioning, and how to write adequate content about a child's functioning.

Unit 3.2: Child Attachment, Permanency and Well-Being

This unit broadens the focus from the child's developmental stages to look at the child's needs within the family for safety, nurturing and attachment, and well-being, providing definitions and examples, as well as scenario or video practice to determine where these needs are and are not being addressed. In addition, participants learn about the importance of meeting the child's needs from a well-being point of view.

Module 4: Trauma and the Child

This module explains the short and long-term impacts of traumatic events on the child. It also acknowledges the multi-generational nature of trauma and discusses how parents who were traumatized as children continue to experience the effects throughout their adult lives.

Unit 4.1: Trauma and its impact on the Child

This unit portrays for participants the short- and long-term impacts of traumatic events on the child, highlighting the importance of careful, thoughtful professional communication and intervention. The implications of the *Adverse Childhood Experiences (ACE) Study* are woven into this discussion, and the activities are designed to produce a visceral impact on participants about the child's experience of trauma. The ability to demonstrate empathetic listening which participants have learned about in Labs 1-4, should be reinforced as the skills needed to communicate with adults who have likely experienced trauma as children and adults.

Unit 4.2: Approaching Children and Families in a Trauma-Informed Manner

Attention in this unit turns to the role of the Child Welfare Professional, highlighting the impact on the child when the approach is not trauma-informed and how one might alternatively behave in a trauma-informed manner. Participants are then provided a list of ways to approach various situations in a trauma-informed manner from the hotline call through case closure.

Unit 4.3: Referring and Advocating for the Child and Family in a Trauma Informed Manner

In this unit, participants learn important facts about screening, assessing and evaluating trauma, as well as the importance of considering culture and historical trauma when approaching children and families in a trauma-informed manner.

Module 5: Family Conditions
In this module, participants will learn about family systems and some of the family dynamics that impact family functioning. Please note that domestic violence and substance abuse are covered in Module 6, Maltreatments.

Unit 5.1: The Basic Social Unit: The Family
In this unit, participants will be introduced to the concept of the family household as a whole rather than a collection of individuals. This unit focuses on our society's most fundamental social entity, which is the family. Today's families might be one parent, two parents or "blended." A child might be raised by extended family members, a foster parent or an adoptive family. A child may be living in a household where one or more families reside together. The family unit, however defined, is responsible for the care, supervision and protection of the child. Children develop their values, beliefs about self and others, and patterns of behavior within their family system. In child welfare, given the many family configurations that exist, our assessment of families focuses on the household where children reside, the people in the household, and how they function.

Unit 5.2: The Impact of Family Dynamics and Culture on Family Functioning
The purpose of this unit is to introduce participants to the concepts of family dynamics and culture to help them approach their child welfare work with the ability to discern healthy and unhealthy family dynamics and cultural issues.

Unit 5.3: Dynamics of Mental Illness
This unit provides participants with a clear understanding of the impact of mental health issues on the families and the role of the Child Welfare Professional in addressing such mental health issues in the family.

Unit 5.4: Dynamics of Poverty
The impact of poverty on the child through family dynamics and other factors can play, the most central role in the child's safety, as well as their short- and long-term prognosis for a healthy, productive life. This unit provides a framework for understanding how poverty impacts the families with whom Child Welfare Professionals work.

Unit 5.5: Dynamics of Limited Cognitive Functioning
This unit defines and describes limited cognitive functioning, as well as discusses the child welfare-related implications of working with a family in which a caregiver has limited cognitive functioning.

Module 6: Understanding Child Maltreatment
To build a solid understanding of maltreatment of children.

Unit 6.1: Maltreatment: Overview
To provide participants with a broad understanding of maltreatment, setting the stage for a deeper look (in the other units of this module) at some specific types of maltreatment.

Unit 6.2: Neglect
This unit provides participants with an understanding of neglect, including the identification and ability to differentiate between types of neglect in the Maltreatment Index, the ability to identify indicators of different types of neglect in family scenarios

through descriptions, photographs, behaviors and words and the ability to explain and appreciate the longer-term impact of child neglect maltreatment.

Unit 6.3: Physical Abuse
This unit provides participants with definitions and a detailed examination and understanding of child physical abuse.

Unit 6.4: Sexual Abuse
To provide information about the effects of child sexual abuse, including identification of it in the Maltreatment Index, the ability to determine if what is alleged actually rises to the definition of sexual abuse, the ability to identify indicators in family scenarios and through descriptions, and the ability to explain and appreciate the longer-term impact of sexual abuse on the child.

Unit 6.5: Mental Injury
The purpose of this unit is to provide participants with sufficient understanding of mental injury, including the ability to differentiate between types of mental injury; identify indicators of mental injury in family scenarios and through descriptions, behaviors and words; and the ability to explain and appreciate the longer-term impact of mental injury abuse on the child.

Unit 6.6: The Dynamics of Substance Abuse
The purpose of this unit is to educate participants about substance abuse issues and their effect on the family. This unit provides information about the continuum of use, abuse and dependency, and explores signs and symptoms. Learning opportunities are provided that are designed to support child protection professionals in working with families from various cultural groups affected by alcohol and/or drug-related problems. Participants will also be provided opportunities to evaluate these elements through a scenario-based activity, and explain the family dynamics and culture issues they observe. We will also explore substance abuse as a maltreatment.

Unit 6.7: The Dynamics of Domestic Violence
This unit provides an overview of the dynamics of domestic violence, its impact on the children and the survivor of domestic violence, and how to assess when domestic violence may be actively occurring in the family and threatening the child. It also helps participants understand the survivors' actions to protect themselves and their children.

Module 7: Assessment and Analyzing Family Functioning
In this module, participants learn to key points in assessing the six domains of information collection.

Unit 7.1: Information Collection for the Family Functioning Assessment
In this unit participants are introduced to the six domains of information collection.

Unit 7.2: Assessing the Extent of Maltreatment and Circumstances Surrounding Maltreatment
This unit builds participant skill in writing critically-thought, synthesized assessments regarding the extent maltreatment and circumstances surrounding of maltreatment.

Unit 7.3: Assessing Child Functioning

This unit broadens the focus beyond the child's developmental stages, and the need for the child to be safe and experience well-being and permanency to look at the child's functioning needs within his or her family, including assessment and analysis of this domain of information collection.

Unit 7.4: The Parent/Caregiver as a Functioning Adult
This unit will define the domain of adult functioning and help participants understand what information constitutes adult functioning, as well as how to assess and analyze this information. Participants will then review a completed Adult Functioning Domain and identify strengths and gaps in information.

Unit 7.5: Parenting General
The purpose of this unit is to help participants understand the basic concepts associated with the Parenting General domain and understand why this information is important in the overall assessment of Family Functioning. Historically we have focused on a specific maltreatment and when we did ask questions about parenting we centered them on how the parents disciplined. We rarely explored how they came to be parents, what they think about being parents and what type of parent they are. In this domain we will explore all of this using a case example.

Unit 7.6: Parenting Discipline
The purpose of this unit is to help participants understand the Parenting Discipline domain and understand why this information is important in the overall assessment of Family Functioning.

Module 8: Safety and Risk
We have looked a child development, trauma, maltreatments and family conditions in previous modules. In this module, we will explore how these concepts create a safe or unsafe environment for children and we will explore whether a non-maltreating parent has the sufficient protective capacities to protect against the danger.

Unit 8.1: Assessing Present Danger
The purpose for this unit is to focus on what is present danger and identifying the danger threats associated with present danger.

Unit 8.2: Impending Danger, Information Sufficiency and Danger Threats
This unit is the first time that the three core safety components will be introduced, danger threats, child vulnerability and caregiver protective capacities. This will be the first time that all of the six information domains will be pulled together. Participants will begin to see the totality of information about family conditions that is reflected in the six domains. They will begin to learn how sufficient information in the domains is linked to the identification of danger threats.

Unit 8.3: Impending Danger, Information Sufficiency and Caregiver Protective Capacities
This unit will continue to reinforce the inter-relationship of the three core safety components: danger threats, child vulnerability and caregiver protective capacities. Participants will begin to learn how sufficient information in the domains is linked to the identification of caregiver protective capacities.

Unit 8.4: Impending Danger, Information Sufficiency and Child Vulnerability

This unit will continue to reinforce the inter-relationship of the three core safety components: danger threats, child vulnerability and caregiver protective capacities. Participants will begin to learn how sufficient information in the domains is linked to the identification of child vulnerability.

Unit 8.5: Risk, Protection and Prevention
Through Units 1-4, participants have worked to develop an understanding of present danger, then learning and applying the danger threshold criteria to determine if a child is safe or unsafe. In this unit, we turn our attention to another construct – that of the family being 'at risk' of future maltreatment. Participants learn in this unit the basis of the concepts of risk and protection, as well as the concept of prevention, which is another focus of DCF's efforts to keep children safe. The unit ends with an activity designed to help participants see the linkages between the information domains and the protective factors.

Unit 8.6: How Safety and Risk Work to Address Two Different Aspects of Protecting Vulnerable Children
Participants learn in this unit what actuarial risk is. They will learn about the differences between determining actuarial risk and safety and will apply the actuarial risk table to a case study they worked on earlier to determine child safety.

Module 9: Safety Planning
This module covers what must occur once either present danger is identified during the assessment or when the Family Functioning Assessment-Investigation determines that a child is unsafe: safety planning and management.

Unit 9.1: What are Safety Plans?
This unit will focus on what are safety plans, the rationale for creating safety plans, and the responsibility of the agency in creating and managing safety plans.

Unit 9.2: Safety Planning Analysis and Conditions for Return: Purpose
This unit will focus on the safety planning analysis, including the purpose and the development of conditions for return.

Unit 9.3: Creating Sufficient Safety Plans
This unit will focus on safety services and the development of sufficient safety plans.

Module 10: Readiness Assessment
The purpose of the Readiness Assessment is to provide Child Welfare Professionals an opportunity to demonstrate the ability to take concepts learned in the classroom and labs and write logical and succinct domain information to justify conclusions.

<div align="center">Core - Communication Skills Labs</div>

Communication Skills Lab 1: Foundations for Interviewing
This lab follows the presentation of Modules 1 and 2 (*The Child Welfare System* and *Florida's Child Welfare Practice Model*, respectively.) Transfer of learning is achieved when participants move from a conceptual understanding of the values intrinsic to the field of child welfare to actually demonstrating behaviors and basic interviewing techniques consistent with those values during structured learning activities.

Since the best outcomes for children can only be realized when there is a productive working relationship between parent and professional the steps to establish this relationship are covered in depth. This lab introduces the Engagement Continuum describing the full spectrum of interpersonal helping skills. Stages of interviews are discussed to help place the timing and use of more advanced skills (e.g., use of exploring, focusing or directing interviewing skills) in context to the overall information gathering process. In this first lab, participants will demonstrate rapport building through the use of physical attending behaviors.

Unit 1.1: Foundational Concepts
The purpose of this unit is to help new Child Welfare Professionals explore what values and perceptions they bring to their work with families and how these elements can significantly affect what they accomplish with families.

Unit 1.2: How We Gain Trust
The purpose of this unit is to help new Child Welfare Professionals examine the basic elements for building trust—genuineness, respect and empathy. They will observe two different interviews and begin to identify the professional behaviors that made one interview more effective than the other. They will explore what personal values and they will bring to their work with families and how these elements can significantly affect what they accomplish with families if they are not self-aware.

Unit 1.3: Interviewing Engagement Continuum
The purpose of this unit is to introduce new Child Welfare Professionals to the continuum of interviewing skills that they will be learning and how they parallel the phases of an interview. These skills are the manner in which the core conditions of respect and empathy will be demonstrated to the family. There is a heavy emphasis in this unit on the importance of communication skills as a way of truly "listening and hearing" what families are saying and feeling.

Unit 1.4: Attending Behaviors
The purpose of this unit is to introduce new Child Welfare Professionals to the attending behaviors. They will practice the demonstration of empathy through physical attending behavior. They will be introduced to observing and recording feedback.

Communications Skills Lab 2: Exploring Skills
Exploring skills, which include physical and attending behaviors, reflections, silence, reframing, and exception finding questions are used in all interviewing models (narrative, solution-focused, and motivational interviewing). These skills are the bedrock of active listening, and as such, new Child Welfare Professionals should be expected to be reasonably proficient in these skills at the end of core. These skills will be practiced through-out all the labs as new skills are added, and new topics are the focus of an interview.

Unit 2.1: Attending Behaviors
Participants will build on their experience of listening without speaking from Lab 1, and learn the specific types of physical and psychological attending behaviors including the use of silence. They will observe a video and practice the identification of attending behaviors, as well as non-verbal behaviors of the interviewer and family members interviewed.

Unit 2.2: Reflections and Reframing

Participants will build on their understanding of attending behaviors, moving into "active listening" techniques. They will continue to practice the identification and demonstration of attending behaviors while incorporating the use of reflections and reframing.

Unit 2.3: Opening Phase of the Interview

The purpose of this unit is to go back to the phases of an interview and discuss how the exploring skills are used in the opening phase of the interview. Participants will use the information learned to watch a video of two different styles opening an interview. They will be expected to observe interview openings as part of their Child Welfare Professional shadowing and observations during their field days.

Unit 2.4: Wrap-up and Preparing for Field Shadowing

The purpose of this unit is to go back to the phases of an interview and discuss how the exploring skills are used in the opening phase of the interview. Participants will use the information learned to watch a video of two different styles opening an interview. They will be expected to observe interview openings as part of their Child Welfare Professional shadowing and observations during their field days.

Communication Skills Lab 3: Focusing Skills

Participants will debrief their field shadowing experiences by sharing their direct, personal use or second party observation of exploring skills. Participants will learn what focusing skills are, and how focusing skills in combination with exploring skills are used to steer the interview from an exploration of the general to gathering of specifics. There will be further discussion about the linkages between focusing skills and motivational interviewing, including building ambivalence to facilitate change. This module will begin to differentiate techniques appropriate for children vs. adults, and will provide an intro to child interviewing as the last module. Participants will continue to practice observation, note taking and providing feedback to peers.

Unit 3.1: Debrief Field Observations

The purpose of this unit is to give participants an opportunity to share their field shadowing experiences – particularly their use and observations of exploring skills. This will provide both a review of the exploring skills and an opportunity to further clarify any questions that participants have.

Unit 3.2: Summarization and Questions

This unit moves from exploring skills to focusing skills, which allow the Child Welfare Professional to build on the foundation of general information gathered, zeroing in on the specific details of family conditions and dynamics. The effective use of focusing skills, in combination with exploring skills, will result in gathering necessary descriptive details as well as family perspectives towards the safety of their children and necessity for change. Focusing skills are essential in order for the Child Welfare Professional to have the details needed for safety determinations and to create sufficient safety plans, when needed, that meet the standard of "least intrusive".

Unit 3.3: Interviewing to Enhance Motivation to Change

In this unit, participants are introduced to stages of change and motivational interviewing, both at a high level. All of the skills covered thus far are foundational to motivational interviewing--the ability to build a trusting relationship, conveying empathy, and seeking solutions. The next focusing skills on the engagement skills

continuum, positive reinforcement and developing discrepancy require a more direct linkage to the goals of motivational interviewing. Stages of change and motivational interviewing will be covered in greater depth in the specialty tracks.

Unit 3.4: Skill Demonstration

This unit provides opportunities for participants to practice the exploring and focusing skills they have learned thus far. They will also practice observing, giving and receiving feedback. The practice activities are broken into two parts in order to best sequence their skill practice and acquisition. Using case scenarios provided and roles assigned, the first activities will involve the use of listening and focusing skills, but not the more advanced skills of reframing, solution-focused questions, positive feedback and developing discrepancy. The second set of activities will involve the full set of exploring and focusing skills. In this set of activities, participants will use one of their personal topics. The purpose of this second set of activities is to practice the skills, and hopefully, experience the benefit of effective listening and solution developing skills.

Communications Skills Lab 4: Interviewing Children

This lab will be focused on interviews of children, in particular developing knowledge and skills related to linguistic competence. This lab will build on information that has been learned in Module 3, Child Development. As this lab will also follow a field shadowing of interviews of adults, the first unit will be a debrief of those field observations. This lab will focus on linguistic issues generally associated with child age groups, particularly focusing on the pre-school age group. The strategies for interviewing young children are generally transferable to children of all ages, especially in light of the possible developmental delays that many maltreated children experience. These strategies should also be considered when interviewing a person with limited proficiency in the English language. There are several new interviewing techniques introduced in this lab that are best interviewing practices to use with children and adults with limited English proficiency. At the end of this lab, participants should be able differentiate between interviewing skills appropriate for adults vs. children.

Unit 4.1: Debrief Field Observation of Exploring and Focusing Skills

The purpose of this unit is to give participants an opportunity to share their experiences with field shadowing as well as their observations of exploring and focusing skills. This will provide both a review of the exploring and focusing skills and an opportunity to further clarify any questions that participants have.

Unit 4.2: Linguistic Factors with Children

The purpose of this unit is to explain how cognitive development impacts a child's use and understanding of language.

Unit 4.3: Effective Interviewing Skills with Children

The purpose of the unit to learn specific skills that are appropriate for interviews with children who do not have abstract thinking skills.

Unit 4.4: Observation and Demonstration of Child Interviewing Skills

The purpose of this unit is to practice use and observation of child interviewing skills through role plays and field experiences.

Communication Skills Lab 5: Interviewing to Learn about Maltreatment and Surrounding Circumstances
The purpose of this lab is to practice exploring and focusing skills learned for conducting an interview of an adult to learn about maltreatment and surrounding circumstances. Participants will first debrief about their field experiences with observations of child interviews. Participants will practice through various role plays of different case scenarios provided. Participants will also continue to practice skill observation and feedback.

<div align="center">

Child Protective Investigators (CPI) Pre-Service Curriculum

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The Child Protective Investigators specialty curriculum follows Core and includes three weeks of classroom, labs, courtroom testimony experiences and ends with a readiness assessment. This curriculum was implemented during February of 2015.

Week 1	Week 2	Week 3
Classroom	Lab	Lab – Courtroom Testimony
Classroom	Classroom	Lab
Classroom	Classroom	Lab – Readiness Assessment
Lab	Lab	
Classroom	Classroom	

Module 1: Introduction to Child Protective Investigations Family-Centered
The purpose of this module is to provide the framework for practice and understanding of the Child Welfare Practice Model.

> **Unit 1.1: Reviewing the Child Welfare Practice Model**
> The purpose of this unit is to explain the investigative processes and procedures and the roles and functions of Child Protective Investigators (CPI).
>
> **Unit 1.2: Overview of the Child Protective Investigation Process**
> The purpose of this unit is to provide an overview of the investigative process, procedures and essential assessment skills needed to make informed investigative decisions.
>
> **Unit 1.3: Family-Centered Practice**
> The purpose of this unit is to provide investigators with strategies to utilize the family-centered practice approach in the investigative process.

Unit 1.4: Cultural Competence
The purpose of this unit is to familiarize participants with the importance of understanding cultural bias and cultural sensitivity when working with culturally diverse families and environments.

Module 2: Assessment of Hotline (Screen-In) to Assignments
The purpose of this module is to identify and apply the pre-commencement activities and procedures when a hotline intake is assigned for investigation.

Unit 2.1: Pre-Commencement Activities
The purpose of this unit is to identify and apply the pre-commencement activities and procedures when a hotline intake is assigned for investigation.

Unit 2.2: Intakes Not Requiring Investigation
The purpose of this unit is to identify the exceptions to completing pre-commencement activities.

Unit 2.3: Intakes with Special Circumstances
The purpose of this unit is to identify the specific practice and procedural requirements for investigating cases with special circumstances.

Unit 2.4: Special Conditions Referrals
The purpose of this unit is to identify the specific practice and procedural requirements for investigating special condition referrals.

Unit 2.5: Institutional Investigations
The purpose of unit is to identify the practice requirements for Institutional Investigations and explore the different elements making up the Child Institutional Safety Assessment.

Module 3: Commencement of the Investigation: Initial Contact and Present Danger
The purpose of this module is to define the purpose, process and procedures that occur during the commencement phase of an investigation as it relates to present danger.

Unit 3.1: Purpose of Commencement and Planning for Initial Contact
The purpose of this unit is to set the framework for the initial investigation commencement activities.

Unit 3.2: Present Danger
The purpose of this unit is to discuss the requirements for assessing present danger at initial contact.

Unit 3.3: Conducting the Initial Assessment
The purpose of this unit is to provide participants with an understanding of the documentation and notification requirements, as well as an understanding of the importance of observations in the investigative process.

Module 4: Present Danger Assessment
The purpose of this module is to identify the necessary actions that must be completed to assess present danger, establish a present danger safety plan and utilize Children's Legal Services for removal/separation action.

Unit 4.1: Present Danger Assessment
The purpose of this unit is to identify the purpose of and demonstrate the ability to complete a present danger assessment.

Unit 4.2: Developing a Present Danger Safety Plan
The purpose of this unit is to identify the purpose of a present danger plan and the safety actions that are included in the development and implementation of the plan.

Unit 4.3: Temporary Removal Due to Present Danger
The purpose of this unit is to identify the legal basis for a temporary removal due to present danger.

Unit 4.4: Investigations Involving a False Report
The purpose of this unit is to identify the specific practice and procedural requirements for discontinuing an investigation involving a false report.

Unit 4.5: Patently Unfounded Investigations
The purpose of this unit is to identify the specific practice and procedural requirements for discontinuing patently unfounded investigations.

Unit 4.6: Continuing the Assessment Process
The purpose of this unit is to assist CPI's with identifying the gaps in information collections and determining sufficiency to make sound safety determinations.

Module 5: The Family Functioning Assessment – Investigation and Safety Planning
The purpose of this module is to provide participants with the requisite knowledge to effectively utilize the Family Functioning Assessment (FFA)-Investigations to make safety determinations.

Unit 5.1: Overview of the Family Functioning Assessment-Investigation
The purpose of this unit is to introduce participants to the essential components of the Family Functioning Assessment-Investigation and describe its use in practice.

Unit 5.2: Information Collection and Determining Impending Danger
The purpose of this unit is to provide participants an understanding of the family functioning assessment as it relates to determining impending danger.

Unit 5.3: Assessing Impending Danger Related to Caregiver Protective Capacities (CPC) and Child Vulnerability
The purpose of this unit is to provide participants with an understanding of how caregiver protective capacities are utilized in safety determination.

Unit 5.4: In-Home Safety Analysis and Planning
The purpose of this unit is to provide participants with a framework for managing safety, safety planning and analyzing the effectiveness and appropriateness of their plan.

Module 6: Developing in-Home or Out-of-Home Safety Plan
The purpose of this module is for participants to understand how to develop in-home or out of home safety plans, how to analyze their effectiveness, and when to consult with Children's Legal Services (CLS).

Unit 6.1: Managing for Safety
The purpose of this unit is to understand the importance of utilizing appropriate impending danger safety plans to manage for safety in the least intrusive manner.

Unit 6.2: Documentation, Removal and Placement
The purpose of this unit is provide participants with an understanding of the situations that require removal consideration and the documentation that provides the rationale for removal and placement of the child(ren) once the determination is made.

Unit 6.3: Consulting with CLS
The purpose of this unit is to provide participants with an understanding of when to consult with CLS and identify roles and responsibilities between parties.

Module 7: Closing an Investigation – Family Functioning Assessment–Investigation and Case Transfer
The purpose of this module is to review the child maltreatment index, familiarize participants with the utilization of the risk assessment and the investigations case closing process.

Unit 7.1: Maltreatment Evidentiary Standards
The purpose of this unit is to describe the purpose and application of the Child Maltreatment Index.

Unit 7.2: Risk Assessment at Closure
The purpose of this unit is to learn how risk is integrated into the work of the CPI, and for the CPI to learn how to conduct a risk assessment.

Unit 7.3: Investigation Closure – Safe
The purpose of this unit is to familiarize participants with the process, procedures and considerations for closing an investigation when the children are safe.

Unit 7.4: Investigative Closure: Unsafe
The purpose of this unit is to familiarize participants with the process, procedures and considerations for closing an investigation when the children are unsafe.

<p align="center">**CPI Practice Application Labs**</p>

CPI Practice Application Lab 1: Pre-Commencement Preparation
This lab takes participants through each step of information collection for pre-commencement preparation, using the Sandler case example. Participants will review considerations about the focus of the current FFA, reading prior child welfare history and criminal history, the use of other professional expertise and planning the sequence and location of interviews.

CPI Practice Application Lab 2: Present danger Assessment and Planning
This lab reviews the expectations for tasks to be accomplished during commencement of an investigation by using a case example.

CPI Practice Application Lab 3: Further Information Gathering for Impending Danger Assessment
The purpose of this lab is to review the standards for sufficient information in order to develop the FFA-Investigations, and determine whether or not a child is safe or unsafe. Participants will

practice the assessment of information sufficiency, danger threat and protective capacity assessment and impending danger determination by applying the Sandler case example.

CPI Practice Application Lab 4: Impending Danger Safety Planning, Risk Assessment and Closing Interviews with Family
The purpose of this lab is to develop an Impending Danger Safety Plan for the Sandler Case, complete a Risk Assessment and practice a closing interview.

CPI Practice Application Lab 5: Putting It All Together
Unit Overview: This lab provides an opportunity to practice each step of the Investigation portion of the Child Welfare Practice Model using a case example.

Case Management Pre-Service Curriculum

This three to four week specialty track follows Core training. All Case Management, Adoptions and Licensing staff must complete this curriculum. This curriculum is currently being revised, updated and field tested with an anticipated implementation date during the summer of 2015.

Week 1	Week 2	Week 3	Week 4
Classroom	Classroom	Classroom	
Classroom	Lab	Lab	
Lab	Classroom	Classroom	
Classroom	Classroom	Lab	
Lab/Courtroom Testimony	Lab	Lab	

Module 1: Introduction to Case Management

Unit 1.1: Reviewing the Child Welfare Practice Model
The purpose of this unit is to explain the case management processes and procedures and the roles and functions of Case Managers.

Unit 1.2: Overview of Case Management
The purpose of this unit is to provide an overview of the case management process, procedures, and essential assessment skills needed to make informed decisions.

Unit 1.3: Family Centered Practice and Case Management Process
The purpose of this unit is to provide case managers with strategies to utilize the family-centered practice approach during the case management process.

Unit 1.4: Cultural Competence

The purpose of this unit is to familiarize participants with the importance of understanding cultural bias and cultural sensitivity when working with culturally diverse families and environments.

Module 2: Case Transfer Staffing

Unit 2.1 Preparation for case transfer
In this unit, participants experience and comprehend the process for preparing for and conducting the case transfer meeting.

Unit 2.2 Case Transfer Staffing
In this unit, participants will review the requirements for conducting a case transfer meeting and explain the teaming process with members of team.

Module 3: Safety Management and Out of Home Care

Unit 3.1: The Case Manager Responsibility for Safety Management
In this unit, participants will explore the Case Manager's responsibility for safety management after case transfer. Participants will review the safety plan and differentiate between an In-home vs. an out of home safety plan. Participants will also explore when modification of the safety plan is required.

Unit 3.2: Taking Court Action
In this unit, participants will Identify and review dependency court proceedings and petitions and will discuss when to seek legal action while ensuring reasonable efforts have been made to prevent removal.

Unit 3.3: Out of Home Care
In this unit, participants will examine the considerations that must be made when placing a child outside of the home including home studies, diligent searches, ICPC, and conditions for return.

Unit 3.4: Family Time
In this unit, participants will determine how to plan for and ensure successful and quality visitation. Participants will also identify how to evaluate the quality and frequency of family time.

Module 4: Intervention Stages - Preparation and Introduction

Unit 4.1: Overview of Preparation
In this unit, participants will begin the process of completing the Family Functioning Assessment- Ongoing by learning what is already known about the family and preparing to purposeful visits with the family.

Unit 4.2: Introduction Overview
In this unit, participants will continue the process of completing the Family Functioning Assessment- Ongoing as they introduce themselves to the family and explain the process of case management and the FFA-Ongoing.

Module 5: Intervention Stage - Exploration

Unit 5.1: Overview of Exploration

In this unit, participants will finalize the process of completing the Family Functioning Assessment- Ongoing though exploring with the family what must change for the children to be safe in the home, how to achieve that change, and the responsibilities of everyone involved to achieve that change.

Unit 5.2: Child Strengths and Needs
In this unit, Case Managers will be introduced and learn how to complete the Child Strength and Needs Assessment which is essential in establishing safety, permanency and well-being for children.

Unit 5.3: Caregiver Protective Capacities
In this unit, participants will explore connection between domain information, danger threats, and diminished/enhanced caregiver protective capacities.

Unit 5.4: Danger Statement, Family Goal and Motivation for Change
In this unit, participants will conclude the exploration activities needed to complete the FFA-Ongoing. These activities include crafting a danger statement with the family that is based on the danger threat(s) associated with the children being unsafe in their home, formulating a family goal with the family and evaluate the parent/caregiver's motivation for change.

Module 6: Intervention Stage- Case Plan

Unit 6.1: Building a Case Plan for change
In this unit, participants identify the basic components of case plans and integrate knowledge of the FFA-Ongoing, including caregiver protective capacities and strengths, and family engagement in the process.

Unit 6.2: Finding the Right Service
In this unit, participants will discuss identifying the right service/treatment providers to assist the parent/caregiver in enhancing their protective capacities and strengthen the children's needs.

Unit 6.3: Concurrent Case Planning
In this unit, participants will discuss when it is appropriate to initiate an alternative permanency goal while they are still working to reunify children with their parent/caregiver.

Module 7: Evaluating Family Progress

Unit 7.1: Progress Evaluation Overview
In this unit, participants will discuss the basic theories of behavior change and identify the purpose of and the importance of the Progress Evaluation.

Unit 7.2: Measuring Change
In this unit, participants will demonstrate how to consistently measure family change and how to document that change with the Progress Evaluation.

Unit 7.3: Achieving Permanency
In this unit, participants will review the permanency options and discuss the court proceedings associated with these options. This unit will also address how permanency is achieved.

Lab: Courtroom Testimony
This unit prepares CPIs and CMs for the communication skills that are necessary to demonstrate in the courtroom. This lab includes preparation for testimony, responding to questions in appropriate ways, and understanding the strategies that parent's attorneys will use during cross-examination. This unit also discusses the ways in which CPIs and CMs can support CLS as they prepare children for their testimony.

Lab 1: Prepare
This lab will review preparation for assuming responsibility of safety plan management, developing the FFA-Ongoing, and developing the case plan. The primary focus of this lab is to thoroughly review what we already know - from the FFA-Investigation as well as any prior investigation and service history of the family - in order to develop a comprehensive understanding of the family.

Lab 2: Introduction and Safety Plan Monitoring
This lab will give participants an opportunity to apply the Family Engagement Standards (Intervention Stages) for Introduction and Exploration by using a case example to illustrate safety planning monitoring.

Lab 3: Exploration and Development of FFA -Ongoing
This lab will allow participants to practice the skills learned relating to Exploration and developing the FFA-Ongoing. This will include assessing the parent/caregiver's stage of change, demonstrating the application of the practice standards, and assessing information sufficiency.

Lab 4: Co-construct Case Plan, Modify Safety Plan and Case Plan
This lab will provide participants with an opportunity to co-construct a case plan with a family using the case example provided. Participants will practice the communication skills necessary for building and maintaining a cohesive team of persons that focuses on child safety, helps the family achieve their goals for change and plans for alternative permanency when needed. This lab will also address the common challenges that case managers face when the family's ability to follow an agreed upon safety plan is diminished. Participants will practice teamwork and meeting facilitation skills to modify a safety plan.

Lab 5: Evaluate Family Progress, Modify Safety Plan
This lab will allow participants to use a case example and walk through the steps of an interview with parent/caregiver to assess progress and interview a child (and other caregiver when child is out of home) to assess safety, stability and well-being. Participants will demonstrate the use of motivational interviewing skills by conducting parent and child interviews.

Lab 6: Putting It All Together
This lab provides participants the opportunity to practice all of the skills they have learned throughout training to walk through the steps of case management, using a new case example, from receiving a case from investigations to achieving permanency.

Adoptions Pre-Service Curriculum
(four week specialty track following core training)

The Adoptions specialty track is proposed to be a four week curriculum to follow Core and Case Management training. This curriculum is currently being revised, updated and field tested with an anticipated implementation date of the summer of 2015.

Module 1 – Introduction and Adoption Requirements: Definitions, Philosophy, and Values

> **Unit 1.1: Introduction and Adoption Requirements.** The purpose of this unit is to establish the groundwork for the Adoptions training, and to allow participants to learn teamwork principles and get to know each other.

> **Unit 1.2: Definition, Philosophy, and Values.** The purpose of this unit is to provide an overview of the legal and philosophical basis for their role as Adoption Specialists and to clarify their personal values as they relate to adoption. Participants also learn about opportunities to recruit permanent families for children that historically are more difficult to permanently place.

Module 2 – Federal and State Laws and Policies Impacting Adoption

> **Unit 2.1: Federal and State Laws and Policies Impacting Adoption.** The purpose of this unit is to provide participants with the federal and state law and policy that undergirds the adoption processes. This unit also explores the cultural perceptions as well as national and state data regarding adoptions.

Module 3 – Child(ren) & Youth Assessment and Preparation

> **Unit 3.1: Child(ren) & Youth Assessment and Preparation**. The purpose of this unit is to develop participants' skill in the areas of assessing, engaging and preparing children for adoption, giving children the knowledge and skill to be prepared to be adopted, and writing a child study.

Module 4 – Family Assessment and Preparation

> **Unit 4.1: Family Assessment and Preparation.** The purpose of this unit is to develop participants' skill in the area of assessing and engaging and preparing prospective parents for adoption and writing a home study.

Module 5 – Decision Making and Placement Selection in Adoption

> **Unit 5.1: Decision Making and Placement Selection in Adoption.** The socio-emotional process is complex and requires assessment of child/youth and family strengths, challenges, needs, wants and desires and selecting the family with the best potential to meet the child's needs and desires. The purpose of this unit is to review these policies and practices, improve decision-making and engagement skills and introduce participants to the state-specific policies, standardized practices and protocol and effective team planning.

Module 6 – Title IV-E Adoption Assistance Agreements

> **Unit 6.1: Title IV-E Adoption Assistance Agreements.** The Title IV-E Adoption Assistance Agreements unit presents a history of Adoption Assistance in the United States and reviews federal and state laws, policies and eligibility requirements for the Title IV-E Adoption Assistance Programs. Participants discuss negotiating Title IV-E Adoption

Assistance Agreements and discuss adoption assistance and medical assistance with older children/youth. Participants build case scenarios.

Module 7 – Post Adoption Services

Unit 7.1: Post Adoption Services. The purpose of this unit is to provide participants with the skills in 1) determining the necessary post-adoption services, 2) developing a post-adoption services plan, 3) stabilize crises and develop a crisis contingency plan, and 4) Develop an individualized plan for family support.

<div align="center">

Foster Care Licensing Pre-Service Curriculum

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This three week specialty track follows Core and Case Management training. This curriculum is currently being revised, updated and field tested with an anticipated implementation date of the summer of 2015.

Module 1: Overview of Licensing Requirements

Unit 1.1: Overview of Licensing
The purpose of this unit is to provide an overview of how the role of foster care licensing relates child welfare protection and Florida's Safety Methodology.

Unit 1.2: Licensing Laws and Time Frames
The purpose of this unit is to give an overview of the licensing laws designed to protect children in licensed care.

Unit 1.3: Who Can Become a Foster Parent?
The purpose of this unit is to explain how assessment is an ongoing and mutual process that is fully woven within the fabric of a licensing specialist's job.

Module 2: Collaboration with Foster Parents

Unit 2.1: The Support Team
The purpose of this unit is to define the support team in terms of who they are and the services they provide. In addition, the process by which support team members and foster parents support and communicate with one another is highlighted.

Unit 2.2: Working with Birth Parents
The purpose of this unit is to explain to participants how to support foster parents by facilitating their relationships with birth parents.

Unit 2.3: Parenting Children in Out-of-Home Care – Children's Behavior and Needs
The purpose of this unit is to discuss the important aspects of parenting children in out-of-home care. In particular, the intent of the unit is to facilitate the participants' understanding and sensitivity to the effects of trauma on a child and on the foster care family when a child who has experienced trauma has transitioned to foster care. The unit also focuses on how provide normalcy for a child. The unit explores the ways licensing specialists and the team can support foster parents in this critically important role including how to prevent disruption and when to offer specialized therapeutic care.

Unit 2.4: Transitions
The purpose of this unit is to familiarize participants with the events comprising a child's transition from foster care to permanent placement and prepare them in assisting the families and children during transition.

Unit 2.5: The Exit Interview
The purpose of this unit is to discuss the importance of the exit interview in terms of obtaining valuable feedback from children in order to best serve their needs.

Module 3: Recruiting and Licensing Foster Parents

Unit 3.1: Recruitment and Inquiry
The purpose of this unit is to explore the recruitment and inquiry including how foster homes are recruited, the steps foster parents must take, and the basic requirements foster parents must meet in order to be recommended for licensure.

Unit 3.2: Initial Licensing
The purpose of this unit is to provide a detailed overview of the initial licensing approval process when a potential parent applies for foster care licensure.

Module 4: Placement, Retention and Re-Licensing

Unit 4.1: Placement, Retention and Re-Licensing Process
The purpose of this unit is to explore the placement, retention and re-licensing phase of assessment and licensing including how children are matched to foster homes, how to assess for strengths and needs in order to provide support and training, and the steps foster parents must take and the requirements parents must meet in order to be eligible for re-licensure. Licensing specialists are expected to use professional judgment to ensure that on-going assessments are conducted and supports are provided to prevent placement disruption and encourage foster home retention.

Unit 4.2: Foster Parent Development
The purpose of this unit is to provide an overview of the process by which licensing specialists plan and prepare development opportunities for foster parents.

Module 5: Resolving Foster Parent Concerns

Unit 5.1: Reporting and Responding to Concerns in Foster Homes
The purpose of this unit is to review the primary events and elements of reporting and responding to concerns in the foster home including calls to the hotline which lead to investigations and foster care referrals.

Unit 5.2: Techniques to Manage Problems
The purpose of this unit is to provide an overview of the events surrounding cases where license revocation is deemed necessary. Specifically, participants will review foster care problem situations requiring resolution and the types of concerns a foster parent might have. In addition, participants will learn how to use corrective action plans and performance improvement plans as a response to problem resolution.

Module 6: Putting It All Together

Unit 6.1: Putting It All Together
The purpose of this unit is to provide a cumulative review of modules 1 through 5 by practicing key skills required to complete objectives in these modules.

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Florida Abuse Hotline Counselors Pre-Service Curriculum

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This specialty track follows Core training. This curriculum is currently being revised, updated and field tested with an anticipated implementation date of the winter of 2015.

Module 1: Overview of Process and Protocol

Unit 1: Gives a broad overview of the importance of the Hotline, its purpose and functions, legal basis and terms, and the basics of the job as Hotline Counselor.

Module 2: Obtaining & Documenting Information Regarding the Six Domains for Calls Involving Children

Unit 1: Allows recall of what has been learned about the 6 domains and practice in classifying information that is gathered during the intake process of the Hotline, according to domain, as well as providing hands-on use of the computerized note-taking tool.

Unit 2: Reviews the interviewing skills learned in the Core training and applies those to the interviewing protocol and unique circumstances of the Hotline.

Unit 3: Provides the opportunity to build interviewing skills for obtaining information by critiquing others in recorded scenarios, as well as practicing these skills in a role play simulation.

Unit 4: Gives opportunity for practice in documenting an intake narrative.

Unit 5: Reviews what has been learned about confidentiality and applies directly to the Hotline responsibilities and tasks. Will be presented by Legal.

Module 3: Information Systems Used by Hotline Counselors

Unit 1: Gives overview and demonstration of the various computer systems that will be used as well as give the first hands-on practice with these systems.

Module 4: Collecting and Assessing Information

Unit 1: Reviews maltreatment knowledge and questions to illicit such information already acquired in Core, as well as review the domains of surrounding circumstances, and child functioning and apply that to screening scenarios.

Unit 2: Reviews the domains of adult functioning, general parenting, and behavior management/discipline, questions to illicit such information, and then apply to screening scenarios.

Unit 3: Reviews the required demographic information to collect, ways to do that while collecting other information and the importance of this information to next steps in the call process.

Unit 4: Builds on what has been learned and apply to establishing jurisdiction when making screening decisions.

Unit 5: Explains what information can be gained by record checks, systems and procedures for doing so, and gives practice in performing record checks.

Unit 6: Delineates when and how to consult with a supervisor.

Module 5: Making the Best Screening/Safety Decision

Unit 1: Builds on the last module and use information gathered to make screening decisions.

Unit 2: Gives practice in documenting screening decisions by entering an intake into the appropriate databases.

Module 6: Closing the Call

Unit 1: Makes the link between the Core concepts of "present danger" or "impending danger" and response priority.

Unit 2: Provides practice in call-closing procedures, including informing the caller of the screening decision.

Unit 3: Provides practice in inputting final information required when closing an intake call.

Unit 4: Applies the procedures for the next steps for closing out an intake, both screened in and screened out and based on response level, as well as for other types of calls/contacts.

Module 7: Vulnerable Adults

Unit 1: Provides opportunity to prepare for taking intakes regarding vulnerable adults who may be the victims of abuse, neglect, or exploitation.

Module 8: Other Contact Types and Situations

Unit 1: Examines contacts that are not made by phone call.

Unit 2: Identifies the differences and procedures for institutional intakes, for children and for vulnerable adults call types.

Unit 3: Identifies what to do with an intake when the computer system is down.

Module 9: Criminal Background Checks

Unit 1: Provides opportunity to identify policies, processes and procedures and apply to performing criminal background checks for Hotline purposes.

Module 10: Putting it All Together

Final performance of applying all course skills to Hotline intake scenarios.

Children's Legal Services (CLS) Pre-Service Curriculum

Within the first six months of hire, all new attorneys must complete the CLS New Hire Orientation training program. The program includes formal classroom training, extensive

shadowing opportunities, online training, individual and group assignments/readings and discussions. The program schedule is flexible in that much of the work/assignments are to be completed independently with supervisory guidance and support ensuring there is applicable time form discussions and questions with the Supervisor or Managing Attorney.

New Attorney Guide to Success

1. Philosophy of CLS:
   - Vision, Mission
   - CLS Model Memo
   - Dress code
2. Overview of dependency process/Safety Methodology:
   - Map of Regions and Circuits
   - Map of Community Based Care Lead Agency Map
   - Dependency Flow Charts with hearings and purposes
   - Acronym List
   - Safety Methodology (separate binder of materials)
   - Parties/participants (community partners, relationships)
   - Benchcards and GAL Info
3. On-call:
   - 6 Information Collection Standards – Assessment (also see Safety Meth Materials in separate binder)
   - Probable cause defined (also refer to Safety Methodology Tab 2)
   - Nexus Generally
   - Safety Plan Workshop Powerpoint
   - Analysis Worksheet
   - Safety Plan Error Indicators
   - Safety Plan Essentials
   - Safety Plan Sample
   - Staffing- LSD Form
   - Paternity Decision Tree
   - Identification/Engagement of fathers – legal, bio, putative
4. Shelter Hearing/ Ch. 39 Injunctions and Procedure:
   - Shelter Hearing handout
   - Sample Shelter Allegations (2)
   - Shelter Hearing Checklist
   - CPI Sample Predicate Questions
   - Injunctions Powerpoint and Sample
   - Sample Order Authorizing Access to Child's Medical/Educational Records

5. Pleadings
   - Pleading PPT - Top 10 Practice Pointers
   - Getting the Judge to Say Yes
   - The Essentials of Good Legal Writing Article
   - Dependency petition samples
   - TPR Petition/Expedited TPR Petition
   - Sample Motion
6. Case plan:
   - Case Plan Sample. .
   - Case Plan Approval Benchcard
   - Attorney Checklist to Review Case Plan
   - A Good Case Plan Must Cheat Sheet
7. Arraignment through Adjudication and Disposition
   - Discovery - Case Files: legal, CPI, CMO
   - Service
   - Arraignment Hearing at a Glance
   - Arraignment Hearing Checklist
   - Adjudicatory Hearing at a Glance
   - Adjudicatory Hearing Checklist
   - Disposition Hearing at a Glance Benchcard
   - Disposition Hearing Checklist
8. Trial skills in General
   - Know your Judge – From a Judge's perspective
   - Litigation Skills Workshop Notes (NITA)
   - Case Analysis Powerpoint
   - Dependency Trial Preparation Timetable
   - 25 Tips for Trial Preparation (from parents' attorneys)
   - Theme, Theory and Why Organization is Important
   - Trial Advocacy Discussion Guide
   - Judicial Notice Best Practices and Sample
9. Opening Statements
   - Making a Compelling and Pursuasive Opening Statement
   - Opening/Closing Chart
   - NITA PPT Presentation
   - Opening Statements
   - Opening Sample Notes
10. Direct Examination of the lay witness
    - Direct Examination for Child Welfare Attorney
    - Direct Examination Cheat sheet
    - NITA When Your Witness gives you the wrong answer PPT
    - Direct Examination
    - Guides to give your witnesses to help: Guidelines for Effective Testimony etc.
11. Cross Examination
    - 10 Commandments of Cross Examination handout
    - NITA Cross Examination PPT
    - NITA Impeachment PPT
    - Cross Exam – How to Write, Deliver, Impeachment
    - Tips for Cross Examining a Defendant or Defense witness

- Tactics and Responses handouts
12. Expert Witnesses
    - Expert Cheat Sheet and Sample Cross Exam
    - Sample Predicate Questions for Direct
    - Do not need to tender witness as an expert
    - Article on Cross Examination of Psychologists
13. Evidence
    - Rules of Evidence Most Relevant to Dependency Cases
    - NITA Foundations PPT
    - Business Records Certification
    - Sample Questions – Audio and Visual
    - Evidentiary Objections
    - Hearsay Exceptions
    - Fla. Evidence Code Summary Trial Guide
14. Closing arguments
    - NITA Closing Argument PPT
    - Closing/Opening Chart
    - Sample Closing Argument with Notes
15. It is all about the children:
    - Training TOW – When Basic Needs are Not Met
    - Protecting Children From Toxic Stress
    - Handbook on Questioning Children
    - Preparing Dependent Children For Court
    - Children in Court – Rule 8.255 and Best Practices
    - Child Testimony: In Camera/Hearsay
    - Child Victim Hearsay PPT
    - Child Victim Hearsay Sample Questions
    - Notice of Intent to Offer Child Hearsay Statements and Motion to Admit
    - She Said What? What to do in Civil DV Proceedings with Child Hearsay(helpful tips on child hearsay)
    - SANE Testimony in Child Sex Abuse Cases Article
    - Transitioning Children Benchcard
    - Education – Appointment of Surrogate
16. Judicial Review:
    - Benchcard Judicial Review at a glance
    - JR Checklist
    - Judicial Review PPT
    - Special Considerations for Youth Transitioning to Adults
    - Master Trusts
    - Sample Questions for JR
17. Permanency Review – 12 months or sooner:
    - Permanency Hearing at a Glance benchcard
    - Enhancing Permanency for Youth in Out-of-Home Care
    - Permanency Cheat Sheet
    - Permanency Goals
18. Termination of Parental Rights – Can you? Should you?
    - TPR Adjudicatory Hearing at a Glance
    - TPR Advisory Hearing at a Glance
    - Advisory Hearing Checklist

- Best Interest Testimony Best Practices (Sample Questions
- TPR Petition Samples
- Trial Brief Samples
- Request for Judicial Notice (see Trial Skills in General)

19. APPEALS
- Recurring Practice Problems
- What's the Deal with my Appeal PPT
- Appeals in general

20. ICPC
- CPC Powerpoint
- Five Federal Laws and the National Compact
- Motions for Order of Compliance (various regs)
- Statements of Case manager (various regs)
- Orders of Compliance

21. ICWA Indian Child Welfare Act (ICWA)
- ICWA
- Technical Assistance Brief – ICWA
- Sample Notice to Tribe

22. Psychotropic Mediations/Residential Placement
- Benchcard Psychotropic Medication
- Benchcard SIPP Placement
- Sample Questions for SIPP hearing
- Sample Motion and Order

23. Independent Living/Extended Foster Care
- Ch. 65c Extension of Foster Care
- FAQ on Extension of Foster Care
- Medicaid Eligibility for kids until 26
- Independent Living Services and Checklists

24. FSFN
- CLS/FSFN How to Guide
- Retrieving an Overview of Your Caseload from FSFN

25. Misc. topics
- Intervention for private adoption PPT and materials
- Human trafficking
- Ludwig Handout

Day One: Policies and Procedures for DCF
Task: Receipt of equipment, books, materials and manuals - complete online DCF trainings for new employees.

Day Two: Policies and Procedures for CLS
Tasks: *Review New Attorney Guide to Success Ch. 1-2*
Review Organizational chart of CLS,
Review CLS Performance Measures/Metrics with Supervisor.
Acknowledge Performance Measures Expectations via People's First.

Introduction to various data Base Systems Training: Westlaw, FSFN, EDMS, CCIS, incident reporting system, CLS Web page, DCF Web page, People's First Time Card, local Clerk of Court

access, eFiling access registration) with Administrative Assistant/Paralegal Specialist (as designated by the office for technical assistance).

Begin review of Chapter 39 Book
Begin review of New Attorney Guide to Success Binder
Begin review of Trial Advocacy for the Child Welfare Attorney

Days Three and Four: continue review books
Continue review of Chapter 39 Book, New Attorney Guide to Success Binder, Trial Advocacy for the Child Welfare Attorney.
Review New Attorney Guide to Success Ch. 15 – It is All about the Children

Days Five and Six: Staffing and LSD Forms
Tasks: *Review New Attorney Guide to Success, Ch. 3/LSD Form Information and Ch. 4*
        Staffing Forms and Determining Legal Action with Supervising Attorney/MA
        Sample File with Paralegal Specialist.
        Injunctions
        Observe staffing, if available, with Senior Attorney/Supervising Attorney

Review Safety Methodology Materials

Continue review of Chapter 39 Book, New Attorney Guide to Success Binder, Trial Advocacy for the Child Welfare Attorney. ***(continue daily until completed)***

Review Statutes: 61, 63, 119, 409, and other statutes related to ancillary issues ***(continue daily until completed)***

Day Seven: Safety Methodology Training
        This is just the beginning of the training on SM. Once the webinar has been viewed in conjunction with all the handouts, the Supervisor/MA must continue to work "on the line" with the attorney as cases are staffed and files reviewed. The best way to become competent is work on the cases and consult with supervisor, then review materials again.

Day Eight: Shelters, begin shadowing experienced attorney, draft pleadings
Tasks: *Review New Attorney Guide to Success, Ch. 4 Shelter Hearing and Procedure*
        Shelters- Staffing, Drafting Petition, Hearing with Supervising Attorney/MA
        Review Shelter rules and statutes
        Discussion/Debrief regarding Shelter Hearing, rules and statutes with Supervising Attorney/MA

Days Nine and Ten: Begin the analysis of whether a child is dependant.
Tasks: *Review Webinar/materials on CLS Website – Pleadings*
        Review New Attorney Guide to Success Binder Ch. 5, Pleadings
        Drafting dependency petition with Supervising Attorney/MA
        Review Guide to Success Binder Ch. 6-7,CPs, Arr through Dispo
        Shadowing Settlement Conferences/Case Plan conferences

Days Eleven – Fifteen: Preparing case for trial
Tasks: *Review New Attorney Guide to Success Ch. 8-14 (Litigation Skills)*
        Finish NITA Book, Trial Advocacy for the Child Welfare Lawyer

Review Webinar on CLS Website – Hello Daubert, Goodbye Frye (experts)
Facilitate settlement conferences/case plan conferences
Redact Discovery/Provide Response to Discovery
Trial Preparation
Prepare Witnesses
Review Appeals process/procedure

Day Sixteen – Twenty: Judicial Review Process
Tasks: *Review New Attorney Guide to Success Ch. 16-17 JR/Permanency Review*
         Review New Attorney Guide to Success Ch 22 Psychotropic Meds
         Review Webinars on CLS Website – 2014 Changes to IL/Extended Foster Care
                                        The Master Trust/Surrogate Parents

         Read Judicial Reviews
         Attend Judicial Review
         Attend Dispositions
         Review Case Plans

Day Twenty One – Twenty Five: TPR Process
Tasks: *Review CLS Webinar, TPR Best Practices*
          Review New Attorney Guide to Success Ch. 18
           Attend permanency staffing
           Drafting a Termination of Parental Rights Petition for Supervising
           Attorney/Managing Attorney review and comments
           Become familiar with:
                   Grounds for Termination of Parental Rights
                   Least Restrictive Means Test
                   Manifest Best Interest

End of First Month: Attend 3 Day New CLS Attorney Training
         Note there are case materials to prepare including reviewing the Shelter and
         Dependency Petitions, Psychological Evaluation, Substance Abuse Assessment, Evidence
         (photos and letters), Business Records Certification.

         The attorney must review and prepare a direct examination, cross examination, prepare
         evidence to be admitted and a closing argument.

Month Two – Chair/Co-chair Trial
First or Second Chair Trial.
Continue shadowing as needed and reviewing materials.
Continue review of New Attorney Guide to Success
Watch Webinar on CLS website: Evidence 2014

Month Two - Three
Complete review of New Attorney Guide to Success
Review Webinars on CLS Website –
        ICPC 101
        Science of Attachment (Zeanah)
        Youthshine Panel – We shall be heard
        Ethics in Child Welfare
        Risk Factors Associated with Maltreatments by Dr. Lambert, CPT

SECTION 4: TRAINING TRACKING

Training events and courses are tracked two ways: 1) the semi-annual training reports from the community-based care providers; and 2) the training tracking module in the SACWIS system.

Semi-annual training reports. Aside from standard, statewide pre-service curricula for newly hired Child Welfare Professionals, training conducted across the state varies among the regions, the contracted community-based care providers, and the sheriffs' offices. Twice a year, the contracted providers and the sheriffs' offices submit a summary of all the training courses they have conducted. Although the Department does not currently request semi-annual training reports for the training Department investigators receive, the Department will request these reports from the regions.

See Appendix E6: *Overview of Community-Based Care Training*

Detailed spreadsheets of individual CBC training available on request:

- *2014 Semi Annual Reports January to June*

- *2014 Semi Annual Reports June to December*

Training tracking in SACWIS. In early 2013, a new training tracking feature was implemented in Florida's SACWIS system. Per directive from the Department's central office, all Child Welfare Professionals across the state were mandated to use the system. Each professional is directed to self-report the training he or she has received. The Department plans to engage in on-going efforts to increase usage.

SECTION 5: TRAINING FUNDING

The Department allocates funding specifically for training among Community-Based Care lead agencies, sheriff's offices conducting protective investigations, and Department regions providing direct services. Funds are for the purposes of providing child welfare services staff with the mandated pre-service, and advanced and in-service training that reflects the agency's system of care and meets both agency and individual training needs. Additionally, the Department uses training funds from other grants, such as the Children's Justice Act, in order to meet the specific training needs that support the goals and objectives of the grant program. CBC lead agencies are restricted to using these funds for child welfare education and training services only. To ensure appropriate expenditure of these funds, each agency receiving training funds is required to submit semi-annual training reports.

During State Fiscal Year 2013/14, the Department and sheriffs expended about $3.5 million on training related primarily to child protective investigation and related case management/service provision activities. The CBCs expended about $6.3 million on training related to case management and other aspects of service provision, so the cost of training in total was around $9.8 million. The allocated budget for SFY 2014/15 was similar. Two major factors will affect the anticipated budget/cost of training beginning in SFY 2015/16. First, legislative appropriations to support major new Department initiatives in child protection and welfare will have additional funding available for training. Second, the recently renewed terms and conditions for the state's Title IV-E Demonstration Waiver remove training from the "cap" for administrative claims, and therefore federal FFP may be claimed for allowable training activities. The amount of funding that these changing factors will mean is not yet able to be estimated.

Attachment E1 Training Plan Matrix

Training Plan Appendices:

- Appendix E1 CBC Training Expenditures
- Appendix E3 CPI Training Allocation
- Appendix E4 Practice Model
- Appendix E5 SARRS Findings
- Appendix E6 Overview of Community-Based Care Training

Note: Community-Based Care Training Information details available on request:

2014 Semi-Annual Reports January to June

2014 Semi-Annual Reports June to December

Training Plan

Appendix E1: FLORIDA'S FIVE YEAR STAFF DEVELOPMENT AND TRAINING PLAN FOR 2015-2019

FLORIDA'S CHILD WELFARE TRAINING SYSTEM FIVE YEARS FROM NOW

OUR VISION

.... is to create a formal statewide training system that supports the three goals of the Child and Family Services Plan as well as the purposeful and continual development and career progression of the Department's child welfare professionals – both employed and contractual – throughout the lifetime of their employment.

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE

Current State	Future State	5-Year Action Plan
Initiative 1.1: Annual Needs Assessment, Planning and Budget The Department allocates almost all (see note below) child welfare training dollars to the regions, community-based care agencies, and sheriffs' offices to train investigators, case managers, licensing specialists, adoptions specialists, and supervisors. In turn, those entities spend their training budgets as they deem appropriate. Spending on training is on par with national averages. However, it is unknown whether the training budgets adequately meet the training needs. Note: Approximately $1,000,000 is spent on training from the headquarters office, half of which is from the Children's Justice Grant funds to pay for approximately 700 scholarships for attendance to the annual statewide child welfare conference. Supporting information and data: • According to the *2013 State of the Industry Report* issued by the American Society for Training and Development, as a percent of payroll, direct	A fully funded training system based on the state's child welfare training needs. Training dollars are spent in a purposeful way, leveraging the amount available to achieve the greatest impacts in the areas of greatest need.	• With input from staff around the state, develop a method for conducting statewide and local assessments (an annual performance needs assessment and an annual data-driven training needs assessment) to identify gaps in child welfare staff skills and knowledge that will inform in-service training, modify pre-service training, and identify emerging needs. *Year one. Needs assessments were completed* • Clearly define training activities to be able to accurately capture training expenditures at headquarters, regional offices, community-based care providers, and sheriffs' offices. *Year one. Community Based care agencies have submitted detailed semi-annual training reports in year one, goal is to have regions and Sheriff's offices also submit these reports in year two.* • Develop statewide and local 2-year training plans and training budgets; adjust annually as needed. *Year two and ongoing.*

Training Plan

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
expenditure on learning was 3.6% in 2012, with an average of $1,195 spent per employee. • On average, over the past three years, the community-based care agencies spent 1.8% of their payroll budget on training (2.08% in 2011, 2.02 percent in 2012, and 1.19 percent in 2013). • On average, over the past three years, the Department's regions have been allocated training budgets that are 3% of the total salary costs. This allocation represents an average spending of $1,551.31 per position. • On average, over the past three years, the sheriffs' offices spend 2% of their total budgets on training. (Spending costs per employee or as a percentage of payroll costs are not available.) See Appendix A1, CBC Training Expenditures and Appendix A2, Training Allocation CPIs		

Training Plan

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.2: Trainer Credentialing Statewide, there are approximately 150 trainers with widely varying degrees of training experience and expertise. Some trainers hold credentials from the former credentialing program. However, Florida does not currently have a credentialing program for child welfare trainers. With attrition, the number of trainers who do not meet any standards will grow. Supporting information and data: • Seventeen percent of child welfare trainers do not hold a formal trainer certification (total number of respondents is 138). • Ongoing professional development for trainers is highly variable around the state. While 39% of the 138 respondents have taken over 6 trainer-related courses in the past three years, 24% report having taken no professional development trainer-related courses over the past three years. • In a 2007 review of child welfare training literature conducted by the Boston University School of Social Work, research indicated that adult learners generally reported higher levels of satisfaction and experienced higher levels of achievement under instructors who are competent educators and use advanced practice skills. • Organizations must be sure that the people who deliver training have the competencies of effective adult educators (Williams, 2001). See Appendix B, Trainer Survey Findings	Florida has a statewide network of qualified trainers to deliver pre-service, in-service, specialty track, and emergent needs training for all Child Welfare Professionals (hotline counselors, investigators, case managers, licensing specialists, adoptions specialists, Department attorneys, and supervisors). Ongoing professional development of trainers is required through a continuing professional development process. All trainers meet specified standards and competencies. Trainers use advanced teaching techniques, student engagement, and classroom management techniques, such as: • Place value on the experiences learners bring with them and relate the training to learner experience. • Adjust delivery style to the overall learning needs, skill level, and organizational context of the training group. • Create a supportive environment / encourage discussion /provide objective feedback. • Facilitate problem solving / stimulate critical reflection. • Provide clear presentations and well organized lectures.	1. Create a statewide workgroup that will use the former certification standards as the basis for the development of a new program. These standards will address initial certification as well as ongoing requirements for recertification. *Year one. A statewide workgroup was created to address formal standard qualifications for a child welfare trainer program.* 2. Secure, through the legislative budgeting processing, headquarters office capacity to administer and appropriately support a statewide network of certified trainers. *Year two.* 3. Embed the certification program in administrative code. *Year two.* 4. Administer the program. *Year two and ongoing.*

Training Plan

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.3: Professionally Developed Curricula The new pre-service curricula was developed using professional instructional designers. In-service training for Child Welfare Professionals may come from any source. The state does not have standards for curriculum development. Supporting information and data: In a survey that allowed trainers (138 respondents) to select all responses that applied: • Seventy-six percent indicated that the trainers themselves develop curricula (staff who do not hold degrees in instructional design). • Fifty-six percent responded that training is developed in-house by professional curriculum developers. • Forty-four percent reported that some training development is through contractual arrangement. • Thirty-nine percent reported they use training that is "off-the-shelf" and available for public use. There have been significant advances in the field of child welfare training over the last 25 years, one of which, most notably, is the use of "a calculated approach to training development focusing on competencies" (Brittain, 2004). Such a formal, "calculated" approach implies a certain skillset which is why the National Staff Development and Training Association (of the American Public Human Services Association) has identified "curriculum designer" as one of the nine positions needed to adequately staff a public	The headquarters training unit has three full-time instructional designers, including one that specializes in information systems training for SACWIS training. They construct learning experiences that: 1) structure content in a way that best reflects the way the brain processes new information – from simplest terms and definitions to rules and procedures to critical thinking (analysis & problem-solving); and 2) effectively use instructional techniques, such as demonstration, practice, feedback, and structured transfer activities, to reinforce the application of that new information. These instructional designers maintain the pre-service curriculum and develop in-service curriculum for statewide use, as identified through the formal needs assessments and in support of the CFSP goals. The instructional designers provide technical assistance to staff, who develop courses based on local training needs. The curricula is posted to the web-based Training Resource Clearinghouse (see 1.5 below) and available to all credentialed trainers. Training developers in the regions, community-based care agencies, and sheriffs' departments use basic statewide standards when designing curriculum.	1. Request budget allocation for three full-time degreed curriculum developers to be housed at the headquarters office. *Year one. Budget allocation was requested but funding will not be available until year two.* 2. Recruit and hire for the new positions. *Year one. Funding not available until year two* 3. Develop standards for curriculum development. *Year one. Legislative Budget Request submitted and approved for additional staff to develop curriculum standards.* 4. Develop curricula as identified by the formal statewide needs assessments and in support of the CFSP goals. *Year two.* 5. Post curricula to the Training Resource Clearinghouse for the network of 150 trainers to use. *Year two.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
welfare training program. Formally trained curriculum designers have the skillset needed to develop learning experiences for adults that match learner needs with appropriate content and instructional methods (Literature review, Boston University School of Social Work, 2007).	Curriculum is routinely shared with the Seminole Tribe of Florida.	
Initiative 1.4: Research and Policy Development There is no formal, ongoing review of current literature or formal affiliations with child welfare research groups to stay abreast of the latest evidence-based practice recommendations. Likewise, there is no systematic examination or validation of internal practices in comparison to current literature. Training is not informed by these cutting-edge evidence-based findings.	The Continuous Quality Improvement office within the Office of Child Welfare has two full-time staff who conduct formal research and review current literature. These staff members have affiliations with child welfare research groups to stay abreast of latest evidence-based practice recommendations. In turn, the research findings yielded from these activities are used to inform policy and practice; design training informed by research; promote supportive and strategic legislative agendas and requests; and prepare position papers to drive media responses and public relations efforts.	1. Create a research workgroup. Engage universities. *Year one. Florida State University's Florida Institute for Child Welfare was established. The institute is mandated by legislation to conduct research on policy and practice standards that prioritize safety, permanency, and well-being outcomes.* 2. Create a research agenda based on continuous quality improvement findings and input from stakeholders and program professionals. Ensure that the agenda links to the CFSP goals and the practice model. *Year three.* 3. Draft research briefing papers and circulate for workgroup review and internal review. *Year three and ongoing.* 4. Publish research briefings. *Year three and ongoing.* 5. Monitor action taken in response to the recommendations, specific to training. *Year three and ongoing.*

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
Initiative 1.5: Training Resource Clearinghouse / Peer Network Sharing of trainer resources and networking among the trainers varies throughout the state. Department-affiliated trainers in the regions, community-based care agencies, and sheriffs' offices are loosely associated by a statewide peer network for periodic, one-way communication and delivery of information. Trainers at a local level may or may not network and share. Supporting information and data: • In a recent survey, 51% of the 138 trainers who responded expressed high levels of satisfaction with the availability of shared trainer resources (best practices, national literature, curriculum, etc.) while 34% expressed low levels of satisfaction. • Fifty-one percent of the 138 respondents expressed high levels of satisfaction with the opportunities for peer interaction and learning opportunities among child welfare trainers, while 38% expressed low levels of satisfaction.	Across the state, certified trainers view themselves as members of a network of professional child welfare trainers. As credentialed members of this network, they have exclusive access to the Training Resource Clearinghouse that provides a continually expanding library of high-quality, professionally developed training and resource materials. Furthermore, trainers are associated through a network that provides regular two-way communication through various forums (on-line chats, Facebook, and flash surveys for quick field input). Finally, trainers meet face-to-face at least semi-annually for their own professional development, to address issues, and to plan for the future. The Seminole Tribe of Florida is a member of the network, participates in the semi-annual meetings, and uses (and contributes to) the Training Resource Clearinghouse.	1. Using a national review that has already been conducted, work with the University of South Florida to identify curricula to post on the Center for Child Welfare website. Routinely post curricula as it becomes available and alert the trainer network when it is posted. *Year one. The Office of Child Welfare continuously reviews curriculum and resources that will be posted on the Center for Child Welfare's website.* 2. Determine ways to formalize the peer network into a web-based, active provider of technical assistance information and real-time sharing of information. Add the Seminole Tribe of Florida to the network. *Year one. The peer network has been developed; however a web-based technical assistance venue has not been created. A formalized process has been created for the Office of Child Welfare to receive questions from the field and responses are posed on a FAQ link on the Center for Child Welfare's website.* 3. Subscribe to several child welfare professional journals and become an institutional member of the International Society for Performance & Improvement and the American Society for Training & Development. *Year one. This has not been completed and we would like to remove it from the plan.*

Training Plan

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE		
Current State	**Future State**	**5-Year Action Plan**
		4. Establish a workgroup to assist in the planning and delivery of the semi-annual trainer meetings. *Year one and ongoing. Due to significant staff changes, this needs to be moved to year two.*
Initiative 1.6: Leadership and Guidance The current training unit has one supervisor solely dedicated to training and two specialists, each partially dedicated to training. Supporting information and data: The National Staff Development and Training Association (NSDTA) was established in 1985 as an affiliate of the American Public Human Services Association for the purpose of supporting persons responsible for human services training at all levels of government. The mission of NSDTA is to build professional and organizational capacity in the human services field. As one of its functions, the NSDTA researches and makes recommendations for frameworks, models, and competencies required for effective staff development and training programs. Currently, there are 12 "competency clusters" recommended for effective child welfare training infrastructure: 1. Administration 2. Communications 3. Course design 4. Evaluation 5. Group dynamics/process 6. Instructional techniques 7. Learning theory 8. Manpower planning	The training unit has the capacity to administer a statewide training program and uphold an effective and efficient infrastructure for training (pre- and in-service curricula; supervisory and specialty track training; and FSFN training). The unit provides: • technical assistance to the Department's regions, the community-based care agencies, and the sheriff offices • staff statewide training workgroups who assist with the five-year plan goals • communication to the field to apprise trainers of current trends in training practices • annual meetings for the statewide network of trainers • review of the annual training reports to ensure alignment with the practice model and the CFSP goals • development and administration of the annual needs assessments	1. Request budget allocation for five additional full-time positions to be housed in the training unit at headquarters (one additional specialist, one training administrator, and the three instructional designers mentioned in 1.3).The training unit is comprised of one supervisor; three curriculum developers; one training administrator and three training specialists. *Year three.* 2. Recruit and hire for the new positions. *Year three.*

Training Plan

GOAL 1: PROFESSIONALIZE AND STRENGTHEN THE TRAINING INFRASTRUCTURE

Current State	Future State	5-Year Action Plan
9. Person/organization interface 10. Research and development 11. Training equipment and materials 12. Training needs analysis		

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING

Current State	Future State	5-Year Action Plan
Initiative 2.1: Career Ladders / Specialty Tracks / Career-Long Curricula Career ladders vary. Some areas of the state enjoy well-structured, clear career ladders, while other areas offer mediocre ladders or lack professional advancement opportunities. Some pockets of the state have informal specialty tracks for Child Welfare Professionals. There is no statewide program for specialty learning or certification. All new employees are sent to pre-service training. Beyond pre-service, a wide variety of in-service is offered, depending upon which agency, and where the new employee is employed. There is no statewide systematic training on topics such as psychotropic medications, behavioral health, the Indian Child Welfare Act, and disaster planning. All certified staff must have 20 hours of ongoing education each year (content and topics not specified).	Florida recruits individuals who are well suited for working in the child welfare system. Supervisors have a variety of tools to use during application reviews and interviews of applicants. New hires are presented with a clear, structured career ladder that specifies general career progression, based on established competencies. This includes learning opportunities for specialty tracks and in-service courses (outlined in Florida statute) to complete during their first years of employment. In-service training requirements tor on-going education include topics such as psychotropic medications, behavioral health, the Indian Child Welfare Act, and disaster planning.	1. Create a workgroup. *Year two.* 2. Explore current career ladders and corresponding in-service training requirements (a standardized core set of long-term, in-service courses determined by the needs of Child Welfare Professional practice, the goals of the CFSP, and findings of continuous quality improvement data - and that range from foundational level to advanced practitioner level within a chosen track) and specialty tracks. *Year two.* 3. Identify a variety of the best recruitment tools and strategies and offer them as examples for use at the regional level. *Year two.* 4. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child protective investigators and case managers in Florida. *Year three and four.*

Training Plan

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**
Supporting information and data: • A recent report from the Florida legislature's research agency indicated that the turnover rate for child protective investigators is 20% and 30% for case managers. Other reports indicate higher rates depending on how turnover is defined. • Of the 138 respondents to the trainer survey, 58% indicated that the career ladder is "excellent" (a very clear, structured career ladder is in place) or "good" (a career ladder is in place but the structure is somewhat lacking). The remainder of the respondents indicated that the career ladder is only "okay" or poor. See also SACWIS findings Appendix D, SARRS Findings and Appendix E Overview of Community-Based Care Training (DCF intends to examine the listing of training topics providing by the community based care agencies to note trends and possible statewide application)		5. Pursue legislation mandating skills and policy training specific to child abuse and neglect investigations within the first years of employment. *Year three and four.*

GOAL 2: PROMOTE A CULTURE OF CAREER-LONG LEARNING		
Current State	**Future State**	**5-Year Action Plan**

Initiative 2.2: Supervisor Professional Development
 	
The Department is currently moving away from a compliance-driven supervision model to a coaching and consulting supervision model. New pre-service curriculum for newly hired supervisors has been developed. There are significant differences in the frequency of supervisor trainings offered statewide. There is no standard in-service supervisor curriculum.
 	
Supporting information and data:
• Survey responses from 138 trainers indicates that 37% of the training entities statewide offer supervisor-specific training very frequently (over 6 classes per year); 23% offered them frequently 4-6 times per year; and 33% offered them less than frequently (1-3 times per year).
• Both Child Welfare Professionals and the literature identify the importance of the supervisory role in achieving desired service and organizational outcomes. The Children's Bureau has identified child welfare supervisors as "a critical focal point for the successful achievement of agency goals and caseworker practices that strengthen families." Due to the vital role they play in the child welfare organization, there is also increasing recognition in the literature of the need to provide training to supervisors and to provide extensive support to them as they carry out their roles (Strengthening Child Welfare Supervision, NCWRCOI, 2007).
	Supervisors are the linchpin of practice.
	
	The instructional designers in the training unit develop advanced supervisor training for experienced staff.
	
	The headquarters training unit offers regular "lunch-and-learn" trainings that managers use with their frontline child welfare supervisors. The trainings are reinforced with a variety of fast, easy-to-administer training activities sent out through e-mail and survey tools. These trainings supplement the new supervisor pre-service curricula and focus on topics such as:
	a) common issues in supervising child welfare staff
	b) using data to improve the child welfare unit's effectiveness
	c) effectively providing performance feedback to employees
	d) recognizing strengths and improvements made
	e) coaching for improvement
		1. Create a workgroup to assist with planning and delivering "lunch and learn" events.
		   Year two.
		
		2. Select subject matter experts to work with the instructional designers to develop a standardized advanced supervisor skills curriculum determined by the needs of the Department's professional practice and findings of continuous quality improvement data. Ensure that the curriculum upholds the goals of the CFSP and the practice model.
		   Year two.
		
		3. Pursue legislation mandating uniform training requirements and minimum performance expectations for all child welfare supervisors in Florida.
		   Year three and four.

Training Plan

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.1: Continuous Improvement of Training There is no formal evaluation method to assess the quality of training being conducted across the state. Each community-based care agency submits semi-annual reports that capture all training courses. The report does not include evaluative information. The current training tracking system is under-utilized and incomplete. Supporting information and data: When asked to check all that apply regarding how the effectiveness of training programs are evaluated, 137 trainers reported: • 63% checked "some courses have pre- and post-tests • 35% reported "trainees and supervisors are interviewed after the training program" • 88% use evaluation forms • 32% indicate "practice measures are captured before and after the training program	One of the training unit's specialists is responsible for tracking and reviewing statewide programs to ensure they meet established criteria for: a) quality; and b) support of the CFSP goals and objectives. The training unit has established university partnerships to conduct level two (learning) and three (behavior) evaluations of large-scale curricula such as pre- and in-service and those designed to support major system or methodology changes.	1. Increase capacity and reporting capabilities of existing training tracking system. Amend provider contracts to include mandatory usage of the system by each employee. *Year one and two. Dismantling ancillary systems has encouraged the increased use of the FSFN tracking system.* 2. Establish quality criteria for training programs. *Year three.* 3. Establish criteria for determining whether trainings support the CFSP goals and objectives. *Year two.* 4. Initiate the bid process to identify potential university partners to conduct evaluations of large-scale curricula. *Year one. A bid process is not needed. Part of the Florida Institute for Child Welfare's responsibilities is to conduct a review of the pre-service training curricula.* 5. Create "annual training review" procedures for reviewing a sample of courses developed at the local level for quality and support of the CFSP goals and objectives and review of the training program in general. *Year four*

Training Plan

GOAL 3: FULLY INTEGRATE TRAINING INTO THE CONTINUOUS QUALITY IMPROVEMENT PROCESS		
Current State	**Future State**	**5-Year Action Plan**
Initiative 3.2: Strengthen the Link Among Training, Data, and Quality Assurance Only pockets of the state have processes for systematically using quality assurance review findings and other assessment data to inform training.	Established statewide processes for systematically using quality assurance findings and other assessment data to inform training.	1. Examine practices around the state. *Year one and two. In year one a process was initiate to make the Quality Assurance reviewers experts in Florida's Child Welfare Practice Model. These reviewers will go through a process in year two to establish proficiency in this process. This will assist the state in examining practices around the state and assist in the development of future trainings.* 2. Identify promising practices. *Year two.* 3. Share and promote promising practices. *Year two and ongoing.*

Training Plan
Appendix E2. Community-Based Care Training **Expenditures**

	BBCBC	CBCB	CBCCF-OO	CBCCF-Sem	CFC	ChildNet	CNSWFL	CPC	ECA-H	ECA-PP
TRPIS Training Expenditures - **2013**	437,820	159,564	297,532	53,673	306,112	448,366	359,781	181,954	424,416	351,202
Case Management	13,657,177	8,870,272	22,317,356	4,655,967	13,198,242	22,408,108	12,774,668	10,988,060	27,503,247	22,627,128
% Case Mgt to Training	3.21%	1.80%	1.33%	1.15%	2.32%	2.00%	2.82%	1.66%	1.54%	1.55%
GRAND TOTAL	31,789,118	21,045,773	49,801,481	11,223,190	38,349,055	57,783,137	29,315,743	29,547,199	65,518,756	60,261,169
% Total expenditures to Training	1.38%	0.76%	0.60%	0.48%	0.80%	0.78%	1.23%	0.62%	0.65%	0.58%
TRPIS Training Expenditures - **2012**	439,325	215,133	292,443	86,829	336,285	497,345	328,085	109,470	482,220	518,585
Case Management	13,718,929	9,112,446	22,547,430	5,711,757	12,809,834	22,404,625	11,225,796	10,752,704	22,856,245	30,589,271
% Case Mgt to Training	3.20%	2.36%	1.30%	1.52%	2.63%	2.22%	2.92%	1.02%	2.11%	1.70%
GRAND TOTAL	31,236,620	20,561,192	51,261,915	12,865,908	38,444,996	61,371,183	26,154,807	28,851,681	56,007,847	66,004,970
% Total expenditures to Training	1.41%	1.05%	0.57%	0.67%	0.87%	0.81%	1.25%	0.38%	0.86%	0.79%
TRPIS Training Expenditures - **2011**	440,833	271,390	324,766	94,662	296,955	631,336	309,336	148,080	483,090	526,687
Case Management	13,062,889	9,608,833	23,048,710	5,686,090	13,276,457	23,140,836	10,205,183	10,309,251	21,557,835	28,430,397
% Case Mgt to Training	3.37%	2.82%	1.41%	1.66%	2.24%	2.73%	3.03%	1.44%	2.24%	1.85%
GRAND TOTAL	30,571,802	21,172,819	52,094,641	12,477,876	37,805,269	64,831,613	23,660,312	27,968,012	52,922,620	64,994,792
% Total expenditures to Training	1.44%	1.28%	0.62%	0.76%	0.79%	0.97%	1.31%	0.53%	0.91%	0.81%

	FFN-Lakeview	FSSNF	Heartland	KCI	KFF	OurKids	PSF	St Johns	UFF	YMCA	Total
TRPIS Training Expenditures - **2013**	538,522	317,155	319,572	512,114	15,235	475,950	333,629	36,826	376,448	145,607	6,091,477
Case Management	16,182,455	15,613,143	15,827,788	23,170,451	3,104,257	35,234,234	11,736,996	2,160,529	12,285,844	11,641,757	305,957,679
% Case Mgt to Training	3.33%	2.03%	2.02%	2.21%	0.49%	1.35%	2.84%	1.70%	3.06%	1.25%	1.99%
GRAND TOTAL	38,137,028	48,999,876	40,770,853	43,230,881	6,260,164	94,804,085	28,115,849	4,494,764	25,149,569	24,304,434	748,902,124
% Total expenditures to Training	1.41%	0.65%	0.78%	1.18%	0.24%	0.50%	1.19%	0.82%	1.50%	0.60%	0.81%
TRPIS Training Expenditures - **2012**	543,616	283,637	268,647	544,057	13,155	343,528	425,373	41,646	378,106	121,059	6,268,543
Case Management	16,266,973	15,349,892	16,380,772	23,057,973	2,910,231	36,280,238	11,225,474	2,119,443	12,681,664	12,186,745	310,188,442
% Case Mgt to Training	3.34%	1.85%	1.64%	2.36%	0.45%	0.95%	3.79%	1.96%	2.98%	0.99%	2.02%
GRAND TOTAL	36,826,633	46,899,132	41,685,079	42,742,986	5,832,408	94,905,616	29,158,160	4,704,547	24,257,426	24,448,783	744,221,890
% Total expenditures to Training	1.48%	0.60%	0.64%	1.27%	0.23%	0.36%	1.46%	0.89%	1.56%	0.50%	0.84%
TRPIS Training Expenditures - **2011**	472,069	127,174	346,253	590,471	8,831	699,249	368,233	19,147	182,225	120,800	6,461,588
Case Management	15,293,187	13,599,123	17,501,216	23,312,369	2,464,066	41,304,479	11,707,959	2,071,213	12,616,380	12,289,098	310,485,570
% Case Mgt to Training	3.09%	0.94%	1.98%	2.53%	0.36%	1.69%	3.15%	0.92%	1.44%	0.98%	2.08%
GRAND TOTAL	35,654,108	43,026,142	42,413,723	44,266,851	5,380,926	99,443,737	28,564,514	4,616,482	23,663,255	23,944,122	739,473,614
% Total expenditures to Training	1.32%	0.30%	0.82%	1.33%	0.16%	0.70%	1.29%	0.41%	0.77%	0.50%	0.87%

% Case Mgt to Training Dollars		% Total Exp to Training Dollars	
0.49%	3.33%	0.24%	1.50%
0.45%	3.79%	0.23%	1.56%
0.36%	3.37%	0.16%	1.44%
1.19%		0.81%	
2.02%		0.84%	
2.08%		0.87%	

Child and Family Services Plan Child Protective Investigations Appropriations History

Approved Operating Budget as of July 1	Fiscal Year				
Program Activity	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
DEPARTMENT					
CHILD PROTECTION - INVESTIGATIONS (DEPARTMENT)*	$ 99,252,777	$ 99,791,110	$ 100,673,075	$ 109,896,757	$ 111,777,077
CHILD PROTECTION - INVESTIGATIONS (DEPARTMENT) - Salaries and Benefits Category ONLY*	$ 85,576,323	$ 86,262,481	$ 87,370,189	$ 90,470,889	$ 92,038,373
CHILD PROTECTION - INVESTIGATIONS TRAINING (DEPARTMENT)	$ 2,761,077	$ 2,758,794	$ 2,758,794	$ 2,533,297	$ 2,533,297
SHERIFF OFFICES					
CHILD PROTECTION - INVESTIGATIONS (SHERIFF)	$ 47,491,157	$ 47,491,154	$ 47,491,154	$ 46,985,592	$ 49,975,592
CHILD PROTECTION - INVESTIGATIONS TRAINING (SHERIFF)	$ 991,046	$ 993,328	$ 993,328	$ 919,825	$ 919,825
Grand Total	**$ 150,496,057**	**$ 151,034,386**	**$ 151,916,351**	**$ 160,335,471**	**$ 165,205,791**
*NOTE: Child Protection - Investigations (Department) appropriations do not include the following indirect cost (overhead) rates:	16.50%	16.09%	15.77%	12.84%	12.84%
state CPIs (1633 positions) $1,551.31 per position			3%	3%	3%
sheriff			2%	2%	2%
Source: ASB Master Report as of April 11, 2014					

CFSP 2015-19

FLORIDA'S CHILD WELFARE PRACTICE MODEL

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

Goals
Florida's child welfare professionals seek to achieve these goals:

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

Practices
To achieve these goals, Florida's child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:

- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.

- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.

- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.

- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.

- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child's family that must exist for the child to be returned home safely with an in-home safety plan.

- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers' expertise in case planning and service delivery.

- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.

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THE SEVEN PROFESSIONAL PRACTICES: *What* child welfare professionals do.

THE SAFETY METHODOLOGY: *How* they do it.

THE GOALS AND VISION: *Why* they do it.

SEVEN PROFESSIONAL PRACTICES

Operationalized Using the Safety Methodology

Engage: The family is the primary point of communication, involvement and decision-making. The *Information Collection Protocol* for investigators and *Standards of Intervention* for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the *Family Functioning Assessment* and (for unsafe children) the safety planning, *Family Functioning Assessment - Ongoing* and case planning. Engagement is essential to the development of the *Case Plan*, which includes goals for what must change, related to enhancing *Caregiver Protective Capacities* and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner with the family, the family's network, other professionals and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning and progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the *Six Information Domains*, which frame what must be known about children and caregivers to inform effective decision-making. These *Six Information Domains* live within the *Family Functioning Assessment*. The *Six Information Domains* are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional "creates a picture" of the pervasive functioning occurring among adults and children within the family. The "picture" represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.

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THE SEVEN PROFESSIONAL PRACTICES:
Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five *Danger Threshold Criteria:* (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the *Six Information Domains* clearly supports an active impending danger threat that meets the *Danger Threshold Criteria*, and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: *Present Danger Assessment; Family Functioning Assessment;* the *SDM® Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update; SDM® Family Risk Re-Assessment* and *SDM® Family Risk Reunification Assessment.*

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a *Present Danger Plan* is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the *Family Functioning Assessment* process. When an investigator concludes at the end of the *Family Functioning Assessment* a child is unsafe, an *Impending Danger Safety Plan* is developed. Developing a sufficient *Impending Danger Safety Plan* to control and manage impending danger that is the least intrusive is completed through an immediate intervention called *Safety Planning Analysis.* Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the *Impending Danger Safety Plan* is transferred at the same time and continues to occur through the life of the case. In addition, the *Safety Planning Analysis* is used for children with an out-of-home *Impending Danger Safety Plan* to create *Conditions for Return* for these children to return home with an in-home *Impending Danger Safety Plan.*

Plan for family change: Information gathered through the *Family Functioning Assessment - Ongoing* results in the development of case plan outcomes related to what must change to demonstrate enhanced *Caregiver Protective Capacities* addressing impending danger threats and *Child Needs.* The *Case Plan* includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the "roadmap" or method by which change will be addressed.

Monitor and adapt case plans: The *Ongoing Family Functioning Progress Update* is a formal and ongoing intervention that occurs on a regular basis following the development of the family's *Case Plan.* It is intended to provide a standardized approach to measuring progress for enhancement of diminished *Caregiver Protective Capacities* as they relate to the impending danger threats and *Child Needs,* safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated *Six Information Domains,* which inform the *Ongoing Family Functioning Progress Update.*

Florida's Statewide Automated Child Welfare Information System (SACWIS)

Training Needs Identified by Administration for Children and Families

Below is a summary of the SACWIS Assessment Review Report (SARR) findings concerning Florida Safe Families Network (FSFN) training. Attached to this summary is an excerpt of the report ("Attachment A – SARR Training Findings" pages 35-36) with the details of each finding and accompanying recommendations.

Page 25

SARR – Findings / Training Issues:

A number of issues were identified relating to training following the review of Florida's SACWIS system. Recommendations included: modifications of current system design and functioning, mandating and enforcing the completion of necessary FSFN data fields and related documentation requirements, and the training and support of staff for navigation and use of the FSFN system. Specific training recommendations included, with noted SARR finding referenced:

#3(A): Workers must be provided training to increase awareness of, and ability to use FSFN features.

#12(B): Provision of training as appropriate and needed to ensure effective use of FSFN

#13(B): Training related to effective use of Family Assessments

#17(B): Training related to use of meeting modules to support key case staffing activities, such as Family Team Conferences

#29(A): Training that FSFN is the official system of record and intended to support business functions of the Community-Based Care Agencies

#32(B): Training related to the system's automated features

#48: Training regarding the non-use of ancillary data systems

Page 30 (Agency Training Plan)

FSFN Training will have three primary areas of focus:

1) **Pre-Service Training:** Review and modification of current pre-service training materials to ensure newly hired staff are receiving adequate FSFN instruction during their standard required coursework

2) **Web Resources and Support:** Provide relevant ongoing web-based support by review and modification of existing FSFN resources and soon to be completed FSFN Casework Policy and Practice Guide

3) **In-Service Training:** Provide additional in-depth FSFN instruction to existing child welfare professionals, with specific attention given to: (1) executive leadership/administrators; (2) development of FSFN "Super-Users" who can act as an internal resource to their specific organizations and provide ongoing training and support to their agency-specific staff and (3) remedial training for existing FSFN users focusing on key features and expectations. The table provided below offers additional detail on the statewide in-service training plan to be developed and delivered.

Training Plan

Attachment A – SARR Training Findings

Finding	Recommendation
12(B) - A number of workers used calendars to track events for which FSFN provided ticklers. Other staff were unaware of existing FSFN reports.	12(B) – Florida must provide training as appropriate and needed to ensure effective use of FSFN. To ensure training is successful and the information retained by staff, the State must provide on-going training and establish training evaluation procedures
13(B) – Field staff describe the Family Assessment as a "cookie cutter approach" and note that it is not designated to promote individualized assessments.	#13(B) Field staff describe the Family Assessment as a "cookie cutter approach" and note that it is not designed to promote individualized assessments
#17 (B) – Family Team Conference (FTC) specialists, who are responsible for coordinating these key meetings, are dependent upon the Meetings Module to fulfill their responsibilities and noted a number of needed improvements including: • Functionality so that case managers can request FTCs • Screens and reports to track FTC activities such as 1) FTC Referrals, 2) family preparation for the FTC, and 3) the efforts of specialists to track or attempt to contact FTC participants. • Ticklers to remind case managers and specialists of scheduled FTCs. • Sufficient space to record FTC outcomes.	17 (B) – In order for FSFN to support Florida child welfare business processes, FSFN must support the directive implementing collaborative meetings, such as the FTC, with appropriate tools and reports.
#29(A) – N – The case plan and related documents, and FSFN features to support the case plan are not used consistently by CBCs. In many cases, ancillary systems are preferred to FSFN to perform case management tasks. For example: • The OurKids network of agencies does not use the FSFN case plan; they use an external case plan. They noted that judges and attorneys also do not like the FSFN case plan and that families have difficulty comprehending it. • OurKids and other CBCs also use Agency Secure Knowledge (ASK) to document cases. Every new case from March 2008 to the present day is maintained in ASK. • OurKids uses an external checklist at service initiation that is not in FSFN. • Some agencies use products such as Documentum to scan in critical records that are maintained separately from the FSFN official case record. This information is only	29 (A) – FSFN's case plan functionality must accommodate the needs and business processes of the CBCs. FSFN must contain the official case record used by all CBCs in the State. Child Welfare workers should not resort to ancillary systems and other documentation external to FSFN to conduct case management activities as then FSFN does not contain a complete history of case activities.

Finding	Recommendation
available to the agency collecting it; it will not be available if the child is served by different CBC. • The case plan summary is not consistently used, even though this more user-friendly document was designed to promote case plan usage. Workers also noted that providers do not display on the summary although there is a reserved space for this data. • Big Bend uses an ancillary system for all ICPC forms and templates for children placed out of State; the data must be re-entered into the ancillary system to populate these documents. • Some workers did not use the FSFN ticklers to schedule and manage their work. Instead, they would manually enter the same information on paper calendars so they could see their workload at a glance. • Independent Living workers at United for Families, Inc. use an ancillary system for youth over 17. • Case plan text boxes were not large enough to enter needed narrative. Workers must either re-write narratives and exclude details to fit them into the available space, or retain the information in external files and systems. • Teen Normalcy Plans, which are done yearly, are not fully accommodated by FSFN. Workers can only log plan dates, such as the date the Normalcy Plan staffing occurred, but not the details of the actual staffing and resulting plan.	
#32 (B) – Workers were unaware that FSFN provides automated support to help them efficiently complete case plans by transferring information form an approved case plan to the updated version of the same plan.	32 (B) – Workers require a better understanding of the system's automated features. DCF should provide refresher training to current workers, just-in-time training for new workers, and periodically evaluate the effectiveness of the FSFN training program
#48 – C – Although FSFN has screens and functionality to maintain and update foster care and adoptive home information, the functionality is inconsistently used by the CBCs and, as noted under requirement #45, the field uses ancillary stem so this critical data does not reside in the FSFN statewide database.	48 – All critical data must be directly entered into and managed by FSFN to ensure the statewide database contains complete, timely, and accurate data. It is not acceptable to enter the information into ancillary systems for later export to FSFN.

OVERVIEW OF COMMUNITY-BASED CARE TRAINING (01/2014-12/2014)

For the state training reporting period of January 2014 to June 2014, seventeen of the 20 community-based care lead agencies submitted the required training report. Between July 2014 and December 2014 all community based care lead agencies submitted the required training report. The data is self-reported therefore lacks consistency. The new data collection process being developed for the next fiscal year will help eliminate many of the inconsistencies currently encountered.

I.   Categories of Trainings

Although the Training Report is designed for uniformity in reporting, there are still some reporting differences. For example: some agencies did not include whether the training was in-service or pre-service and titles of courses and course definitions are not consistent, therefore, unless it was apparent by the course title, it was not possible to categorize the training. In addition, some training topics fall under multiple categories. With this in mind, what follows is a best effort to categorize all of the training topics.

Adoption (27)
Aging Out (3)
Basics/Refresher course (3)
Behavior Management (23)
Case Planning (9)
CBC policies/orientation/ DCF Security (54)
Certification (73)
Child Abuse and Neglect/ Disclosure of Abuse (21)
Child death (1)
Child Development (15)
Community services/engaging the community (11)
Computer programs/Apps (25)
Conferences/symposiums, etc. that dealt with varied topics (54)
Consultation Training (22)
Continuous Quality Improvement (2)
Cross-over Youth (1)
Cultural sensitivity/diversity (13)
Customer Service (3)
Deaf or hard of hearing (22)
Documentation (13)
Domestic Violence (31)
Education (48)
Ethics (3)
Exit Surveys (6)
Extended Foster Care/ Independent Living (43)
Families (33)
Foster Parenting /QPI (57)
Frequent Visitors (1)
FSFN (99)
Funding (10)
Group Care (4)
Health (113; includes developmental disabilities, mental health, and substance abuse)

Housing (2)
Human Resources (12)
Human Trafficking (37)
ICPC and OCS Training (2)
Immigration (2)
Incident training (1)
Judicial review (15)
Leadership (54)
Legal/ Legislation (60)
Missing children (19)
Permanency (21)
Placement Transitions (20)
Prevention (15)
Referral process (3)
Relative Caregiver (1)
Road to Independence (1)
Runaways/Homeless (2)
Safety (84)
Safety Methodology/ Planning (157)
Self-Care (18)
Service Request (3)
Siblings (3)
Skills (82; including interviewing/communication skills and courtroom skills)
SSI/SSA / Master Trust (16)
Suicide prevention (8)
Therapies (11)
Train the Trainer (9)
Trauma/ trauma informed care (36)
Unified Home Study (8)
Values Training (2)
Visitation (5)
Waivers (1)
Miscellaneous (112)

II.   Breakdown of Settings

The following is a breakdown of the description of the setting for the trainings provided. The data is self-reported. CPC did not provide data; FFN used categories such as large and small groups; FSS, PFSF and BSO itemized by location and several CBC's combined Classroom and Computer as one due to a blended training environment.
Classroom (1251)
Online (Includes webinars and webcasts) (228)
Other (Includes conference calls, workshops, field, video, office and any others) (102)

III. Breakdown of Audience

The following is a list of the types of attendees for the classes, workshops, etc., listed in Section I. Categories of Training.

Total number of attendees: 40,332

Anchorage Children's Home
Adoption
Caregivers/group home staff
Child Welfare Professionals/Entire System of Care
Children's Home Society
Case Management
Contracts and compliance
Child Welfare Services
Department of Children and Families
FSC
Guardian Ad Litem
Human Resources
Independent Living
Intake
Lead agency/lead agency staff
Legal
Licensing
New employees
Protective Investigator
Providers/Partners/Community
Quality Management
Rev Max/Finance
Social workers/social services
Supervisors/Leadership
Other

IV. Breakdown of Course Type:
The option of Pre-Service and In-Service were given however, many chose to include other options therefore the data is not reliable. Below is an estimate of the self-reported data.
Pre-Service (383)
In-Service (1613)

V. Agency Training Report Compliance
Big Bend Community Based Care, Brevard Family Partnership, and Community Based Care of Central Florida, did not submit reports for January to June 2014.

Children's Network Southwest Florida did not use the uniform training report format and did not include all of the required information, including the setting and a breakdown of the audience into positions or costs.

Family Support Services, Kids Central, Kids of Miami and Monroe, Partnership for Strong Families, Kids First of Florida listed the total cost of each training as $0, or left many as blank.

Partnership for Strong Families, Broward County Sheriff's Office and Partnership for Strong Families put the physical location rather than the setting for each training (parish hall, conference call, etc.).

Community Partners for Children did not include costs, dates, duration, number of attendees or the setting. For the setting, FFN indicated the size of the groups rather than whether it was classroom, online or other.

Inconsistencies with labeling course titles and descriptions; determining whether a course is in-service or pre-service; audience type; training settings and calculating costs and attendees is being addressed with the reporting process currently being designed and developed.

Nineteen of the 20 community-based care lead agencies submitted the required training report; the Community Partnership for Children did not submit a report.

I.   Categories of Trainings

Although the Training Report is designed for uniformity in reporting, there are still some reporting differences. For example, some agencies did not consistently include a course description; therefore, unless it was apparent by the course title, it was not possible to categorize the training. Some trainings fall under multiple categories. With this in mind, what follows is a best effort to categorize all of the training topics.

Adoption (18)
Aging Out (2)
Basics/Refresher course (11)
Behavior Management (6)
CAPTA (2)
Case Planning (1)
CBC policies/orientation/ DCF Security (9)
Certification (56)
Child Abuse and Neglect/ Disclosure of Abuse (18)
Child death (1)
Child Development (16)
Community services/engaging the community (11)
Computer programs/Apps (20)
Conferences/symposiums, etc. that dealt with varied topics (36)
Consultation Training (11)
Continuous Quality Improvement (3)
Cross-over Youth (7)
Cultural sensitivity/diversity (12)
Customer Service (1)
Deaf or hard of hearing (5)
Diligent Search (3)
Documentation (3)
Domestic Violence (19)
Education (37)
Ethics (2)
Exit Surveys (1)
Extended Foster Care/ Independent Living (41)
Families (27)
Foster Parenting /QPI (33)
Frequent Visitors (2)
FSFN (58)
Funding (14)
Group Care (4)

Health (98; of the 98, 6 dealt with developmental disabilities, 32 dealt with mental health, and 28 dealt with substance abuse)
Housing (2)
Human Resources (10)
Human Trafficking (17)
ICPC and OCS Training (2)
Immigration (2)
Incident training (1)
Judicial review (1)
Leadership (10)
Legal/ Legislation (20)
Missing children (3)
Permanency (10)
Placement Transitions (14)
Prevention (3)
Referral process (1)
Relative Caregiver (1)
Road to Independence (2)
Runaways/Homeless (2)
Safety (27)
Safety Methodology/ Planning (126)
Self-Care (15)
Service Request (3)
Siblings (2)
Skills (59; of the 59, 23 dealt with interviewing/communication skills and 8 dealt with courtroom skills)
SSI/SSA / Master Trust (3)
Suicide prevention (6)
Therapies (8)
TPR (1)
Train the Trainer (3)
Trauma/ trauma informed care (26)
Unified Home Study (5)
Values Training (1)
Visitation (5)
Waivers (1)
Miscellaneous (42)

II.   Breakdown of Settings

Children's Network of Southwest Florida (CNSWFL) did not include a description of setting. OurKids did not consistently include a description of setting.

Classroom (495)
Online (182)
Webcast (71)
Conference (65) (Note: This number is skewed because some agencies listed each
    workshop at the summit as separate trainings and some listed the summit as a
    single training.)
Conference call (5)
Workshop (9)
Field (8)
Video (4)
Office (3)
Other, such as conference rooms, remote locations (45)

III.   Breakdown of Audience

CNSWFL listed agencies that attended, but did not breakdown the audience into
positions (such as investigator and case manager); therefore, they are not included in
this breakdown. Additionally, the numbers are skewed because some agencies listed
each workshop at the summit as separate trainings and some listed the summit as a
single training.

ACH (10)
Adoption (20)
Caregivers/group home staff (62)
Child Welfare Professionals/Entire System of Care (17)
CHS (16)
CM (556)
Contracts and compliance (6)
CWS (7)
DCF (24)
FSC (37)
GAL (35)
HR (14)
IL (17)
Intake (5)
Lead agency/lead agency staff (105)
Legal (51)
Licensing (82)
New employees (8)
PI (103)
Providers/Partners/Community (39)
QM (11)
Rev Max/Finance (15)

Self (6)
Social workers/social services (8)
Supervisors/Leadership (265)
Other (79)

IV.   Agency Training Report Compliance

Big Bend CBC did not include the total cost of the services.

ChildNet-Broward, ChildNet-Palm Beach, and FFN did not list the cost of each training individually, but rather listed it as a total.

CNSWFL did not use the uniform training report and did not include all of the required information, including the setting and a breakdown of the audience into positions.

Eckerd Community Alternatives (ECA)-Pasco Pinellas, with one exception, listed the total cost of each training as $0.

Family Support Services of North Florida and Kids First Florida listed the total cost of each training as $0.

OurKids did not consistently provide a course description and cost of training.

Brevard Family Partnership, CBC Central Florida (CBCCF)-Orange Osceola, CBCCF-Seminole, Devereux CBC, ECA-Hillsborough, Heartland For Children, Kids Central Inc., Partnership for Strong Families, Sarasota YMCA-Safe Children Coalition, and St. Johns Family Integrity Program (FIP) *all filled out the training report in its entirety.

*St. Johns FIP report only contained pre-service training. It is unknown whether that is all the training they provided during the reporting period or whether there is another report for in-service training that was not submitted.

APSR Training Report: (2014-15)										
Course Title	**Course Type:** *Pre-service / In-service (Specify if Foster or Adoptive Parent Training)*	**Course Description** *Brief one-paragraph syllabus on the training activity*	**Indication of the specifically allowable title IV-E administrative functions the training activity addresses**	**Description of the setting / venue for the training activity**	**Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)**	**Description of the provider of the training activity**	**Specification of the approximate number of days/hours of the training activity**	**Description of Audience**	**Description of estimated total cost**	**Cost allocation methodology applied to training costs.**
Assessment: Trainings on assessments to determine whether a situation requires a child's removal from the home.										
Behavioral Observation	In-service	The Behavioral Observation training for parenting facilitators is a structured training to teach participants how to capture and document information related to parent-child interactions for children five years old and younger in the dependency system.	Assessments to determine whether a situation requires a child's removal from the home. This cannot include how to conduct a child abuse and neglect investigation.	Classroom	Short-term	Heartland for Children contracted training specialists	7 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Behavioral Observation	In-service	Learning behavior for 0-3 year's old, baseline at post NAAPI, score sheets, reports, access what is available and additional components.	Same as above	Classroom	Short-term	Heartland for Children contracted training specialists	6 hours	Case Management Staff	Same as Above	Same as Above
Family Functioning Assessment	In-service	Learning about the Family Functioning Assessment for Safety Methodology implementation	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Child Welfare staff	Same as Above	Same as Above
Family Functioning Assessment- Ongoing Learning Group	In-service	Review requirements for the Family Functioning Assessment- Ongoing and discuss	Same as above	Classroom	Short-term	Family First Network and Department of Children and Families Training Specialists	2 hours	Case Management and Child Protective Investigator supervisors, mentors; Quality Assurance and policy staff	Same as Above	Same as Above

Course Title	Course Type: Pre-service / In-service (Specify if Foster or Adoptive Parent Training)	Course Description Brief one-paragraph syllabus on the training activity	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.
Family Functioning Assessment Workshop	In-service	The Family Functioning Assessment reflects due diligence in gathering and validating information from a number of sources. Participants learn to determine what is sufficient.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours	Case Management Staff and Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Family Safety Decision Making Methodology (FSDMM) Refresher	In-service	Reinforce key concepts of the Florida Safety Decision Making Methodology which includes how to assess families and identify unsafe children and how to enhance caregiver protective capacities for caregivers in families where the children have been determined to be unsafe	Same as above	Classroom	Short-term	Families First Network Training Specialists Devereux training specialists	2-3 hours	Case management Staff and Child Protective Investigation Staff	Same as Above	Same as Above
Family Safety Decision Making Methodology (FSDMM) Frontline Training	In-service	Introduction to the new safety methodology. Curriculum covers how to assess families and identify unsafe children. Training also includes how to intervene and enhance caregiver protective capacities for caregivers in families where the children have been determined to be unsafe	Same as above	Classroom	Short-term	Devereux training specialists, Children's Network of Southwest Florida Training Specialists, Department of Children and Families, ChildNet Inc. Training Specialists, Big Bend Community Based Care Training Specialists, Broward County Sheriff's Office Training Specialists, Hillsborough County Sheriff's Office Training Specialists, Families First Network Training Specialists	48 Hours	Case management Staff, Child Protective Investigation Staff	Same as Above	Same as Above

Course Title	Course Type: Pre-service / In-service (Specify if Foster or Adoptive Parent Training)	Course Description Brief one-paragraph syllabus on the training activity	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.
Family Safety Decision Making Methodology (FSDMM) Training	In-service	Family Safety Decision Making Methodology (FSDMM). Abbreviated curriculum covers how to assess families and identify unsafe children. Training also includes how to intervene and enhance caregiver protective capacities for caregivers in families where the children have been determined to be unsafe	Same as above	Classroom	Short-term	Families First Network, Department of Children and Families Training Specialists	12 hours	Placement, Independent Living Case Management staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Family Safety Decision Making Methodology (FSMM) Training	In-service	Introduction to the new safety methodology for senior leadership. Curriculum covers how to assess families and identify unsafe children. Training also includes how to intervene and enhance caregiver protective capacities for caregivers in families where the children have been determined to be unsafe	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	12 hours	Senior Child Welfare Staff Leadership	Same as Above	Same as Above
Florida Abuse Hotline Training	In-service	Florida Abuse Hotline information, process, procedures to reporting and accepting Hotline Abuse Reports on alleged victims of child abuse and neglect	Same as above	Classroom	Short-term	Department of Children and Families Florida Abuse Hotline Training Specialist	3 hours	Case Management, Child Protective Investigation staff and community partners	Same as Above	Same as Above
Florida Decision Making Model Supervisor "Consultation" Training	In-Service	Training for supervisors on Florida Decision Making Model consultations	Same as above	Classroom	Short-term	Devereux Families Inc. Training Specialists	1 hour 30 minutes	Case managers	Same as Above	Same as Above
Florida Safety Decision Making Methodology (FSDMM) Refresher	In-service	Refresher course for safety practice expert training/transformation/safety methodology	Same as above	Classroom	Short-term	University of South Florida Training Specialist	8 hours	Child Protective Investigations Staff and Case Management Staff	Same as Above	Same as Above
Florida Safety Decision Making Methodology (FSDMM) Support Sessions	In-service	These sessions provide support on cases utilizing FSFN and the new methodology (FSDMM).	Same as above	Classroom / Computer Setting	Short-term	ChildNet Inc. Training Specialists	Vary as needed.	Case managers; Supervisors; Adoptions Counselor	Same as Above	Same as Above

Course Title	Course Type: Pre-service / In-service (Specify if Foster or Adoptive Parent Training)	Course Description Brief one-paragraph syllabus on the training activity	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.
Florida Safety Decision Making Methodology (FSDMM) Transformation	In-service	Changes that will be implemented with the new methodology	Same as above	Classroom	Short-term	Department of Children and Families Training Specialist	14 hours	Case Managers and Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Guardian Ad Litem Training	In-service	Aimed at providing new workers with basic foundation of federal and state laws; reviewing evidence in dependency cases; standards of proof and LaGuardia Ad Litem documentation and court submission.	Same as above	Classroom	Short-term	Children Legal Services, Guardian Ad Litem Services Training Specialists	2 hours	Case Management Staff	Same as Above	Same as Above
IFPS-Improving Decision Making Through Critical Thinking	In-service	Training on Critical Thinking. Participants will learn A critical thinking/reflective practice framework for improving decision making, how to think critically about assessment, planning, and implementation, 18 common 'errors in thinking' and their countermeasures, how to evaluate their own thinking and decision making, to assess the influence of their 'personal framework' on their work, to actively 'question' and generate 'critical thinking questions' to gather and clarify information, how to develop a 'Culture of Thoughtfulness' (encourage Critical Thinking) in their organizations	Same as above		Short-term	Institute for Family Development Trainers	12 Hours	Our Kids Intake and Child Protective Investigations Staff	Same as Above	Same as Above
Impending Danger, Safety Plans, and Case Transfers	In-service	Refresher course on the Impending Danger, Impending Danger Safety Plans, and Case Transfers areas of the Florida Safety Decisions Making Methodology.	Same as above	Classroom	Short-term	Heartland For Children and Department of Children and Families Training Specialist	3 hours	Child Protective Investigator Supervisors, Case management Supervisors, and Program Managers	Same as Above	Same as Above

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Information Collection and Documentation surrounding the Six Domains	In-service	Refresher course on the Information Collection & Documentation surrounding the six Domains areas of the Florida Safety Decisions Making Methodology.	Same as above	Classroom	Short-term	Heartland For Children and Department of Children and Families Training Specialist	3 hours	Child Protective Investigator Supervisors, Case management Supervisors, and Program Managers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Intervention Stages of Safety Methodology	In-service	Reviewing Preparation, Introduction, Exploration and Case Planning stages in the Florida Safety Decisions Making Methodology.	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialist	30 minutes	Case Management Staff and Lead Agency Staff	Same as Above	Same as Above
Interviewing for Information Collection Group Supervision	In-service	Focuses on how Child Protective Investigators and Case Managers collect information for the Family Functioning Assessment investigation/ongoing during interviews with the family to ensure the best possible outcomes.	Same as above	Classroom	Short-term	Children's Network of Southwest Florida training specialists	6 hours	Child Protective Investigators and Case Managers	Same as Above	Same as Above
Lunch n Learn on the Family Functioning Assessment	In-service	Session focused on the Family Functioning Assessment and how to create a successful picture of a family and their situations	Same as above	Classroom	Short-term	University of South Florida Training Specialist	1 hour 30 minutes	Child Protective Investigation Staff and Case managers	Same as Above	Same as Above
Ongoing Assessment Perm	Pre-service	Being able to identify the safety assessment essentials, such as: safety threats, child vulnerabilities, protective capacities and safety decision.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	4 hours	Case Management Staff and Service Providers	Same as Above	Same as Above
On-Going Assessments Training	In-service	Training on completing assessments related to judicial reviews and case plan management	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	16 hours	Case Managers and Licensing Counselors	Same as Above	Same as Above

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APSR Training Report: (2014-15)										
Overview of Safety Decision Making Methodology	In-Service	This mandatory refresher training will cover the overview of Florida's Safety Decision Making Methodology. Supervisors will play a critical role with the implementation of this model. This model will establish: Common language for assessing safety.	Same as above	classroom	Short-term	Heartland For Children and Department of Children and Families Training Specialist	6 hours	CPI Supervisors, CM Supervisors, and Program Managers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Parent Needs Assistance Training	In-service	Discussed the implementation of Parent needs Assistance	Same as above	Computer Lab	Short-term	University of South Florida Training Specialist	3 hours	Case Management Supervisors and Staff	Same as Above	Same as Above
Pre-Commencement, Present Danger, and Present Danger Safety Plans	In-service	Refresher course on the Pre-Commencement, Present Danger, and Present Danger Safety Plans areas of the Florida Safety Decisions Making Methodology.	Same as above	Classroom	Short-term	Heartland For Children and Department of Children and Families Training Specialist	3 hours	Child Protective Investigator Supervisors, Case Management Supervisors, and Program Managers	Same as Above	Same as Above
Pre-service Stop Gap Training	Pre-service	Pre-service training regarding identification and assessment of child abuse and neglect, working with families where abuse and neglect has occurred	Same as Above	Classroom	Short-term	Big Bend Community Based Care Training Specialists, Child Net Training Specialists, University of South Florida Training Specialists, Manatee Sheriff's Office Training Specialists	29 hours	Case Management and Child Protective Investigations Staff	Same as Above	Same as Above
Provider Safety Decision Making Methodology	In-service	Safety Decision Making Methodology Training for providers	Same as above	Classroom	Short-term	Children Network of South Florida Training Specialist	12 hours	Case Management Service Providers	Same as Above	Same as Above
Psychological, Neuropsychological, and Forensic Services	In-service	Dr. Wilkinson spoke about the many different evaluations that he provides as well as the necessary information needed to complete a thorough assessment.	Same as above	Classroom	Short-term	Heartland for Children contracted with Independent Contractor	30 Minutes	Case Managers and Supervisors	Same as Above	Same as Above

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Quality Contacts - Home Visits	Pre-Service	Job Coaching Group Session. Trainees will learn about home visits, frequency of visits and how to document in FSFN appropriately.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	2 hours	Case Managers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Quality Review Tool Training	In-service	Training on documentation of accounting of parental behavior change. Assessing for emerging dangers, contact with the family, and documentation of such.	Same as above	Classroom	Short-term	Kids First of Florida Training Specialist	1 hour	Case Management Supervisors	Same as Above	Same as Above
Safety Decision Making	In-service	Risk assessment training	Same as above	Classroom	Short-term	Department of Children and Families Training Specialist	8 hours	Case Management Staff	Same as Above	Same as Above
Safety Decision Making Methodology	In-service	This mandatory refresher training will cover the overview of the Safety Decision Making Methodology.	Same as above	Classroom	Short-term	Heartland For Children and Department of Children and Families Training Specialist	6 hours	Child Protective Investigators, Case Managers, Children, Guardian Ad Litem Service Attorneys, and Case Coordinators	Same as Above	Same as Above
Safety Decision Making Methodology	In-service	Safety Methodology	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Child Welfare Trainers, Administrative, Supervisors	Same as Above	Same as Above
Safety Decision Making Methodology Overview	In-service	Florida's new safety methodology in-service training for line staff, CPIs and Case Managers	Same as above	Classroom	Short-term	University of South Florida Training Specialist	2 hours	North Florida Family Support Services Data/Child Welfare Training Department	Same as Above	Same as Above
Safety Methodology Learning Group: Ongoing FFA/Progress update	In-service	This learning group is a refresher for the Family Functioning Assessment-Ongoing and Progress Update	Same as above	Classroom	Short-term	Family First Network Training Specialists	2 hours	Case Managers, Case Management supervisors, Quality Assurance staff	Same as Above	Same as Above

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Structured Decision Making Case Reading Workshop (January)	In-service	The primary purpose of case reading is to strengthen the skill of practitioners and consolidate quality assessment and decision-making across the child protection continuum. It aims to improve assessments by providing feedback and promoting discussion and reflection.	Same as above	Classroom	Short-term	Our Kids Training Specialist	6 hours	Our Kids Intake. Department of Children and Families Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Structured Decision Making Model Training	Pre-service	A detailed training of the Structured Decision Making (SDM) tools to DCF CPIs in Pre-Service Training	Same as above	Classroom	Short-term	Our Kids Training Specialist	12 hours	Child Protective Investigators	Same as Above	Same as Above
Child Abuse and Neglect Issues: The impact of child										
Behind Closed Doors- Commercial Sexual Exploitation of US Children	In-service	Overview of Federal and state Statutes, identify the ring of abuse, review the stages of recruitment and grooming, introduce the language and terminology used by human traffickers.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include:• Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations, if the training is not related to how to conduct an investigation of child abuse and neglect.	Classroom	Short-term	Devereux Families Inc. contracted with KlaasKIDS Foundation Trainer	6 hours	Case Management Staff, Provider staff Foster Parents, Guardian Ad Litem staff	Same as Above	Same as Above

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Broward County's Child Protection Team	In-service	Course introduces new Child Protective Investigators with the role of the Child Protection Team including protocols locally, the procedures, statutes. The training is on-site and involves tour, various speakers.	Same as above	Classroom	Short-term	Broward County Sheriff's Office utilized community provider Child Protection Team Trainers	2 hours	Child Protective Investigation Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Child Abuse	In-service	Overview of child abuse with Child Protective Investigators and Law Enforcement working together	Same as above	Classroom	Short-term	Manatee Sheriffs Office Training Specialists	4 hours	Child Protective Investigation Staff	Same as Above	Same as Above
Child Abuse	In-service	Discussed the affects child abuse has on children	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Parents/Case Management Prevention workers/CRS	Same as Above	Same as Above
Child Abuse Training - Healthy Families	In-service	PSF will provide semi-annual training to Heathy Families on child abuse & reporting	Same as above	Classroom	Short-term	Partnership for Strong Families and Department of Children and Families Training Specialists	2 hours 30 minutes	Case Managers, Child Protective Investigators, and Supervisors	Same as Above	Same as Above
Child Safety Summit	In-service	Workshops and meetings specific to Florida Child Protection	Same as above	Classroom	Short-term	Children's Board of Hillsborough County	4 hours	Child Protective Investigators, Child Protective Investigators Supervisors, and Command Staff	Same as Above	Same as Above

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Childhood Sexual Abuse	In-service	Jeff Herman nationally- recognized trial lawyer & advocate for survivors of rape, sexual abuse and sexual exploitation covers trauma, child victim interviewing, child sexual abuse investigations	Same as above	Classroom	Short-term	Broward County Sheriffs Office contracted with Jeff Herman, Esquire	2 hours	Child Protective Investigators	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Commercial Sexual Exploitation of Children	In-service	Training on Commercial sexual exploitation of Children	Same as above	Classroom	Short-term	Manatee Sheriff's Office Training Specialist	3 hours	Child Protective Investigations Staff	Same as Above	Same as Above
Commercial Sexual Exploitation of Children Certification Training	In-service	Specialist training for staff who work with victims of commercial sexual exploitation to comply with recent changes to the law	Same as above	Classroom	Short-term	Devereux Families Inc. Training Specialists	4 hours	Case management staff	Same as Above	Same as Above
Commercial Sexual Exploitation of Children Victim Identification	In-service	How to Identifying and Engage with CSEC Victims	Same as above	Classroom	Short-term	Eckerd Community Alternative Training Specialists	1 hour 30 minutes	Child Welfare Staff	Same as Above	Same as Above
Courthouse Therapy Dogs	In-service	Discussions of the effects and exploring early childhood trauma and various interventions.	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office Contracted with Founders of Courthouse Dogs	2 hours	Child Protective Investigators	Same as Above	Same as Above
Crimes against missing Children and Human Trafficking	In-service	Overview of the Missing Persons Department and indicators of human trafficking.	Same as above	Classroom	Short-term	Child Net Training Specialists	1 hour 30 minutes	Case Managers, Case Management Supervisors, Adoptions Case Managers, Child Net Direct Service Personnel	Same as Above	Same as Above

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Florida Council Against Sexual Violence Pre-Summit Trauma Informed Care	In-service	Discussions of the effects and exploring early childhood trauma and various interventions.	Same as above	Classroom	Short-term	Heartland for Children contracted with Central Florida Behavioral Health Network , Inc.	6 hours	Child Protective Investigators	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Human Trafficking	In-service	Deputy Zach Hughes from Marion County Sheriffs Office provided three hours of training on the present issues surrounding human trafficking specifically on a local level.	Same as above	Classroom	Short-term	Kids Central, Inc. Training Specialists with Marion County Sheriff's Office	3 hours	Case Management Staff	Same as Above	Same as Above
Human Trafficking	In-service	Training on Human Trafficking	Same as above	Classroom	Short-term	Devereux Families Inc. Training Specialists	6 hours	Case Management Director; Case Management Supervisors; Case Managers; Licensing Counselors; Rev Max Specialist; Quality Assurance	Same as Above	Same as Above
Human Trafficking for Specialized Expertise	In-service	House Bill 7141: Intensive specialized training in Human Trafficking Child Protective Investigations Staff and Case Management Staff to enhance their response to cases in which a child is alleged, suspected, or known to have been sexually exploited.	Same as above	Classroom	Short-term	Department of Children and Families with Shared Hope International	6 hours	Case management Staff, Child Protective Investigations Staff, and Trainers	Same as Above	Same as Above
Human Trafficking of Minors	In-service	Overview of Human Trafficking with a focus on awareness, identification, & practical strategies in Human Trafficking	Same as above	classroom	Short-term	Kids First of Florida Training Specialists	6 hours 30 minutes	Program Director	Same as Above	Same as Above

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Human Trafficking Training	In-service	Updates on statistics/ definitions involving human trafficking victims	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Community partners	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Human Trafficking/ Commercial Sexual Exploitation of Children 201	In-service	Advanced training on the dynamics of Commercial Sexual Exploitation of Children and services available to our youth.	Same as above	Classroom	Short-term	Devereux Families Inc. contracted trainers	3 hours	Case Management Staff, therapists	Same as Above	Same as Above
Identifying & Reporting Child Abuse & Neglect	In-service	Discussion of the effects in identifying & reporting abuse and neglect of children.	Same as above	Computer	Short-term	Hillsborough County Sheriff's Office Training Specialists	1 hour	Child Protective Investigators, Child Protective Investigations Supervisors and Command Staff	Same as Above	Same as Above
Medical Neglect	In-Service	Specialized training addressing medical neglect & medically complex children	Same as above	Classroom	Short-term	Broward County Sheriff's Office utilized provider Child Protection Team	2 hours	Child Protective Investigators & Supervisors	Same as Above	Same as Above
Monique Burr Foundation	In-Service	Protecting Children from Child Abuse, Bullying and Digital Abuse	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff	Same as Above	Same as Above

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My Life My Choice	In-Service	What trends are showing in the commercial sexual exploitation of girls and young women.	Same as above	Workshop	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Child Welfare Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Neglect & Physical Injury	In-Service	Child Protection Team injury and reporting. How to identify injury and what is abuse and what is not. Also went over the CPT process	Same as above	classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists utilized provider Child Protection Team	2 hours 30 minutes	Case Managers, Case Managers Supervisors, Program Directors	Same as Above	Same as Above
On-line Child Exploitation	In-Service	In-depth exploration of signs to identify potential on-line child exploitation during investigations.	Same as above	classroom	Short-term	Hillsborough County Sheriff's Office Training Specialists	1 hour	Child Protective Investigators	Same as Above	Same as Above
Preventing 0-3 Child Fatalities	In-Service	Training regarding the high risk factors that contribute to 0-3 child fatalities. Goal of the training is to empower supervisors and family service counselors to make meaningful interactions with families at every contact and ensure appropriate steps are taken in every case to prevent child fatalities. Objectives include identifying the high risk factors that have lead to fatalities; identifying action steps we can take at every contact to ensure quality contacts are taking place with families; and identifying services and programs available in our community.	Same as above	classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Case Management Supervisors, case managers	Same as Above	Same as Above

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Sexual Abuse of Children	In-Service	Learning to recognize signs of sex abuse	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff, Child Protective Investigations Staff, Foster Parents, Child Protective Investigators, Guardian Ad Litem, Full Service School	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Signs of abuse and neglect	In-service	Prevent Child Abuse month	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff, Guardian Ad Litems, Foster Parents	Same as Above	Same as Above
specialized training for medical neglect	In-service	per statute changes	Same as above	Classroom	Short-term	Manatee Sheriff's Office utilized community service provider Dr. Jerome Isaac	1 hour 30 minutes	Child Protective Investigations Staff	Same as Above	Same as Above
Trauma Informed Care Techniques for Adoptive and Foster Parents of Sexually Abused Children	In-service	Three train-the-trainer workshops in which participants will be able to train foster parents and adoptive parents on the impact of sexual abuse, trauma, disclosure and mandatory reporting.	Same as above	Classroom	Short-term	Our Kids of Miami-Dade and Monroe utilized community provider Lauren's Kids	13 Hours	Licensing Staff, Foster Parents, Adoptive Parents, Our Kids Child Welfare Staff	Same as Above	Same as Above
Understanding Fear	In-service	TLC Association Meeting. Understanding fear from a child's perspective and understanding fear associated with trauma.	Same as above	Classroom	Short-term	Heartland for Children utilized community provider K. C. Enterprises	2 hours	Foster Parents, Adoptive Parents, and Other Caregivers	Same as Above	Same as Above
Child Development: Training covering child development										

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APSR Training Report: (2014-15)										
Brain Development: Early Messages - Early Experiences - Enormous Impact	In-service	How early messages to a child affect brain development. Taking a look at the learning preferences of young children and discuss proven techniques that build a foundation during preschool for future reading success.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Effects of separation, grief and loss, child development, and visitation.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Child Welfare Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Child Abuse Prevention and Treatment Act - Overview & Ages and Stages	In-service	Objectives: This class provides detailed information regarding the law and an overview of the referral process and goes step by step through the ages stages.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	1 hour	Case Management Staff (CA & CAS)	Same as Above	Same as Above
Child Development Training	In-service	Review of developmental milestones 0-5 years and introduction to community resources	Same as above	Classroom	Short-term	Devereux Families Inc. contracted with Florida Diagnostic and Learning Resources System	18 hours	Case management staff and Administrative staff	Same as Above	Same as Above
Communication Skills: Communication skills required to work with children and families										

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Boundaries and Professional Conduct	In-service	Participants will understand the role of professional conduct in their jobs and understand how to establish and maintain appropriate boundaries.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: · Communication skills required to work with children and families.	Classroom	Short-term	Sarasota Family YMCA, INC. Training Specialists	2 hours	Case Manager; Quality Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Child Protective Services interviewing techniques	In-service	Insight to deceptive signs while interviewing	Same as above	Classroom	Short-term	Manatee Sheriff's Office Training Specialists	3 hours	Child Protective Investigators, Child Protective Investigators Supervisors	Same as Above	Same as Above
Child Resource Record Workshop	In-service	This training provides an opportunity to improve how caregivers are being engaged, how information is shared and documented and how to work in collaboration with partner families.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours	Case Management Staff, Case Management Supervisors	Same as Above	Same as Above
Children in Court	In-service	Preparing Children for Court	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	30 minutes	CMO Staff	Same as Above	Same as Above
Communications and Security Training	In-service	In depth training on working with client request for records. Confidentiality of records and effective communication	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Eckerd Revenue Management Staff	Same as Above	Same as Above
Engaging Difficult Parents	In-service	Strategies on how to manage challenging behaviors from parents	Same as above	Classroom training	short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff	Same as Above	Same as Above
Family Team Conferencing	In-service	What is it and how do we use it successfully	Same as above	Classroom training	short-term	University of South Florida Training Specialists	7 hours 30 minutes	Case Management Staffing Facilitators	Same as Above	Same as Above

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Family Team Conferencing	In-service	Facilitation Skills	Same as above	Classroom training	short-term	University of South Florida Training Specialists	6 hours	Assistant Program Directors/Case Management Staffing Facilitators	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Family Team Conferencing	In-service	This three-day training event is the first step towards certifying participants as facilitators of the Family Team Conferencing model. Trainees will be able to identify the professional values for teaming.	Same as above	Classroom training	Short-term	Heartland for Children Training Specialists	16 hours	Case Management Staff	Same as Above	Same as Above
FCP Conflict Resolution	In-Service	Basics of resolving conflict	Same as above	Classroom training	short-term	Family First Network Training Specialists	3 hours	Case Managers and Child Protective Investigators	Same as Above	Same as Above
FCP Poverty	In-Service	Basics of working with families in generational poverty	Same as above	Classroom training	short-term	Family First Network Training Specialists	3 hours	Child Welfare Staff	Same as Above	Same as Above
Forensic Skills and Techniques	In-Service	Interview Components and Techniques, Child Development Considerations, Linguistic Considerations, Interviewing Young Children and Teens, Interviewing the Reluctant Child, Interviewing Children with Disabilities, Law Enforcement Issues, Guardian Ad Litem Considerations, and providing Effective Testimony.	Same as above	Classroom	short-term	Partnership for Strong Families contracted with Florida Professional Society on the Abuse of Children	18 hours	Case Management Staff	Same as Above	Same as Above
Giving and Receiving Feedback and Constructive Criticism	In-Service	Course will focus on essential skills for effective skills in dealing with feedback and constructive criticism in challenging situations. It will provide effective strategies for dealing with various types of individuals, and how to deal with receiving feedback and constructive criticism.	Same as above	Classroom	short-term	Hillsborough County Sheriffs Office contracted with Natl Seminars	6 hours	Child Protective Investigators, Child Protective Investigator Supervisors, Command Staff	Same as Above	Same as Above

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IFPS-Motivational Interviewing	In-Service	Motivational Interviewing (MI) is a client-centered approach to helping clients' better understand and resolve their ambivalence about change. Using Prochaska and DiClemente's "stages of change" to assess client readiness for change, MI offers effective strategies to use within each stage of change to help overcome client resistance, resolve ambivalence, and ultimately/ideally move the client to action. Originally developed to motivate clients with addictive behavior, MI is now also used to facilitate many different kinds of behavioral change for parents and teens including: •Engaging clients in services and reducing no-shows •Providing adequate supervision of children •Learning and using appropriate methods of discipline •Willingness to access and utilize treatment for substance abuse/misuse, sexual abuse, mental health and other concerns •Increasing school attendance •Following service plans, terms of probation, etc. •Complying with parental rules and limits •Working collaboratively with other service providers	Same as above	Classroom	short-term	Our Kids of Miami-Dade/Monroe Inc. contracted with Institute for Family Development	12 hours	Intake Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Interviewing for Information Collection	Pre-service	Prior to case transfer for supervision, safety management and case management, identify underlying conditions that must be addressed to achieve child safety over the long term.	Same as above	Classroom	short-term	Family Support Services of North Florida, University of South Florida Training Specialists	12 hours	Case Management Staff, Service Providers	Same as Above	Same as Above
Lawyer Low Down	In-Service	How to partner with all members of the Guardian Ad Litem SOC. The Do's and Don'ts's	Same as above	Classroom	short-term	Department of Children and Families Training Specialists	2 hours	Child Welfare Staff	Same as Above	Same as Above

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APSR Training Report: (2014-15)										
Mastering Conflict-Resolution Skills at Work	In-Service	Better understand the five stages of the conflict process/ differentiate between traditional, human relations, and interactionist views of conflict	Same as above	Classroom	short-term	Family First Network Training Specialists utilized community provider University of North Florida	4 hours	Child Welfare Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Mediating Client Crisis: How to protect the client	In-Service	Participants will be able to discuss and demonstrate the skills required to deescalate emotional tension & physical behaviors which could potentially result in physical and or psychological harm to clients, staff and observers.	Same as above	Classroom	short-term	Kids First of Florida Training Specialists	1 hour	Case Management Staff, Case Management Supervisors, Program Directors		
NAPPI	In-service	Corporate Training for conflict resolution managing behaviors, and de-escalating in the work place.	Same as above	Classroom	short-term	Kids Central Training Specialists	4 hours	Case Management Staff, Foster Parents	Cost Allocation	
NAPPI	In-Service	Corporate Training for conflict resolution managing behaviors, and de-escalating in the work place.	Same as above	Classroom	short-term	Kids Central Training Specialists	4 hours	Case Management Staff, Foster Parents		
Non-Abusive Psychological and Physical Intervention (NAPPI)	In-service	This training will discuss communication techniques to avoid escalating situations.	Same as above	Classroom training	short-term	ChildNet Inc. Training Specialists	6 hours	All Frontline staff and Case Management staff (CA and CAS)		
Parties in Permanency Staffing's and Mock Staffing's (including TPR)	In-service	A staffing is conducted to enhance case management skills; immediate feedback is provided.	Same as above	Classroom	Short-term	Children's Network of Southwest Florida Training Specialists	3 hours	Case Management Staff		
Professional Development Seminar	In-service	Participants will learn strategies for introspection and life balances, changing demographics of family and relationship building for positive results.	Same as above	Classroom	short-term	Kids Central, Inc. Training Specialists	2 hours	Case Management Staff, Child Protective Investigation Staff, Foster Parents	Contracted Fees	

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Quality Customer Service	In-Service	Working with internal and External partners	Same as above	Classroom	short-term	University of South Florida Training Specialists	2 hours	Child Welfare Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Safe Crisis De-escalation	In-Service	Safe, de-escalation techniques for direct care staff	Same as above	Classroom	short-term	Our Kids of Miami-Dade and Monroe contracted with Florida Network	4 hours	Child Welfare Staff	Same as Above	Same as Above
Sign Language for First Responders	In-service	Class will introduce the cultural and linguistic needs of the deaf, hard of hearing and deaf-blind communities. Discussions about the qualification of the interpreters being deployed during emergency situations and the various technologies appropriate for communication with the deaf community.	Same as above	Classroom	Short-term	Hillsborough Sheriff's Office Training Specialists	8 hours	Child Protective Investigators, Child Protective Investigators Supervisors, Command Staff	Same as Above	Same as Above
Three Houses	In-Service	This class teaches interview techniques with children	Same as above	Classroom	short-term	Families First Network Training Specialists	2 hours	Case Managers and Child Protective Investigators	Same as Above	Same as Above
Verbal De-escalation Training - Developing a Culture of Partnership	In-Service	This training will explore techniques used to demonstrate non-abusive psychological treatment in a potentially hostile or volatile situation/person by using verbal de-escalation techniques, language, pitch, tone etc. Will also include some role play and a Developing a Culture of Partnership module.	Same as above	Classroom	short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Child Welfare Staff	Same as Above	Same as Above

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Verbal De-Escalation; Substance Abuse, Drugs and Society	In-Service	Verbal De-escalation: Participants will learn different tactics to assist in verbal de-escalation as well as learning about barriers, and non-verbal cues of clients that can lead to potentially dangerous situations. Drugs and Society: An informational trauma focused approach to the issue of substance abuse.	Same as above	Classroom	short-term	Heartland for Children utilized community provider Troy Neilson	4 hours	Case Managers and Case Management Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Cultural Competency: Cultural competency related to children and families										
A New Dawning: Effective Strategies in Reducing Disproportionate Minority Confinement of Youth in Juvenile Justice Settings	In-Service	Effective Disproportionate Minority Confinement and Emerging strategies for effectively lowering DMC rates	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: Cultural competency related to children and families.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists contracted with Haywood Burns Institute	8 hours	Case Management Staff	Same as Above	Same as Above
Addressing the Needs of and Advocating for LGBTQ Youth	In-service	Participants will learn how to address the specific and unique needs of LGBTQ youth in foster care; Negotiate transitions during placements and identify challenges within our system of care.	Same as above	Classroom	Short-term	Partnership for Strong Families utilized community providers Guardian Ad Litem, ABA Center on Children and the Law, and a foster/adoptive parent	3 hours	Child welfare Staff, Caregivers, Guardian Ad Litems, and Service Providers	Same as Above	Same as Above
Cultural Diversity in the Workplace	In-service	Cultural Diversity in the Workplace training is intended to introduce participants to the concept of diversity and how it relates to their work environment.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	1 hours	Child welfare Staff	Same as Above	Same as Above
FCP Poverty	In-service	Basics of working with families in generational poverty	Same as above	Classroom	Short-term	Family First Network Training Specialists	3 hours	Case Management Staff	Same as Above	Same as Above

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Hispanic Cultural Awareness	In-service	For those with none/limited Spanish. Information focus on some pronunciation, few words, Spanish alphabet, and cultural differences.	Same as above	Classroom training	Short-term	Children's Network of Southwest Florida Training Specialists	3 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Domestic Violence: General domestic violence issues related to children and families in the child welfare system. Trainings are not related to providing treatment or services.										
Batterer Communication & Safety Planning for Domestic Violence	In-Service	Training will offer insight into batterer behaviors, how to communicate with them, and how to develop & manage an appropriate safety plan for survivors.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	Classroom	Short-term	Partnership for Strong Families utilized community provider Lee Conlee House	2 hours	Child Welfare Staff	Same as Above	Same as Above

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Child Abuse and the Child Protection Team	In-Service	Substance abuse and domestic violence and its effects on children. Child abuse , the services available, and impact on children and society. Services provided by CPT such as medical evaluations, child and family assessments, specialized and forensic interviews, expert court testimony.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	Child Welfare Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility
Domestic Violence	In-Service	Review and discussion of law enforcement response to domestic violence investigations	Same as above	Classroom	Short-term	Hillsborough County Sheriffs Office Training Specialists	1 hour	Child Protective Investigation Staff	Same as Above	Same as Above
Domestic Violence	In-service	Overview of Domestic Violence with Child Protective Services and Law Enforcement	Same as above	Classroom	Short-term	Manatee Sheriff's Office Training Specialists	4 hours	Child Protective Investigation Staff	Same as Above	Same as Above
Domestic Violence Modules 1, 2, 5 & 6	In-service	Introduction to domestic violence	Same as above	Classroom	Short-term	Eckerd Community Alternatives utilized community provider Domestic Violence Task Force	5 hours	Case Managers	Same as Above	Same as Above
Domestic Violence Shelters & Services Training AVDA/YWCA	Pre-service	To provide participants with information related to referring families to shelter facilities and identification of the services available to victims of domestic violence, safety planning and services available for batterers.	Same as above	Classroom	Short-term	Broward County Sheriff's Office utilized community providers YMCA Harmony House and AVDA	1 hour	Child Protective Investigators	Same as Above	Same as Above
Domestic Violence Training	In-service	Learned about the myths and facts related to domestic violence and how to address the needs of individuals affected by domestic violence. Also learned about the services offered by Hubbard House.	Same as above	Classroom	Short-term	Family Support Services of North FL utilized community provider Hubbard House	3 hours	Case managers and Quality Management staff	Same as Above	Same as Above
Domestic Violence Training	In-service	Victims, Batterers, Plans, support and more	Same as above	Classroom	Short-term	DV Task Force/ Eckerd Community Alternatives	2 hours	Child Welfare Staff	Same as Above	Same as Above

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Family Support Services of North Florida CBC Training: Florida Coalition Against Domestic Violence	In-service	The training discussed domestic violence center and child welfare partnerships.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
FCP Domestic Violence	In-Service	Basics of working with families who have domestic violence	Same as above	Classroom	Short-term	Families First Network Training Specialists	6 hours	Case Managers, Child Protective Investigators, Guardian Ad Litems, Providers	Same as Above	Same as Above
Ultimate DV Training	In-service	Batterers, Victims, and improving working with them	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	3 hours	Child Welfare Staff	Same as Above	Same as Above
Working Together: Domestic Violence & Child Welfare	In-service	The training course covered the following: DV Center and Child Welfare Partnership; Dynamics of DV/Family Dynamics; Empowerment Base Approach; Safe and Together Model; Impact of Batterer's Behavior on Children.	Same as above	Classroom	Short-term	Family Support Services of North Florida utilized Florida Coalition Against Domestic Violence	3 hours	Case Managers, Child Protective Investigators, Service Providers	Same as Above	Same as Above
Foster Parent Training: Foster care candidate determination and pre-placement activities directed toward reasonable efforts. The training is not related to providing a service.										

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Effective Discipline for 0-5 Year Olds	In-Service	This training will provide foster parents with tools on how to handle difficult behaviors on children 0-5.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Foster care candidate determinations and pre-placement activities directed toward reasonable efforts in 471(a)(15), if the training is not related to providing a service.	Classroom	Short-term	Our Kids of Miami-Dad/Monroe Inc. utilized provider Dr. Tanona	4 hours	Foster Parents	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Foster Home Health Inspection Training	In-Service	Department of Children and Families presented information on Foster Home Health Inspections. Trainers: David Caldwell & Yvonne Lamson.	Same as above	Classroom	Short-term	Department of Children and Families Training Specialists	3 hours	Licensing Supervisor; Licensing Specialist	Same as Above	Same as Above
Life Skills Overview for Foster Parents	In-Service	Life Skills Overview for Foster Parents	Same as above	Computer	Short-term	University of South Florida Training Specialists	30 minutes	Service Provider	Same as Above	Same as Above
Life skills overview for foster parents	In-service	Life skills overview for foster parents	Same as above	webinar	Short-term	University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
MAPP	Pre-service	Pre-service training for potential adoptive and foster parents	Same as above	Classroom	Short-term	Community Partnership for Children Training Specialists	30 hours	Foster Care and Adoptive Applicants	Same as Above	Same as Above

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MAPP/PRIDE Training Session	Pre-service	Trainers facilitate a combination of lectures, discussions, sculpting activities, role playing and written activities. The material covered includes the foster care and adoption process, trauma, loss, grief, maintaining cultural, family and community connections. Also covered are the dependency process and how to identify and address developmental delays. Guest speakers are brought in from Guardian Ad Litem, Case Management, Independent Living, CWS, current foster parents and young adults who were in foster care.	Same as above	Classroom	Short-term	St. Johns County Board of Commissioners Training Specialists	30 hours	Foster Care and Adoptive Applicants	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
NFPA/FSFAPA educational Training	In-service	Teach foster parents how to deal with older kids and their issues	Same as above	Classroom	Short-term	Our Kids of Miami-Dade Monroe Inc. Training Specialists	30 hours	Licensing and foster parents	Same as Above	Same as Above
Parenting , Normalcy in Foster Care	In-service	Overview of Parenting , Normalcy in Foster Care	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	Foster care licensing Staff	Same as Above	Same as Above
Partnerships in Parenting	Pre-Service	Pre-service training for prospective adoptive and foster parents	Same as above	classroom	Short-term	Devereux Families Inc. contracted with Camelot 4 Kids	21 hours	Prospective foster and adoptive parents	Same as Above	Same as Above
Pre-Service for Adoptive Parents: "Adoption 101"	Pre-service	Eight week course focuses on public adoption through the state; the adoption process; research and information related to how trauma can affect children and best ways that caregivers can provide a safe, loving, and nurturing forever home to children who have experienced trauma; adoption support resources and post adoption services and supports.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	21 hours	Potential Adoptive Parents	Same as Above	Same as Above
Pre-Service for Foster Parents: "Passport to Parenting"	Pre-service	This is a 24 hour training curriculum designed by HFC and approved by DCF. It focuses on trauma informed care, emotional regulatory healing, co-parenting, resiliency and the requirements of fostering & medication education.	Same as above	Classroom	Short-term	In house staff: HFC Licensing Staff & Vendor: Patricia Clark on Medication Education	24 hours	Potential Foster Parents	Same as Above	Same as Above

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PRIDE	In-service	The PRIDE Model of Practice is designed to strengthen the quality of family foster care and adoption services by developing and supporting resource (foster and adoptive) families as partners in child protection.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists

Our Kids of Miami-Dade and Monroe | 30 hours | Prospective Foster and Adoptive Parents | The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office | Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate. |
PRIDE Train the Trainer	In-service	Trainer Certification Course for PRIDE training delivery pre-service for foster parents	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists, Partnership for Strong Families Training Specialists, Families First Network Training Specialists	30 hours	Child Welfare Trainers	Same as Above	Same as Above
Quality Parenting Initiative (QPI)	In-service	Training to rebrand foster care, and assist for a better partnership. It also give insight in retaining foster parents.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Pre-service trainees and foster parents.	Same as Above	Same as Above
Safety Decision Making Methodology and Foster Home Investigations	In-service	Overview of how the new Safety Decision Making Methodology will impact how foster homes are investigated.	Same as above	Classroom	Short-term	Heartland for Children and Department of Children and Families Training Specialists	3 hours	Foster Parents, Adoptive Parents, Relative Caregivers, and Non-Relative Caregivers	Same as Above	Same as Above

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The Unattached Child	In-service	Overview of attachment disorders and how foster parents can help the children in their care.	Same as above	Classroom	Short-term	Heartland for Children contracted with Pathway for Healing	2 hours	Foster Parents	Same as Above	Same as Above
Tips and Tricks - Training Techniques	In-service	Training designed to share training techniques, how-do -I guide for Licensing Counselors responsible for training MAPP	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours 30 minutes	Case Managers, Case Management Supervisors, Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Trauma Based Parenting and Teen Pregnancy Prevention	In-service	TLC Association Meeting and Training. Tips and tools for foster/adoptive parents and relative/non-relative caregivers for parenting children who have experienced trauma and what they can do to help prevent teen pregnancy.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Foster Parents, Adoptive Parents, Relative Caregivers and Non-relative Caregivers	Same as Above	Same as Above
Trauma Informed Care Coaching & Consultation	In-service	These coaching, training and case consultations are in regards to those children who have experienced trauma and caregiver strategies are discussed.	Same as above	Conference Calls & In-Home Coaching	Short-term	Heartland for Children contracted with Coaching for LIFE!	44.5 hours	Caregivers: Foster, Adoptive, Relatives, Case Managers, Supervisors, Licensing, Adoption Staff	Same as Above	Same as Above
Water Safety	Foster Parents	This training is a mandatory pre-requisite for foster parents that have pools, spas or live adjacent to any bodies of water. The training discusses laws and recommendations as to; supervision, barriers, safety equipment, sunscreen, dangers of suction from drains and skimmers, and children's lack of fear; and fascination with water.	Same as above	Classroom	Short-term	Kids Central, Inc. Training Specialists	2 hours	Foster Parents	Same as Above	Same as Above

APSR Training Report: (2014-15)										
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Who you gonna call?	Foster Parents	Kids Central provided foster parents with training at foster parent association meetings to share contact information and provide examples on how to get their communication needs met.	Same as above	Classroom	Short-term	Kids Central, Inc. Training Specialists	1 hour	Foster Parents	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Independent Living: Independent living and the issues confronting adolescents preparing for independent living.										
Child Care Voucher	In-service	Information on providing Independent clients with child care vouchers	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: Independent living and the issues confronting adolescents preparing for independent living consistent with section 477(b)(3)(D) of the Act and the Child Welfare Policy Manual (CWPM), Section 3.1H, Q/A #1.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	30 minutes	Case Managers	Same as Above	Same as Above

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Childcare Vouchers	In-service	How to complete childcare vouchers for IL clients	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	30 minutes	Independent Living Department Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Extended Foster Care	In-service	What is it and how does it impact me?	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
Extended Foster Care	In-service	Training on new legislation surrounding extended foster care.	Same as above	Classroom	Short-term	Brevard Family Partnership Training Specialists	1 hour 30 minutes	Case Managers	Same as Above	Same as Above
Extended Foster Care - Readiness Assessment	In-service	Learn how to complete a readiness assessment for Extended Foster Care youth to determine supervision level for housing.	Same as above	Class room	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Independent Living Department Staff	Same as Above	Same as Above
Extended Foster Care Budget	In-service	Extended Foster Care budget	Same as above	Conference	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Case Management Staff	Same as Above	Same as Above
Extended Foster Care Life Skills	In-service	Learn how to utilize the life skills resource matrix to assist foster parents and youth.	Same as above	Class room	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Independent Living Department Staff	Same as Above	Same as Above

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Extended Foster Care Training (Nassau)	In-service	Changes in Independent Living	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Extended Foster Care Transition Planning	In-service	Learn about how to transition youth aging out and youth re-entering care for Extended Foster Care- intake and transition planning for court.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	4 hours	Independent Living Department Staff, Case Management Staff	Same as Above	Same as Above
Extended Foster Care Transition planning	In-service	Review of transition planning process	Same as above	Classroom	Short-term	of North Florida, University of South Florida Training	2 hours	Independent Living Department Staff	Same as Above	Same as Above
Independent Finance Training	Pre-service	Independent living training on finance issues related to independent living	Same as above	Instructional	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Independent Living Case Management Staff	Same as Above	Same as Above
Independent Living	In-service	All Staff Presentation on the Independent living Updates and Changes	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Case management Staff	Same as Above	Same as Above
Independent Living	In-service	Update on all the changes with Independent Living and Extended Foster Care so case managers can answer questions from the court and others.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	2 hours	Case Managers and Supervisors	Same as Above	Same as Above
Independent Living Updates	In-service	Independent Living Updates	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above

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Joint Independent Living Training	In-service	Eckerd Community Alternatives Process and Changes review	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	3 hours 30 minutes	Independent Living Case Management Staff	Same as Above	Same as Above
Keys to Independence	In-service	For teens, getting their driver's license is a rite of passage. However, this rite of passage is expensive and not always attainable for teens in the foster care system. Keys to Independence will change that by making driver education classes and insurance available and affordable to teens in foster care.	Same as above	Classroom	Short-term	Heartland for Children contracted with JMVSoltis Consulting	1 hour	Foster Parents	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Life Skills	In-service	Review Life Skills Matrix	Same as above	Conference Call	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
Life Skills Overview	In-service	Life skills Training for Support and Services Specialists	Same as above	Conference Room	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff	Same as Above	Same as Above
Life Skills Overview for foster parents	In-service	Life skills as ongoing dialogue with families instead of a checklist	Same as above	Conference	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 Hours	Case Management Staff	Same as Above	Same as Above
Life Skills Training	In-service	Foster Homes, Group Home, Therapeutic Homes, Correctional Placement	Same as above	Conference	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Case Management Staff	Same as Above	Same as Above

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Course Title										
Life Skills Training	In-service	13-17 year old life skills	Same as above	Conference	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours 30 minutes	Case Management Staff	Same as Above	Same as Above
Life Skills Training for Foster Parents	In-service	This session will explore the new requirements for foster parents to provide ' life skills' to the children in their homes. This will take the place of youth attending Life Skills classes. We will explore what skills need to be taught, how to document. What resources are available to foster parents, to gain knowledge about life skills such as vocational education, culturally influenced cooking, money management, college applications, nutrition, and more.	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. Training Specialists	2 hours	Foster Parents	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Readiness Assessment	In-service	Recap on how to complete readiness assessments for youth entering or reentering Extended Foster Care	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Independent Living department staff	Same as Above	Same as Above
Updates on the New Independent Living Law	In-service	Updates on the New Independent Living Law	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour 45 minutes	Case Management Staff, Child Guardian Ad Litem Services	Same as Above	Same as Above
Mental Health: General mental health issues related to children and families in the child welfare system. These trainings are not related to providing treatment or services.										

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"PTSD: Working with Children, Adults, Military and Families as They Cope with Trauma"	In-service	casework for military families coping with trauma	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists utilized Dr Tracey Hejmanowski, PhD	4 Hours	Case Managers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Autism Awareness for First Responders	In-Service	Participants will gain knowledge about the characteristics, as well as, the mannerism of individuals with autism.	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office used community provider: Autism Society of Greater Orlando	8 hours	Child Protective Investigators and Supervisors	Same as Above	Same as Above
Comprehensive Response to Behavioral Health Issues	in-service	Overview of the key elements of collaboration and recommended techniques for collaborating within a system of care of individual or family behavioral health issues.	Same as above	Classroom	Short-term	Kids First of Florida Training Specialists	4 hours	Independent Living Case Management Staff	Same as Above	Same as Above
FCP Mental Health	In-service	Basics of working with families who have mental health issues	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Managers, Child Protective Investigators	Same as Above	Same as Above
Issues Affecting at Risk Youth	In-service	Learning to advocate for children with mental health issues	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff, Guidance Counselor's, Foster Parents	Same as Above	Same as Above
Mental health culture	In-service	mental health culture	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	Child Welfare Staff	Same as Above	Same as Above

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Mental Health First Aid	In-service	Training that help the CWCM help youth who are developing a mental illness or in crisis.	Same as above	Classroom	Short-term	Community Partnership for Strong Families Training Specialists	6 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Mental Health First Aid	In-service	Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. The evidence behind Mental Health First Aid demonstrates that it makes people feel more comfortable managing a crisis situation.	Same as above	Classroom	Short-term	Heartland for Children contracted with Central Florida Behavioral Health Network	8 hours	Case Management Staff	Same as Above	Same as Above
Mental Health First Aid	In-service	Mental Health First Aid Training-Adult-Special Session	Same as above	Classroom	Short-term	Children's Network of Southwest Florida Training Specialists	8 hours	Case Management Staff	Same as Above	Same as Above
Mental Health in the Black Community	In-service	Untreated mental health	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	4 hours	Case Management Staff, Guardian Ad Litem, Foster Parents	Same as Above	Same as Above
PTSD Training	In-service	Information on what individuals with PTSD deal with and how to help them.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	Case Managers	Same as Above	Same as Above
Suicide Prevention	In-service	HFC employees will learn the warning signs and what to do in the event they encounter someone who may be contemplating suicide.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above

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Youth Mental Health	In-Service	Youth Mental Health First Aid is a training course designed to teach people methods of assisting a young person who may be in the early stages of developing a mental health problem or in a mental health crisis.	Same as above	Classroom	Short-term	Heartland for Children contracted with One Hope United	7 hours	Case Managers and Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Youth Mental Health	In-service	mental health casework with working with youth	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff	Same as Above	Same as Above
Permanency Planning: Permanency planning including using kinship care as a resource for children involved with the child welfare system.										
Adoption Competency	In-service	This 7-day training covers the psychology of adoption, life cycle experience of adoption for infants and older children, attachment focused therapy, therapy with post-institutional children, behavior management & discipline, and individual therapy.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Permanency planning including using kinship care as a resource for children involved with the child welfare system.	Classroom	Short-term	Heartland for Children contracted with an Independent Contractor	42 hours	Case Management Staff, Guardians Ad Litem, LCSWs, LMHCs, LMFTs, and psychologists.	Same as Above	Same as Above

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Adoption Training	In-service	Longest Waiting Children and how to recruit for them	Same as above	Classroom	Short-term	Department of Children and Families Training Specialist	18-24 hours	Adoption Case Management and Guardian Ad Litem	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
CARD-Center for Autism & Related Disabilities Overview	In-service	Discussion of effects of placement changes on children with Autism & Related Disabilities	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office utilized community provider CARD	1 hour	Child Protective Investigators and Supervisors, Command Staff	Same as Above	Same as Above
ChildNet Adoption: Before and After	In-service	Objectives: Obtain information on adoption, best case practice with children with no identified placement and services that are available post adoption.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	2 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above
ChildNet Certification Workshop: Permanency Staffing's	In-service	Introduction to Permanency Staffing team. Overview of the Permanency Staffing process, form, and expectations/ responsibilities of case managers.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	30 minutes	Case Managers and Supervisors, Adoptions Counselor	Same as Above	Same as Above
Civil Citation and Therapeutic Friends Group Home Training	In-service	Training on processes and alternatives for dependent and delinquent children.	Same as above	Workshop	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Case Management Staff, Child Protective Investigations Staff, Department of Juvenile Justice Staff, and Teen & Truancy Court staff	Same as Above	Same as Above
Exit Interview Training	In-service	Processes and Procedures to be successful in Exit Interviews	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
Family Finders 2014	In-service	CEU approved. Purpose and Guardian Ad Litem reasons for family finders and procedures.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	2 hours	Case Managers	Same as Above	Same as Above

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Family Finding	In-service	Overview of the Family Finding model to help connect children and youth with extended relatives.	Same as above	Classroom	Short-term	Heartland for Children contracted with Independent Contractor	30 minutes	Case Managers and Supervisors, Child Protective Investigators	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Family Finding	In-service	Overview of the 6 step process of Family Finding, fostering Connections to Success and Increasing Adoptions Act of 2008, myths and statistics, and core beliefs.	Same as above	Classroom	Short-term	Heartland for Children contracted with Independent Contractor	2 hours	Case Managers and Supervisors	Same as Above	Same as Above
FCP Concurrent Planning	In-service	Basics of Concurrent planning	Same as above	Classroom	Short-term	Families First Network Training Specialists	3 hours	Case Managers and Supervisors	Same as Above	Same as Above
From Place to Place	In-service	Staff will watch the video From Place to Place and then discuss children aging out of foster care and how important it is to find family for these children. Each person is also required to write a positive family memory that will be discussed that will be tied into the training. The Family Finders was also discussed.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	2 hours	Cases Managers and Supervisors	Same as Above	Same as Above
Home Study Process & Required Screening	In-service	Overview of the unified home study, parent reunification home study, time frames, types of background checks and who is required for what screen	Same as above	Classroom	Short-term	Kids First of Florida Training Specialists	1 hour	Case Managers and Supervisors, Quality Assurance - Program Directors	Same as Above	Same as Above
How to deal w/Adolescents & Teens in Shelter Care	In-service	Dealing with the day-to-day challenges of working with kids in dependency care	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. utilized community provider Center for Family and Child Enrichment	1 hour	Case Management Staff	Same as Above	Same as Above

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ICPC Training	In-service	Interstate Compact on the Placement of Children process and Overview	Same as above	Classroom	Short-term	Department of Children and Families Training Specialist	6 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Importance of Lifebook's	In-service	CEU Approved. Lifebook's are created by kids coming into care and follow the child through placements. Participates learned the importance of Lifebook's for children in care and how different ways to create one for/with a child.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	1 hour	Case Manager	Same as Above	Same as Above
Level of Care (LOC) Training	In-service	A Level of Care (LOC) training was provided to CFCE which covered the following topics: •Level of Care process •Level of Care Criteria – Description and Guidelines, including each applicable rate •Level of Care assignment, duration and changes •How to request a change in Level of Care •Appeals process	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. Training Specialists	1 hour	CFCE Staff CMs and Supervisors	Same as Above	Same as Above
Normalcy - Letting Kids be Kids	In-service	Objectives for this course include: Understand the law; recognize and remove barriers; deal with frequent issues; and special considerations.	Same as above	Classroom	Short-term	Heartland for Children contracted with TLC Association	1 hour 30 minutes	Case Managers and Supervisors; Program Managers	Same as Above	Same as Above
Permanency Round table Values Training	In-service	Introduction to the Roundtable process for staff in Circuit 19	Same as above	Classroom	Short-term	Devereux Families Inc. contracted with Casey Family Programs	6 hours	Case management staff, Guardian Ad Litem staff and Children Legal Services staff	Same as Above	Same as Above

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Permanency RoundTable Skills Training	In-service	Specialist training for roundtable facilitators, scribes and master practitioners	Same as above	Classroom	Short-term	Devereux Families Inc. and Our Kids of Miami-Dade/Monroe Inc. contracted with Casey Family Programs	6 hours	Case management, Guardian Ad Litem staff and Children Legal Services staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Permanency Values	In-service	The Permanency Roundtable Values Training is designed to explore the importance of permanency for all youth placed in out-of-home care and introduces the practice of Permanency Roundtables. Strategies, tool, and techniques to find permanency for youth are showcased. Participants are able to share own experiences, successes, and challenges in achieving permanency for youth in out-of-home care.	Same as above	Classroom	Short-term	Devereux Families Inc. contracted with Casey Family Programs Eckerd Community Alternatives Training Specialists Contracted with Case Foundation for training	7 hours	Case Management staff and Community Based Care staff	Same as Above	Same as Above
Placement Transition	In-service	Overview of the significance of trauma sensitive placement transition for Circuit 20	Same as above	Classroom	Short-term	Department of Children and Families Training Specialist	6 hours	Child Protective Investigators and Licensing Counselors	Same as Above	Same as Above
Sexual Safety Training and Safety Planning	In-service	Sexual Safety Training and Safety Planning	Same as above	Classroom	Short-term	Kids Central, Inc. training specialists	2 hours	Case Management Staff	Same as Above	Same as Above
Spring Adoption Training	In-service	Adoption focused trainings to include: Connecting with Children Impacted by Trauma, Tallahassee updates, Impact of Trauma on Brain development, Preparing families for transracial/transcultural adoption, Fla Adoption reunion, Techniques for more effective transitions.	Same as above	conference	Short-term	Kids First of Florida paid for Case Managers to attend this conference	15 hours	Adoption Case Management	Same as Above	Same as Above

APSR Training Report: (2014-15)										
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The Psychological Impact of Kinship Care on Families	In-service	Relative Caregiver Placements breakdown at a higher rate than any other type of placement after foster care. During this interactive and hands-on event, you will explore why this is true and what you can do to identify and support the right Kinship placement.	Same as above	Classroom	Short-term	Heartland for Children contracted with Independent Contractor	3 hours	Case Managers and Supervisors, Child Protective Investigators and Supervisors, Heartland for Children Staff, Foster Parents, Adoptive Parents, Relative Caregivers, and Non-Relative Caregivers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Unified Home Study Training/ICPC	In-service	This training will focus on the new updates released regarding Unified Home Study. Participants will have a chance to review the new required forms. This training will also serve as a refresher regarding Unified Home Studies.	Same as above	Classroom	Short-term	Kids Central, Inc. training specialists	2 hours	Case Management Staff	Same as Above	Same as Above
Preserving Families: Training on how to preserve, strengthen, and reunify families. Training is not related to providing treatment or services.										
8 to Great	In-service	The Powerful Process for Positive Change	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Activities designed to preserve, strengthen, and reunify the family, if the training is not related to providing treatment or services.	Classroom	Short-term	Eckerd Community Alternatives contracted with M.K. Mueller, author	3 hours	Case Management Staff, Children Legal Services	Same as Above	Same as Above

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Annual Safe and Together Retreat	In-service	Review of safe and together concepts and practice application	Same as above	Classroom Setting	Short-term	Families First Network and Department of Children and Families contracted with David Mandel Associates	6 hours	Case Managers and Supervisors, Child Protective Investigators and supervisors, Children Legal Services, supervisors, Quality Assurance policy staff; Domestic Violence Community providers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Case Planning	In Services	Being able to identify the safety assessment essentials, such as: safety threats, child vulnerabilities, protective capacities and safety decision.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	4 hours	Case Managers, Service Providers	Same as Above	Same as Above
Case Planning Outcomes Learning Group	In-service	Review and discuss case planning and writing outcomes	Same as above	Classroom	Short-term	Families First Network Training Specialists	2 hours	Case Management Staff and Child Protective Investigations supervisors, mentors; Quality Assurance/policy staff	Same as Above	Same as Above
ChildNet Aftercare Plans	In-service	Aftercare plans assist with stability. This class covers what to address in an aftercare plan, including possible services, supports, and relationships with the community, and attention to long term needs.	Same as above	Classroom Setting	Short-term	ChildNet Inc. Training Specialists	1 hour	Case Management, Case Management Supervisors, ChildNet Direct Service Personnel	Same as Above	Same as Above
ChildNet Certification Workshop: Exit Interviews and Incident Reporting	In-service	Information is presented on how to properly report incidents and exit interviews with navigation of applicable forms.	Same as above	Classroom Setting / Computer	Short-term	ChildNet Inc. Training Specialists	1 hour	CMs; Supervisors; Adoptions Counselor	Same as Above	Same as Above
ChildNet Certification Workshop: Intake and Placement	In-service	Overview of the Intake and Placement Department (including roles of the diversion program, family support workers, intake & placement advocates, kinship placement and support, and court liaison).	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	1 hour 30 minutes	Case Managers and Supervisors Adoptions Counselor	Same as Above	Same as Above

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CHIPS Symposium - Team Work Makes the Dream Work: Co-Parenting Strategies	In-service	Conference exploring the co-parenting strategies and working as a team	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office utilized community provider Children's Board of Hillsborough County	4 hours	Child Protective Investigators and Supervisors, Command Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Co-Parenting / Icebreakers	In-service	How to bring together the foster parent & biological parent	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. Training Specialists	12 hours	Case Management Staff	Same as Above	Same as Above
Core Adoption training 101	In-service	Overview of the core issues of adoption and how to help the children with trauma & the parents that will adopt them.	Same as above	Classroom	Short-term	Kids First of Florida, Inc. Training Specialists	6 hours	Adoption Case Management Supervisor	Same as Above	Same as Above
Dependency Overview	In-Service	Basic training on the dependency process in the Child Welfare system.	Same as above	Classroom	Short-term	Kids Central, Inc. Training Specialists	10 hours	Case Management Staff	Same as Above	Same as Above
Family Decision-Making Conference	In-service	How to make the family work together towards reunification	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. Training Specialists	1 hour 30 minutes	Case Management Staff	Same as Above	Same as Above
Family Group Decision Making	In-service	Overview of program for facilitators and practitioners, purpose, values, beliefs and conference process	Same as above	Classroom	Short-term	Devereux Families Inc. Training Specialists	3 hours	Case Management Intake and Operations staff	Same as Above	Same as Above
Family Preservation & Family Centered Practice	In-service	Philosophy and values of family preservation to include a strengths-focused family centered practice model.	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office Training Specialists	3 hours	Child Protective Investigators	Same as Above	Same as Above
Joining Forces in the Community	In-service	Tips and techniques for caregivers to network and effectively work with various agencies in our System of Care to better serve the children in their home.	Same as above	Classroom	Short-term	Heartland for Children Contracted with Ametheo	2 hours	Foster Parents, Adoptive Parents, and other Caregivers.	Same as Above	Same as Above
Learning Circles: Safety Planning	In-service	Safety Planning in the new Safety Methodology	Same as above	Classroom	Short-term	University of South Florida Training Specialists	2 hours	Supervisors	Same as Above	Same as Above

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Methodology Safety Planning	In-service	How to create a concise safety plan with model fidelity	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	4 hours	Case Management Staff and Child Protective Investigation Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Missing Children	In-service	Staff will become familiar with missing children and youth procedures to better protect vulnerable children and youth.	Same as above	Classroom	Short-term	Kids Central Inc. Training Specialists	2 hours	Case Management Staff	Same as Above	Same as Above
Safety Planning	In-service	Safety Decision Making Methodology in-service training focusing on the safety planning action process to enhance the skills and reiterate the definitions and meaning of safety planning and actions with families.	Same as above	Classroom	Short-term	University of South Florida Training Specialist	6 hours	Case Managers, Child Protective Investigators and Trainers	Same as Above	Same as Above
Safety Planning	In-service	Training to plan for child safety using Florida decision making methodology	Same as above	Classroom	Short-term	University of South Florida Training Specialist	6 hours	Case Management and Child Protective Investigator Supervisors	Same as Above	Same as Above
Safety Planning Practice	In-service	Supervisory Learning Circles	Same as above	Classroom	Short-term	University of South Florida Training Specialists	2 hours	Case Management Supervisors and Leadership	Same as Above	Same as Above
Safety Planning Supervisor Workshop	In-service	This workshop is geared towards supervisors and it reinforces the purpose for Safety Plan Development and clarifies the differences between the Present Danger Plan and the Impending Danger Plan.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours	Case Managers, Case Management Supervisors, Child Protective Investigators	Same as Above	Same as Above
Safety Services	In-service	Refers to the intervention used to identify specific actions Child Protective Investigators and Case Managers take to control danger threats.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	3 hours	Case Managers, Case Management Supervisors, Child Protective Investigators	Same as Above	Same as Above

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Safety services management: Safety Methodology process	In-service	Safety Methodology Process	Same as above	lunch n learn	Short-term	University of South Florida Training Specialist	1 hour	Child Welfare staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Separated Siblings	Foster Parents	Participants are challenged to promote the best interest of children while maintaining the longest family relationship, siblings.	Same as above	Classroom	Short-term	Kids Central, Inc. Training Specialists	2 hours	Foster Parents	Same as Above	Same as Above
Sexual Safety Plans	In-service	Overview of Heartland for Children's policies and how to implement the new Sexual Safety Tool.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	30 minutes	Case Managers and Supervisors	Same as Above	Same as Above
Sightings & Writings	In-service	What constitutes a frequent visitor, Level of screenings for frequent visitors, Engaging frequent visitors to ascertain relevant information, Documenting all persons observed during the home visits (roles, relationships etc.), Parameters surrounding when a home study is needed (who should be included), Escalating cases when caregivers don't follow up on services or resistant to requests by the Case Manager	Same as above	Classroom Setting	Short-term	Children's Network of Southwest Florida Training Specialists	1 hour	Case Managers and Supervisors	Same as Above	Same as Above
Working together for Child Welfare and Family Preservation	In-service	Breakfast Learning Series: Services offered by FSS, Jewish Families and DCF	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	Case Managers and Supervisors, Child Protective Investigator Supervisors, Community Providers	Same as Above	Same as Above

APSR Training Report: (2014-15)

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Course Title										
Working together for Child Welfare and Family Preservation	In-service	Discussed and reviewed flow chart of how the different agencies work together to promote the safety of children and preserving the family unit.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists and community providers	1 hour 30 minutes	Case Managers and Supervisors Foster Care Licensing; Child Protective Investigators	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Referrals to Services: Training on referrals to services. Does not include how to perform the service.										
Alcohol Laws in Florida Leading to Increased Access	In-service	Changing Alcohol Laws Changing Licensing Procedure	Title IV-E allowable activities that the State may train its workers on an claim at the 75% rate include: • Training on referrals to services, not how to perform the service.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists utilized Drug Free Duval	1 hour 30 minutes	Case Managers, Teen Court Administrators, Parents, Probation Officers	Same as Above	Same as Above
APD training	In-service	Learning about services and eligibility for accessing services through Agency for People w/ disabilities	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Child Welfare Staff	Same as Above	Same as Above
Aunt Bertha Asset Mapping	In-service	Resource Discovery & Sharing: We will want to capture resource information that you are familiar with and that has been helpful in assisting @ supporting children & families in Polk, Hardee, & Highlands counties.	Same as above	Classroom	Short-term	Heartland for Children contracted with Professional Development Group	1 hour 30 minutes	Community Partners	Same as Above	Same as Above

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BLS - Nassau Services for Vets	In-service	Overview on services for Vets in Nassau County	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists utilized Latrece Rowell, BA, CAPP, CPS, CMHP	1 hour 30 minutes	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Career Source Training	In-service	Breakfast Learning Series- Services for those seeking jobs in Nassau County	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
ChildNet Certification Workshop: Revenue Maximization, Medicaid, Initial Medical Health Check-up (EPSDTs) and Social Security Benefits	In-service	Specialized ChildNet staff present information on applying for Social Security benefits, Medicaid overview, initial health screenings, and the Revenue Maximization Department.	Same as above	Classroom	Short-term	ChildNet Training Specialists	1 hour 15 minutes	Case Managers and Supervisors Adoptions Counselor	Same as Above	Same as Above
Community Resources	In-service	Information provided by STEPS on Community Resources that are available for financial, behavior services, teen parents, etc.	Same as above	Conference Room	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	30 minutes	Case Managers	Same as Above	Same as Above
Florida Community Prevention Center	In-service	Learned of the service that are offered by Florida Community Prevention Center	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 Hour	Case Managers and Supervisors Foster Care Licensing	Same as Above	Same as Above
GAP Program	In-service	Overview of the GAP Program and how they connect our caregivers with the needed services.	Same as above	Classroom	Short-term	Heartland for Children contracted with Orvest Law	1 hour	Case Managers and Supervisors	Same as Above	Same as Above

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Healthy Start 2014	In-service	Different programs they offer and how to refer clients to them.	Same as above	Classroom	Short-term	Kids First of Florida Training Specialists	30 minutes	Case Managers and Supervisors, Quality Assurance	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Lunch 'n Learn Provider sessions	In-service	Various short training sessions that focus on showcasing services offered by local providers	Same as above	Classroom	Short-term	CBC System of Care Trainers	1 hour	case management staff	Same as Above	Same as Above
Orientation of Programs	In-service	Introduction of local providers	Same as above	Classroom	Short-term	Brevard Family Partnership Training Specialists	6 hours	Child Protective Investigators and Case Managers	Same as Above	Same as Above
Overview of Local provider agencies providing family preservation service	In-service	Course has 15 different agencies provide brief overviews of their programs that are used by CPI's for safe children & families needing family preservation services. Each provider has agreement in place with BSO	Same as above	Classroom	Short-term	Broward County Sheriff's Office Facilitated by of the Children's Services Council of Broward with 15 contracted agencies supervisors	2 hours	Child Protective Investigators and supervisors	Same as Above	Same as Above
Parenting Courses	In-service	Overview of parenting classes	Same as above	Classroom	Short-term	Neighbor to Family	30 minutes	Independent Living Department	Same as Above	Same as Above
Resource 101	In-service	Review of the local resources available to children and families.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	30 minutes	Child Protective Investigations and Supervisors	Same as Above	Same as Above
Schools and Families	In-service	Assisting Families in receiving appropriate school services for their child	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists with contracted provider	2 hours	Case Managers and Foster Parents	Same as Above	Same as Above

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Course Title										
STEPS Quarterly Training	In-service	A description of agencies in the community that can provide services to clients that we service	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Child Welfare Staff, Case Managers and Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
System of Care Training	Pre-service	Training program for case managers following completion of pre-service training to enhance their understanding of the local system of care	Same as above	Classroom	Short-term	Devereux Families Inc. training specialists	5 days	Case managers	Same as Above	Same as Above
Wraparound 101	In-service	Family Team Conferencing & Wraparound Services Process	Same as above	Classroom	Short-term	Brevard Family Partnership Training Specialists	12 hours	CPI's and new CM's	Same as Above	Same as Above
Wraparound Facilitator Training	In-service	Wraparound training for FTC Facilitators	Same as above	Classroom	Short-term	Brevard Family Partnership Training Specialists	12 hours	CMs/Supervisors	Same as Above	Same as Above
SACWIS: Training on Florida Safe Family Network (FSFN) which is a Statewide Automated Child Welfare Information System (SACWIS).										

Course Title	Course Type: Pre-service / In-service (Specify if Foster or Adoptive Parent Training)	Course Description Brief one-paragraph syllabus on the training activity	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.

Course Title	Course Type: Pre-service / In-service (Specify if Foster or Adoptive Parent Training)	Course Description Brief one-paragraph syllabus on the training activity	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.
ChildNet Certification Workshop 006 - FSFN-Full Overview (pt. 1 & 2--Instruction and Practice/Group Supervision)	In-service	Overview of FSFN functions for Child Welfare Worker. Provides instruction and Practice/Group Supervision.	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Adoption and Foster Care Analysis and Reporting System (AFCARS), Statewide Automated Child Welfare Information System (SACWIS) or other child welfare automated system functionality that is closely related to allowable administrative activities in accordance with 45 CFR 1356.60(d) that the State has chosen to claim as title IV-E training rather than as SACWIS developmental or operational costs (see AT-ACF-OISM-001).	Classroom	Short-term	ChildNet Inc. Training Specialists	6 hours	Case Management staff (CA and CAS)	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
ChildNet Certification Workshop 011 - FSFN Family Assessment (Instruction)	In-service	FSFN instruction: Family Assessment	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	4 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above
ChildNet Certification Workshop 012 - FSFN Family Assessment (Practice/Group Supervision)	In-service	FSFN practice/group: Family Assessment	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	2 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above
ChildNet Certification Workshop 017 - FSFN Unified/Reunification Home study (Instruction)	In-service	Instruction provided regarding the unified/reunification/new HS in FSFN	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above

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ChildNet Certification Workshop 018 - FSFN Unified/Reunification Home study (Practice/Group)	In-service	Practice/group supervision provided/demonstrated by worker regarding the unified/reunification/new HS in FSFN	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (CA and CAS)	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
ChildNet Certification Workshop 019 - FSFN Case Plan (Instruction)	In-service	Instruction provided regarding the Case Plan in FSFN	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	4 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above
ChildNet Certification Workshop 020 - FSFN Case Plan (Practice)	In-service	Practice/group supervision provided/demonstrated by worker regarding the Case Plan in FSFN	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	2 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above
ChildNet Certification Workshop: FSFN Judicial Review Social Study Report/CPU (Instruction)	In-service	Additional FSFN instruction and development of a Judicial Review Social Study Report in FSFN utilizing a case assigned to the case manager.	Same as above	Classroom / Computer Setting	Short-term	ChildNet Inc. Training Specialists	1 hour 30 minutes	Case Managers and Supervisors, Adoptions Counselor	Same as Above	Same as Above
ChildNet Certification Workshop: FSFN Judicial Review Social Study Report/CPU (Practice/Group Supervision)	In-service	Review of Agency requirements, FSFN documents, reports, chronological notes, file discussion, and creation of a Judicial review Social Study Report/Case Plan Update completed by the worker in a group setting with feedback provided.	Same as above	Classroom / Computer Setting	Short-term	ChildNet Inc. Training Specialists	1 hour 30 minutes	CMs; Supervisors; Adoptions Counselor	Same as Above	Same as Above

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ChildNet FSFN Lab	In-service	General Description: The FSFN labs will provide instruction and practice for advocates and supervisors in various areas such as: Family Assessment, Case Plan, Judicial Review, Home studies, Overview and Updates.]	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (CA and CAS)	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
ChildNet FSFN Methodology Enhancement Overview/Refresher	In-service	Description: Live sessions will provide training regarding various FSFN changes related to FSDMM.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	4 hours	Case Management staff (CA and CAS)	Same as Above	Same as Above
Entering training hours in FSFN	In-service	Review requirements for the recording and tracking of training hours in FSFN	Same as above	Classroom	Short-term	Devereux Families Inc. training specialists	2 hour	Case managers	Same as Above	Same as Above
Extended Foster Care & FSFN Data Functionality	In-service	Extended Foster Care Flow charts	Same as above	Training lab	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
FFA FSFN Navigation Workshop 3	In-service	Explore FSFN FFA navigation workshops allows the participant to navigate the new tool and explore capability.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours	Case Managers and Supervisors	Same as Above	Same as Above

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Florida Safe Families Network Overview	In-service	Course provides an overview of FSFN from case assignment through ongoing assessment and permanency and includes; orientation to the FSFN system and security features, purposes of associated functions, navigating they system (entering, launching, submitting and approving different features required for case management). All icons are addressed individually. Participants enter mock case data into required fields.	Same as above	Computer Setting	Short-term	ChildNet Inc. Training Specialists	15 hours	Case Managers, Case Management Supervisors, Adoptions Counselor, ChildNet Direct Service Personnel	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Florida Safe Families Network Overview (Shortened)	In-service	Course provides an review of FSFN components addressed during Pre-Service from case assignment through ongoing assessment and permanency and includes; orientation to the FSFN system and security features, purposes of associated functions, navigating they system (entering, launching, submitting and approving different features required for case management). All icons are addressed individually. Staff receive additional support from assigned supervisors.	Same as above	Computer Setting	Short-term	ChildNet Inc. Training Specialists	1 hour	ChildNet Behavior Analyst	Same as Above	Same as Above
FSFN Data Training for new caseworkers	Pre-service	FSFN Data Compliance, Data Entry & FC AFCARS,	Same as above	Classroom -Power point & literature	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
FSFN Family Safety Decision Making Model tools	In-service	Navigation and use of the new safety methodology tools	Same as above	classroom	Short-term	Family First Network Training Specialists	2 hours	CMs, supervisors, ILP, Licensing, Adoptions	Same as Above	Same as Above
FSFN for Extended Foster Care		FSFN computer training to learn how to update IL module, complete Case Plans and JR for Extended Foster Care.	Same as above	Class room	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Independent Living department staff & Case Management Staff	Same as Above	Same as Above

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APSR Training Report: (2014-15)										
FSFN Job Aid	Pre-Service	Tips and Best Practices Training for FSFN	Same as above	Classroom	Short-term	University of South Florida Training Specialists	6 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
FSFN Job Aid Training	In-service	Training for new staff on the utilization of FSFN documents	Same as above	Classroom	Short-term	University of South Florida Training Specialists	6 hours	Case Managers	Same as Above	Same as Above
FSFN Leader FSDMM overview	In-service	Overview of FSDMM tools in FSFN	Same as above	Webinar	Short-term	Family First Network Training Specialists	1 hour	Leaders/Managers	Same as Above	Same as Above
FSFN Orientation/Refresher	In-service	Training provided to assist users with basic FSFN navigation techniques, how to search, and reporting (locating, filtering and sorting)	Same as above	Classroom	Short-term	Kids Central, Inc. Training Specialists	2 hours	Case Management Staff	Same as Above	Same as Above
FSFN overview	In-service	Basic navigation for support staff and providers	Same as above	classroom	Short-term	Family First Network Training Specialists	1 hour	Family First Network Case Management support staff/ Providers	Same as Above	Same as Above
FSFN Overview of Functionalities	In-service	1:1 Overview of FSFN functionalities for new employee to perform specific job functions.	Same as above	Computer Setting	Short-term	ChildNet Inc. Training Specialists	Vary as needed.	Case Managers and Supervisors Adoptions Counselor	Same as Above	Same as Above
FSFN Refresher/ Documentation Training	In-service	This training covers and refreshes basic uses of FSFN including but not limited to choosing the correct category for notes, avoiding falsification of documents, and correct usage of detailed documentation in the third person.	Same as above	Computer	Short-term	Kids Central, Inc.	2 hours	Case Management Staff	Same as Above	Same as Above
FSFN Special User	In-service	Foundational FSFN training for Special Users	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Placement Staff	Same as Above	Same as Above

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FSFN tracking training	In-service	training staff on how to document training in FSFN	Same as above	Classroom	Short-term	University of South Florida Training Specialists	1 hour	Case Management	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Orientation FSFN Lab	Pre-service	This is an introduction of Florida's SACWIS project, Florida Safe Families Network (FSFN).	Same as above	Computer	Short-term	Kids Central, Inc. Training Specialists	30 minutes	Case Management Staff	Same as Above	Same as Above
Psychotropic Meds Training and Workgroup	In-service	Train users how to enter Psychotropic Medications into FSFN correctly.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	3 hours	CM's and Supervisors	Same as Above	Same as Above
TANF Training and Workgroup	In-service	Hands-on training on how to access and utilize TANF in FSFN.	Same as above	Classroom	Short-term	Heartland for Children Training Specialists	3 hours	CMs and Supervisors	Same as Above	Same as Above
What Not to Document in FSFN	In-Service	This class teaches basics of documentation in FSFN	Same as above	Classroom	Short-term	Family First Network Training Specialists	2 hours	CMs and Support Staff, Supervisors	Same as Above	Same as Above
Social Work Practice: Social work practice skills including family centered practice and social work methods such as interviewing and assessment.										

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Case Work Practice	In-service	Provide participants with the opportunity to enhance their staffing and presentation skills by presenting a case and receiving feedback from the trainers and their peers	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Social work practice, such as family centered practice and social work methods including interviewing and assessment.	Classroom	Short-term	Devereux training specialists	3 hours	Case managers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Customer Service within Partnership	In-service	Partnership is key to success and we are all working to serve the same children and achieve the reach the same goal. How can we improve our internal customer service so we can all be successful.	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour	Case Management Supervisors and Management, Licensing Supervisors and Management, Eckerd Supervisors and Management	Same as Above	Same as Above
Family Centered Practices	In Service	Overview of Family Preservation Services and how to apply Family Centered practice case management to our families	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	3 hours	Child Protective Investigators and Case Managers	Same as Above	Same as Above
FCP Trauma Informed Care	In-service	This course is from the NTSN and teaches the basics of a trauma informed system	Same as above	Classroom	Short-term	Family First Network Training Specialists	6 hours	Case Managers and Supervisors, Child Protective Investigators and Supervisors, providers, Guardian Ad Litems	Same as Above	Same as Above

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How to Assess Change using Motivational Interviewing	In-service	Motivational Interviewing has been proven effective through empirical studies and is utilized with clients facing difficult changes like smoking cessation, substance abuse and obesity. Motivational interviewing focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change. This training will help case managers learn the specific skill set required to move a client from pre-contemplation to maintenance stage of change. This training will be fun and interactive as participants will be required to practice the interviewing skills in the classroom setting.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	6 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Learning Circles	In-service	Stages of Change	Same as above	Classroom	Short-term	University of South Florida Training Specialists	2 hours	Child Welfare Supervisors	Same as Above	Same as Above
Motivational Interviewing	In-service	Motivational interviewing focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitate change.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	6 hours	Child Protective Investigator, Case Managers, Service Providers	Same as Above	Same as Above
Overview of the NMT and Web-based NMT Metrics	In-service	Overview of what the Neurosequential Model of Therapeutics (NMT) is and the tools used by practitioners of this model. Part 1 of the NMT Webinar series.	Same as above	Webinar	Short-term	Heartland for Children contracted with Child Trauma Academy	2 hours 30 minutes	Service Providers	Same as Above	Same as Above
Rapid Safety Feedback Training	In-service	The model, the reviews, and all you need to know to be successful with Rapid Safety Feedback.	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	1 hour 30 minutes	Case Management Supervisors	Same as Above	Same as Above
Safety Framework Learning Group: Stages of Change	In-service	Review of Stages of Change	Same as above	Classroom	Short-term	Family First Network Training Specialists	2 hours	Case Managers and Supervisors, Child Protective Investigators and Supervisors Quality Assurance staff	Same as Above	Same as Above
Trauma Informed Care	In-service	Participants in the training will be able to define trauma and describe how it differs from everyday stress. They will learn how to view youth behaviors through a trauma lens.	Same as above	Classroom	Short-term	Heartland for Children contracted with One Hope United	2 hours	Case Managers and Supervisors	Same as Above	Same as Above

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Trauma Informed Care- Part 3 of 3 Training	In-service	Group Home & Emergency Shelter Direct Care Staff for better understanding of trauma.	Same as above	Classroom	Short-term	Children's Network of southwest Florida Training Specialists	3 hours	Case Management Staff, Director; S Facility Manager, Contract;	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Trauma Informed Care Practices	In-service	Trauma awareness training speaks to presence of trauma symptoms of our child clients with histories of trauma & understanding the role trauma plays in their lives. Trauma- informed care training is an overarching framework, which incorporates trauma awareness & guides general practices with children & families who have been impacted by trauma.	Same as above	Classroom	Short-term	Broward Sherriff's Office Training Specialists and local clinicians	2 hours	Child Protective Investigators and Supervisors	Same as Above	Same as Above
Substance Abuse: General substance abuse issues related to children and families in the child welfare system. Trainings are not related to providing treatment or services.										

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Addressing Substance Abuse	In-Service	Introduction to Substance Abuse	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Alachua County Drug Endangered Children's Task Force: Children in Harm's Way: Repercussions of Amendment 2	In-service	This session will include an overview of amendment 2, lessons for Florida from Colorado and Washington; policy and legislation, treatment, research and science as related to drug endangered children.	Same as above	Classroom	Short-term	Partnership for Strong Families utilized community partner Alachua County Sheriff Office	4 hours 30 minutes	Multi-disciplinary professionals: child welfare staff, Guardian Ad Litem services, guardian ad litem, law enforcement, victim services, mental health and substance abuse and medical professionals	Same as Above	Same as Above
Alcoholics Anonymous	In-service	Presentation included information on who they are, what they do, and equally important what they don't do so case management will be comfortable using this resource for their clients/families.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	1 hour 30 minutes	Case Managers and Supervisors, Transporter; Licensing Counselors	Same as Above	Same as Above
Caring for & Handling the drug exposed infant	in-service	Overview on what to do to help an infant with neonatal withdrawal care.	Same as above	classroom	Short-term	Kids First of Florida Training Specialists	2 hours	Program Director, Chief Program Officer	Same as Above	Same as Above
Commonly Used Drugs and Identification	In-Service	Teaching what to look for when going into clients houses as it pertains to the most commonly abused drugs in our community.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists utilized community partner Nassau County Sheriff's Office	2 Hours	Case Managers and Child Protective Investigators	Same as Above	Same as Above

Course Title	Course Type: *Pre-service / In-service (Specify if Foster or Adoptive Parent Training)*	Course Description *Brief one-paragraph syllabus on the training activity*	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.
FCP Substance Abuse	In-service	Basics of working with families who have substance abuse issues	Same as above	Classroom	Short-term	Family First Network Training Specialists	3 hours	Case Managers and Child Protective Investigators		
IFPS-Relapse Prevention	In-service	evidence-based strategies for addressing and preventing relapse of addictive and other behavioral problems. Based on the work on Alan Marlatt, Ph.D., Michler Bishop, Ph.D. and others, the strategies utilize cognitive/behavioral principles and are congruent with the 'Wheel of Change' framework and Motivational Interviewing. Although focused on the principles related to substance use/abuse, the strategies presented also apply well to other types of behavioral and cognitive changes. Participants will receive a variety of tools to use with clients to help them assess their risks, develop individually tailored plans, and implement skills for a more successful future. Participants will learn to: •Identify the predictors of relapse •Help clients assess high risk situations and identify triggers •Help clients use cognitive and behavioral coping skills for responding to triggers •Help clients challenge their 'positive outcome expectancies' for using drugs/alcohol •Help clients recognize 'apparently irrelevant decisions' affecting relapse •Help clients manage lapses and prevent 'goal violation effect' •Help clients develop plans for life-style balance and self-care •Help clients develop and use tools for self	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. contracted with Institute for Family Development	\6 hours	IFPS Providers, Our Kids Intake	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Marchman Act	In-service	The basics of the Marchman Act	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists contracted with PHMS	1 hour	Case Management Staff	Same as Above	Same as Above
Meth Labs & Grow Houses	In-service	In-depth discussion and demonstration of Meth and Grow Houses	Same as above	Classroom	Short-term	Hillsborough County Sheriffs Office Training Specialists	1 hour	Child Protective Investigators	Same as Above	Same as Above

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Narcotics Training	In-service	CBHC trained on how the drug screen process works at their agency for clients. Clay County Sheriff's Office trained on meth labs and prescription drugs in Clay county.	Same as above	Classroom	Short-term	Clay County Sheriff's Office and Clay Behavioral Health Center	3 hours	Case Managers and Supervisors, Program Director, Program Manager, Adoption Case Managers, administrative , Licensing, Program Support Coordinator, Chief Program Officer	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Pre-service for Admin - Day 1	In-service	CEU Approved. Pre-service Orientation, CM Overview, Family Preservation & Centered Practice, and Child Welfare Standards modules.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	6 hours	Case Management Records Specialist	Same as Above	Same as Above
Pre-service for Admin - Day 2	In-service	CEU Approved. Pre-service Orientation, CM Overview, Family Preservation & Centered Practice, and Child Welfare Standards modules.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	6 hours	Case Management Records Specialist	Same as Above	Same as Above
R.U.N.; Polk County Drug Court; and HFC Prevention & Education Services	In-service	Benny made a presentation introducing his new project titled "RUN Pilot Study;" Polk County Drug Court came to present information regarding the juvenile drug program,; and Kathie Graydon provided information on the prevention program and local schools.	Same as above	Classroom	Short-term	University of South Florida and Heartland for Children Training Specialists	3 hours	Case Managers and Supervisors	Same as Above	Same as Above
Substance Abuse & Identification	In-service	Focus on a variety of Guardian Ad Litem substances affecting our community including marijuana, cocaine, heroin, ecstasy, crystal meth and more. The presenter will also discuss prescription and pill abuse and the increased use of synthetic drugs such as bath salts, mollies and fake pot.	Same as above	Classroom	Short-term	Hillsborough County Sheriffs Office Training Specialists	8 hours	Case Managers and Supervisors, Top Facilitator; Director; Other	Same as Above	Same as Above

APSR Training Report: (2014-15)										
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The Hands Of Tobacco & its reach in the Community	In-Service	Discussed the affects Tobacco have on the community	Same as above	workshop	Short-term	Family First Network Training Contracted with service provider	2 hours	Parents/Prevention workers/CRS	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Title IV-E Policies: Title IV-E policies and procedures.										
Adoption Eligibility Training	In-Service	Training on what is needed to determine IV-E for foster care and adoptions	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Title IV-E policies and procedures.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	Adoption staff at Case Management Staff	Same as Above	Same as Above
Eligibility Training	In-Service	Training on what is needed to determine IV-E for foster care and adoptions	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above
IV-E Training for CPI's	In-Service	Overview of IV-E eligibility	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	30 minutes	Child Protective Investigators	Same as Above	Same as Above

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Course Title										
Visitation/Family Time: Training covering visitation/family time.										
Supervised Visitation Training	In-Service	Strategies for maximizing benefit of supervised visits	Title IV-E allowable activities that the State may train its workers on and claim at the 75% rate include: • Effects of separation, grief and loss, child development, and visitation.	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Case Management Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Ethics: Ethics training NOT associated with a Title IV-E state plan requirement.										
Ethics Your Way	In-Service	PSF requires that all CWCMs complete 3 hours of Ethics annually. Participants will discuss, evaluate, and solidify their own beliefs and values while exploring the professional code of ethics we are compelled to practice. This training will not tell you what is right or what is wrong but will instead serve as a guide of understanding how ethical decisions are made.	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: Ethics training associated with a title IV-E State plan requirement, such as the confidentiality requirements in section 471(a)(8) of the Act.	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours	Case Managers and Supervisors	Same as Above	Same as Above

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Professional Ethics	In-Service	CEU approved. Course objectives are: 1) Define ethics and identify the connection to morals 2) Explore various codes of ethics and their purpose 3) Explore professional ethics in today's world Approved for recertification ethics hours.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists	1 hour	Case Managers and Supervisors, Director, and Operations	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
First Aid: First Aid First aid including CPR and facility security training										
BLS (Basic Life Support) Instructor Essentials	In Service	Instructor techniques geared toward Red Cross adult classroom instruction	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: • First aid, CPR, or facility security training	Classroom training	Short-term	Hillsborough County Sheriff's Office contracted with American Heart Association	4 hours	Child Protective Investigator	Same as Above	Same as Above
ChildNet CT-CPR-First Aid-AED	In-service	This training will discuss various CPR/AED and First Aid techniques.	Same as above	Classroom training	Short-term	ChildNet Inc. Training Specialists	3 hours	All Frontline staff and Case Management staff (CA and CAS)	Same as-Above	Same as Above
CPR & Emergency First Aid	In-service	Certification Class for CPR and FA	Same as above	Classroom training	Short-term	Eckerd Community Alternatives Training Specialists	7 hours	Child Welfare Staff	Same as Above	Same as Above

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CPR First Aid	In-service	Basic Community class on first aid	Same as above	Classroom	Short-term	Family First Network Training Specialists	1 hour	Case Management Support Staff and providers	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
CPR/First Aid Training	In-service	Earn CPR/First Aid certification.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists contracted with provider Manatee Glens	8 hours	Case Manager	Same as Above	Same as Above
CPR/First Aid Training	In-service	Emergency Care	Same as above	Classroom Training	Short-term	Our Kids of Miami-Dade/Monroe Inc. contracted with Nurses Unlimited	6 hours	Child Welfare Staff	Same as Above	Same as Above
First Aid	In-service	Red Cross Approved Training	Same as above	Classroom Training	Short-term	Hillsborough County Sheriff's Office Training Specialists	2 hours	Child Protective Investigators	Same as Above	Same as Above
Job Performance: Job performance enhancement skills. Examples include writing, basic computer skills, and time management.										

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APSR Training Report: (2014-15)										
Professional Conduct	In-service	Professionalism Training	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: • Job performance enhancement skills (e.g., writing, basic computer skills, time management)	Classroom	Short-term	University of South Florida Training Specialists	6 hours	All Employees	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Time Management	In-service	How to improve productivity during work hours, prioritize tasks, and self manage	Same as above	Classroom	Short-term	Eckerd Community Alternatives Training Specialists	2 hours	Open to all staff in the system of care	Same as Above	Same as Above
Safe Driving: Training regarding the use of safe driving techniques										
Car seat	In-service	Proper use and installation	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: • Safe driving	Classroom	Short-term	Manatee Sheriff's Office Training Specialists	1 hour	Child Protective Investigations Staff	Same as Above	Same as Above
Car Seat Safety	In-service	Instructions on proper installation of car seats. In car demo and hands on instructions to participants.	Same as above	Classroom training	Short-term	Children's Network of South Florida utilized community provider Safe Kids Lee-Collier	3 hours	Case Managers, Child Protective Investigators Family Support	Same as Above	Same as Above
Car Seat Training	In-service	Training focused on the safe installation of car seats	Same as above	Classroom	Short-term	Devereux Families Inc. contracted with Safe Kids Coalition	2 hours	Case management staff	Same as Above	Same as Above
ChildNet Car Seat Safety	In-service	This training will detail the basics in car seat safety, including installation and age appropriate car seats.	Same as above	Classroom training with installation portion	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff, all Drivers and applicable support staff	Same as Above	Same as Above

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ChildNet Defensive Driving	In-service	Objectives: This training will identify and provide details on best practice regarding Defensive Driving skills including driving demonstration.	Same as above	Classroom training	Short-term	ChildNet Inc. Training Specialists	4 hours	Case Management staff, Drivers, and Client Services staff members who transport children	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Drivers training	In-service	driver safety	Same as above	Field Training	Short-term	Manatee Sheriff's Office Training Specialists	8 hours	Child Protective Investigations Staff	Same as Above	Same as Above
Driving Range	In-service	Defensive driving course	Same as above	Classroom/ Field	Short-term	Hillsborough County Sheriff's Office Training Specialists	8 hours	Child Protective Investigations Staff	Same as Above	Same as Above
Stress Management										
Am I Too Tired to Care?	In-service	At the end of this presentation, the participants will be able to: Assess, define and differentiate Compassion Fatigue, Compassion Satisfaction and Burnout; List Risk factors for Compassion fatigue; and Discuss ways to foster compassion satisfaction.	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: • Team building and stress management training	Classroom	Short-term	Heartland for Children utilized community provider Winter Haven Hospital	3 hours	Case Management Staff	Same as Above	Same as Above
Being Well While Doing Good	In-service	Trauma exposure takes a huge toll on advocates, social workers, and other "helpers" Left unattended, trauma exposure will decrease our ability to do our best work. Each of us has a role in processing trauma and creating working environments where we can be well while doing good. Sharing practical tools that help the helper sustain well-being, growth, and true connection	Same as above	Conference	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour 30 minutes	WWK recruiters and supervisors	Same as Above	Same as Above

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Compassion Fatigue: The Cost of Caring Too Much	In-service	Define stress, compassion fatigue and burnout. Assist staff in the identification and cause of compassion fatigue in personal and professional life. Introduce a prescription for stress management	Same as above	Classroom	Short-term	Devereux Families Inc. contracted with Crisis Management & Training Group	6 hours	Case managers, Child Protective Investigators, foster parents, contracted provider staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Creating A Life Balance	In-service	Taught how to maintain a balance between work and personal life	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Other	Same as Above	Same as Above
EAP Supervisor Training	In-service	Indoctrinate supervisors with the principles of an EAP, including how to use the program in a supervisory capacity.	Same as above	Classroom	Short-term	Sarasota Family YMCA Training Specialists Manatee Glens	1 hour	Case Management and Supervisors, Adoptions Case Managers	Same as Above	Same as Above
Stress Reduction & Relief	In-service	Demonstrating skills to reduce stress at work	Same as above	Classroom	Short-term	University of South Florida Training Specialists	30 minutes	All Lead Agency and CMO Staff	Same as Above	Same as Above
Transforming Stress	In-service	stress management class	Same as above	Classroom	Short-term	Manatee County Sheriff's Office Training Specialists	8.5 hours	Child Investigations Staff	Same as Above	Same as Above
Supervisory Skills: General supervisory skills or other generic skills needed to perform specific jobs.										

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ChildNet Supervising for Permanency- Effective Supervision through Coaching, Mentoring and Consultation 04	In-service	This training class focuses on providing supervisors and lead CAs with techniques and assistance for developing their unit. Session 4 focuses on effective supervision through coaching, mentoring and consultation	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include:• General supervisory skills or other generic skills needed to perform specific jobs	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (Managers, CAS, Leads and Mentors)	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
ChildNet Supervising for Permanency-Developing Your Unit 03	In-service	his training class focuses on providing supervisors with techniques and assistance for developing their unit within the areas of Administration, Education and Support. Session 3 focuses on heightening supervisor awareness and providing best practice in the areas of assessing and developing their unit and their workers through the utilization of various assessment tools	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (Managers, CAS, Leads and Mentors)	Same as Above	Same as Above
ChildNet Supervising for Permanency-Identifying and Developing Performance 05	In-service	This training class focuses on providing managers and supervisors with techniques and assistance for developing their unit. Session 5 focuses on identifying and developing performance.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (Managers, CAS, Leads and Mentors)	Same as Above	Same as Above
ChildNet Supervising for Permanency-Managing Your Unit 02	In-service	This training class focuses on providing supervisors with techniques and assistance for managing their unit within the areas of Administration, Education and Support. Session 2 focuses on heightening supervisor awareness and providing best practice in the areas of effective communication, time management and solving problems.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	3 hours	Case Management staff (Managers, CAS, Leads and Mentors)	Same as Above	Same as Above

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Coaching & Mentoring Skills for Leadership Success	In-Service	Training focused on essential skills for effective leaders. including ways to coach employees to peak performance, how to coach underachievers to success, mentoring team members to take their skills to the next level, and using coaching and mentoring to create a more effective team.	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office contracted with Natl Seminars	6 hours	Child Protective Investigators and Supervisors, Command Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Feedback Model	In-Service	Supervisory Learning Circles	Same as above	Classroom	Short-term	University of South Florida Training Specialists	2 hours	Case Management Supervisors and Leadership	Same as Above	Same as Above
Frontline Supervisory Professional Development Training	In-Service	Contracted trainer to work on supervisory and coaching skills. Target audience CMA and KCI supervisor staff.	Same as above	Classroom	Short-term	ChildNet Inc. Training Specialists	6 hours	Case Management Staff	Same as Above	Same as Above

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IFPS- Responsive Supervision	In-Service	This workshop is designed for a broad range of supervisors and managers and focuses on the primary roles of the supervisor and implementing processes for providing ongoing feedback to staff, improving staff performance and strategies for handling and solving employee work problems and for facilitating and improving team coordination and performance. Participants will receive the 'S3', a computerized staff satisfaction tool for providing feedback to supervisors and managers. Participants will learn: The four primary roles of a supervisor and key supervisory skills of providing positive feedback and performance based rationales, Skills of providing negative performance feedback and improving individual and team performance, Skills for handling interpersonal conflicts and dealing with unreceptive staff, Skills for preventing staff interpersonal and work related problems, The IDEAS process for prioritizing issues, setting goals and developing consensus, An effective process for analyzing problems and encouraging participatory decision making and effective problem res	Same as above	Classroom	Short-term	Our Kids of Miami-Dade/Monroe Inc. contracted with Institute for Family Development; Richard Baron	15 hours	Our Kids Intake and Child Investigations Staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Management Training	In-service	This course discusses different strategies for effective management techniques for supervisors	Same as above	Classroom	Short-term	Family Support Services of North Florida utilized community provider University of North Florida	12 hours	FSS Management	Same as Above	Same as Above
MBTI Leader	In-service	How to use the MBYI (Myers-Briggs) in leadership	Same as above	Classroom	Short-term	Family First Network Training Specialists	2 hours	Child Welfare Leaders/Managers	Same as Above	Same as Above
Nassau Mandatory Supervisory training	In-Service	Training on improving supervisor reviews and case consultations	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Case Management Staff	Same as Above	Same as Above

Course Title	Course Type: Pre-service / In-service (Specify if Foster or Adoptive Parent Training)	Course Description Brief one-paragraph syllabus on the training activity	Indication of the specifically allowable title IV-E administrative functions the training activity addresses	Description of the setting / venue for the training activity	Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)	Description of the provider of the training activity	Specification of the approximate number of days/hours of the training activity	Description of Audience	Description of estimated total cost	Cost allocation methodology applied to training costs.
APSR Training Report: (2014-15)										
Partnership Leadership Series (PLS)	In-Service	Supervisory training is required for all frontline supervisors & PSF managers. Participants are introduced to basic skills required for successful supervision.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	54 Hours	Case Management supervisors, Case Management Leads, Partnership for Strong Families Supervisors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Supervising for Excellence: Rethinking Supervision and Building Resilience	In-service	Supervisors will explore the connection between supervision and family outcome. They will discuss the relationship between supervision and the worker's ability to engage in a working and positive relationship with a family.	Same as above	Classroom	Short-term	Heartland for Children contracted with Independent Contractor	6 hours	Case Management Supervisors and Heartland for Children Management	Same as Above	Same as Above
SuperVision	In-service	A workshop for Supervisors on managing the new hire from Pre-service, provisional and full certification.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	2 hours	Case Management Supervisors	Same as Above	Same as Above
Supervisor Job Coaching	In-service	Information on job coaching/training support for new employees	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	1 hour	Licensing, Case Management Supervisors	Same as Above	Same as Above
Supervisory Leadership Skills - Session 1 and Session 2	In-service	This course is intended to provide supervisors and managers with the tools and strategies to effectively manage their staff and work flow in order to maintain efficiency and a high level of customer service to internal and external customers.	Same as above	Classroom	Short-term	Family Support Services of North Florida utilized community provider University of North Florida	14 hours	Case Management Supervisors and Managers	Same as Above	Same as Above

APSR Training Report: (2014-15)										
Course Title	**Course Type:** *Pre-service / In-service (Specify if Foster or Adoptive Parent Training)*	**Course Description** *Brief one-paragraph syllabus on the training activity*	**Indication of the specifically allowable title IV-E administrative functions the training activity addresses**	**Description of the setting / venue for the training activity**	**Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)**	**Description of the provider of the training activity**	**Specification of the approximate number of days/hours of the training activity**	**Description of Audience**	**Description of estimated total cost**	**Cost allocation methodology applied to training costs.**
Supervisory Reviews	In-service	An overview of what should be captured in a Supervisory Review and a discussion regarding the process of completing these reviews	Same as above	Classroom	Short-term	Community Based Care of South Florida	2 hours	Case management staff	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Understanding Yourself and Others: One Key to Effective Leadership & Supervision	In-service	Course includes the MBTI (Myers-Briggs Indicator) personality inventory. Learning about psychological preferences and ways to work best with the diversity of people in the workplace.	Same as above	Classroom	Short-term	Hillsborough County Sheriff's Office Training Specialists	8 hours	Child Protective Investigators and Supervisors, Command Staff	Same as Above	Same as Above
Team Building: Skill building around team building.										

APSR Training Report: (2014-15)										
Course Title	**Course Type:** *Pre-service / In-service (Specify if Foster or Adoptive Parent Training)*	**Course Description** *Brief one-paragraph syllabus on the training activity*	**Indication of the specifically allowable title IV-E administrative functions the training activity addresses**	**Description of the setting / venue for the training activity**	**Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)**	**Description of the provider of the training activity**	**Specification of the approximate number of days/hours of the training activity**	**Description of Audience**	**Description of estimated total cost**	**Cost allocation methodology applied to training costs.**
5 Conversations You Need to Have with Your Staff - webinar	In-service	This webinar covers: 5 focused conversations for employee engagement & retention; how to elevate tough conversations; and the #1 tip managers can use to save time and raise job satisfaction.	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: • Team building and stress management training	Classroom	Short-term	Heartland for Children contracted with Independent Contractor Kim Sealy Smith, Go To Webcast	1 hours	Heartland for Children Management	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office.	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Teambuilding	In-service	Overview on how as a team we work together on behalf of the children in foster care.	Same as above	Classroom	Short-term	Family Support Services of North Florida, University of South Florida Training Specialists	2 hours	Licensing Counselors	Same as Above	Same as Above
True Colors	In-service	Provide opportunity for teambuilding	Same as above	Classroom	Short-term	BBCBC and DCF	3 hours	Child Welfare Staff	Same as Above	Same as Above
Worker Safety: Skill building around worker safety.										
All Staff Meeting Disaster Planning	In-Service	Emergency Action Handbook review and update.	Title IV-E allowable activities that the State may train its workers on and claim at the 50% rate include: • Worker retention and worker safety	Classroom	Short-term	Children's Network Southwest Florida Training Specialists	1 hour	Quality Assurance; Case Management; Trainers; Top Facilitator; Licensing Staff; Director; Supervisor	Same as Above	Same as Above
ChildNet Case Management Safety Training - Overview	In-Service	This course provides Effective Strategies and Safety Tips for Home Visitation. The course provides information related safety and travel preparations, personal preparation, and potentially dangerous situations.	Same as above	Classroom training	Short-term	ChildNet Inc. Training Specialists	1 hour	All Frontline staff and Case Management staff (CA and CAS)	Same as Above	Same as Above
Field Safety	In-service	Visitation workers for Field Safety training.	Same as above	Classroom	Short-term	Children's Network Southwest Florida Training Specialists	6 hours	Family Support	Same as Above	Same as Above

APSR Training Report: (2014-15)										
Course Title	**Course Type:** *Pre-service / In-service (Specify if Foster or Adoptive Parent Training)*	**Course Description** *Brief one-paragraph syllabus on the training activity*	**Indication of the specifically allowable title IV-E administrative functions the training activity addresses**	**Description of the setting / venue for the training activity**	**Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)**	**Description of the provider of the training activity**	**Specification of the approximate number of days/hours of the training activity**	**Description of Audience**	**Description of estimated total cost**	**Cost allocation methodology applied to training costs.**
Personal Safety for Visiting Professionals	In-Service	A lesson on personal safety for case managers as they are doing home visits. To include office procedure, in the car, in the community, approaching the home, at the home and dealing with hostile/angry clients	Same as above	Classroom	Short-term	Kids First of Florida Training Specialists	1 hour	Case Management Supervisors-Program Directors	The Department allocates approximately $14.1 million ($11.3 Federal - to include Title IV-E - and $2.8 state) between Community-Based Care Lead Agencies, Sheriff's Offices conducting Protective Investigations, Department circuits/regions providing direct services and the Department's Central Office	Costs are allocated to various fund sources based on FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN In Home Support eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.
Workshop: Are you Sure it's Just Burnout Related Stress?	In-service	Workshop to provide information about burnout, compassion fatigue, vicarious trauma, and Secondary Traumatic Stress (STS), as well as inform participants of their differences.	Same as above	Classroom	Short-term	Partnership for Strong Families Training Specialists	3 hours	Child Protection Professionals/Child Welfare Staff	Same as Above	Same as Above

Florida's Annual Progress and Services Report
June 30, 2015
Plan for Improvement: Summary Matrix

FLORIDA'S CHILD WELFARE SYSTEM FIVE YEARS FROM NOW
OUR VISION….Every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connections.

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Measures of Progress: CFSR VI. Absence of maltreatment recurrence. CFSR VII. Absence of CAN in foster care Effective July 2015, Florida will be utilizing the federal Online Monitoring System (OMS) for QA/CQI reviews. Safety 1: Children are, first and foremost, protected from abuse and neglect.	Actuals: CFSR VI. 94.10% (FY2013ab) CFSR VI. 95.1% (FY2014ab) CFSR VII. 99.02% (FY2013ab) CFSR VII. 99.94% (FT 2014ab) SUSTAIN	Targets (to be achieved by end of year five): CFSR VI. 94.60% (national standard) CFSR VII. 99.68% (national standard) Florida met the national standards for both CFSR VI and CFSR VII.

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective A. Enhance identification of children at risk and improve safety decisions to ensure children are not re-abused or re-neglected.	1. Practice Model (formerly known as Safety Methodology)	• December, 2014: Initial Implementation Statewide[1] Year One: In progress. 81% of child protective investigations initiated through February 2015 utilized the Safety Practice Model. See update in Chapter III. • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability

	2. Rapid Safety Feedback	• Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter
		  Year One: Completed. Refer to Appendix A, Continuous Quality Improvement Plan.
		• Semi-Annual Summaries by Region: Each January and July
		  Year One: Completed. .
		  http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/QAIndex.shtml

	3. Legislative changes: Safe Harbor Act	TBD: Develop implementation plan (dates and action steps) for Safe Harbor Act implementation; including – By September, 2014, participate in the first meeting of the Statewide Council on Human Trafficking (Secretary or Designee is co-chair; s. 16.617, F.S.) Year One: Completed. See human trafficking update in Chapter II

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

Plan for Improvement: Summary Matrix

GOAL 1: Children involved in child welfare will have increased safety and expanded protection		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective B. Increase protective factors in focus families (in home, out-of-home, at risk) to reduce maltreatment.	1. Protective Factors Prevention Strategy	• By June 30, 2015: Collaborate in the development of revisions to the CAPP for 2016 – 2020, and ensure alignment with the CFSP's goals and objectives including child safety and protective factors. Year One: In progress. The Office of Adoption and Child Protection is in collaboration with the Department, partners and legislature. The Office of Adoption and Child Protection is lead for the CAPP. • Annually: Analyze local and state progress toward prevention and protective factor goals in the CAPP in collaboration with the Office of Adoption and Child Protection, and use this data to inform any adjustments to the CFSP as part of the Annual Progress and Services Review. Year One: In progress. OCW is working closely with The Office of Adoption and Child Protection in the development of the CAPP.

Objective C. Strengthen the connections between child welfare and other organizations involved in improving protective or risk factors related to child abuse (domestic violence, mental health, substance abuse, education) [systemic factor - agency responsiveness to the community]	1. Integration of Services for Child Welfare and Behavioral Health	• By June 30, 2015:
		  o Five on-line courses relating to behavioral health for child welfare will be in use.
		  Year One: Completed.
		
		  o Child welfare program staff will participate on the state level CMHSOC Expansion Implementation Core Advisory Team and on the region SOC teams, to provide child welfare input for implementation of the SOC grant.
		  Year One: Completed.
		
		  o QA/CQI results and feedback: annually in October
		  Year One: Completed.

Plan for Improvement: Summary Matrix

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

Plan for Improvement: Summary Matrix

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

Measures of Progress:[2]
CFSR Composite 1 (timeliness and permanency of reunification)
CFSR Composite 2 (timeliness of adoption)
CFSR Composite 3 (permanency for those in for long periods of time)
CFSR Composite 4 (placement stability)
CBC 5. Children Achieving Permanency within 12 Months of Entering Care (PO01)
CBC 6. Children Achieving Permanency after 12 or More Months in Care
CBC 7. Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency
 	
Effective July 2015, Florida will be utilizing the federal Online Monitoring System. CBC measures of progress will shift to the federal Child and Family Services Review outcomes and items.
Composite 1, Component A: Measure C1-1: Exits to reunification in less than 12 months
Composite 1, Component B: Measure C1-4: Re-entries to foster care in less than 12 months.
	Actuals:
	CFSR Composite 1.
	110.40 FY2013ab
	116.3 FY2014ab
	
	CFSR Composite 2.
	169.9 FY2013ab SUSTAIN
	163.8 FY2014ab SUSTAIN
	
	CFSR Composite 3.
	144.20 FY2013ab SUSTAIN
	144.5 FY2014ab SUSTAIN
	
	CFSR Composite 4.
	98.6 FY2013ab
	97.3 FY2014ab
	
	CBC 5. 47.5% (2/2014)
	      48.7 (9/2014)
	CBC 6. 52.4% (2/2014)
	      50.1% (9/2014)
	CBC 7. 90.5% (2/2014)
	      91.4% (9/2014)
		Targets (to be achieved by end of year five):
		CFSR Composite 1.
		122.60 (national standard)
		
		CFSR Composite 2.
		106.4 (national standard)
		
		CFSR Composite 3.
		121.70 (national standard)
		
		CFSR Composite 4.
		101.5 (national standard)
		
		CBC 5. 75% (state standard)
		CBC 6. 55% (state standard)
		CBC 7. 92% (state standard)

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

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective A. Ensure timely and lasting permanency in the most appropriate manner for each child through quality family assessments, case planning and services.	1. Practice Model (formerly known as Safety Methodology)	• December, 2014: Initial Implementation Statewide[3] In progress. 81% of investigations assessed with Safety Methodology in 2/2015. 8% of cases with approved Family Functioning Assessment – ongoing as of 3/2015. • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability • See Goal 1, Objective A: Annual CQI Plan incorporating Rapid Safety Feedback Process: Year one and thereafter Semi-Annual Summaries by Region: Each January and July
	2. Quality Parenting Initiative	Annually: as part of the Annual Progress and Services Report, summarize progress on the state and local actions. Completed for report period. Refer to Appendix B, Foster Parent Diligent Recruitment Plan
	3. Local Permanency Initiatives	Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle. Completed for report period. Refer to Chapter II.

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

Plan for Improvement: Summary Matrix

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

Plan for Improvement: Summary Matrix

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

Plan for Improvement: Summary Matrix

GOAL 2: Children involved in child welfare will live with permanent and stable families, avoiding entry into foster care and disruption and return to out of home placement.		
Objectives	**Strategies**	**Benchmarks/Milestones**
Objective E. Service array will emphasize proven, effective approaches to avoiding disruption.	1. Expand quality and availability of supports through the Title IV-E Foster Care Demonstration Waiver	Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report In progress. Florida has taken the opportunity to define and assess the service array. See update in Chapter III.

Plan for Improvement: Summary Matrix

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

Measures of Progress:[4]
CFSR: Well-Being 1, Item 12
CFSR: Well-Being 1, Item 15
CFSR: Well-Being 2, Item 16
CFSR: Well-Being 3, Item 17
CFSR: Well-Being 3, Item 18
 	
Effective July 2015, Florida will utilize the federal Online Monitoring System (OMS) for QA/CQI reviews. The measures of progress will shift to the Florida CFSR outcomes and items.
	Actuals:
	Baseline will be set following Round 3 CFSR set for 2016
		Targets (to be achieved by end of year five):
		Federal target of 95% strength for each item.
		WB 1: Item 12. 95%
		          Item 13. 95%
		          Item 14. 95%
		          Item 15. 95%
		WB2: Item 16. 95%
		WB3: Item 17. 95%
		          Item 18. 95%

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

Plan for Improvement: Summary Matrix

GOAL 3: Children involved in child welfare will have improved well-being (education, physical health, and behavioral health) and live with nurturing families.		
Objectives	**Interventions**	**Benchmarks**
Objective A. Increase family ability to provide for their own and their children's needs through quality family assessments, family engagement, and appropriate supports to address needs.	1. Safety Methodology	• December, 2014: Initial Implementation Statewide[5] Initial implementation in progress. As of 2/2015, 81% of investigations initiated utilizing the Practice Model completed. • December, 2016: Full Operation • December, 2017: Innovation • January, 2018: Plan for Sustainability
	2. Local well-being initiatives	Annually: report and summarize status of local initiatives for the Annual Progress and Services Report cycle. Completed for the report period. Refer to Chapters 2 and 3
	3. Expanded service array through the Title IV-E Foster Care Demonstration Waiver	Annually: as part of the Annual Progress and Services Report, summarize progress on the recommendations of the Florida Services Gap Analysis Report. Refer to Chapter II update.
Objective B. Ensure physical and behavioral health for children through quality assessments and appropriate trauma-informed supports to address needs	1. Implement Health Plan.	Annually: as part of the Annual Progress and Services Report, summarize progress with respect to the Health Plan, including status of the Child Welfare Specialty Plan and psychotropic medication monitoring Completed for report period. See Appendix C, Health Care Oversight and Coordination Plan.

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

Plan for Improvement: Summary Matrix

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

Attachment A.

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The State of Florida

2013-2014 CAPTA ANNUAL DATA REPORT

</div>

1. **The number of children who were reported to the State during the year as abused or neglected.**

   486,919 calls during State Fiscal Year 2013-2014 concerning 110,035 children Note: The 110,035 figure does not include duplicates – i.e., the same child could be in several reports but was only counted once. In previous years the figure provided included duplicates. That is why the figure is considerably lower this year than in previous years. (Source: Hotline data, http://eww/hotline/reports/docs/Quick%20Reference%20Guide.pdf)

2. **Of the number of children described in paragraph (1), the number with respect to whom such reports were—**

   Note: The figures below include duplicates (i.e., the same child could be counted more than once if more than one report is received. That is why the figure above appears to be inconsistent with the figures in this question.)

   substantiated; *30,294 (Source: DCF 2013 Investigation Spinner Reports)*

   unsubstantiated; or *130,791 (Source: DCF 2013 Investigation Spinner Reports, Office of Child Welfare SACWSIS system data)* **(Note: Florida's count for Unsubstantiated includes no indication findings and Not Substantiated)**

   determined to be false. *Average number of false reports per year is 65. Law enforcement investigated 11 of the reports and the State Attorney's office pursued 2 reports. There were no convictions. (Source: Office of Child Welfare Annual Report to the Legislature regarding false reports)*

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;**

      During the State Fiscal Year (SFY) 2013-2014 there were 19,504 children who did not receive services during the year under the State program funded under this section or an equivalent State program (Source: DCF Quickfacts, January, 2014)

   b) **the number that received services during the year under the State program funded under this section or an equivalent State program; and**

      During the State Fiscal Year (SFY) 2013-2014 there were 46,318 unduplicated victims, with 31,517 receiving services (12,116 receiving in-home services and 19,401 receiving out of home care services). (Source: Office of Child Welfare SACWSIS System data)

   c) **the number that were removed from their families during the year by disposition of the case.**

      During the State Fiscal Year (FFY) 2013-2014 there were 14,843 children who entered state custody. (Source: DCF Child Welfare Services Trend Spinner Reports)

4. **The number of families that received preventive services from the State during the year.**

14,781. The number of families impacted by Community-Based Prevention of Child Abuse and Neglect program (CBCAP) grant. (Source: Florida NCANDS FFY 2014)

5. **The number of deaths in the State during the year resulting from child abuse or neglect.**

   107. This number reflects the number of children who died as a result of abuse or neglect in calendar year 2013. (Source: Florida Department of Children and Families Child Death Data Report)

6. **Of the number of children described in paragraph (5), the number of such children who were in foster care.**

   Of the reported deaths due to child abuse and neglect in 2013, none were in foster care. (Source: Florida Child Death Review Team and Florida NCANDS FFY 2014)

7. **The number of child protective services workers responsible for the intake and screening of reports filed in the previous year.**

   230. This number is comprised of Hotline staff, which includes 200 counselors and 25 supervisors. (Source: Florida NCANDS FFY 2014 and Hotline data)

8. **The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.**

   10 hours from time report received to time report commenced (Source: Florida NCANDS FFY 2014 and Hotline data)

9. **The response time with respect to the provision of services to families and children where an allegation of abuse or neglect has been made.**

   10 hours from the time Child Protective Investigators upon commencement assess for the need for services for families and children where an allegation of abuse or neglect has been made. (Source: Florida NCANDS FFY 2014)

10. **The number of child protective services workers responsible for intake, assessment, and investigation of child abuse and neglect reports relative to the number of reports investigated in the previous year.**

    1,726. This number is comprised of Hotline staff which includes supervisors and field staff including child protective investigators, child protective supervisors within the Department and sheriffs' offices. (Source: Florida NCANDS FFY 2014)

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: 3,268

    The number of children receiving family preservation services: 6,842

    (Source: Florida NCANDS FFY 2014)

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:

   For calendar year 2014, the Program was appointed to 35,951 children. (Source: Florida Statewide Guardian ad Litem Office)

   The average number of out of court contacts between such individuals and children.

   The Guardian ad Litem Program Standards of Operation, Standard 2.A requires each child be visited at a minimum at least every 30 days. (Source: Florida Guardian ad Litem Office)

13. **The annual report containing the summary of activities of the citizen review panels of the State required by subsection(c)(6).**

   Please refer to the Attachment section of this chapter. Attachment contains annual report and responses from four citizen review panels.

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.**

   The number of children active as a child welfare case who were in a juvenile justice facility or shelter as of September 30, 2014 was 173. This count includes any child who had an active placement in either a residential or detention facility during the month. (Source: Florida Department of Children and Families, ad hoc report)*

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 – Alcohol – 19,457*
   - *Substance Misuse- Illicit Drugs – 32,010*
   - *Substance Misuse- Prescription Drugs – 13,642*

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: 641,385

   (Source: Florida Department of Health, Charts report: Births (Count) by Year of Birth by County of Residence (Mother) Births=Resident, 2012, 2013 and 2014 provisional)

   The number of children referred in *State Fiscal Year (SFY) 2013-2014*: 27,265
   (Source: Florida Interagency Coordinating Council for Infants and Toddlers)

Juvenile Justice Transfers:

The number of children active as a child welfare case who were in a juvenile justice placement as of September 30, 2014 was 853. This count includes any child who had an active juvenile justice placement in a residential or detention facility, or community supervision, during the month. (Source: Florida Department of Children and Families, ad hoc report of data match from FSFN and JJIS, 11/26/2014)

Child Protective Service Workforce Data

Table 1.Educational degree and experience for CBC staff

Lead CBC and Case Management Organization	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Case Managers with BSW	Case Managers with MSW	Case Managers Avg Years Child Welfare experience
Big Bend CBC	5	6	23.65	33	5	15.725
*Anchorage Children's Home, Inc., Children's Home Society, Inc. Emerald Coast Division, Children's Home Society North Central Division, DISC Village, Inc.						
Brevard Family Partnership						
Devereux	1	2	4	1	0	3.5
Children's Home Society	1	0	8	3	1	4
Brevard CARES	0	0	10	0	0	4
CBC Central Florida						
One Hope United	1	1	9.8	3	2	5.3
Children's Home Society	6	1	5	10	2	1.8
Gulf Coast Jewish Family and Community Services	1	2	5	12	1	1.5
Devereux	1	0	15	2	1	8
ChildNet, Inc. Circuit 15	9	4	4	21	2	3.7
ChildNet, Inc. Circuit 17	13	4	5	62	11	3.2
Children's Network SW Florida						
Lutheran Services Florida	2	1	5	11	4	1
Family Preservation Services	0	0	4.6	2	1	2.3
Community Partnership for Children	2	2	10	5	4	4
Devereux CBC of Okeechobee and the Treasure Coast						
*Devereux CBC and Children's Home Society of Florida	0	2	13.8	8	4	8.2
Eckerd – Pasco Pinellas						
Youth and Family Alternatives	2	0	8.5	3	1	4.35
**Lutheran Services FL	0	0	5.9	3	3	1.98
Camelot Community Care	0	1	11	0	0	1
Directions for Living	2	0	7.4	8	1	3.4
Eckerd-Hillsborough						
Gulf Coast Jewish Family and Community Services	1	0	5.5	6	1	3.3
Devereux	1	1	8	3	1	3.5
**Camelot Community Care	0	0	n/a	2	1	7.33
One Hope United	2	1	10	1	0	3
Youth and Family Alternatives, Inc.	1	0	13	2	0	1.5
Families First Network*	13	2	8.85	36	9	3.8
Family Support Services of North Florida						
Neighbor to Family - Jacksonville Fl	0	0	7.5	1	0	6.3
Nassau County Service Center	1	0	10	0	0	5.6
Jewish Family & Community Services	1	0	6	1	0	5
Mental Health Resource Center	0	2	6	4	1	2
Children's Home Society	0	0	9	0	0	2
Daniel Memorial	1	1	9.7	2	1	3.9

Lead CBC and Case Management Organization	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Case Managers with BSW	Case Managers with MSW	Case Managers Avg Years Child Welfare experience
Heartland for Children						
Gulf Coast JFCS	2	0	10	6	2	4.75
One Hope United - Florida Region, Inc.	1	0	10	6	1	5
The Children's Home Society of Florida	1	0	5.5	6	2	2.9
The Devereux Foundation, Inc.	2	0	8	2	0	2.4
Kids Central, Inc.						
Children's Home Society	1	0	10.04	15	4	6.41
Youth & Family Alternatives	0	0	13.5	2	0	8.4
The Centers	2	0	11.8	9	0	3.78
Independent Living @ Kids Central, Inc.	0	0	9	0	0	7
Kids First of Florida	0	1	8	1	2	3.6
Our Kids						
Wesley House Family Services, Inc	0	1	10.4	0	1	6.5
GulfCoast JFCS	0	0	0	3	1	6
Center for Family and Child Enrichment, Inc.	1	1	10.95	15	8	8.65
Family Resource Center	1	1	13.84	6	7	9
Children's Home Society	1	0	3.6	11	0	2.7
Partnership Strong Families						
Children's Home Society of Mid Florida	0	0	8.7	5	0	6.29
Family Preservation Services of Florida, Inc.	0	1	11	2	1	4
Devereux Foundation, Inc.	0	1	7	3	3	4
CDS Family & Behavioral Health Services	0	0	22	0	0	8
Camelot Community Care, Inc.	1	2	7.5	2	1	5
Sarasota YMCA-Safe Children Coalition						
Youth & Family Alternatives, Inc.	2	0	11.75	6	1	4.2
Family Preservation Services	0	0	11.5	3	2	3.8
Manatee Glens Organization	0	0	2.5	4	0	2.1
St. Johns Family Integrity Program	1	0	12.3	0	1	5.2

Table 2. Educational degree and experience for CPI staff

Child Protective Investigations	Supervisors with BSW	Supervisors with MSW	Supervisors Avg Years Child Welfare experience	Investigators with BSW	Investigators with MSW	Investigators Avg Years Child Welfare experience
Sheriff Pasco	1	1	13	4	0	3
Sheriff Hillsborough	2	0	15.5	7	1	5.5
Sheriff Manatee	1	1	12	2	0	3
Sheriff Broward	2	1	11.75	4	4	9.47
Sheriff Pinellas	4	2	13	27	6	5
Sheriff Seminole	1	0	14			2
Dept. of Children and Families (all other areas)	Information was only available by total CPI staff – supervisors were not separated out.			109	43	

* Data submitted was combined for all CMOs providing services for the CBC Lead Agency

** Data not available

Table 3. Demographic information of the child protective service personnel in CBCs

Lead CBC and Case Management Organization	Black	White	Other	Hispanic
Big Bend CBC	53	44	1	3
*Anchorage Children's Home, Inc., Children's Home Society, Inc. Emerald Coast Division, Children's Home Society North Central Division, DISC Village, Inc.				
Brevard Family Partnership				
Devereux	11	14	1	1
Children's Home Society	12	8	0	3
Brevard CARES	1	4	0	1
CBC Central Florida				
One Hope United	16	14	0	5
Children's Home Society	18	22	5	24
Gulf Coast Jewish Family and Community Services	12	13	2	20
Devereux	12	20	0	13
ChildNet, Inc. Circuit 15	19	9	1	0
ChildNet, Inc. Circuit 17	129	38	5	15
Children's Network SW Florida				
Lutheran Services Florida	40	54	0	3
Family Preservation Services	4	26	2	14
Community Partnership for Children	10	42	2	10
Devereux CBC of Okeechobee and the Treasure Coast				

Eckerd – Pasco Pinellas				
Youth and Family Alternatives	7	49	1	6
**Lutheran Services FL				
Camelot Community Care	12	17	6	3
Directions for Living	10	50	4	2
Eckerd-Hillsborough				
Gulf Coast Jewish Family and Community Services	15	12	6	5
Devereux	18	14	5	4
**Camelot Community Care				

Lead CBC and Case Management Organization	Black	White	Other	Hispanic
One Hope United	14	9	4	4
Youth and Family Alternatives, Inc.	34	117	10	0
Families First Network*	57	185	5	11
Family Support Services of North Florida				
Neighbor to Family - Jacksonville Fl	1	3	0	0
Nassau County Service Center	5	4	0	0
Jewish Family & Community Services	19	20	0	2
Mental Health Resource Center	18	35	0	1
Children's Home Society	7	6	1	1
Daniel Memorial	16	12	0	0
Heartland for Children				
Gulf Coast JFCS	15	17	0	3
One Hope United - Florida Region, Inc.	12	18	1	3
The Children's Home Society of Florida	14	18	2	6
The Devereux Foundation, Inc.	24	6	2	7
Kids Central, Inc.				
Children's Home Society	25	47	2	10
Youth & Family Alternatives	2	19	1	6
The Centers	39	67	2	10
Independent Living @ Kids Central, Inc.	1	4	0	1
Kids First of Florida	15	25	1	3
Our Kids				
Wesley House Family Services, Inc	4	15	0	7
Gulf Coast JFCS	2	0	0	1
Center for Family and Child Enrichment, Inc.	52	8	4	5
Family Resource Center	53	2	1	15
Children's Home Society	22	14	19	1
Partnership Strong Families				
Children's Home Society of Mid Florida	8	10	0	0

Lead CBC and Case Management Organization	Black	White	Other	Hispanic
Family Preservation Services of Florida, Inc.	20	8	1	2
Devereux Foundation, Inc.	8	17	0	0
CDS Family & Behavioral Health Services	3	4	0	1
Camelot Community Care, Inc.	7	13	0	0
Sarasota YMCA-Safe Children Coalition				
Youth & Family Alternatives, Inc.	13	35	2	5
Family Preservation Services	2	27	0	1
Manatee Glens Organization	11	10	0	1
St. Johns Family Integrity Program	3	21	0	2

* Data submitted was combined for all CMOs providing services for the CBC Lead Agency

** Data not available

Table 4.Demographic information of the child protective investigation personnel in Sheriff and DCF

Child Protective Investigations	Black	White	Other	Hispanic
Sheriff Pasco	12	52	4	9
Sheriff Hillsborough	15	55	4	11
Sheriff Manatee	9	30	0	7
Sheriff Broward				
Sheriff Pinellas	18	81	0	3
Sheriff Seminole	6	45	1	5
Dept. of Children and Families (all other areas): CPI, CPI Supervisor, Field Support Consultant and Senior CPI	667	615	48	155

* Data submitted was combined for all CMOs providing services for the CBC Lead Agency

- Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

    Average handling time per intake counselor: 43 minutes, 28 seconds

    Average number of cases per child protective service worker: 15.61

    Average number of intake counselor per intake supervisor: 1:8

    Average number of child protective service workers per child protective service supervisor: 4.65:1

CAPTA Agency Identifying Information:

- **Lead agency contact information:**

    Florida Department of Children and Families

    Office of Child Welfare

    1317 Winewood Boulevard

    Tallahassee, Florida 32399-0700

- **CAPTA Lead Agency Coordinator:**

    Erin Hough

    Prevention Specialist

    Child Welfare Program Office

    Office (850) 717-4658

    Email: erin.hough@myflfamilies.com

Exhibit B. Revised Practice Model

Florida's Child Welfare Practice Model

FLORIDA'S CHILD WELFARE PRACTICE MODEL

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

Goals
Florida's child welfare professionals seek to achieve these goals:

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

Practices
To achieve these goals, Florida's child welfare professionals use a safety-focused, family-centered and trauma-informed approach that includes these key practices:

- **Engage the family:** Build rapport and trust with the family and people who know and support the family. Empower family members by seeking information about their strengths, resources and proposed solutions. Demonstrate respect for the family as the family exists in its social network, community and culture.

- **Partner with all involved:** Form partnerships with family members and people who know and support the family. Partner and share information with relative caregivers and foster and adoptive parents. Include parent and other caregivers in case decision-making. Lead and facilitate partnership with all involved parties to achieve optimum communication, clear roles and responsibilities, and mutual accountability.

- **Gather information:** Gather information from the family members and other team members throughout the course of interventions to gain insight into solutions that might work for family members. Update information as underlying issues, including trauma histories, are identified and as the family situation changes.

- **Assess and understand information:** Assess the sufficiency of information gathered. Identify and, whenever possible, reconcile unsupported impressions and observations or unverified statements regarding family functioning. Ensure all team members have a shared understanding of both risk and safety information and how this information informs interventions.

- **Plan for child safety:** Develop and implement, with the family and other partners, short-term actions to keep the child safe in the home or in out-of-home care. For a child in temporary care, identify the circumstances within the child's family that must exist for the child to be returned home safely with an in-home safety plan.

- **Plan for family change:** Work with the child, family members, and other team members to identify appropriate interventions and supports necessary to achieve child safety, permanency and well-being. Identify services to help the child recover from the effects of child maltreatment and trauma, and to restore typical development to the extent possible. Seek to identify what is needed for the family members and their support network to succeed in maintaining positive changes over the long term. Seek the caregivers' expertise in case planning and service delivery.

- **Monitor and adapt case plans:** Link family members to services and help them navigate formal systems. Troubleshoot and advocate for access to services when barriers exist. Modify safety actions and family case plans as the needs of family members change. Support the child and family members with transitions, including alternative permanency options when reunification cannot occur.

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THE SEVEN PROFESSIONAL PRACTICES: *What* child welfare professionals do.

THE SAFETY METHODOLOGY: *How* they do it.

THE GOALS AND VISION: *Why* they do it.

SEVEN

PROFESSIONAL

PRACTICES

Operationalized Using the Safety Methodology

Engage: The family is the primary point of communication, involvement and decision-making. The *Information Collection Protocol* for investigators and *Standards of Intervention* for case managers provide uniform processes that result in the ability to engage with the family and those who know the family. The uniform processes give parents information that empowers them, and seeks assistance from the family to gather sufficient information to complete the *Family Functioning Assessment* and (for unsafe children) the safety planning, *Family Functioning Assessment - Ongoing* and case planning. Engagement is essential to the development of the *Case Plan*, which includes goals for what must change, related to enhancing *Caregiver Protective Capacities* and the identification of treatment services. The case manager continues to engage the family to facilitate the needed change.

Partner: Partnering occurs throughout the time a child welfare professional works with the family. Child welfare professionals partner with the family, the family's network, other professionals and community partners to achieve understanding of family dynamics and develop safety decisions and actions, including safety planning and management, case planning and progress evaluation. The partnering process promotes commitment and accountability of the family and all team members toward common goals for the family.

Gather information: Sufficient, relevant information-gathering is the most essential ingredient for effective decision-making. Information is gathered through the information standards, referred to as the *Six Information Domains*, which frame what must be known about children and caregivers to inform effective decision-making. These *Six Information Domains* live within the *Family Functioning Assessment*. The *Six Information Domains* are: maltreatment; circumstances surrounding maltreatment; child functioning; adult functioning; general parenting; and parental discipline. Through the collection of this information, the child welfare professional "creates a picture" of the pervasive functioning occurring among adults and children within the family. The "picture" represents a merging of crucial information which reveals: the presence or absence of danger threats to child safety; the vulnerability of children; the level of caregiver protective capacities; the sufficiency of safety plans; the evaluation of case plan progress; and the assessment of risk. Information-gathering begins at the Florida Abuse Hotline and continues during the investigation and throughout ongoing case management for unsafe children.

THE SEVEN PROFESSIONAL PRACTICES:
Operationalized Using the Safety Methodology

Assess and understand information: When relevant, sufficient information is gathered, assessed and analyzed to inform the danger assessment of the children and the actuarial risk assessment of future harm. Impending danger is qualified and understood through meeting all five *Danger Threshold Criteria:* (1) the child is vulnerable, (2) family conditions are out of control, (3) family conditions are likely to have a severe effect, (4) the danger is imminent, and (5) the danger is observable. When information in the *Six Information Domains* clearly supports an active impending danger threat that meets the *Danger Threshold Criteria,* and there is no one in the household with the caregiver protective capacities to manage the danger, the child is determined to be unsafe. A clear understanding of family functioning informs case plan outcomes developed to change behavior by enhancing diminished caregiver protective capacities. Several assessment tools are used throughout the life of the case: *Present Danger Assessment; Family Functioning Assessment;* the *SDM® Risk Assessment Tool; Family Functioning Assessment - Ongoing; Ongoing Family Functioning Progress Update; SDM® Family Risk Re-Assessment* and *SDM® Family Risk Reunification Assessment.*

Plan for child safety: There are two times when safety planning is needed. When a child is found to be in present danger, a *Present Danger Plan* is put in place to control present danger threats and to allow time for sufficient and relevant information collection through the *Family Functioning Assessment* process. When an investigator concludes at the end of the *Family Functioning Assessment* a child is unsafe, an *Impending Danger Safety Plan* is developed. Developing a sufficient *Impending Danger Safety Plan* to control and manage impending danger that is the least intrusive is completed through an immediate intervention called *Safety Planning Analysis.* Safety plans are managed by the agency. When a case is transferred from investigations to ongoing case management, the management of the *Impending Danger Safety Plan* is transferred at the same time and continues to occur through the life of the case. In addition, the *Safety Planning Analysis* is used for children with an out-of-home *Impending Danger Safety Plan* to create *Conditions for Return* for these children to return home with an in-home *Impending Danger Safety Plan.*

Plan for family change: Information gathered through the *Family Functioning Assessment - Ongoing* results in the development of case plan outcomes related to what must change to demonstrate enhanced *Caregiver Protective Capacities* addressing impending danger threats and *Child Needs.* The *Case Plan* includes specific, measurable, attainable, reasonable and timely outcomes that are developed jointly with the family, and the services associated with the outcomes. It is the "roadmap" or method by which change will be addressed.

Monitor and adapt case plans: The *Ongoing Family Functioning Progress Update* is a formal and ongoing intervention that occurs on a regular basis following the development of the family's *Case Plan.* It is intended to provide a standardized approach to measuring progress for enhancement of diminished *Caregiver Protective Capacities* as they relate to the impending danger threats and *Child Needs,* safety plan sufficiency and motivational readiness to change. Case plans are adapted as progress is made to further promote change. Caregiver progress is reflected and documented in the updated *Six Information Domains,* which inform the *Ongoing Family Functioning Progress Update.*

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Exhibit C. Position Classification Schedule Details

From the Florida Department of Management Services website:

Abuse Registry Counselor and Child Protective Investigator:

http://www.dms.myflorida.com/workforce_operations/human_resource_management/for_state_hr_practitioners/broadband_classification_and_compensation_program/classification_pay_plan/classification_plan/career_service_class_specifications

Abuse Registry Supervisor and Child Protective Investigator Supervisor:

http://www.dms.myflorida.com/workforce_operations/human_resource_management/for_state_hr_practitioners/broadband_classification_and_compensation_program/classification_pay_plan/classification_plan/selected_exempt_service_class_specifications

DEPARTMENT OF MANAGEMENT SERVICES

For Reference Only

CLASS CODE:5961
PAY GRADE:019

CLASS TITLE:ABUSE REGISTRY COUNSELOR

ALLOCATION FACTOR(S)

This is professional telephone counseling and referral work in the Central Abuse Registry assessing reports of alleged abuse, neglect or exploitation of children, elderly or disabled persons and determining the necessity for immediate investigation.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Receives and assesses complaints alleging abuse, neglect or exploitation of children, elderly or disabled persons by conducting telephone interviews and researching Abuse Registry data systems.
- Refers cases to appropriate district intake unit for investigation within one hour from receipt of call noting those cases requiring immediate investigation.
- Issues Statewide-Alerts and Requests-to-Locate for victims who have been abused or neglected.
- Receives and refers, as appropriate, complaints against vendors, related licensed facilities and department employees which may include human rights violations, inappropriate treatment and inadequate services.
- Enters reports on the Abuse Registry data system.
- Provides supportive counseling and information and referral services to persons calling for assistance.
- Maintains liaison with district investigative staff, supervisors and other adult/child protective staff in both public and private sectors.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practices in counseling, social work or education.
- Knowledge of professional ethics.
- Knowledge of interviewing techniques.
- Ability to provide counseling and guidance to persons in crisis.
- Ability to conduct fact-finding interviews and assess risk factors.
- Ability to plan, organize and coordinate work assignments.
- Ability to actively listen to others.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.

MINIMUM QUALIFICATIONS

- A bachelor's degree from an accredited college or university.

EFFECTIVE:

11/16/1999

HISTORY:

06/30/1999

DEPARTMENT OF MANAGEMENT SERVICES

08/01/1987

For Reference Only

CLASS CODE:5962
PAY GRADE:421

CLASS TITLE:ABUSE REGISTRY SUPERVISOR - SES

ALLOCATION FACTOR(S)

This is work supervising Abuse Registry Counselors. The primary duty of the employee(s) in the position(s) allocated to this class is to spend the majority of time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward or discipline subordinate employees or to effectively recommend such actions.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Motivates employees to improve the quality and quantity of work performed.
- Plans work loads, work flows, deadlines, work objectives and time utilization with employees.
- Evaluates employees through establishing evaluation criteria and responsibilities and meeting regularly with employees to ensure the established criteria are met.
- Trains employees in methods for performing an effective and efficient job.
- Communicates on a regular basis with employees both individually and in staff meetings.
- Directs the work of employees to ensure best use of time and resources.
- Reviews investigative reports and service requests for completeness and compliance with policies and standards.
- Provides general supervision of staff within the unit by making special assignments, assisting with case problems and planning schedules of activities.
- Plans and holds regular and special conferences with employees to provide guidance and technical assistance in the performance of their duties.
- Assists with the preparation of statistical reports.
- Provides technical assistance to other agencies and organizations concerned with abuse and neglect cases.

- Monitors incoming and outgoing abuse reports for appropriateness, clarity and adequacy.
- Communicates on a regular basis with district personnel involved with child/adult protective investigations.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practices in counseling, social work or education.
- Knowledge of professional ethics.
- Knowledge of physical and behavioral indicators of abuse and neglect.
- Knowledge of interviewing techniques.
- Ability to supervise people.
- Ability to conduct fact-finding interviews.
- Ability to provide counseling and guidance to others
- Ability to provide information and referral to child/adult protective agencies, both public and private.
- Ability to plan, organize and coordinate work assignments.
- Ability to determine work priorities, assign work and ensure proper completion of work assignments.
- Ability to actively listen to others.
- Ability to understand and apply relevant laws, rules, regulations, policies and procedures.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.

MINIMUM QUALIFICATIONS

EFFECTIVE:

7/1/2001

HISTORY:

CLASS CODE:8371
PAY GRADE:019

CLASS TITLE:CHILD PROTECTIVE INVESTIGATOR

ALLOCATION FACTOR(S)

This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children, in the Department of Children and Families. The employee(s) allocated to position(s) in this class may have collateral duties such as contract management and maximization of Federal funds.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Makes contacts with families with allegations of abuse, neglect and/or maltreatment.
- Responds to allegations of abuse, neglect, abandonment and/or special conditions; determines findings; and enters information into Florida Abuse Hotline Information System, and other systems.
- Responds to Hotline reports and determines immediate risk to child.
- Conducts child safety assessments.
- Opens, maintains and closes files related to the families being served.
- Arranges for or provides transportation for to clients.
- Schedules and gathers information for and participates in case staffings.
- Explains child protection to children and families.
- Explains rights and responsibilities to children and family members.
- Performs on-call duties.
- Reports indication of abuse, neglect and/or abandonment to Florida Abuse Hotline.
- Arranges for emergency placement for children at risk.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practice in child protection.
- Knowledge of professional ethics relating to child protection and counseling.
- Knowledge of family-centered interviewing and counseling techniques.
- Knowledge of investigative techniques.
- Knowledge of interviewing and observation techniques.
- Skill in considering child development in guiding placement of children.
- Ability to recognize indicators of abuse and neglect.
- Ability to conduct risk and safety investigations.
- Ability to plan, organize and coordinate work assignments.
- Ability to understand and apply relevant laws, rules, regulations, policies and procedures.
- Ability to actively listen to others.
- Ability to communicate effectively.
- Ability to maintain well-executed case files.
- Ability to establish and maintain effective working relationships with others.
- Ability to utilize computer systems.
- Ability to write accurate investigative reports.

MINIMUM QUALIFICATIONS

- A bachelor's degree from an accredited college or university and attainment of a passing score on the basic skills Introduction to Child Protection Written Assessment.

EFFECTIVE:

5/10/2002

HISTORY:

DEPARTMENT OF MANAGEMENT SERVICES

For Reference Only

CLASS CODE:8372
PAY GRADE:421

CLASS TITLE:CHILD PROTECTIVE INVESTIGATOR SUPERVISOR-SES

ALLOCATION FACTOR(S)

This is advanced professional work supervising and directing the work of child protective investigators and support staff. The primary duty of the employee(s) in the position (s) allocated to this class is to spend the majority of the time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, or discipline subordinate employees to effectively recommend such actions.

EXAMPLES OF WORK PERFORMED:

(Note: The examples of work as listed in this class specification are not necessarily descriptive of any one position in the class. The omission of specific statements does not preclude management from assigning specific duties not listed herein if such duties are a logical assignment to the position. Examples of work performed are not to be used for allocation purposes.)

- Motivates employees to improve the quality and quantity of work performed.
- Plans work loads, work flows, deadlines, work objectives and time utilization with employees.
- Evaluates employees through establishing evaluation criteria and responsibilities and meeting regularly with employees to ensure the established criteria are met.
- Trains employees in methods for performing an effective and efficient job.
- Communicates on a regular basis with employees both individually and in staff meetings.
- Directs the work of employees to ensure best use of time and resources.
- Develops performance standards and job duty expectations with investigators, reviews standards and plans for continuous improvement.
- Communicates investigator's compliance with job duty expectations on a regular basis.
- Develops management tools to assure the quality and efficient timelines of services provided by investigators.
- Monitors and directs the work of investigators.

- Provides leadership of the unit in the assignment of cases, and reviews and assists with complex cases and the scheduling of work activities on a regular basis.
- Reviews assessments and case plans with investigators, and provides consultation and direction to them to assure appropriateness, clarity, quality and thoroughness.
- Identifies performance improvement plans.
- Provides guidance to investigators by coaching, motivating, training and providing other staff development activities.
- Identifies and promotes outstanding performance.
- Acts as a liaison to other organizations/divisions.
- Collects, analyzes, and reports data in area of expertise.
- Facilitates and participates in a variety of staffings.
- Reviews and ensures proper documentation of investigators' casework.
- Establishes and maintains a close working relationship with the District/Region program office and program specialists.
- Develops training and staff development plans with each investigator under his/her supervision.
- Conducts review and performance plans with unit staff.
- Provides community education through public presentations.
- Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

(Note: The knowledge, skills and abilities (KSA's) identified in this class specification represent those needed to perform the duties of this class. Additional knowledge, skills and abilities may be applicable for individual positions in the employing agency.)

- Knowledge of theories and practice of child protection, counseling, social work, investigations and assessments.
- Knowledge of professional ethics relating to child protection and counseling.
- Knowledge physical and behavioral indicators of abuse and neglect.
- Knowledge of effective management skills.
- Knowledge of interviewing techniques.
- Knowledge of court procedures and legal requirements.
- Knowledge of methods of collecting, organizing and analyzing data.
- Knowledge of management and supervision techniques.
- Knowledge of family-centered interviewing and counseling techniques.
- Knowledge of investigative techniques.
- Knowledge of interviewing and observation techniques.
- Skill in direct observation of investigator's abilities in interacting appropriately with families, community resources, service providers and other department professionals.
- Skill in considering child development in guiding placement of children.
- Ability to recognize indicators of abuse and neglect.
- Ability to conduct risk and safety investigations.

- Ability to actively listen to others.
- Ability to maintain well-executed case files.
- Ability to write accurate investigative reports.
- Ability to develop and implement individual case plans.
- Ability to assess investigators' performance and develop performance improvement plans.
- Ability to analyze the effectiveness of service programs, and identify resources or make adjustments to meet needs.
- Ability to plan, organize and coordinate work assignments.
- Ability to communicate effectively.
- Ability to establish and maintain effective working relationships with others.
- Ability to effectively supervise staff members.
- Ability to understand and apply relevant laws, rules, regulations, policies, and procedures.
- Ability to use computer systems.
- Ability to demonstrate knowledge of group dynamics.
- Ability to staff cases.
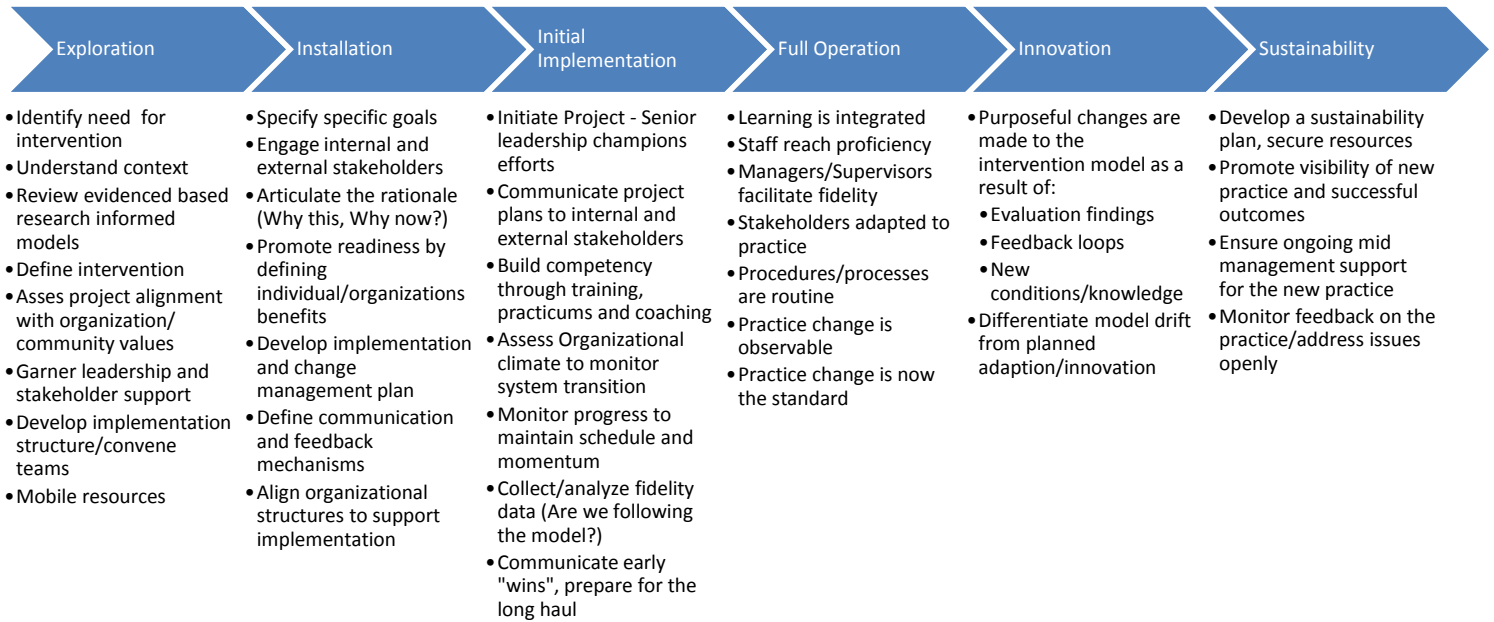- Ability to conduct thorough case staffings and other meetings.

MINIMUM QUALIFICATIONS

EFFECTIVE:

5/10/2002

HISTORY:

Exhibit D. Safety Methodology Implementation Phases

Exploration	Installation	Initial Implementation	Full Operation	Innovation	Sustainability
• Identify need for intervention • Understand context • Review evidenced based research informed models • Define intervention • Asses project alignment with organization/ community values • Garner leadership and stakeholder support • Develop implementation structure/convene teams • Mobile resources	• Specify specific goals • Engage internal and external stakeholders • Articulate the rationale (Why this, Why now?) • Promote readiness by defining individual/organizations benefits • Develop implementation and change management plan • Define communication and feedback mechanisms • Align organizational structures to support implementation	• Initiate Project - Senior leadership champions efforts • Communicate project plans to internal and external stakeholders • Build competency through training, practicums and coaching • Assess Organizational climate to monitor system transition • Monitor progress to maintain schedule and momentum • Collect/analyze fidelity data (Are we following the model?) • Communicate early "wins", prepare for the long haul	• Learning is integrated • Staff reach proficiency • Managers/Supervisors facilitate fidelity • Stakeholders adapted to practice • Procedures/processes are routine • Practice change is observable • Practice change is now the standard	• Purposeful changes are made to the intervention model as a result of: • Evaluation findings • Feedback loops • New conditions/knowledge • Differentiate model drift from planned adaption/innovation	• Develop a sustainability plan, secure resources • Promote visibility of new practice and successful outcomes • Ensure ongoing mid management support for the new practice • Monitor feedback on the practice/address issues openly

Initial Implementation	Full Operation	Innovation	Sustainabi...
2013 – Dec 2014	Jan 2015 - Dec 2016	Jan 2017- Dec 2017	Jan 2018....

Attachments

Citizen Review Panel annual reports and Department response:

- The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

- The Independent Living Services Advisory Council (ILSAC)

- The Florida Child Abuse Death Review Committee

- Florida Faith-Based and Community-Based Advisory Council

ANNUAL REPORT
October 2014

Child
Abuse
Death
Review
Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

2014 State Child Abuse Death Review

FLORIDA
CHILD ABUSE DEATH REVIEW COMMITTEE

ANNUAL REPORT

MISSION

To eliminate preventable child abuse and neglect deaths

Submitted to:

The Honorable Rick Scott, Governor, State of Florida
The Honorable Don Gaetz, President, Florida State Senate
The Honorable Will Weatherford, Speaker, Florida State House of Representatives

2014 State Child Abuse Death Review

2014 State Child Abuse Death Review

TABLE OF CONTENTS

BACKGROUND

Program Description

The Florida Child Abuse Death Review Committee was established by statute in 1999. The program is administered by the Florida Department of Health and utilizes state and locally developed multidisciplinary committees to conduct detailed reviews of the facts and circumstances surrounding child deaths reported to the child abuse hotline and accepted for investigation.

Statutory Authority

Section 383.402, Florida Statutes

Program Purpose

The purpose of the child abuse death review process is to:

- Develop a community-based approach to address child abuse deaths and contributing factors.
- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect.
- Identify gaps, deficiencies or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths.
- Develop and implement data-driven recommendations for reducing child abuse and neglect deaths.

Membership of the State Committee

The State Child Abuse Death Review Committee consists of seven agency representatives and eleven appointments from various disciplines related to the health and welfare of children and families. Members of the State Child Abuse Death Review Committee are appointed for staggered two (2) year terms. All members are eligible for reappointment. A representative of the Department of Health, appointed by the Secretary of Health, serves as the State Committee coordinator.

The State Child Abuse Death Review Committee is composed of representatives of the following departments, agencies or organizations:

- Department of Legal Affairs
- Department of Children and Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association

- Florida Medical Examiners Commission, whose representative must be a forensic pathologist

In addition, the Secretary of the Department of Health is responsible for appointing the following members based on recommendations from the Department of Health and affiliated agencies, and for ensuring that the Committee represents to the greatest possible extent, the regional, gender, and ethnic diversity of the state:

- The Statewide Medical Director for Child Protection
- A public health nurse
- A mental health professional who treats children or adolescents
- An employee of the Department of Children and Families (DCF) who supervises family services counselors and who has at least five years of experience in child protective investigations
- A medical director of a child protection team
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A law enforcement officer who has at least five years of experience in children's issues
- A representative of the Florida Coalition Against Domestic Violence
- A representative from a private provider of programs on preventing child abuse and neglect

Local Child Abuse Death Review Committees

Local review committees are the cornerstone of the child abuse death review process. These committees have the primary responsibility for reviewing all child abuse and neglect deaths reported to the child abuse hotline and for presenting information relevant to these deaths to the State Child Abuse Death Review Committee. Local committees either are comprised of individuals from the community who have some responsibility when a child dies from abuse or neglect or share an interest in improving the health and welfare of children. A map identifying the location of each local committee is available online at www.flcadr.com.

ELIMINATION OF CHILD DEATHS DUE TO ABUSE AND NEGLECT

The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven multi-system review to identify successful prevention and intervention strategies. Careful analysis of the causes and contributing factors across years of data will produce recommendations for changes in law, policy and practice that will promote a true public health approach to the prevention of child maltreatment, and the reduction of preventable child deaths due to abuse and neglect.

METHOD

This report is based on data obtained from:

- Department of Children and Families records reviewed related to investigation, ongoing case work activity, supervision, risk assessment, treatment and safety planning

- Department of Children and Families Internal Fatality Review Reports

- Child Protection Team records

- Law enforcement reports and documents from the Medical Examiner

- Analysis of three years of Florida data from the National Child Death Review Case Reporting System

- Literature review on the topics of child maltreatment, risk and safety assessment, pediatric best practices, and injury and fatality prevention

- *Review of Child Fatalities Reported to the Florida Department of Children and Families*, Casey Family Programs, October 2013

- Recommendations from both the state and local committees

OVERVIEW OF CHILD DEATH DATA

In Florida, the estimated 2013 population of children aged 0-17 was 4.06 million. Of these children, approximately 1.09 million children were under five years old and 211,231 children were less than one year old.

In 2013, the all-cause death rate for children aged 0-17 was 51.8 deaths per 100,000 child population (Florida Community Health Assessment Resource Tool Set Department of Health [Florida CHARTS], 2014). The 2013 verified child maltreatment death rate was 2.6 per 100,000 child population, which represented 5% of the Florida resident child deaths in 2013.

The following table provides a summary of the number and rates of all-cause and verified child maltreatment deaths among children in Florida for 2011, 2012 and 2013.

Child Deaths: All-Causes and Maltreatments Florida, 2011- 2013			
Year	Child Deaths (All Causes)	Child Death Rate per 100,000 Child Population	Child Maltreatment Deaths (Verified)	Child Maltreatment Death Rate (Verified)per 100,000 Child Population
2011	2,191	54.8	136	3.4
2012	2,046	50.8	127	3.2
2013	2,105	51.8	107	2.6

The above table is based on data available as of August 28, 2014. Population estimates used to calculate annual death rates were obtained from Florida CHARTS at http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx)

The Florida Department of Health entered into a data agreement with the National Center for the Review and Prevention of Child Deaths and began utilizing its Child Death Review Case Reporting System beginning with the reviews of 2011 child deaths. The following data summaries, graphs, and charts in this report are based on reviews of the Florida child abuse and neglect deaths that occurred from 2011 through 2013.

Causes of Death

Abuse and neglect are two broad categories of child deaths comprised from many specific manners of child maltreatment.

As defined by Section 39.01, Florida Statutes:

> *"Neglect" occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.*

The neglect category consistently represents a majority of Florida's verified child maltreatment deaths during the 2011-2013 period. The proportion of Florida child maltreatment deaths that are due to neglect is similar to the U.S proportion. In 2012, neglect was reported to be a primary component in 70% of U.S. child maltreatment deaths (Children's Bureau, 2013). [Note: The U.S. neglect and abuse percentages are reported as categories; national data reports classify child maltreatment deaths as due to abuse alone, neglect alone, or a combination of both abuse and neglect (Children's Bureau, 2013).]

The following table and graph displays the primary causes of child neglect deaths in Florida for 2011, 2012, and 2013. During the 2011-2013 period, the primary causes of death among child neglect deaths were asphyxia/suffocation, which includes asphyxia/suffocation in bed or other sleep-related environment, and drowning. In 2013, the ranks of these two causes tied at 40% each to represent the causes of over half (80%) of the child neglect deaths. While the proportions of most causes of neglect deaths stayed relatively consistent during the 2011-2013 period, there was a significant increase in the proportion of neglect deaths due to asphyxia/suffocation in bed or other sleep-related environment from Year 2012 to Year 2013.

	2011		2012		2013	
	Counts	Percent	Counts	Percent	Counts	Percent
Drowning	33	36%	37	49%	26	40%
Asphyxia/Sleep-Related	30	33%	19	25%	26	40%
Injuries By/In a Motor Vehicle	9	10%	8	11%	6	9%
Poisoning/Overdose/Acute Intoxication	4	4%	3	4%	3	5%
Undetermined	0	0%	0	0%	2	3%
Medical Neglect	8	9%	2	3%	1	2%
Trauma/Wounds Caused by a Weapon (incl. body parts)	5	5%	3	4%	1	2%
Fall/Crush	1	1%	1	1%	0	0%
Fire/Burn/Electrocution	0	0%	2	3%	0	0%
Exposure	2	2%	0	0%	0	0%
Animal Bite/Attack	0	0%	1	1%	0	0%

Primary Causes of Child Neglect Deaths: Florida, 2011-2013

Child Neglect Deaths by Primary Causes of Death: Florida, 2013
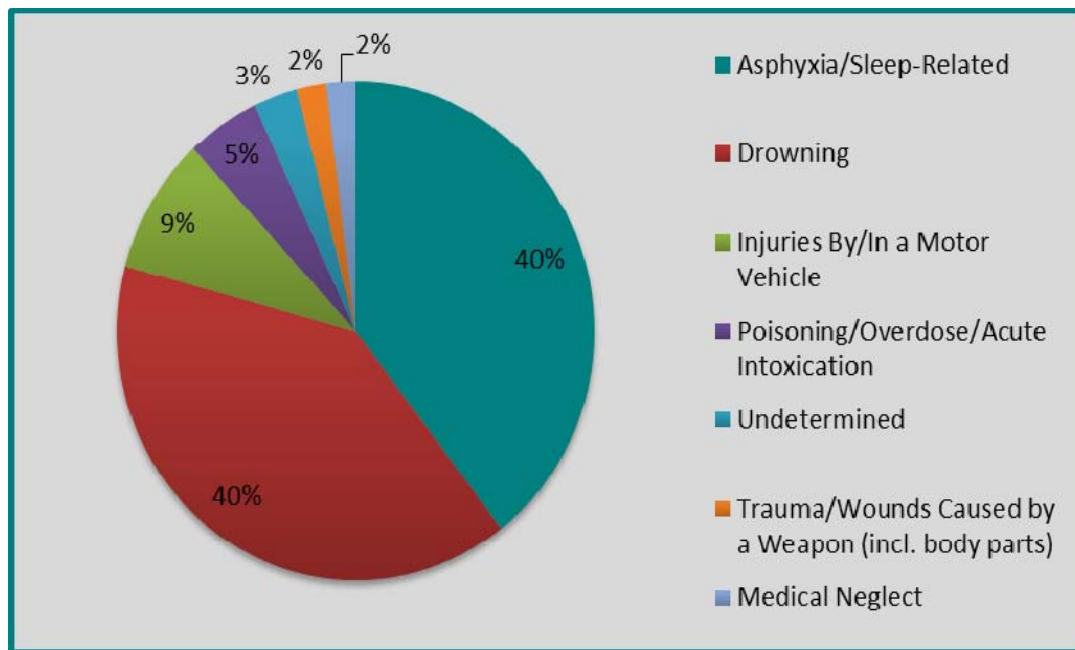
As defined by Section 39.01, Florida Statutes:

"Abuse" means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

Child maltreatment deaths due to abuse represented slightly over one-third of all child maltreatment deaths between 2011 and 2013. National reports state that for 2011 and 2012, abuse was a primary component in 48% and 44% of U.S. child maltreatment deaths respectively (Children's Bureau, 2012, 2013). [Note: The Children Bureau's Child Maltreatment reports classify child maltreatment deaths as due to abuse alone, neglect alone, or a combination of both abuse and neglect (Children's Bureau, 2012, 2013).]

In Florida, the primary cause of child abuse deaths is injury inflicted by trauma. In 2013, injuries caused by inflicted trauma represent 88% of the child abuse deaths in Florida.

Primary Causes of Child Abuse Deaths: Florida, 2011-2013						
	2011		2012		2013	
	Count	Percent	Count	Percent	Count	Percent
Injury Caused by Inflicted Trauma	41	93%	39	76%	37	88%
Poisoning/Overdose/Acute Intoxication	2	5%	2	4%	3	7%
Asphyxia	1	2%	3	6%	2	5%
Drowning	0	0%	4	8%	0	0%
Abandoned Newborn	0	0%	1	2%	0	0%
Fire/Burn/Electrocution	0	0%	1	2%	0	0%
Injuries by or in Motor Vehicles	0	0%	1	2%	0	0%

Child Abuse Deaths by Primary Cause of Death: Florida, 2013
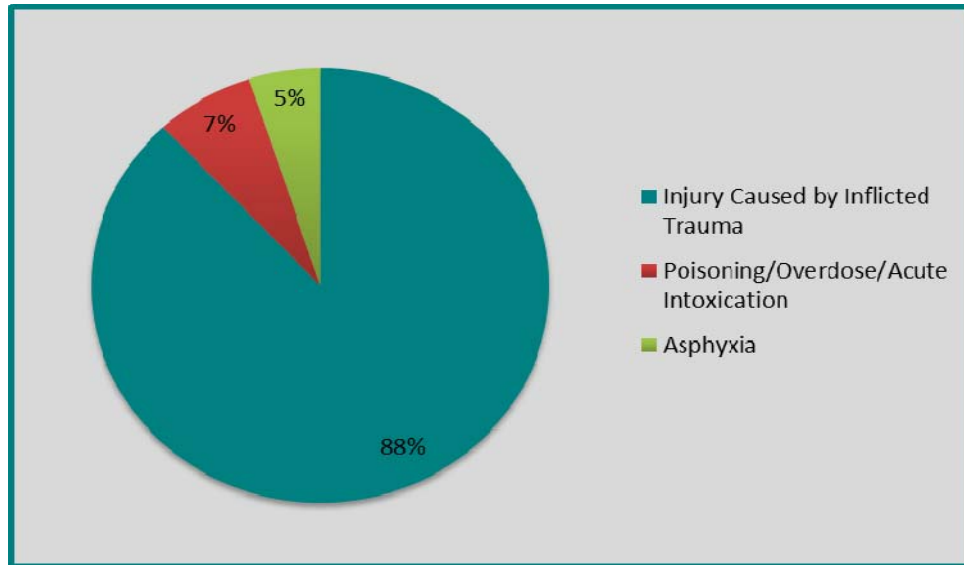

Age at Death

Children less than 1 year old have higher rates of child maltreatment compared to older children (Centers for Disease Control and Prevention [CDC], 2014a). Children less than 4 years old are more likely to experience "severe injury and death" from child abuse than older children (CDC, 2014b).

In 2012, children less than 1 year old accounted for 44% of maltreatment deaths among U.S. children (Children's Bureau, 2013). Between 2011 and 2013, maltreatment deaths of children less than 1 year old represented approximately 40% of the child maltreatment deaths among Florida children. During this same period, children less than one year old had higher age-specific rates of maltreatment deaths compared to children aged 1-17 years old. The death rates for children less than 1 year old were nearly four times higher than the death rate for children aged 1-4 years old, which had the second highest rates among children.

	2011		2012		2013	
	Count	Death Rate per 100,000	Count	Death Rate per 100,000	Count	Death Rate per 100,000
< 1	54	24.2	51	24.4	45	21.3
1 – 4	58	6.9	49	5.6	47	5.3
5 – 9	7	0.6	16	1.5	6	0.5
10–14	15	1.3	7	0.6	8	0.7
15 - 17	2	0.3	4	0.6	1	0.1

Child Maltreatment Deaths by Age Group: Florida, 2011 -2013

Note: Population estimates used to calculate age-specific death rates were obtained from Florida CHARTS at http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx.

Distribution of Child Maltreatment Deaths by Age Group: Florida, 2013
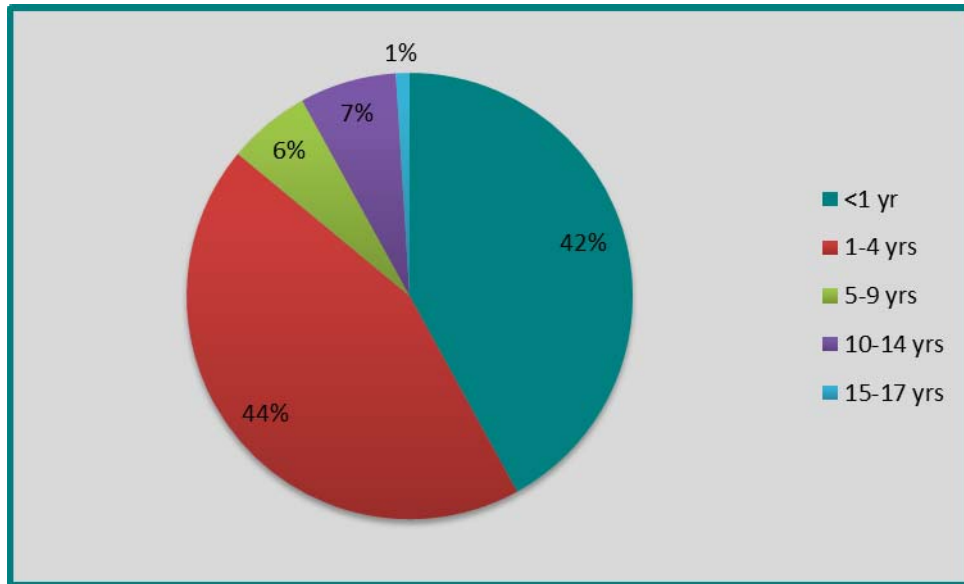
Child Gender and Race

For the Florida child maltreatment deaths that occurred during the 2011-2013 period, the majority of the deaths involved male children. During that time, male children in Florida had higher rates of child maltreatment deaths compared to Florida female children as displayed in the following table. This mirrors the higher rates of child maltreatment deaths for males seen in national statistics (Children's Bureau, 2013).

Child Maltreatment Deaths by Child Gender: Florida, 2011 -2013						
	2011		2012		2013	
	Count	Death Rate per 100,000*	Count	Death Rate per 100,000*	Count	Death Rate per 100,000*
Females	54	2.8	49	2.5	44	2.2
Males	82	4.0	78	3.8	63	3.0

Note: Population estimates used to calculate gender-specific death rates were obtained from Florida CHARTS at http://www.floridacharts.com/FLQUERY/Population/PopulationRpt.aspx.

Between 2011 and 2013, the majority of the children who died from maltreatment in Florida were white, followed by black children, and children classified as other (i.e., multi-race, American Indian, Asian). However, during this period, black children had the highest rate of child maltreatment deaths per 100,000 compared to white and other race children. This is similar to racial disparities in maltreatment deaths between black and white children that are seen at the national level. For example, the 2012 U.S. mortality rate for non-Hispanic black

children was 4.7 per 100,000 child population compared to 1.6 deaths per 100,000 per child population among non-Hispanic White children (Children's Bureau, 2013).

It is important to note that this Florida data set is incomplete as it does not include specific breakdowns in either race or ethnicity, or consider other mitigating factors. Processes to collect this data for future reports will be assessed.

Age and Relationship of Caregiver(s) Responsible

As defined by Section 39.01, Florida Statutes, "Caregiver" means the parent, legal custodian, permanent guardian, adult household member, or other person responsible for a child's welfare. "Other person responsible for a child's welfare" includes the child's legal guardian or foster parent; an employee of any school, public or private child day care center, residential home, institution, facility, or agency; a law enforcement officer employed in any facility, service, or program for children that is operated or contracted by the Department of Juvenile Justice; or any other person legally responsible for the child's welfare in a residential setting; and also includes an adult sitter or relative entrusted with a child's care.

Persons who were primarily responsible for the welfare of the children at the time of the maltreatment resulting in death, hereafter known as "Caregivers Responsible", may have been classified as such due to direct (e.g., abuse) or indirect actions (e.g., failure to seek medical treatment for a child or failure to protect from harmful acts or environments).

As displayed in the following table, the majority of the caregivers responsible for children who died from child maltreatment between 2011 and 2013 were between the ages of 25 and 34 years old. The 18-24 years old age group was the second largest during the same period.

Caregiver Responsible for Child at Time of Incident by Age Group: Florida, 2011-2013						
	2011		2012		2013	
	Count	Percent	Count	Percent	Count	Percent
< 18	7	4%	2	1%	2	2%
18 – 24	55	31%	48	31%	42	32%
25 – 34	76	42%	68	44%	61	46%
35 – 39	10	6%	16	10%	9	7%
40 – 44	13	7%	7	5%	5	4%
45 – 49	4	2%	5	3%	7	5%
50 – 59	10	6%	4	3%	5	4%
> 60	5	3%	3	2%	1	1%

The following table displays types of relationships between the caregiver responsible and the child maltreatment victims who died between 2011 and 2013. For Florida child maltreatment deaths in this period, the primary caregivers responsible were the biological parents. In 2013, the biological parents represented nearly 75% of the caregivers responsible for children who
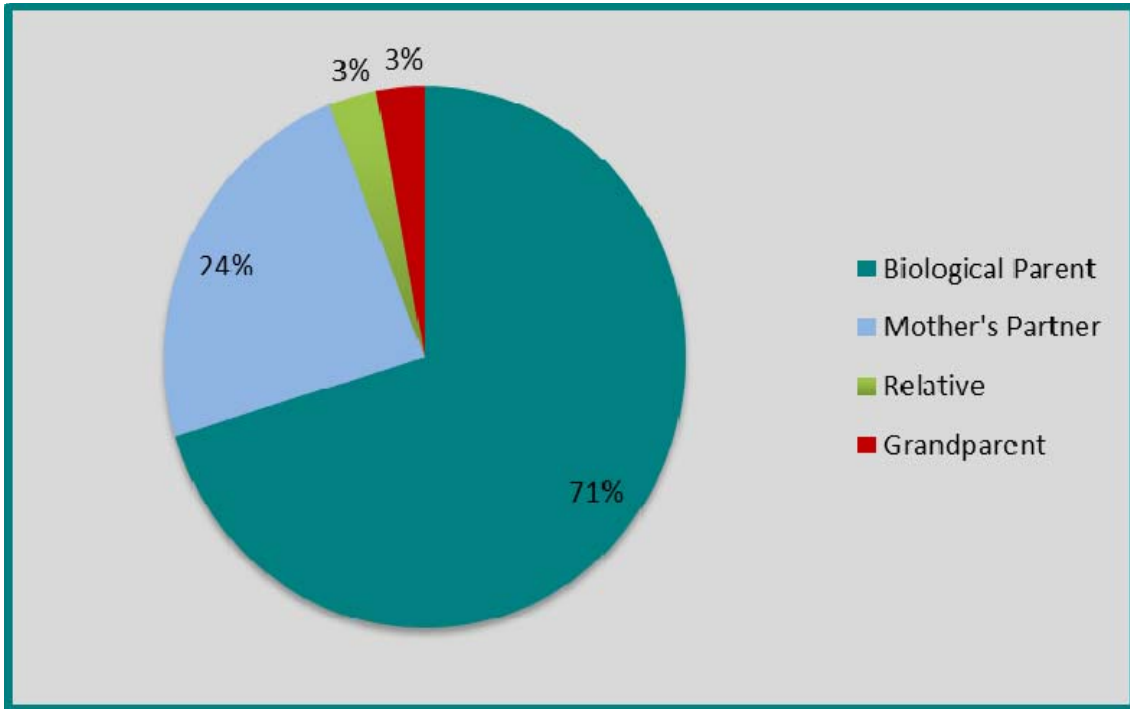
died from maltreatment. A national report states that in 2012, 80% of child maltreatment deaths in the U.S. involved the biological parent (Children's Bureau, 2013).

Between 2011 and 2013, the second most frequent category for caregivers responsible was the mother's partner.
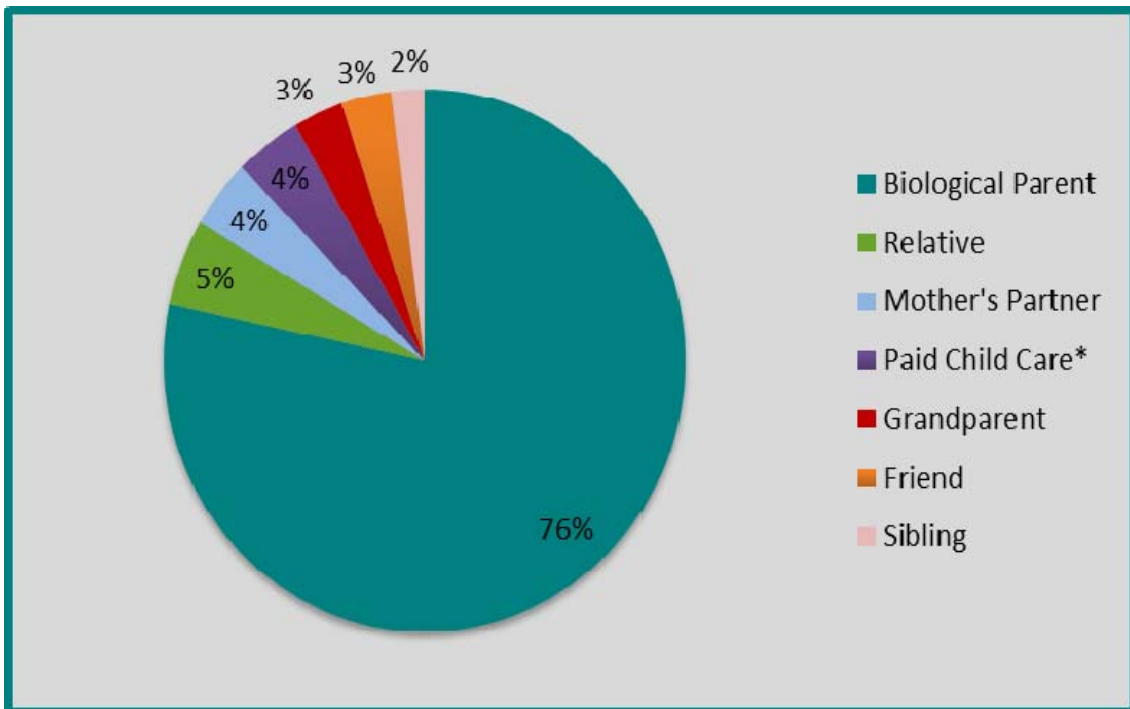
Relationship of Caregiver to Child at Time of Death: Florida, 2011-2013 (* see note below table)						
	2011		2012		2013	
	Count	Percent	Count	Percent	Count	Percent
Biological Parent	123	68%	114	75%	99	74%
Mother's Partner	18	10%	12	8%	13	10%
Other Relative	9	5%	3	2%	6	5%
Grandparent	7	4%	6	4%	4	3%
Friend	4	2%	4	3%	3	2%
Sibling	4	2%	0	0%	2	2%
Institutional Staff	0	0%	2	1%	2	2%
Foster Parent	2	1%	1	1%	1	1%
Father's Partner	2	1%	0	0%	1	1%
Licensed Childcare Worker	3	2%	1	1%	1	1%
Babysitter	3	2%	3	2%	1	1%
Adoptive Parent	2	1%	1	1%	0	0%
Step Parent	1	1%	4	3%	0	0%
Other	2	1%	2	1%	0	0%

*Note: Data includes counts and percentages for caregivers responsible who are designated to have caused or contributed to a child's death due to abuse and neglect. A caregiver responsible can be classified as causing and contributing to a child's death. A caregiver responsible may be also be counted more than once if designated to responsible for multiple deaths (e.g., more than one child in a family).

Relationship of Caregiver to Child for Abuse; 2013

Legend:
- Biological Parent
- Mother's Partner
- Relative
- Grandparent

3% 3%
24%
71%

Relationship of Caregiver to Child for Neglect; 2013

Legend:
- Biological Parent
- Relative
- Mother's Partner
- Paid Child Care*
- Grandparent
- Friend
- Sibling

3% 3% 2%
4%
4%
5%
76%

* Note: The Paid Child Care category includes licensed childcare workers, institutional staff and babysitters.

Child and Family Risk Factors

In the publication, *New Directions in Child Abuse and Neglect Research* (Institute of Medicine and National Research Council, 2014), the following risk factors were associated with child maltreatment:

- Becoming a parent at a young age
- Poor parenting skills
- Domestic violence
- Substance abuse
- Mental health problems/disorders
- Children with medical, behavioral, and developmental problems
- Income near or below the poverty level
- Social isolation
- Complex and changeable family structures

The presence of multiple and interacting factors can impact a parent's ability to be a nurturing caregiver, putting a child at greater risk for abuse and neglect.

PREVENTION RECOMMENDATIONS

➢ Partner agencies involved in child safety should continue to support public awareness and education initiatives targeted at prevention campaigns specific to drowning in residential pools and bath tubs and examine other prevention strategies.

➢ Partner agencies involved in child safety should continue to support public awareness and education initiatives targeted at promoting safe sleep practices.

➢ The State Child Abuse Death Review Committee, in conjunction with program experts, should perform a critical appraisal/review of the type and level (including an examination of curricula) of domestic violence and substance abuse training (whether academy, pre-service, in-service) provided to law enforcement and child welfare personnel throughout Florida.

➢ Local DCF offices, contracted, and sub-contracted case management providers, should develop formal partnerships and referral processes with local certified domestic violence centers to enhance the safety of families experiencing domestic violence and establish Memoranda of Understanding (MOUs) with those agencies including law enforcement agencies, state attorney's offices, courts and local probation offices to increase the level of perpetrator accountability.

➢ The 2015 Florida Legislature should consider the continued investment in prevention programs that have been proven to be successful in improving the health, safety and well-being of Florida's children.

➢ The quality of the final work product produced by the State Child Abuse Death Review Committee is largely dependent upon the individual case reviews conducted at the local committee level. To ensure a comprehensive and thorough review, the local committee must have the active, candid and critical participation of all parties involved in every aspect of the child's death investigation. Some local committees have reported an unwillingness of crucial stakeholders to participate and a lack of candor or critical analysis by others involved in the review process. It has been reported that this is due in large part to the audio recording requirement as contained in Section 383.412(3) (a), Florida Statutes 2014. The recording requirements of the statute may adversely affect the quality and quantity of information generated during the case review process. Therefore, the State Committee believes that in order to fully comply with its statutory mandate to "achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse" the legislature should consider repealing the recording provision of Section 383.412(3) (a), Florida Statutes.

➢ The Child Abuse Death Review Committee should develop a multi-year plan related to the top 3 causes of child abuse and neglect deaths with short and long term goals. The committee should determine applicable data elements needed from local teams, and provide ongoing analysis to establish a foundational framework for prevention.

IN SUMMARY

Historically, the State Child Abuse Death Review Committee was legislatively mandated to review the deaths of children when the Department of Children and Families investigation resulted in verified findings of child abuse or neglect. The scope of this report is consistent with that mandate.

During the 2014 legislative session, the review criteria were expanded to include all cases of child death reported to the Department of Children and Families Abuse Hotline. Going forward, the State Committee will analyze the data provided by the local committees with a focus on multi-year trends. This will improve the State Committee's ability to craft strategic prevention and education strategies to eliminate preventable child deaths.

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Appendix

Definitions

❖ **Cases That Meet the Criteria for Review**
In accordance with *section 383.401, Florida Statutes*, the Committee must conduct detailed reviews of the facts and circumstances surrounding child abuse and neglect deaths in which the Florida Abuse hotline within the DCF accepted a report of abuse or neglect and verified it.

- Verified: a preponderance of credible evidence exists to determine that the specific harm or threat of harm was a result of abuse, abandonment or neglect

- Not Substantiated: there is credible evidence, but it does not meet the standard of being a "preponderance" to support the harm or threat of harm

- No Indicators: no credible evidence to support a finding

❖ **Cause of Death**
As used in this report, the term cause of death refers to the underlying cause of death. The underlying cause of death is the disease or injury/action initiating the sequence of events that leads directly to death or the circumstances of the accident or violence that produced the fatal injury.

❖ **Manner of Death**
This is one of the five general categories (Accident, Homicide, Suicide, Undetermined and Natural) that are found on the death certificate. It is the responsibility of the medical examiner to certify the cause and manner of death. The cause and manner of death are the certifying medical examiner's opinions, based on an accumulation of information pertaining to the circumstances surrounding the death, in conjunction with the autopsy findings and other ancillary procedures. The term 'cause of death' is defined as "the injury, disease, or combination of the two responsible for initiating the train of physiological events, whether brief or prolonged, which produced the fatal termination". The length of time between the injury that led to death and the actual death has no bearing on the certification of the cause of death. For example, if a child is the victim of a near drowning, survives for a period of time, and dies of a natural disease process such as pneumonia that is determined to be a complication of the near drowning, the cause of death is still certified as complications of the episode of near drowning, even if the death occurred weeks, months or even years later.

The term 'manner of death' refers to whether a death was a natural one or an accident, suicide or homicide, or in occasional cases, undetermined. The manner of death determined by the medical examiner is sometimes a source of confusion. The manner of death of 'homicide,' when used by a forensic pathologist refers to a death that resulted from an intentional act committed by one individual and directed at another (death at the hands of another). A homicidal manner of death may also refer to a death that resulted from criminal negligence or wanton disregard for the well-

being of another. The certification of a death as a homicide does not necessarily imply legal culpability. On the other hand, the certification of a death as natural, accidental or undetermined by the medical examiner does not prohibit criminal prosecution if the death resulted from or was contributed to by negligence, neglect and/or substance abuse on the part of the caregiver.

The cause and/or manner of an individual's death are certified as 'undetermined' if the death is unexplained by postmortem examination, laboratory studies, scene investigation and medical history. A certification of a death as 'undetermined' most frequently results when insufficient information is available to the medical examiner for classification with a reasonable degree of medical certainty. The State Committee has noticed an alarming increase in child deaths that are certified by Florida medical examiners as cause and/or manner of death undetermined. The State Committee feels that it is crucial to emphasize the importance of a thorough multidisciplinary investigation is all child deaths. In particular, the Committee emphasizes the importance of the utilization of doll re-enactments and the prompt testing of caregivers for substance abuse in appropriate cases to further its goal of identifying risk factors for preventing future avoidable child deaths.

❖ **Caregiver**
Means the parent, legal custodian, permanent guardian, adult household member or other person responsible for a child's welfare, which included foster parent, and employee of any private school, public or private child day care center, residential home, institution, facility, or agency, or any other person legally responsible for the child's welfare in a residential setting: and also includes an adult sitter or adult relative entrusted with a child's care *sections 39.01 (10) and (46), Florida Statutes.*

State of Florida
Department of Children and Families

MyFLFamilies.com

Rick Scott
Governor

Mike Carroll
Interim Secretary

December 1, 2014

John Armstrong, MD, FACS
Surgeon General and Secretary
Florida Department of Health
4052 Bald Cypress Way, BIN #A-00
Tallahassee, FL 32399

Dear Dr. Armstrong:

Thank you for the opportunity to review and respond to the October 2014 State Child Abuse Death Review Committee Report. The Department of Children and Families appreciates the work of both the state and local Child Abuse Death Review Committees and the continued exploration of meaningful efforts to reduce the number of preventable child fatalities.

Below is a summary of ongoing activities within the span of our control in response to the recommendations contained in the annual report:

Committee Recommendation: Partner agencies involved in child safety should continue to support public awareness and education initiatives targeted at prevention campaigns specific to drowning in residential pools and bathtubs and examine other prevention strategies.

Committee Recommendation: Partner agencies involved in child safety should continue to support public awareness and education initiatives targeted at promoting safe sleep practices.

DCF Response: In June 2014, the Department launched the Child Fatality Prevention Website, a publicly accessible site containing information on all child fatalities reported to the Florida Abuse Hotline alleged to be a result of abuse or neglect. The website contains not only current year data, it also provides five years of historical data that can be sorted and viewed by county, child's age, causal factor and/or prior Department involvement to note any community or state-specific trends. Updated weekly, the information on the site serves as an important tool to raise the public's awareness of preventable tragedies the Department is committed to ending, especially regarding drowning and unsafe sleep, the two leading causal factors in child fatalities reported to the Hotline.

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

The website also includes information about DCF's ongoing prevention campaigns focused on the leading causes of child fatality in Florida—unsafe sleep, drowning and inflicted trauma. These campaigns provide useful information for parents and caregivers, and offer avenues for communities and individuals to get involved in preventing these tragedies. With this information readily available to the public, the Department hopes communities and other partner agencies will work together to meet the needs of their neighbors and protect vulnerable children.

Florida is the largest state, and one of only a handful, to release child fatality data through a public interactive website. The website exceeds the data requirement the Florida Legislature established in Chapter 2014-224, Laws of Florida, which requires the Department to publish basic information about all child abuse deaths.

Committee Recommendation: Local Department offices, contracted, and sub-contracted case management providers should develop formal partnerships and referral processes with local certified domestic violence centers to enhance the safety of families experiencing domestic violence and establish Memoranda of Understanding (MOUs) with those agencies, including law enforcement agencies, state attorney's offices, courts and local probation offices, to increase the level of perpetrator accountability.

DCF Response: The Department works closely with the Florida Coalition Against Domestic Violence (FCADV) to ensure mutual training focused on family safety and perpetrator accountability, and shared expertise to best assist families experiencing domestic violence. Notable this year is the expansion of the FCADV Child Protection Investigations Projects. These projects are a collaborative effort between FCADV, the Office of the Attorney General, the Department of Children and Families, local Certified Domestic Violence Centers, Community-Based Care Lead Agencies, and other child welfare professionals to provide an optimal coordinated community response to families experiencing the co-occurrence of domestic violence and child abuse. The Department and FCADV work closely to enable early involvement of domestic violence advocates in cases where child abuse and domestic violence co-occur, providing immediate onsite consultation services to the child protective investigator.

In partnerships throughout the state, a domestic violence advocate is co-located within a Department Child Protective Investigations Unit. The domestic violence co-located advocate provides consultation to child protection staff, referral services to survivors, and attends monthly meetings between all partnering stakeholders to develop strategies to resolve any barriers or issues that may arise. The ultimate goal of these projects is to enhance collaboration between child welfare and domestic violence service providers to strengthen family safety, create permanency for children, and hold perpetrators accountable for their actions.

Please extend my gratitude to the committee for their service and dedication in review of child fatalities brought to the attention of our agency. Our legislature continues to take a leadership role in closely analyzing the many complexities of our child protection system as we work in collaboration with partners throughout the state to strengthen and enhance community involvement for the safety of Florida's children. If you have any questions or need further information, please feel free to contact me or Traci Leavine, Director of Child Welfare Practice, at traci.leavine@myflfamilies.com or (850) 922-2298.

Sincerely,

Mike Carroll
Interim Secretary

Florida Faith-Based and Community-Based Advisory Council

2014 Annual Report

Florida
Faith-Based and Community-Based
Advisory Council

THE CAPITOL
400 S. MONROE STREET, SUITE 2002
TALLAHASSEE, FLORIDA 32399-0001

www.flgov.com/fbcb
(850) 717-9261
(850) 921-0173 Fax

January 30, 2015

To the People, Governor, and Members of the Legislature:

We are pleased to present to you this Annual Report of the Florida Faith-Based and Community-Based Advisory Council. In 2006, the Florida Legislature created Florida Statute 14.31, establishing the Advisory Council which exists to facilitate connections to strengthen communities and families in the state of Florida.

As directed in statute, this annual report provides an update of the activities and recommended policies, priorities, and objectives for the state's comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community-based organizations to the full extent permitted by law.

The Florida Faith-Based and Community-Based Advisory Council has worked to encourage opportunities for faith-based and community-based organizations to work cooperatively with government entities. With few state resources, the Advisory Council has utilized various approaches to fulfill statutory requirements and support state initiatives and activities. The Advisory Council members are to be commended for their selfless efforts to improve outcomes for children, youth and families in our state. Our gratitude goes out to Governor Rick Scott, Lieutenant Governor Carlos Lopez-Cantera, Senate President Andy Gardiner, and Speaker of the House Steve Crisafulli for their leadership, support and dedication to the vision that Florida is a place where children and families can thrive.

We appreciate your willingness to review the information in this report. We hope you will use it to make decisions that will safeguard and improve the lives of children and families across the state.

Sincerely,

Thomas Lukasik
Chair
Florida Faith-Based and Community-Based
Advisory Council

Table of Contents

FLORIDA FAITH-BASED AND COMMUNITY-BASED ADVISORY COUNCIL

 The Florida Faith-Based and Community-Based Advisory Council (Advisory Council) was created in 2006 in Florida Statute 14.31. State leadership felt that increased involvement of faith-based and community organizations was not a sufficient substitute for necessary public funding of services to individuals, families and communities in need. Likewise, they believed that without the involvement of these groups, public expenditures alone would limit the effectiveness of these government investments. The cost effectiveness of public expenditures can be greatly improved when government is focused on results and public-private partnerships are sought as a complement in order to leverage the talent, commitment and resources of faith-based and community organizations.

During the 2010 Legislative Session, the Sunset requirement for the Advisory Council was repealed through legislation sponsored by Senator Mike Bennett and Representative Clay Ford. In addition, the Advisory Council was assigned to the Executive Office of the Governor, where it is administratively housed.

The Advisory Council shall consist of 25 members and may include, but need not be limited to, representatives from various faiths, faith-based organizations, community-based organizations, foundations, corporations, and municipalities. Members serve four year terms, except that the initial terms shall be staggered as determined by Florida Statute 14.31, appointed by and serving at the pleasure of the Governor, Senate President, and Speaker of the House.

The Advisory Council shall meet at least once per quarter per calendar year whether in-person, via teleconference, or through other electronic means. Annually, the Advisory Council shall elect from its membership one member to serve as Chairman of the Advisory Council and one member to serve as Vice Chairman. The mission statement was created and approved by the Advisory Council members at the Second Quarterly Meeting on June 11, 2013. The vision statement was approved by the members at the Second Quarterly Meeting on April 8, 2014.

Mission Statement
The Florida Faith-Based and Community-Based Advisory Council exists to facilitate connections to strengthen communities and families in the state of Florida.

Statutory Charge
To advise the Governor and the Legislature on policies, priorities and objectives for the state's comprehensive efforts to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community organizations to the full extent permitted by law.

Vision
To maximize the collaboration between faith-based and community organizations and State agencies to help strengthen individuals and families

Administrative Support

On June 12, 2007, the bill creating the Governor's Office of Adoption and Child Protection (Office) was signed into law. The duties and responsibilities of the Office are enshrined in Florida Statute 39.001. The Office was created for the purpose of establishing, implementing, and monitoring a comprehensive, cross-agency approach for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment and neglect across the state. In October 2011, the Executive Office of the Governor allocated responsibility for administrative functions and support for the Advisory Council to the Governor's Office of Adoption and Child Protection.

The Office worked diligently throughout 2014 to advance the efforts of the Advisory Council. Office personnel, including two full-time employees: Zackary Gibson (Chief Child Advocate and Director) and Christina Pacelle, MSW (Special Projects Manager), and one part-time employee, Frenchie Yon (Program Support), have provided support through a servant leadership approach. In addition, the Office utilized student interns to assist with many tasks supporting the Advisory Council throughout the spring, summer, and fall semesters. The Office facilitated and coordinated meetings, travel logistics, meals, overnight accommodations, ground transportation, and site visits to local community organizations. Additionally, the Office developed correspondence, drafted meeting agendas, invited presenters to speak, worked with the Governor's, Senate President's and Speaker of the House's Appointments Office; and assisted in the creation of this annual report.

Website

The Advisory Council website can be found at: *www.flgov.com/fbcb,* and can also be found by visiting the Office's main page at *www.flgov.com/child_advocacy*. All Advisory Council meetings, as well as Advisory Council Workgroup meetings, are listed on the Office's Meeting Advisory webpage: *www.flgov.com/child_advocacy_meetings*.
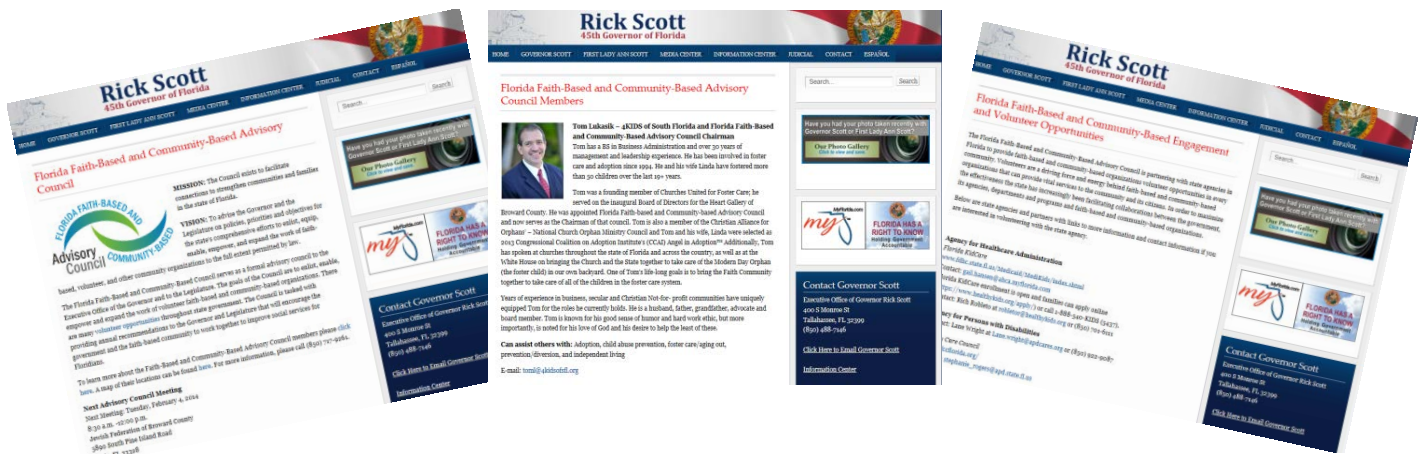
Advisory Council Membership

As of December 2014, there were 22 members appointed to the Advisory Council. The following list identifies each member, their position on the Advisory Council, the organization they represent, the appointment authority, the workgroups they serve on, and topics they can assist others with.

Thomas "Tom" Lukasik
Chairman, Florida Faith-Based and Community-Based Advisory Council
4KIDS of South Florida
Governor's Appointee

Serves on the following workgroups: Child Welfare and Family Initiatives

Can assist others with: Adoption, child abuse prevention, foster care/aging out, prevention/diversion, and independent living

Dr. Gretchen Kerr
Vice Chairman, Florida Faith-Based and Community-Based Advisory Council
Northland, A Church Distributed
Governor's Appointee

Serves on the following workgroups: Criminal Justice (Chair) and Disaster Planning

Can assist others with: Corrections/DJJ re-entry, Disaster relief, homelessness, human trafficking, mentoring, and substance abuse

Richard Albertson
Live the Life Ministries
Governor's Appointee

Serves on the following workgroups: Family Initiatives (Chair) and Annual Conference

Can assist others with: Corrections/DJJ reentry, fatherhood, mentoring, youth in DJJ, marriage education, relationship education, and sexual risk avoidance for youth

Pastor Kirt Anderson
Naples Community Church
Governor's Appointee

Serves on the following workgroups: Family Initiatives and Legislative

Can assist others with: Educational tutoring, food services, homelessness, human trafficking, Legislative/policy, mentoring, and substance abuse

Rabbi Sholom Ciment
Chabad Lubavitch of Greater Boynton Beach
Governor's Appointee

Serves on the following workgroup: Disaster Planning

Can assist others with: Adoption, child abuse prevention, Disaster relief, domestic violence, educational tutoring, elderly populations, grant writing, independent living, legislative/policy, mental health, mentoring, military/veterans, single mothers, workforce/employment

Reverend James "Perry" Davis
Christ to Inmates, Inc.
Speaker of the House Appointee

Serves on the following workgroup: Criminal Justice

Can assist others with: Corrections, fatherhood, jail ministry, and substance abuse

Alan C. Dimmitt, MPA
Liberty Youth Ranch
Governor's Appointee

Serves on the following workgroups: Child Welfare

Can assist others with: Adoption, child abuse prevention, foster care/aging out, kinship care, mentoring, homelessness, Legislative/policy

Roland "Roly" Gonzalez
Victory for Youth
Governor's Appointee

Serves on the following workgroup: Child Welfare, Disaster Planning

Can assist others with: Elder, Food and Health Services

Dr. Jerry Haag, CFP
Florida Baptist Children's Home
Governor's Appointee

Serves on the following workgroups: Child Welfare (Chair), Annual Conference and Legislative

Pastor Stephen "Spike" Hogan
Chets Creek Church
Governor's Appointee

Serves on the following workgroups: Annual Conference, Disaster Planning, and Family Initiatives

Can assist others with: Corrections/DJJ reentry, leadership strategy, military/veterans, and substance abuse

Carolyn Ketchel, LCSW, MSW
Private Practitioner
Senate President Appointee

Serves on the following workgroups: Annual Conference, and Family Initiatives

Can assist others with: Adoption, Disaster relief, food services, health initiatives, homelessness, mental health, military/veterans, and single mothers

Rabbi Jeffrey Kurtz-Lendner
Temple Solel
Senate President Appointee

Serves on the following workgroup: Child Welfare

Can assist others with: Domestic violence, fatherhood, grant writing, mental health, and prevention/diversion

Dr. Leonel "Leo" Mesa, LMHC
New Day Center
Governor's Appointee

Serves on the following workgroups: Annual Conference and Child Welfare

Can assist others with: Domestic violence, elderly, fatherhood, mental health, persons with disabilities, substance abuse, family preservation, kinship care, and parenting

Cherron "CC" Newby
Community Member
Governor's Appointee

Serves on the following workgroups: Criminal Justice and Legislative

Can assist others with: Corrections/DJJ reentry, Disaster relief, educational tutoring, elderly populations, family preservation, fatherhood, food services, foster care/aging out, homelessness, independent living, kinship care, single mothers, workforce/employment, and parenting

Pastor Pam Olsen
International House of Prayer
Governor's Appointee

Serves on the following workgroups: Legislative (Chair) and Disaster Planning

Can assist others with: Adoption, human trafficking, and Legislative/policy

Pastor Carl E. Reeves
Greater Mount Lily Baptist Church
Governor's Appointee

Serves on the following workgroups: Annual Conference and Criminal Justice

Can assist others with: Homelessness and youth in DJJ

Patricia Robbins
Farm Share
Governor's Appointee

Serves on the following workgroups: Disaster Planning and Legislative

Can assist others with: Disaster relief, food services, Legislative/policy

Samuel "Sam" Sipes, LCSW, BCD
Lutheran Services Florida, Inc.
Speaker of the House Appointee

Serves on the following workgroups: Disaster Planning (Chair) and Child Welfare

Patricia "Pat" Smith
Department of Children and Families
Governor's Appointee

Serves on the following workgroups: Annual Conference (Chair) and Child Welfare

Can assist others with: Adoption, mentoring, and single mothers

Pastor Blaine Whitt
Xtreme Soulutions
Speaker of the House Appointee

Serves on the following workgroup: Criminal Justice

Can assist others with: Corrections/DJJ re-entry

Karim Veerjee
Florida Hospital
Governor's Appointee

Serves on the following workgroup: Disaster Planning

Pastor Reno Zunz
Idlewild Baptist Church
Speaker of the House Appointee

Serves on the following workgroup: Child Welfare

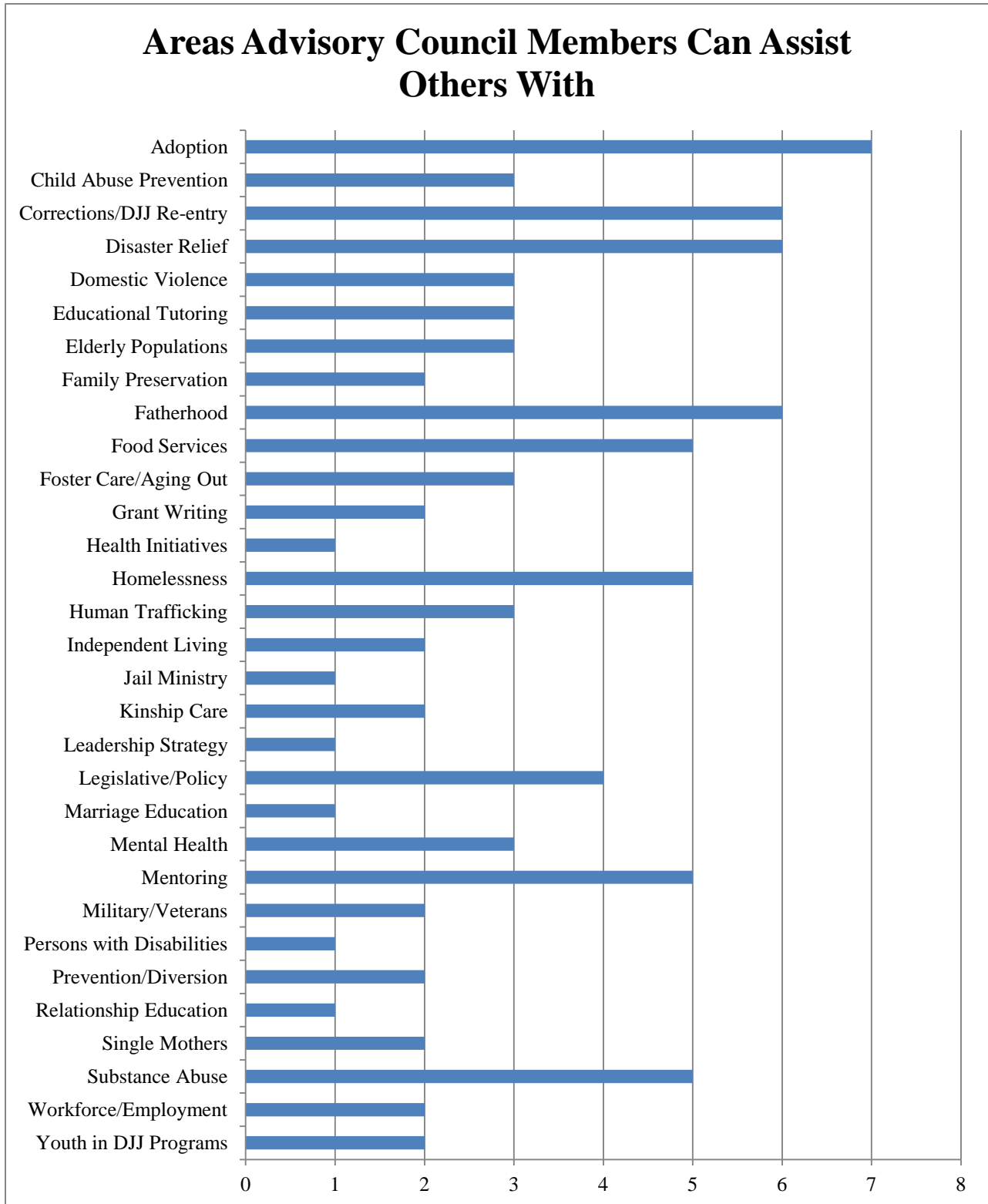**Can assist others with:** Adoption, Disaster relief, and fatherhood

2014 Advisory Council Appointments

The following members were appointed or re-appointed by the Governor during 2014 with their date of appointment:

- Alan Dimmitt, Appointed on February 17, 2014
- Cherron "CC" Newby, Reappointed on February 17, 2014
- Pastor Pam Olsen, Reappointed on February 17, 2014
- Patricia Robbins, Appointed on June 2, 2014
- Roland Gonzalez, Appointed on June 2, 2014

The Governor's Office of Adoption and Child Protection continues to inform and encourage submission of appointment applications to the Offices of the Governor, Senate President, and Speaker of the House for review and consideration.

In 2013, and upon appointment thereafter, Advisory Council members were asked to provide the Office with topical areas of expertise with which they could assist the public. The chart below lists the areas of expertise represented within the Advisory Council.

Areas Advisory Council Members Can Assist Others With

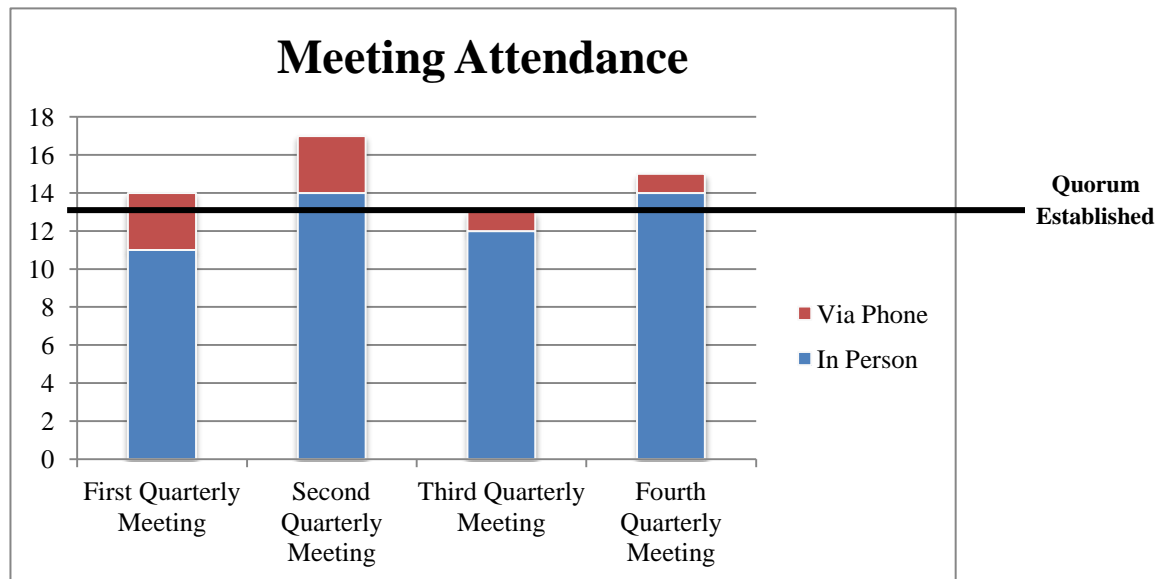| Area	Value
Adoption	7
Child Abuse Prevention	3
Corrections/DJJ Re-entry	6
Disaster Relief	6
Domestic Violence	3
Educational Tutoring	3
Elderly Populations	3
Family Preservation	2
Fatherhood	6
Food Services	5
Foster Care/Aging Out	3
Grant Writing	2
Health Initiatives	1
Homelessness	5
Human Trafficking	3
Independent Living	2
Jail Ministry	1
Kinship Care	2
Leadership Strategy	1
Legislative/Policy	4
Marriage Education	1
Mental Health	3
Mentoring	5
Military/Veterans	2
Persons with Disabilities	1
Prevention/Diversion	2
Relationship Education	1
Single Mothers	2
Substance Abuse	5
Workforce/Employment	2
Youth in DJJ Programs	2

The diversity of topics where information and support can be provided offers unique opportunities to facilitate connections between state and local groups to improve outcomes. Through individual and workgroup approaches, the Advisory Council builds relationships with stakeholders to advocate and advance prevention and preparedness efforts that can result in more effective public-private partnerships and cost savings to the state.

The Advisory Council Map and Member Contact Information, located on the next page, provides a strategic layout to identify where Advisory Council members are located throughout the state. Advisory Council members serve as regional points of contact for local faith-based, volunteer and community organizations to assist in facilitating connections with state agencies and partners to improve outcomes for children and families. This map is based on the Department of Children and Families' regional boundaries and identifies Florida's 20 judicial circuits. As a quick reference, this map demonstrates the diverse geographical representation by members of the Council where they can work with and assist local faith-based and community-based groups.

Advisory Council Meeting Attendance

As identified in Florida Statute 14.31, a total of 13 members must be in attendance in order to establish a quorum for the purpose of voting on Advisory Council action and activities. Members may participate in scheduled meetings across the state either in-person or via teleconference call. The chart below reflects attendance for each Advisory Council meeting during 2014.

Meeting Attendance

Quorum Established

Via Phone
In Person

First Quarterly Meeting — Second Quarterly Meeting — Third Quarterly Meeting — Fourth Quarterly Meeting

Advisory Council Map and Member Contact Information

KEY

★ Estimated location of Council members

▪▪▪▪▪▪ Regional boundary lines *(based on DCF's regional structure)*

| CIRCUIT 01 | Based on Judicial Circuit structure |
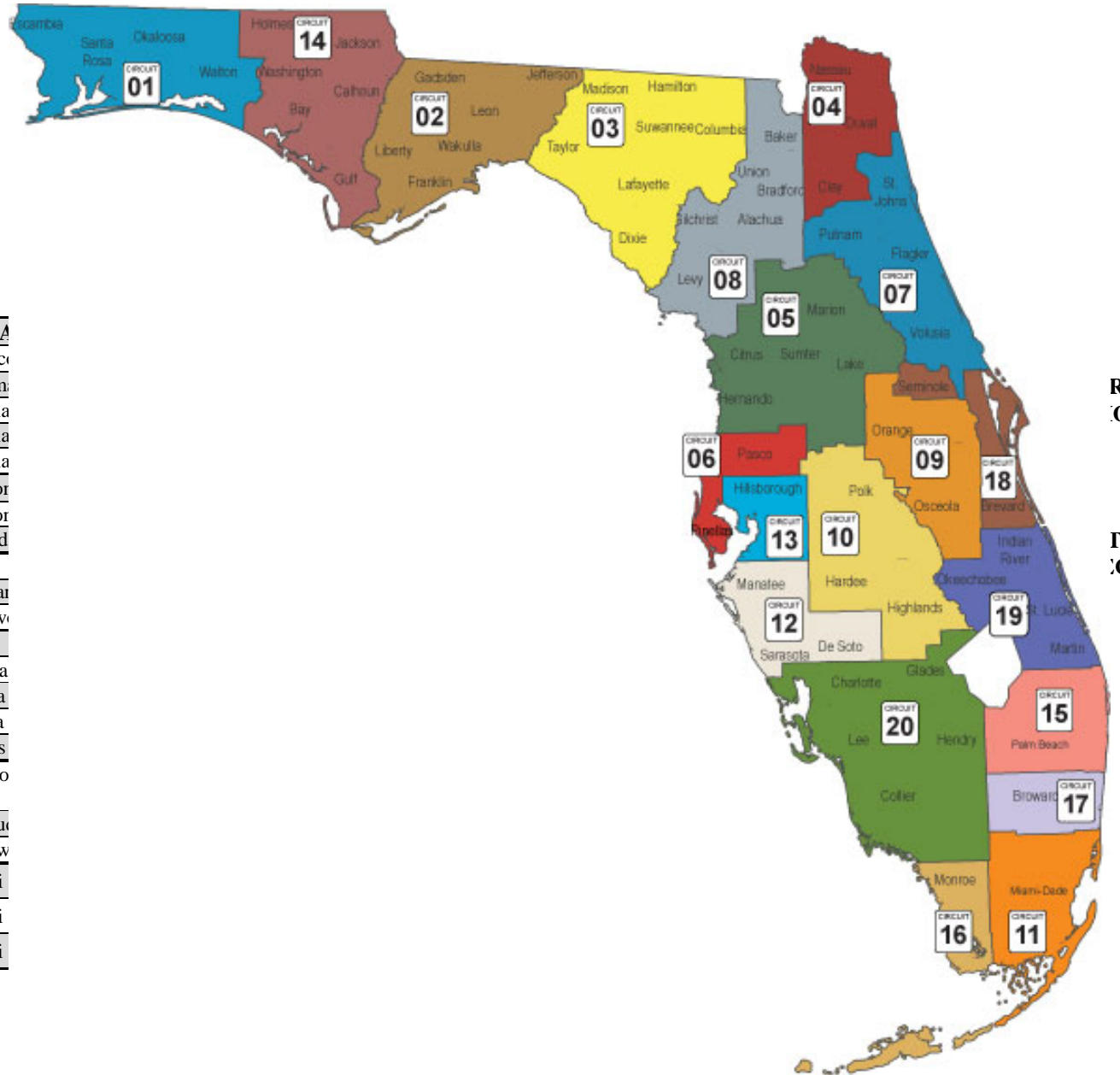
REGION	FBCB Council Member	LOCA...
NORTHWEST *Circuits* 01, 02, 14	Pastor Carl Reeves	Pensac...
	Ms. Carolyn Ketchel	Shalima...
	Ms. Patricia "Pat" Smith	Tallaha...
	Mr. Richard Albertson	Tallaha...
	Pastor Pam Olsen	Tallaha...
NORTHEAST *Circuits* 03, 04, 07, 08	Pastor Stephen "Spike" Hogan	Jackson...
	Ms. Cherron "CC" Newby	Jackson...
	Reverend Perry Davis	Deland...
CENTRAL *Circuits* 05, 09, 10, 18	Pastor Blaine Whitt	Ocala...
	Dr. Jerry Haag	Lakelan...
	Dr. Gretchen Kerr	Longwo...
SUNCOAST *Circuits* 06, 12, 13, 20	Pastor Reno Zunz	Lutz...
	Mr. Karim Veerjee	Odessa...
	Mr. Sam Sipes	Tampa...
	Mr. Alan Dimmitt	Bonita...
	Pastor Kirt Anderson	Naples...
SOUTHEAST *Circuits* 15, 17, 19	Rabbi Sholom Ciment	Boynto... Beach
	Mr. Tom Lukasik	N. Laud...
	Rabbi Jeffrey Kurtz-Lendner	Hollyw...
SOUTHERN *Circuits* 11, 16	Dr. Leo Mesa	Miami...
	Mr. Roland Gonzalez	Miami...
	Ms. Patricia Robbins	Miami...

Advisory Council Meetings

First Quarterly Meeting

The first quarterly meeting of the 2014 took place on February 4 and was hosted by the Jewish Federation of Broward County at the Katz Building. A tour of the David Posnack Jewish Community Center occurred after the meeting.

Summary of the First Quarterly Meeting

- Introduced newly appointed members.
- Action items and updates were given on the following statewide initiatives:
  - 28 Days of Amazing African American Children
  - Florida Lifespan Respite Summit
  - Pinwheels for Prevention
  - Florida Safe Sleep Campaign
  - Water Safety – Drowning Prevention
  - Death by Paramour
- Reviewed the OACP Annual Report and the Florida Faith-Based and Community-Based Advisory Council Annual Report summarizing the previous year's accomplishments.
- A presentation was given by Share Your Heart, a collaborative chaplaincy program started in Miami-Dade County and expanding into Broward County. Mr. Roland Gonzalez, founder, thanked the Council for the Champion of Hope award at the National Faith Symposium. The Council agreed to support the Share Your Heart Chaplaincy program through its expansion in Broward and in other parts of the state.
- Another presentation was given by Ms. Emily Tallman of Northland Church on Resource Point—an online resource directory to connect individuals to available resources in their area. The site's focus is on the Central Florida area, and is working to expand state-wide. Council members were encouraged to spread the word about Resource Point and encourage its use in their communities.

Florida Faith-Based and Community-Based Advisory Council with staff and special guests: Danielle Alvarez (second from left), Governor's Regional Team, and Roland Gonzalez (second row, far right), Executive Director, Share Your Heart
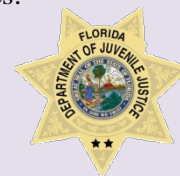
Second Quarterly Meeting
The second quarterly meeting took place on April 8 in Tallahassee in the
Governor's Large Conference room within the Capitol.

Summary of the Second Quarterly Meeting
- Introduced special guests, Mr. Geoffrey Becker, Deputy Chief of Staff, Executive Office of the Governor and Mr. Darrick McGhee, Legislative Affairs Director with the Executive Office of the Governor to share perspectives on the Advisory Council's role and engagement with the faith community.
- Introduced new appointments and reappointments.
- Action items and updates were given on a number of upcoming events, including Pinwheels for Prevention, One Church One Child prayer breakfasts, and National Foster Care Month.
- Presentations were given by members of the following state agencies:
    - Department of Juvenile Justice
        - Ms. Maureen Honan and Jeanne Becker-Powell on the topic of trauma informed care.
        - Ms. Cici Battle on the topic of the Florida Youth Commission.
    - Department of Children and Families
        - Ms. Niki Pocock on the agency's prevention initiatives to include *Who's Watching Your Child?*
    - Department of Education
        - Ms. Dianne Van der Meer introduced herself as the department's faith and community-based outreach liaison and expressed a desire to work together with the Advisory Council.
- Mr. Jack Levine, founder of the 4Generations Institute, presented to the council an overview of his organization which is dedicated to a community-based conversation focusing on four generations so that families' needs are identified, solutions proposed, and advocacy can be directed in both the public and private sectors.
- Workgroup updates were shared from workgroup leads.
- The Council members adopted the following vision statement: "To maximize the collaboration between faith-based and community organizations and State agencies to help strengthen individuals and families."

Third Quarterly Meeting
The third quarterly meeting took place in on June 17 in Gainesville, Florida and was hosted by the Cone Park Library. After the meeting the Advisory Council and staff took a site visit to the SWAG Resource Center in Gainesville.

Summary of the Third Quarterly Meeting
- Introduced newly appointed members.
- Ms. Janice Kirk, Board Secretary with Tri County Community Resources, presented to the council. Her organization consists of churches, non-profits, and interested businesses that collaborate to provide services to those in Levy, Gilchrist, and Dixie counties.
- Pastor Karl Anderson, a senior pastor of the Upper Room Church of God in Gainesville, presented on his organization, Orphans' Offering, a ministry that was created to show love to the foster children of North Central Florida.
- Mr. Stephen Pennypacker, President and CEO of Partnership for Strong Families, provided an overview of the organization, which provides child welfare services designed to protect local children from abuse, neglect, and abandonment and assists in establishing safe and permanent homes with their own families, partner families or adoptive parents.
- A presentation was given by Ms. Laurallynn Segur, Director of Licensing and Recruitment with Eckerd Community Alternatives, the Community Based Care Lead Agency for child welfare services in Pasco and Pinellas counties. Her initiative, Faith-Based Champions for Children, provides the opportunity for children in care to find foster or adoptive homes by partnering with places of worship.
- The Honorable James Colaw, Circuit Judge in the Eighth Judicial Circuit of Florida, shared perspectives on how faith communities can work to engage individuals and families to prevent them from entering the court room.

Florida Faith-Based and Community-Based Advisory Council and staff with team members from the Partnership for Strong Families and the Honorable Judge James Colaw (first row, far right)

Fourth Quarterly Meeting
The final meeting of the year took place on October 20 in Orlando, Florida at the Rosen Plaza Hotel. This meeting was held in conjunction with the 2014 National Faith Symposium.


Summary of the Fourth Quarterly Meeting

- A number of action items and updates were provided to include:
  - National Adoption Month
  - We Believe Day, Miami, FL
  - Zero to Three Conference, Ft. Lauderdale, FL
  - Human Trafficking Awareness Month – January
- Logistics for the National Faith Symposium were presented by Ms. Pat Smith, Annual Conference Workgroup lead, to include evening activities, seating and positioning for the *Champions of Hope Awards*.
- Ms. Pam Mullarkey, Founder of Project SOS, delivered a presentation on her organization, which aims to confront a variety of issues facing children, by teaching them valuable life skills.
- Mr. Glen Gilzean, Vice President, Family and Community Affairs for Step Up for Students, gave a presentation on his organization that helps administer the Florida Tax Credit Scholarship Program. Based upon income criteria, families can choose, on a first-come, first-served basis, scholarships for tuition or transportation to attend a school that best meets their children's learning needs.
- Presentations were also given by the following state agencies:
  - Department of Education
    - Ms. Dianne Van der Meer provided an overview of the department's faith and community-based initiatives.
  - Department of Health
    - Mr. Victor Johnson provided an overview on the Community Resilience Unit functions and responsibilities to support preparedness and recovery planning and assessment of public health, medical and mental/behavioral health needs before, during and after a disaster.
  - Department of Agriculture and Consumer Services
    - Mr. Pierce Withers provided a presentation on *Florida's Roadmap to Living Healthy* initiative, the department's efforts to map food related needs and indicators, and partnership opportunities for faith-based organizations to become sponsors or providers for food services during the summer.

Advisory Council Initiatives

Building on discussions from the Advisory Council Strategic Planning Meeting in 2013 and the Advisory Council Overview, Objectives and *Framework for Action*, members solidified initiatives to guide the advocacy and work of the Advisory Council to support state agencies and initiatives. Below are the descriptions and information of the Advisory Council workgroups, Florida's Five-Year Prevention and Permanency Plan, and the Citizen's Review Panel. Each Advisory Council member serves on at least one workgroup.
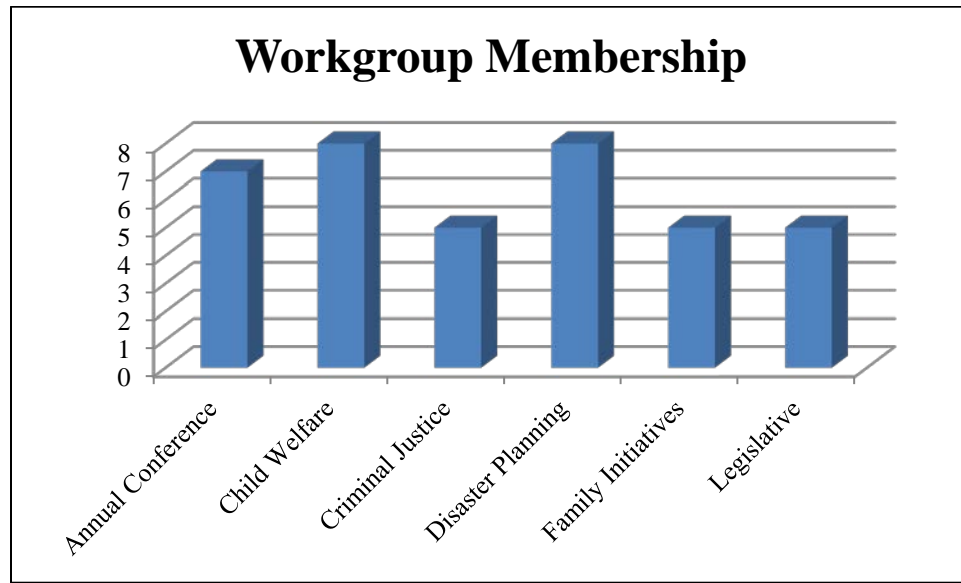
Annual Conference Workgroup

Through the leadership of Ms. Pat Smith, the Advisory Council was represented at one of the largest gathering of faith-based and faith guided organizations in the state of Florida at the 2014 National Faith Symposium in Orlando. In collaboration with the Departments of Children and Families and Juvenile Justice, this year's Symposium built upon the previous year's accomplishments and featured new partnerships with the Department of Corrections and sponsorships to include the Florida Department of Agriculture and Consumer Services and Bridges of America. A pre-conference meeting occurred with the Advisory Council holding its 4th Quarterly Meeting on-site.

With over 600 attendees, participants were moved and inspired by the opening speakers Dr. Rosalind Y. Tompkins and Christian Moore, and keynote speakers Antwone Fisher and the Honorable Judge Glenda Hatchett. The exhibit hall featured various displays from organizations throughout the state with information on programs and services to assist children, youth and families. Break-out sessions highlighted promising and best practices, initiatives, and opportunities to further bridge the connection between faith-based organizations, the state and its partners.

Florida Faith-Based and Community-Based Advisory Council members and staff with keynote speaker Antwone Fisher (front row, fourth from left)

Champion of Hope Awards

Realizing the value of faith communities and organizations in providing support to the state and state agencies, the Champions of Hope award was created to recognize organizations that go above and beyond the ordinary to improve the lives of at-risk youth and children in care. The Annual Conference Workgroup provided nomination forms to the Department of Children and Families and the Department of Juvenile Justice for dissemination to regional offices to identify and nominate faith-based organizations for consideration. There were a total of 14 nominees to include:

- 4KIDS of South Florida, North Lauderdale, FL
- Community Food and Outreach Center, Orlando, FL
- Family Christian Association of America, Miami, FL
- First United Methodist Church of Chiefland, Chiefland, FL
- Greenhouse Church, Gainesville, FL
- Harvest Time Juvenile Ministries, Summerfield, FL
- Idlewild Baptist Church, Lutz, FL
- Marcus Point Baptist Church – P.U.R.E. Friendship Ministries, Pensacola, FL
- Miami's River of Life, Miami, FL
- Miracle Deliverance Center #2, Crawfordville, FL
- Mustard Seed Ministries, Fort Pierce, FL
- Northland, A Church Distributed, Longwood, FL
- Oxford Outreach, Oxford, FL
- Upper Room Church of God in Christ, Gainesville, FL

The 2014 winners were Northland, A Church Distributed for the Department of Children and Families (left) and Miami's River of Life for the Department of Juvenile Justice (right).

2014 Champion of Hope Nominees and Awardees with Representative Dennis Baxley, Secretary Christy Daly, Secretary Mike Carroll and members and staff of the Florida Faith-Based and Community-Based Advisory Council

Child Welfare Workgroup

Led by Dr. Jerry Haag, the Child Welfare Workgroup continued to focus on advancing efforts to enhance and improve the welfare of children through the identification of best practices and innovative programs and services. Topics include prevention of child maltreatment, foster care, adoption, independent living, human trafficking, health and well-being, youth with disabilities, and education.

Throughout 2014, the Child Welfare Workgroup has supported various activities to advance initiatives related to children. The workgroup disseminated information and supported awareness activities during National Human Trafficking Awareness Month. During National Child Abuse Prevention month, workgroup and Council members provided outreach to raise awareness of activities and events to promote the *Pinwheels for Prevention* campaign which emphasizes healthy child development. To support efforts in recruiting foster parents, the workgroup participated in a joint venture between the Share Your Heart program, the Department of Children and Families, and Our Kids of Miami-Dade/Monroe to host the *We Believe Day* event at Zoo Miami. This event brought together the general public and the faith community to have a fun day at the Zoo with a meaningful purpose. A pastor's breakfast was held to share messages focused on how individuals and families can become Foster Family Friends, foster and adoptive parents, and involved with the volunteer chaplaincy program. Additional information was provided on the Summer Break Spot program and health related services. State agencies and community partners had booths to provide additional information on local programs and services to attendees. The event generated nearly 40 inquiries with eight families enrolling in foster parent training, two families enrolling to become adoptive parents, and others becoming Foster Family Friends.

The workgroup continues to build upon its directory of organizations and contacts that support state agency efforts and will continue to explore the development of its draft document to identify the value, benefit and projected cost savings to the state through programs and services provided by faith-based organizations. Additional work will commence to better target outreach efforts, programs and initiatives to highlight, and realistic action items to facilitate connections between local groups, state agencies and partners.

Criminal Justice Workgroup

Led by Dr. Gretchen Kerr, the Criminal Justice Workgroup continues its efforts to identify best practices and innovation on topics to include prevention, early intervention, diversion, reentry or reintegration of adults and juveniles from jail and juvenile facilities; substance abuse, mental health, and persons with disabilities. The workgroup met throughout 2014 to explore different approaches to initiate action on re-entry issues, visitation between children and incarcerated family members, human trafficking, and to support ongoing efforts of both the Department of Corrections (DOC) and the Department of Juvenile Justice (DJJ). Additional workgroup members from these two agencies were added to further identify opportunities of how the Council's workgroup can support and add value to their work. Discussions took place with DOC staff and faith-based providers who serve families of inmates to consider activities that had previously occurred at re-entry facilities to engage inmates with their children. This engagement would serve as a way to strengthen relationships between parent and child through fun activities and the creation of tangible mementos to serve as motivation and inspiration. Ongoing discussions and planning have occurred with the goal of implementing such activities in 2015.

On the topic of human trafficking, the workgroup leadership partnered with the Department of Children and Families and DJJ to invite human trafficking task forces from across the state to come together. The purpose of the meeting was to develop strategies to create a continuum of care through a S.W.O.T. analysis of existing services. Additionally, information was provided on Resource Point (www.resourcepoint.org), an online resource directory where information about human trafficking task forces and other available resources can be listed and accessed. The meeting concluded with discussion and identification of task force best practices that could potentially be replicated or duplicated in other areas. During the month of October, the workgroup assisted the Florida Children and Youth Cabinet in disseminating information and resources to community contacts to raise awareness of bullying and cyber bullying issues during National Bullying Month.

Further reassessment of workgroup initiatives will occur between workgroup members and state agency liaisons to spur ideas that can result in improved outcomes for the populations served.

Disaster Planning Workgroup

Over the past year, the Disaster Planning Workgroup, led by Sam Sipes, participated in various strategic planning meetings to increase awareness of the Advisory Council's workgroup and highlight opportunities to engage faith and community-based organizations in preparedness, response and recovery efforts. These meetings have included staff from the Florida Division of Emergency Management, the Florida Department of Health, and Volunteer Florida to identify and explore opportunities to work in a collaborative and coordinated approach. While Florida has not experienced a major disaster in several years, the Advisory Council, along with other state agency partners and stakeholders, continue to advocate for ongoing preparedness. The workgroup has been supporting efforts

to have additional places of faith serve as ACCESS centers where individuals and families can apply for food stamp benefits, and in times of disaster or emergency, be positioned to disseminate cash assistance and other benefits. During storms that hit the Pensacola area, the workgroup facilitated connections between Volunteer Florida and Farm Share to provide food, water and relief supplies to the communities in need. Discussion among the workgroup and state agency liaisons were initiated towards the end of 2014 to propose activities and messaging to engage faith organizations and communities around preparedness activities for 2015. These discussions will continue to further define action for engagement and consideration to include messages that may coincide with the National Day of Prayer.

A special "thank you" is sent to David Yarborough with Lutheran Services of Florida who retired in January 2015. David's leadership and support was integral to the development of the workgroup and future activities for 2015.

Family Initiatives Workgroup

Led by Richard Albertson, the Family Initiatives Workgroup has explored different approaches to engage state agency liaisons and various faith-based and community-based organizations to identify needs, gaps in services, and proposed solutions in order to facilitate a more collaborative and coordinated approach to strengthening families.

To support the food needs of families, the workgroup engaged Farm Share to support food distributions to neighborhoods and communities throughout the state. On all Farm Share publications highlighting their food distributions, the Advisory Council's logo has been added to reflect its support of these efforts. The workgroup has also been working with the Department of Agriculture and Consumer Services (DACS) to identify faith organizations to serve as sponsors or providers of meals for children during the summer. This identification and connection to DACS will continue throughout 2015, particularly in areas identified as in need through the Department's *Roadmap to Living Healthy* state maps.

The workgroup has also begun researching information to identify connections between strong marriages and families and topics such as poverty prevention, child well-being, crime prevention, drug and alcohol addiction, mental and physical health, and educational achievement. Results of the research will be shared with the Advisory Council to determine next steps in the process of strengthening the institutions of families in Florida.

Legislative Workgroup

Over the past year, the Legislative Workgroup, led by Pastor Pam Olsen, collaborated with other Advisory Council workgroups to identify policy recommendations that refine, improve, and strengthen policies and legislation affecting both the Advisory Council areas of focus and faith-based and community-based organizations.

Meetings were held with the Governor's Legislative Affairs Director to share the ongoing work of the Advisory Council and ideas for proposed recommendations from the Council. Following these meetings, the Director of the Governor's Office of Adoption and Child Protection was invited to present information on the Advisory Council and associated initiatives to legislative directors from state agencies to increase awareness and encourage collaboration with faith and community organizations to support their efforts. In 2015, the Legislative Workgroup will continue to solicit ideas from members and will

look to gain additional perspectives and suggestions from faith and community leaders to present recommendations that can be shared with the Governor and Legislature.

Florida's Five-Year Prevention and Permanency Plan

The central focus of *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* is to build resilience in all of Florida's families and communities to equip them to better care for and nurture their children. In accordance with state law (Florida Statute 39.001), the five-year prevention and permanency plan provides for the prevention of child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

> ### *Vision*
> Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing families.
>
> ### *Mission*
> To serve as a blueprint that will be implemented to provide for the care, safety, and protection of **all** of Florida's children in an environment that fosters healthy social, emotional, intellectual, and physical development.
>
> ### *Overarching Goal*
> **All** families and communities ensure that children are safe and nurtured and live in stable environments that promote well-being.

Advisory Council Support

The Advisory Council leads three State Objectives in the following sections of the five-year plan: Prevention of Child Maltreatment, Promotion of Adoption, and Support of Adoptive Families. For each of the three objectives, the Advisory Council's charge reads:

By June 30, 2015, the State of Florida will have provided information and resources to promote and build efforts by faith-based and community-based systems to provide family and community supports that would build the Protective Factors.

Within the objectives, the Advisory Council identified two key tactics to accomplish the objectives.

1) *By June 30, 2015, the State of Florida will have held annual statewide Faith-Based and Community-Based Educational Conferences, Regional Summits, and Webinars to engage faith and community leaders.*

The Advisory Council established an Annual Conference Workgroup and has partnered with the Departments of Children and Families and Juvenile Justice to assist in the planning, development and implementation of the National Faith Symposium – an annual conference that brings faith and community leaders and organizations together to network and share best practices and strategies for providing family and community supports that align to the Protective Factors Framework. In addition, Advisory Council members have participated in the Department of Juvenile Justice regional faith forums and in community prayer breakfasts to promote support for foster care, adoption and mentoring for youth involved in the juvenile justice system.

2) *By June 30, 2015, the State of Florida will have created and implemented a review team to continue to research and report on best and promising practices state and nationwide to help circuits with their initiatives.*

The Advisory Council has established workgroups in the areas of Child Welfare, Criminal Justice, and Family Initiatives to identify best and promising practices occurring in the state and nationally that can be shared with state agencies and service providers to refine, improve and strengthen processes for providing family and community supports. The Advisory Council is assessing mechanisms to effectively share practices that can be easily accessed by providers to enhance their work. The Council will continue to communicate and highlight best and promising practices at annual conferences, regional summits, webinars, and community gatherings.

Citizens Review Panel

The Child Abuse Prevention and Treatment Act (CAPTA) provides federal funding to states for child abuse and neglect prevention, treatment and training for staff who work in the child protection system. The Department of Children and Families (DCF) serves as the lead agency for the federal funding and asked the Advisory Council to consider serving as a Citizens Review Panel because of its work in and knowledge of faith and community involvement to achieve positive outcomes for child well-being.

Citizen Review Panels were included in the 1996 CAPTA reauthorization and must:
- Be composed of volunteers who are representative of the community in which they operate.
- Meet at least quarterly.
- Prepare an annual report that describes the panel's activities and includes recommendations to improve the child protection system.
- Have at least one member with expertise in child abuse and neglect prevention and treatment.

Each panel is responsible to review:
- Compliance of state and local child protection service agencies and state CAPTA plan
- Coordination with foster care and adoption programs
- Review of child fatalities and near fatalities (performed by the Child Abuse Death Review Team)

The Advisory Council agreed to serve in this capacity and was formally designated as a Citizens Review Panel for the Federal Fiscal Year 2014. Below are recommendations provided to the DCF:
- To conduct third party evaluation of the state's *Pinwheels for Prevention* campaign to assess impact of efforts and if efforts qualify for a designation of best or evidence-based practices.
- To identify staff from the DCF or contractors who can serve as trainers to support the integration of the *Protective Factors Framework* into various processes and practices to build resilience within families and strengthen protective capacities of parents in need.
- To continue development of and providing information for the Child Fatality Website.
- To strengthen relationships with schools and school districts to provide assistance and supports to children and their families who are experiencing challenges. Assistance and support provided are designed to keep children in school and on track towards graduation, and to prevent involvement within the child welfare system.
- To provide training/information sessions to faith and community organizations who support the work of DCF on the Safety Methodology.

Advisory Council Recommendations

The following recommendations are provided to address the scope of activities outlined in Florida Statute 14.31.

1. **How faith-based and community-based organizations can best compete with other organizations for the delivery of state services, regardless of an organization's orientation, whether faith-based or secular.**

   Faith-based and community-based organizations are uniquely positioned in communities, ready to move forward in providing services to those who may be in need. In order to best compete for the delivery of state services, these organizations must first be aware of opportunities available through the state and attend necessary training(s) to ensure they understand state expectations and have the capacity to meet financial, operational, and compliance requirements. These organizations should consider accessing available opportunities through the My Florida Marketplace – Vendor Bid System website and register and/or sign-up to receive electronic notifications about bid advertisements. When applying to perform services for the state, it is encouraged for these organizations to articulate how they may be able to leverage funding streams and potential volunteers to maximize funds from the state to achieve desired outcomes. The Advisory Council is available to assist organizations connect with the My Florida Marketplace website and provide insight and support on working with the state of Florida.

   Additionally, state agencies should consider competitive procurement of services in all parts of the state to limit single source approaches. This would provide opportunities for organizations to demonstrate how they can best deliver services for the state. This is particularly focused on multi-year contracts to enable equal opportunities for all organizations to demonstrate how they can deliver such services for the state.

2. **How best to develop and coordinate activities of faith-based and community-based programs and initiatives, enhance such efforts in communities, and seek such resources, legislation, and regulatory relief as may be necessary to accomplish these objectives.**

   The best way to develop and coordinate activities and initiatives is to capitalize on the relationships that exist. A faith-based organization that has a partnership with the State will also have other partnerships within the local community. By facilitating connections with the new partners and ensuring the question of, *"What's in it for me"*, is answered for everyone involved, opportunities to build momentum around programs and initiatives can occur. This is where the Advisory Council has been working to raise awareness of its efforts to build relationships and to serve as regional points of contact for local faith-based and community-based organizations to provide assistance and facilitate connections. It is through these communications where information regarding resources, legislation and regulatory relief can be shared to accomplish desired objectives.

3. **How best to ensure that state policy decisions take into account the capacity of faith-based and other community-based initiatives to assist in the achievement of state priorities.**

   To encourage leaders of the state and state agencies to establish review criteria that includes assessment of faith-based and community-based initiatives when determining state policy. Faith-based and community-based organizations can provide assistance and support on a multitude of areas that can align to state priorities. It is important for them to share with their respective leaders in the House and Senate the initiatives and strategies being utilized to strengthen

communities and families. Additionally, the Advisory Council should continue to highlight initiatives during scheduled Council meetings and build relationships with House and Senate leaders to advocate for and on behalf of faith-based and community-based organizations. It is through these efforts where state investments can be enhanced and maximized to achieve desired state policies and outcomes.

4. **How best to identify and promote best practices across state government relating to the delivery of services by faith-based and other community-based organizations.**

Surveying faith-based and community-based organizations presents opportunities to identify promising and best practices. Additionally, those organizations that provide services to the state can have their promising and best practices highlighted through the respective state agency. Through conferences hosted by state agencies, continue to encourage submission of workshop proposals that are inclusive of promising and best practices. During Advisory Council meetings, continue to highlight organizations that demonstrate promising and best practices to achieve desired outcomes for children and families. Encourage submission of nominations for the Champions of Hope Award provided by the Advisory Council and to the Champions of Service Award provided by Volunteer Florida.

5. **How best to coordinate public awareness of faith-based and community nonprofit initiatives, such as demonstration pilot programs or projects, public-private partnerships, volunteerism, and special projects.**

Coordination of initiatives is critical to building continuous support and awareness of activities. In addition to including initiatives as part of the Advisory Council agendas, efforts can be made to connect such initiatives with Circuit Task Forces that have local representatives from state agencies and other key local stakeholders at the table. By doing so, members of the Circuit Task Force can disseminate information about the initiatives to their contacts and share initiatives during scheduled conference calls with other Task Forces to create additional awareness and spark ideas among stakeholders. Based on the initiatives, information may be included as part of local and state plans where performance can be measured towards achievement of outcomes.

6. **How best to encourage private charitable giving to support faith-based and community-based initiatives.**

Private charitable giving is best achieved through direct solicitation. Additionally, when initiatives are supported and communicated by multiple partners and organizations, broader networks can be reached that can encourage private charitable giving. The Advisory Council will work to become informed of initiatives and seek opportunities to facilitate connections to businesses and organizations who can consider supporting such initiatives. The Advisory Council also supports the use of development professionals and consultants who can strategize to achieve financial/in-kind goals.

7. **How best to bring concerns, ideas, and policy options to the Governor and Legislature for assisting, strengthening, and replicating successful faith-based and other community-based programs.**

The Advisory Council will continue to communicate with state agency liaisons and staff, legislative leaders and staff, and through the Governor's Office of Adoption and Child Protection to bring concerns, ideas, and policy options to the Governor and Legislature. Key to communication is the need to first assess each concern, idea and policy option being proposed to

determine if they are realistic and viable, and if identified barriers are real or perceived. Advisory Council members serve as regional points of contact for local faith-based and community-based organizations to share concerns, ideas and policy options.

8. **How best to develop and implement strategic initiatives to strengthen the institutions of families and communities in this state.**

The workgroups established by the Advisory Council are designed to coordinate and facilitate connections that can strengthen communities and families. Additionally, the Advisory Council works with state agency liaisons to identify opportunities to develop and implement initiatives that can strengthen the institutions of families and communities. Based on the initiatives identified and implemented, it is encouraged to have an evaluation component, preferably through a third party, that can measure achievement of outcomes and impact on target populations. Through this, consideration for replication or duplication of such initiatives can be determined.

9. **How best to showcase and herald innovative grassroots nonprofit organizations and civic initiatives.**

Continue to highlight innovation and civic initiatives through state conferences, the Champion of Hope Award provided by the Advisory Council, to encourage submission of nominations for the Champions of Service Award provided by Volunteer Florida, and through public meetings of the Advisory Council and other coordinating councils within the state.

10. **How best to eliminate unnecessary legislative, regulatory, and other bureaucratic barriers that impede effective faith-based and other community-based efforts to address social problems.**

The Advisory Council will continue to engage faith and community-based leaders and members on topics regarding legislative, regulatory and other bureaucratic barriers that may impede effective efforts to address social problems. The public comment portion of the Advisory Council meeting is specifically designed for feedback and perspectives to be shared in order to provide information to make necessary recommendations to eliminate such barriers.

11. **How best to monitor implementation of state policy affecting faith-based and other community-based organizations.**

Through the collaboration and engagement of state agency liaisons, the Advisory Council will continue working to identify state policies that may affect the efforts of faith-based and other community-based organizations. The Advisory Council's Legislative Workgroup will also seek to monitor implementation of such policies in order to make recommendations that can result in increased collaboration and coordination between faith-based, volunteer and community-based organizations and the state.

12. **How best to ensure that the efforts of faith-based and other community-based organizations meet objective criteria for performance and accountability.**

The Advisory Council will continue to make itself available to assist faith-based and community-based organizations and work with state agency liaisons and staff to provide technical assistance and training to meet objective criteria for performance and accountability.

Appendix

Florida Faith-Based and Community-Based Advisory Council
Florida Statute 14.31

(1) LEGISLATIVE FINDINGS.—The Legislature finds that:

   (a) Compassionate groups of individuals have selflessly aided this state in serving our most
        vulnerable residents and our most debilitated neighborhoods.

   (b) Inspired by faith and civic commitment, these organizations have accomplished much in
        changing the lives of thousands and resurrecting neighborhoods torn by the strife of crime and
        poverty.

   (c) It is essential that this state cooperate with these organizations in order to provide an
        opportunity to participate on an equal basis, regardless of each organization's orientation,
        whether faith-based or secular.

(2) LEGISLATIVE INTENT.—It is therefore the intent of the Legislature to recognize the contributions
     of these organizations and to encourage opportunities for faith-based and community-based
     organizations to work cooperatively with government entities in order to deliver services more
     effectively. The Legislature further intends that the purpose of the council is to advise the Governor
     and the Legislature on policies, priorities, and objectives for the state's comprehensive effort to
     enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community
     organizations to the full extent permitted by law.

(3) ESTABLISHMENT OF THE COUNCIL.—

   (a) The Florida Faith-based and Community-based Advisory Council, an advisory council as
        defined in s. 20.03, is established and assigned to the Executive Office of the Governor. The
        council shall be administratively housed within the Executive Office of the Governor.

   (b) The council shall consist of 25 members. Council members may include, but need not be
        limited to, representatives from various faiths, faith-based organizations, community-based
        organizations, foundations, corporations, and municipalities.

   (c) The council shall be composed of the following members:
        1. Seventeen members appointed by and serving at the pleasure of the Governor.
        2. Four members appointed by and serving at the pleasure of the President of the Senate.
        3. Four members appointed by and serving at the pleasure of the Speaker of the House of
            Representatives.

   (d) Council members shall serve 4-year terms, except that the initial terms shall be staggered as
        follows:
        1. The Governor shall appoint six members for a term of 3 years, six members for a term of 2
            years, and five members for a term of 1 year.
        2. The President of the Senate shall appoint two members for a term of 3 years and two
            members for a term of 2 years.
        3. The Speaker of the House of Representatives shall appoint two members for a term of 3
            years and two members for a term of 2 years.

(e)   A vacancy shall be filled by appointment by the original appointing authority for the unexpired portion of the term.

(4)   MEETINGS; ORGANIZATION.—

(a)   The first meeting of the council shall be held no later than August 1, 2006. Thereafter, the council shall meet at least once per quarter per calendar year. Meetings may be held via teleconference or other electronic means.

(b)   The council shall annually elect from its membership one member to serve as chair of the council and one member to serve as vice chair.

(c)   Thirteen members of the council shall constitute a quorum.

(d)   Members of the council shall serve without compensation but may be reimbursed for per diem and travel expenses pursuant to s. 112.061.

(5)   SCOPE OF ACTIVITIES.—The council shall review and recommend in a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives:

(a)   How faith-based and community-based organizations can best compete with other organizations for the delivery of state services, regardless of an organization's orientation, whether faith-based or secular.

(b)   How best to develop and coordinate activities of faith-based and community-based programs and initiatives, enhance such efforts in communities, and seek such resources, legislation, and regulatory relief as may be necessary to accomplish these objectives.

(c)   How best to ensure that state policy decisions take into account the capacity of faith-based and other community-based initiatives to assist in the achievement of state priorities.

(d)   How best to identify and promote best practices across state government relating to the delivery of services by faith-based and other community-based organizations.

(e)   How best to coordinate public awareness of faith-based and community nonprofit initiatives, such as demonstration pilot programs or projects, public-private partnerships, volunteerism, and special projects.

(f)   How best to encourage private charitable giving to support faith-based and community-based initiatives.

(g)   How best to bring concerns, ideas, and policy options to the Governor and Legislature for assisting, strengthening, and replicating successful faith-based and other community-based programs.

(h)   How best to develop and implement strategic initiatives to strengthen the institutions of families and communities in this state.

(i)   How best to showcase and herald innovative grassroots nonprofit organizations and civic initiatives.

(j)   How best to eliminate unnecessary legislative, regulatory, and other bureaucratic barriers that impede effective faith-based and other community-based efforts to address social problems.

(k)   How best to monitor implementation of state policy affecting faith-based and other community-based organizations.

(l)   How best to ensure that the efforts of faith-based and other community-based organizations meet objective criteria for performance and accountability.

(6)   RESTRICTED ACTIVITIES.—The council may not make any recommendation that conflicts with the Establishment Clause of the First Amendment to the United States Constitution or the public funding provision of s. 3, Art. I of the State Constitution.

(7)   REPORT.—By February 1 of each year, the council shall prepare a written report for the Governor, the President of the Senate, and the Speaker of the House of Representatives containing an accounting of its activities and recommended policies, priorities, and objectives for the state's comprehensive effort to enlist, equip, enable, empower, and expand the work of faith-based, volunteer, and other community-based organizations to the full extent permitted by law.

History.—s. 1, ch. 2006-9; s. 1, ch. 2011-155.

Governor's Office of Adoption and Child Protection
Florida Statute 39.001, Sections 8 – 12

(8)   LEGISLATIVE INTENT FOR THE PREVENTION OF ABUSE, ABANDONMENT, AND NEGLECT OF CHILDREN.—The incidence of known child abuse, abandonment, and neglect has increased rapidly over the past 5 years. The impact that abuse, abandonment, or neglect has on the victimized child, siblings, family structure, and inevitably on all citizens of the state has caused the Legislature to determine that the prevention of child abuse, abandonment, and neglect shall be a priority of this state. To further this end, it is the intent of the Legislature that an Office of Adoption and Child Protection be established.

(9)   OFFICE OF ADOPTION AND CHILD PROTECTION.—

(a)   For purposes of establishing a comprehensive statewide approach for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect, the Office of Adoption and Child Protection is created within the Executive Office of the Governor. The Governor shall appoint a Chief Child Advocate for the office.

(b)   The Chief Child Advocate shall:

1.   Assist in developing rules pertaining to the promotion of adoption, support of adoptive families, and implementation of child abuse prevention efforts.

2.   Act as the Governor's liaison with state agencies, other state governments, and the public and private sectors on matters that relate to the promotion of adoption, support of adoptive families, and child abuse prevention.

3.   Work to secure funding and other support for the state's promotion of adoption, support of adoptive families, and child abuse prevention efforts, including, but not limited to, establishing cooperative relationships among state and private agencies.

4.   Develop a strategic program and funding initiative that links the separate jurisdictional activities of state agencies with respect to promotion of adoption, support of adoptive families, and child abuse prevention. The office may designate lead and contributing agencies to develop such initiatives.

5.   Advise the Governor and the Legislature on statistics related to the promotion of adoption, support of adoptive families, and child abuse prevention trends in this state; the status of current adoption programs and services, current child abuse prevention programs and services, the funding of adoption, support of adoptive families, and child abuse prevention programs and services; and the status of the office with regard to the development and implementation of the state strategy for the promotion of adoption, support of adoptive families, and child abuse prevention.

6.   Develop public awareness campaigns to be implemented throughout the state for the promotion of adoption, support of adoptive families, and child abuse prevention.

(c)   The office is authorized and directed to:

1.   Oversee the preparation and implementation of the state plan established under subsection (10) and revise and update the state plan as necessary.

2. Provide for or make available continuing professional education and training in the prevention of child abuse and neglect.

3. Work to secure funding in the form of appropriations, gifts, and grants from the state, the Federal Government, and other public and private sources in order to ensure that sufficient funds are available for the promotion of adoption, support of adoptive families, and child abuse prevention efforts.

4. Make recommendations pertaining to agreements or contracts for the establishment and development of:

    a. Programs and services for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.

    b. Training programs for the prevention of child abuse and neglect.

    c. Multidisciplinary and discipline-specific training programs for professionals with responsibilities affecting children, young adults, and families.

    d. Efforts to promote adoption.

    e. Postadoptive services to support adoptive families.

5. Monitor, evaluate, and review the development and quality of local and statewide services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect and shall publish and distribute an annual report of its findings on or before January 1 of each year to the Governor, the Speaker of the House of Representatives, the President of the Senate, the head of each state agency affected by the report, and the appropriate substantive committees of the Legislature. The report shall include:

    a. A summary of the activities of the office.

    b. A summary of the adoption data collected and reported to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the federal Administration for Children and Families.

    c. A summary of the child abuse prevention data collected and reported to the National Child Abuse and Neglect Data System (NCANDS) and the federal Administration for Children and Families.

    d. A summary detailing the timeliness of the adoption process for children adopted from within the child welfare system.

    e. Recommendations, by state agency, for the further development and improvement of services and programs for the promotion of adoption, support of adoptive families, and prevention of child abuse and neglect.

    f. Budget requests, adoption promotion and support needs, and child abuse prevention program needs by state agency.

6. Work with the direct-support organization established under s. 39.0011 to receive financial assistance.

(10) PLAN FOR COMPREHENSIVE APPROACH.—

(a) The office shall develop a state plan for the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children and shall submit the state plan to the Speaker of the House of Representatives, the President of the Senate, and the Governor no later than December 31, 2008. The Department of Children and Families, the Department of Corrections, the Department of Education, the Department of Health, the Department of Juvenile Justice, the Department of Law Enforcement, and the Agency for Persons with Disabilities shall participate and fully cooperate in the development of the state plan at both the state and local levels. Furthermore, appropriate local agencies and organizations shall be provided an opportunity to participate in the development of the state plan at the local level. Appropriate local groups and organizations shall include, but not be limited to, community mental health centers; guardian ad litem programs for children under the circuit court; the school boards of the local school districts; the Florida local advocacy councils; community-based care lead agencies; private or public organizations or programs with recognized expertise in working with child abuse prevention programs for children and families; private or public organizations or programs with recognized expertise in working with children who are sexually abused, physically abused, emotionally abused, abandoned, or neglected and with expertise in working with the families of such children; private or public programs or organizations with expertise in maternal and infant health care; multidisciplinary child protection teams; child day care centers; law enforcement agencies; and the circuit courts, when guardian ad litem programs are not available in the local area. The state plan to be provided to the Legislature and the Governor shall include, as a minimum, the information required of the various groups in paragraph (b).

(b) The development of the state plan shall be accomplished in the following manner:

1. The office shall establish a Child Abuse Prevention and Permanency Advisory Council composed of an adoptive parent who has adopted a child from within the child welfare system and representatives from each state agency and appropriate local agencies and organizations specified in paragraph (a). The advisory council shall serve as the research arm of the office and shall be responsible for:

   a. Assisting in developing a plan of action for better coordination and integration of the goals, activities, and funding pertaining to the promotion and support of adoption and the prevention of child abuse, abandonment, and neglect conducted by the office in order to maximize staff and resources at the state level. The plan of action shall be included in the state plan.

   b. Assisting in providing a basic format to be utilized by the districts in the preparation of local plans of action in order to provide for uniformity in the district plans and to provide for greater ease in compiling information for the state plan.

   c. Providing the districts with technical assistance in the development of local plans of action, if requested.

d. Assisting in examining the local plans to determine if all the requirements of the local plans have been met and, if they have not, informing the districts of the deficiencies and requesting the additional information needed.

e. Assisting in preparing the state plan for submission to the Legislature and the Governor. Such preparation shall include the incorporation into the state plan of information obtained from the local plans, the cooperative plans with the members of the advisory council, and the plan of action for coordination and integration of state departmental activities. The state plan shall include a section reflecting general conditions and needs, an analysis of variations based on population or geographic areas, identified problems, and recommendations for change. In essence, the state plan shall provide an analysis and summary of each element of the local plans to provide a statewide perspective. The state plan shall also include each separate local plan of action.

f. Conducting a feasibility study on the establishment of a Children's Cabinet.

g. Working with the specified state agency in fulfilling the requirements of subparagraphs 2., 3., 4., and 5.

2. The office, the department, the Department of Education, and the Department of Health shall work together in developing ways to inform and instruct parents of school children and appropriate district school personnel in all school districts in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect, and in caring for a child's needs after a report is made. The plan for accomplishing this end shall be included in the state plan.

3. The office, the department, the Department of Law Enforcement, and the Department of Health shall work together in developing ways to inform and instruct appropriate local law enforcement personnel in the detection of child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect.

4. Within existing appropriations, the office shall work with other appropriate public and private agencies to emphasize efforts to educate the general public about the problem of and ways to detect child abuse, abandonment, and neglect and in the proper action that should be taken in a suspected case of child abuse, abandonment, or neglect. The plan for accomplishing this end shall be included in the state plan.

5. The office, the department, the Department of Education, and the Department of Health shall work together on the enhancement or adaptation of curriculum materials to assist instructional personnel in providing instruction through a multidisciplinary approach on the identification, intervention, and prevention of child abuse, abandonment, and neglect. The curriculum materials shall be geared toward a sequential program of instruction at the four progressional levels, K-3, 4-6, 7-9, and 10-12. Strategies for encouraging all school districts to utilize the curriculum are to be included in the state plan for the prevention of child abuse, abandonment, and neglect.

6. Each district of the department shall develop a plan for its specific geographical area. The plan developed at the district level shall be submitted to the advisory council for utilization

in preparing the state plan. The district local plan of action shall be prepared with the involvement and assistance of the local agencies and organizations listed in this paragraph, as well as representatives from those departmental district offices participating in the promotion of adoption, support of adoptive families, and treatment and prevention of child abuse, abandonment, and neglect. In order to accomplish this, the office shall establish a task force on the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect. The office shall appoint the members of the task force in accordance with the membership requirements of this section. The office shall ensure that individuals from both urban and rural areas and an adoptive parent who has adopted a child from within the child welfare system are represented on the task force. The task force shall develop a written statement clearly identifying its operating procedures, purpose, overall responsibilities, and method of meeting responsibilities. The district plan of action to be prepared by the task force shall include, but shall not be limited to:

a. Documentation of the magnitude of the problems of child abuse, including sexual abuse, physical abuse, and emotional abuse, and child abandonment and neglect in its geographical area.

b. A description of programs currently serving abused, abandoned, and neglected children and their families and a description of programs for the prevention of child abuse, abandonment, and neglect, including information on the impact, cost-effectiveness, and sources of funding of such programs.

c. Information concerning the number of children within the child welfare system available for adoption who need child-specific adoption promotion efforts.

d. A description of programs currently promoting and supporting adoptive families, including information on the impact, cost-effectiveness, and sources of funding of such programs.

e. A description of a comprehensive approach for providing postadoption services. The continuum of services shall include, but not be limited to, sufficient and accessible parent and teen support groups; case management, information, and referral services; and educational advocacy.

f. A continuum of programs and services necessary for a comprehensive approach to the promotion of adoption and the prevention of all types of child abuse, abandonment, and neglect as well as a brief description of such programs and services.

g. A description, documentation, and priority ranking of local needs related to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect based upon the continuum of programs and services.

h. A plan for steps to be taken in meeting identified needs, including the coordination and integration of services to avoid unnecessary duplication and cost, and for alternative funding strategies for meeting needs through the reallocation of existing resources, utilization of volunteers, contracting with local universities for services, and local government or private agency funding.

  i. A description of barriers to the accomplishment of a comprehensive approach to the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect.

  j. Recommendations for changes that can be accomplished only at the state program level or by legislative action.

(11) FUNDING AND SUBSEQUENT PLANS.—

 (a) All budget requests submitted by the office, the department, the Department of Health, the Department of Education, the Department of Juvenile Justice, the Department of Corrections, the Agency for Persons with Disabilities, or any other agency to the Legislature for funding of efforts for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect shall be based on the state plan developed pursuant to this section.

 (b) The office and the other agencies and organizations listed in paragraph (10)(a) shall readdress the state plan and make necessary revisions every 5 years, at a minimum. Such revisions shall be submitted to the Speaker of the House of Representatives and the President of the Senate no later than June 30 of each year divisible by 5. At least biennially, the office shall review the state plan and make any necessary revisions based on changing needs and program evaluation results. An annual progress report shall be submitted to update the state plan in the years between the 5-year intervals. In order to avoid duplication of effort, these required plans may be made a part of or merged with other plans required by either the state or Federal Government, so long as the portions of the other state or Federal Government plan that constitute the state plan for the promotion of adoption, support of adoptive families, and prevention of child abuse, abandonment, and neglect are clearly identified as such and are provided to the Speaker of the House of Representatives and the President of the Senate as required under this section.

(12) LIBERAL CONSTRUCTION.—It is the intent of the Legislature that this chapter be liberally interpreted and construed in conformity with its declared purposes.

History.—s. 1, ch. 26880, 1951; s. 1, ch. 73-231; s. 1, ch. 78-414; s. 1, ch. 82-62; s. 62, ch. 85-81; s. 1, ch. 85-206; s. 10, ch. 85-248; s. 19, ch. 86-220; s. 1, ch. 90-53; ss. 1, 2, ch. 90-208; s. 2, ch. 90-306; s. 2, ch. 91-33; s. 68, ch. 91-45; s. 13, ch. 91-57; s. 5, ch. 93-156; s. 23, ch. 93-200; s. 19, ch. 93-230; s. 14, ch. 94-134; s. 14, ch. 94-135; ss. 9, 10, ch. 94-209; s. 1332, ch. 95-147; s. 7, ch. 95-152; s. 8, ch. 95-158; ss. 15, 30, ch. 95-228; s. 116, ch. 95-418; s. 1, ch. 96-268; ss. 128, 156, ch. 97-101; s. 69, ch. 97-103; s. 3, ch. 97-237; s. 119, ch. 97-238; s. 8, ch. 98-137; s. 18, ch. 98-403; s. 1, ch. 99-193; s. 13, ch. 2000-139; s. 5, ch. 2000-151; s. 5, ch. 2000-263; s. 34, ch. 2004-267; s. 2, ch. 2006-97; s. 1, ch. 2006-194; s. 2, ch. 2006-227; s. 1, ch. 2007-124; s. 3, ch. 2008-6; s. 1, ch. 2010-114; s. 42, ch. 2011-142; s. 2, ch. 2012-105; s. 19, ch. 2012-116; s. 4, ch. 2013-15; s. 9, ch. 2014-19; s. 2, ch. 2014-224.

Note.—Former s. 39.20; subsections (3), (5), and (6) former s. 39.002, s. 409.70, subsections (7)-(9) former s. 415.501.

Florida Faith-Based and Community-Based Advisory Council
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State of Florida
Department of Children and Families

MyFLFamilies.com

Rick Scott
Governor

Mike Carroll
Secretary

April 1, 2015

Thomas Lukasik, Chair
Florida Faith-Based and Community-Based Advisory Council
The Capitol
400 South Monroe Street, Suite 202
Tallahassee, FL 32399-0001

Dear Mr. Lukasick:

Thank you for the opportunity to review the 2014 Annual Report of the Florida Faith-Based and Community-Based Advisory Council. During the past year, the Council has worked closely with the Department of Children and Families. Throughout 2014, the Council has supported many activities to advance initiatives related to child welfare.

The Department recognizes and is appreciative of the Council's continued efforts to foster relationships and build upon prior partnerships, leading to improved and strengthened service delivery to our constituents. The continued development of a grassroots network is critical to the connecting of organizations at the state and local levels. It is through these outreach efforts that the Council continues to provide innovative thinking and creativity.

The Department continues to support and encourage the actions of the Council and is looking forward to the continued highlighting of best and promising practices so that others may glean new insight and understanding.

If you have any questions, please contact Erin Hough at (850) 717-4658, or via email at Erin.Hough@myflfamilies.com.

Sincerely,

Mike Carroll
Secretary

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

2014

Independent Living Services Advisory Council

Photograph of the Suncoast Region #itCANbedone campaign launch

2014

Report of Independent Living Services
for Florida's Foster Youth

MyFLFamilies.com

Table of Contents

Background

Independent Living Services Advisory Council

The Independent Living Services Advisory Council was created in 2002 by the Florida Legislature (§409.1451(7), Florida Statute). The Department of Children and Families provides administrative support to the Advisory Council.

The charge of the Independent Living Services Advisory Council is to review and make recommendations concerning the implementation and operation of independent living transition services. Each year, the Advisory Council prepares and submits a report to the Florida Legislature and the Department of Children and Families on the status of the services being provided, including successes and barriers to these services.

As set forth in statute, the membership consists of representatives from the Department of Children and Families' headquarters and regional offices, Community-Based Care lead agencies, Florida Department of Education, Agency for Health Care Administration, State Youth Advisory Board, Career Source (formerly Workforce Florida, Inc.), Statewide Guardian ad Litem Office, foster parents, recipients of the Road-to-Independence Program funding, and representatives from faith-based and community-based organizations, mentoring programs, higher education and the judicial system.

Below is a table of the Independent Living Services Advisory Council membership as of December 2014.

Independent Living Services Advisory Council Membership
▪ Dehryl McCall, Advisory Council Chairman, CareerSource Florida, Inc. ▪ Allan Chernoff, City of Life Foundation ▪ Curtis Jenkins, Florida Department of Education ▪ Mathew Johns, 4Kids of South Florida, Inc. ▪ Trudy Petkovich, Florida State Foster/Adoptive Parent Association ▪ Teri Saunders, Heartland for Children, Inc. ▪ Diane Schofield, Hands of Mercy Everywhere, Inc. ▪ Jean Becker-Powell, Florida Department of Juvenile Justice ▪ Shila Salem, Florida Department of Economic Opportunity ▪ Grainne O'Sullivan, Department of Children and Families, Children's Legal Services ▪ Sonia Valladeres, Guardian Ad Litem

Legislative History

The Chafee Foster Care Independence Act (1999)

In 1999, the federal government enacted the John H. Chafee Foster Care Independence Act. This legislation gave states increased funding to provide foster teens and young adults who have "aged out" of the foster care system better access to programs that are designed to promote the development of adult self-sufficiency. Available Independent Living training opportunities, programmatic supports, and direct services covered by the Chafee Foster Care Independence Act include: educational training and supports; preparation for post-secondary education; daily life skills training; employment training; substance abuse services; pregnancy prevention and preventive health activities; and programs designed to connect foster teens and young adults who have aged out of foster care with positive and permanent adult mentors.

Road-to-Independence Act (2002)

In 2002, Florida's Legislature passed the Road-to-Independence Act. This state-based program established a system of independent living transition services to enable older children in foster care and young adults who exit foster care at age 18 to transition to self-sufficiency as adults. The Road-to-Independence (RTI) Program is also designed to provide direct stipend payments to young adults who have aged out of foster care while they pursue fulltime educational opportunities through continuing adult education (GED), vocational training/certification, or post-secondary associate and bachelor degrees.

Nancy C. Detert Common Sense and Compassion Independent Living Act (2013)

In 2013, Florida's Legislature passed the Nancy C. Detert Common Sense and Compassion Independent Living Act which allows for young adults in or formerly in foster care to voluntarily extend their time in foster care up to the age of 21. The young adults must be enrolled in school on a full-time basis, working or volunteering a minimum of 80 hours per month, or have a recognized disability that prevents full-time participation in educational or employment opportunities. The act offers financial support to young adults participating in post-secondary educational opportunities and shifts life skills training responsibilities to foster parents and group home providers. The act took effect on January 1, 2014. Drafts of the proposed 65C-41 and 65C-42, Florida Administrative Code, are in the rule development stage of promulgation.

Independent Living Transition Services

The Florida Department of Children and Families contracts with 17 Community-Based Care Lead Agencies in Florida to provide Independent Living services for current and former foster youth and young adults. As set forth in statute, four categories of Independent Living services are currently available in Florida, including:

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

Extended Foster Care (EFC)

Similar to youth who are not in the Department's care, some youth in foster care are not ready to be on their own on when they reach age 18. In addition, once young adults go out on their own, they may need to return home for further support before venturing out again.

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

Postsecondary Education Services and Support (PESS)

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

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

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

- Were adopted after the age of 16 from foster care, or placed with a court-approved dependency guardian, after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption; and

- Have earned a standard high school diploma, or its equivalent; and

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

The law enables PESS for the above described young adults attending Florida Bright Futures eligible schools. There is another option for 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 Education Training Voucher (ETV) educational stipend payment of up to $5,000, with a state match of $1,250, may be available provided the chosen academic institution meets ETV eligibility requirements. ETV also may be available for a young adult attending a postsecondary institution only part-time.

PESS stipends are made monthly to support eligible young adults who are pursuing postsecondary education. The community-based care service provider makes all housing and utility payments for the student. Any remaining funds are disbursed to the student. This arrangement continues until the student can demonstrate the capability to responsibly manage housing and utility payments. Students receiving the PESS postsecondary educational stipend also may be in Extended Foster Care.

Aftercare Support Services

Aftercare Support Services are temporary and/or emergency support payments and services designed to prevent homelessness and meet the immediate needs of young adults formerly in foster care. Young adults formerly in foster care, between the ages of 18-22 years who have "aged out" of an out-of-home placement or who were adopted or placed with an approved guardian after reaching the age of 16 may be eligible for these services. Young adults may receive Aftercare Support Services if they are not currently enrolled in Extended Foster Care, PESS, or the Road-to-Independence Program.

Road-to-Independence Program (RTI)

Young adults enrolled in any Independent Living program as of December 31, 2013, including Road to Independence or Transitional Support Services, or children in Subsidized Independent Living may choose to remain in their current program for as long as they retain eligibility for the duration of that specific program.

Any young adult enrolled in a pre-2014 Independent Living Program may choose to opt in to Extended Foster Care or PESS. Young adults cannot participate in both RTI and EFC or PESS.

Number of Teens in Out-of-Home Care and Young Adults Accessing Independent Living Services

- **4,200** - Approximate number of teens between the ages of 13-17 residing in out-of-home care placement on any given day during the 2014 calendar year
- **2,400** - Approximate number of young adults ages 18-23 accessing Independent Living services on any given day over the 2014 calendar year

Number of Young Adults, Ages 18- 23, Accessing Independent Living Services			
	Dec 2013	June 2014	Sept 2014
Extended Foster Care (EFC)	0	588	431
Postsecondary Education Services and Support (PESS)	0	890	1,076
EFC and PESS	0	11	16
Aftercare	33	37	0
Road to Independence	2,139	956	738
Transitional Support Services	286	2	0
Total*	**2,458**	**2,480**	**2,261**

Duplicated count

Youth Engagement and Advocacy

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 leadership skills and advocate for 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 (Striving High for Independence and Empowerment) is a youth run peer driven organization that empowers current and former foster youth to become leaders and advocates within their communities. Florida Youth SHINE continues to engage current and former youth in foster care throughout the state. In 2014, the 12 chapters held numerous local meetings and have partnered with or served as representatives on local Youth Advisory/Advocacy Boards.

The Florida Youth Leadership Academy Class VII met in the spring of 2014. The program focused on developing leadership and advocacy skills designed to help engage foster youth in business, government and education. The program is jointly sponsored by the Department of Children and Families and Connected by 25.

Several current and former youth in foster care provide leadership and advocacy for children residing within the foster care system through legislative testimony, policy meetings, the Dependency Summit, and other leadership efforts.

Housing

In July and August 2014, Office of Child Welfare staff met with officials from the Florida Housing Finance Corporation and the Department of Economic Opportunity to discuss housing options for young adults in care. The Office of Child Welfare then developed a statewide map identifying areas with housing providers that have made a number of properties/apartments available for this population. Staff linked the Community-Based Care (CBC) providers with the Florida Housing contacts and established a housing utilization list to track whether the housing was being utilized and the reason if not. Barriers identified as a result of this effort included communication issues between the housing property managers and the CBC liaisons, and

qualification issues for youth in meeting the requirements to reside in the properties. The properties and point person contact information for these properties was then listed on the newly established "#itCANbedone" website, www.MyFLFamilies.com/itCANbedone, for access by youth and case managers.

In September 2014, staff reviewed the existing living arrangements for the young adults in care in the Florida Safe Families Network (FSFN). The vast majority of former foster youth reside on their own in apartment settings. While this may be appropriate for some young adults enrolled in postsecondary educational programs, the Department will partner with CBCs, our Foster and Adoptive Parent Association, and other community partners to help recruit additional foster homes for young adults participating in Extended Foster Care.

Health Care

In July 2014, community advocates notified the Office of Child Welfare that a large number of young adults served by DCF are not aware of their new eligibility for Medicaid. These young adults aged out prior to the extension of foster care and the Affordable Care Act, and are now over 21 years of age. In partnership with the Department's Automated Community Connection to Economic Self Sufficiency (ACCESS) Office, the Office of Child Welfare identified the population of young adults who had not applied for Medicaid. The Office of Child Welfare issued guidance and worked in partnership with Community-Based Care providers throughout the state to address this concern. As a result, as of December 1, 2014, all young adults participating in an Independent Living Program have been enrolled in Medicaid.

To continue monitoring Medicaid enrollment of youth who reached age 18 while in foster care but are not currently receiving Independent Living Services, in fall 2014 the Department began disseminating a quarterly list to each Regional Managing Director reflecting young adults ages 18-26 who reached age 18 while in foster care with their current Medicaid status. Lists were sent in September and December 2014 and will continue through 2015.

Awareness Campaign

In September 2014, the Department and partners throughout the state launched the "It Can Be Done" campaign. This campaign highlights successes of Florida's youth in foster care in pursuing their educational, professional and life goals. The campaign, developed in partnership with former and current foster youth, engages local businesses, organizations and communities to rally around foster youth to support and empower them in achieving their goals. Youth and supporters can share their successes and show their enthusiasm by using the hashtag #itCANbedone on photos and videos on Facebook, Twitter and Instagram. The social media posts are intended to show youth achieving their goals and showcase community support.

The campaign website, MyFLFamilies.com/itCANbedone, highlights resources available for youth and provides businesses, organizations and communities ways to offer support. Supporters have the opportunity to help with everything from mentorships and internships, to fostering and adoption.

Keys to Independence Pilot Project

A driver's license can help a youth obtain employment, go to school events, and participate in social activities. However, there are many barriers for youth in foster care who want to learn to drive safely and to obtain a driver's license. In order to address this, the Florida Keys to Independence Act was signed into law in 2014. It is aimed at assisting youth in licensed foster care between the ages of 15 to 21. The legislature set aside $800,000 per year for this three-year pilot project. The pilot project will reimburse youth and caregivers for costs associated with driver's education, obtaining driver's licenses and motor vehicle insurance.

There are three options for insurance coverage for youth in foster care who obtain a driver's license:
- Foster parents/caregivers may choose to add a youth in foster care, who is living in their home, to their own insurance policy.
- A youth who is 17 years of age can now sign for his/her own insurance under the disability of non-age section of the Keys to Independence Act.
- A youth may apply for coverage under the Florida Automobile Joint Underwriting Association (FAJUA). The FAJUA has the ability to provide young adults in the foster care system with a "Non-Owner" Automobile Insurance Policy.

Department of Agriculture Fostering Success Pilot Project

The Florida Department of Agriculture and Consumer Services (FDACS) hired six young adults who have aged out of Florida's foster care system as part of a pilot program created by the Florida Legislature. The program was developed as a priority of Representative Ben Albritton, who worked with the Florida Guardian ad Litem program, the Department of Children and Families and other legislators to implement and fund the pilot. The pilot is in coordination with the state's new "It Can Be Done" outreach campaign, which seeks to open career opportunities for former foster youth.

On-Campus Support for Current and Former Foster Youth Enrolled in Post-secondary Education

The Department has supported the development of Florida Reach, a network for campus support efforts for current and former foster youth enrolled in post-secondary educational institutions. Developed jointly by the Department of Children and Families and Department of Education, Florida Reach identifies best practices, supports statewide data collection and research, and is creating a resource guide for coaches and liaisons to use when working with foster youth and alumni. Florida Reach also focuses on career development opportunities to assist former foster youth in obtaining stable employment.

Currently, 18 colleges and universities throughout the state have identified campus coaches or liaisons to work with students from foster care. For more information, visit www.myflfamilies.com/reach.

Overview of Available Data and Reports

Independent Living and Transition Critical Services Checklist (2007-2010)
In 2007, Florida created the Independent Living and Transition Critical Services Checklist. This survey was designed to analyze and capture the success levels of youth who had aged out of foster care (ages 18-22) in establishing adult self-sufficiency. Current foster teens (ages 13-17) also were surveyed in an effort to gain a better understanding of how well foster teens are being prepared for the possibility of aging out of foster care, as well as to understand how foster teens viewed the overall quality of services provided by the foster care system. The paper-based Independent Living and Transition Critical Services Checklist was last administered in 2010, and has since been replaced by three separate online surveys, listed next.

Federal National Youth in Transition Database (2011-current)
The National Youth in Transition Database (NYTD) online survey is a federally required 88 question survey. The federal NYTD survey is administered in Florida every other year by Connected by 25 in an online format to current and former foster teens in predetermined cohorts of 17, 19, and 21 year-olds. The objective of the survey is to gain a better understanding of how this population is moving towards achieving the goal of adult self-sufficiency. Categories and questions covered by the survey address health, housing and transportation, education, employment, and involvement with the juvenile/criminal justice system.

Florida National Youth in Transition Database (2011-current)
In 2011, Florida's Department of Children and Families implemented an expanded version of NYTD to be used on an annual basis to survey Florida's young people ages 18-22 that have aged out of Florida's foster care system. This survey is administered on an annual basis to all former foster care youth (ages 18-22) who can be located and are willing/able to complete the 88-question survey. The survey is administered in an online format and mirrors the categories and questions covered by the federal NYTD survey.

My Services (2011-current)
My Services is a 200+ question online survey that is administered by Connected by 25 in spring and fall of each year that attempts to survey all foster teens (ages 13-17). The survey provides general information on how well teens are being prepared for adult self-sufficiency, as well as how they view the overall quality of services provided by the foster care system. Categories and questions in the survey include:
- Case management practices and general documentation requirements
- Educational attainment services and progression planning
- Employment preparation and employment supports
- Financial literacy and life skills training

- General foster care support and quality of care
- Opportunities to participate in normal teen activities
- Health/dental care services
- Involvement with the juvenile/criminal justice system
- Preparation for aging out of the foster care system

Florida Education and Training Placement Information Program (FETPIP) Outcomes Report for Young Adults from Foster Care

Recently, the Florida Education and Training Placement Information Program Office (FETPIP) released a report about the activities of all young adults who turned 18 while in the custody of the state during the last seven years. FETPIP is a data collection system that obtains follow-up information on young adults including job employment, continuing postsecondary education activities, military association, and public assistance participation and incarceration status. The purpose of the report is to provide information about young adults served by DCF that can be used for program review processes. General information about FETPIP is available at http://www.fldoe.org/fetpip/.

Survey Results for Teens Ages 13-17
Independent Living and Transition Critical Services Checklist and MyServices

The following survey findings are derived from a combination of both the Independent Living and Transition Critical Services Checklist and the My Services surveys. **Years included in each table reflect the when data collection began; however, not all questions were included from the beginning of data collection.**

Education

Education											
						Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
Caseworker reviews school grades and report cards	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					73%	71%	69%	72%	71%	67%
	Number Yes					1,139	1,204	1,189	1,035	943	858
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Youth has an Education & Career Path Plan [This may be your EPEP]	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					52%	40%	35%	34%	36%	29%
	Number Yes					818	681	599	491	475	368
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Youth has an Individualized Education Plan [IEP]	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					43%	43%	41%	43%	41%	39%
	Number Yes					669	723	709	622	543	501
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Youth has changed schools at least once during the school year	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					47%	30%	47%	31%	49%	49%
	Number Yes					734	506	800	440	650	626
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**

Source: My Services Survey - Responses by youth ages 13-17.

Survey results indicate nearly three-fourths of foster teens reported their grades and report cards were reviewed by their caregiver or caseworker. The surveys also indicated teens appear to be unaware or disconnected from the educational planning process, given that only about one-third to one-half of the respondents stated they had an Education and Career Path Plan or Individualized Education Plan. Teens also reported school stability as a major problem; nearly half of all teens reported they had changed schools within the past year.

Employment

Employment											
Currently employed	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes		7%	5%	4%	8%	7%	6%	8%	7%	8%
	Number Yes				64	95	83	74	76	66	64
	Total				**1,726**	**1,198**	**1,221**	**1,199**	**1,013**	**930**	**842**
Earns extra money by babysitting, mowing lawns, cleaning yards and other activities	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					74%	75%	65%	48%	49%	50%
	Number Yes					532	789	794	690	649	632
	Total					**1,361**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Responses by youth ages 14-17 spring 2010 and 13-17 all Others											
Completed a life skills training program on how to get a job- including job interviewing skills, completing a job application and resume	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					47%	55%	46%	56%	55%	48%
	Number Yes					417	439	330	356	296	269
	Total					**883**	**798**	**711**	**638**	**453**	**556**
Only asked of youth ages 15-16											

Source: My Services Survey - Responses by youth ages14-17 spring 2010 and ages 13-17 for all other years.

During this reporting period, only a small percentage of foster teens reported they are currently employed (8%). However, half of foster teens indicated they are being given the opportunity to earn money through alternative activities, such as babysitting or yard work. One troubling finding from the survey is that only about half of surveyed foster teens indicated they have received training on how to apply and interview for a job.

Health and Dental Care

Health and Dental Care											
Youth receiving needed medical care	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage No, I am receiving the medical care I need					86%	84%	86%	89%	85%	86%
	No, I am receiving the medical care I need					1,338	1,435	1,479	1,218	1,124	1,095
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Youth receiving needed mental health care	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					87%	88%	85%	88%	88%	84%
	Number Yes					934	969	897	784	734	721
	Total					**1,072**	**1,098**	**1,057**	**891**	**836**	**855**
Youth receiving substance abuse treatment services	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					61%	57%	61%	63%	66%	56%
	Number Yes					345	334	353	317	299	252
	Total					**568**	**569**	**579**	**499**	**451**	**448**
Youth taking prescription medication	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					44%	47%	44%	47%	49%	50%
	Number Yes					682	793	753	680	646	639
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Youth who have seen a dentist in the last year	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes				72%	85%	85%	86%	88%	89%	87%
	Number Yes				893	1,330	1,448	1,472	1,269	1,171	1115
	Total				**1,237**	**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1272**
Youth who have had an eye exam in the last year	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes				44%	81%	82%	68%	71%	66%	67%
	Number Yes				540	1,271	1,195	1,164	1,029	873	858
	Total				**1,237**	**1,560**	**1,460**	**1,712**	**1,441**	**1,319**	**1272**

Source: My Services Survey - Responses by youth ages 14-17 spring 2010 and youth ages 13-17 for all other years.

Eighty-six percent of foster teens indicate they are receiving the medical care they need, and a similar number reported they have had a dental exam within the last year. Teens who reported they were currently taking a prescription medication indicate they have a good understanding of their medication's possible side effects. When asked about mental health and substance abuse services provided under their health care plans, 84 percent of respondents reported they are receiving needed mental health services, but only a little more than half of teens (56%) reported they feel they are getting the substance abuse services they need.

Normalcy

Normalcy										
Youth has a written plan for participation in activities	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes	33%	44%	52%	66%	64%	68%	62%	63%	66%	51%
	Yes				803	1,003	1,153	1,056	914	877	650
	Total				**1,216**	**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1272**

Responses by youth age 14-17 spring 2010 and 13-17 all others.

Youth can spend time with friends WITHOUT adult supervision.	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					74%	67%	65%	65%	62%	63%
	Yes					1,153	1,130	1,117	945	822	807
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1272**

Responses by youth age 14-17 spring 2010 and 13-17 all others.

Youth can spend the night with friends from school or social group.	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					51%	51%	45%	46%	46%	48%
	Yes					650	443	542	467	426	408
	Total					**1,269**	**867**	**1,199**	**1,013**	**930**	**842**

Only asked of youth age 15-17 except for fall 2011 age 16-17.

Receives a personal allowance each week.	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					54%	55%	53%	56%	57%	56%
	Yes					845	938	901	810	758	711
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1272**

Have a Florida Identification	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes					38%	40%	39%	40%	41%	38%
	Yes					593	687	675	572	540	480
	Total					**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1272**

Responses by youth age 14-17 spring 2010 and 13-17 all others.

Have a Learners Permit	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes						11%	10%	9%	9%	12%
	Yes						130	117	93	88	97
	Total						**1,221**	**1,199**	**1,013**	**930**	**842**

	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
Successfully completed a driver's education course	Percentage Yes	6%	7%	11%	8%	5%	13%	12%	14%	17%	15%
	Yes				81	40	162	139	103	110	129
	Total				**955**	**853**	**1,221**	**1,199**	**742**	**687**	**842**

Only asked of youth age 16-17.

	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
Have a Driver's License	Percentage Yes						7%	3%	2%	3%	2%
	Yes						57	22	15	20	13
	Total						**867**	**862**	**742**	**687**	**591**

Source: My Services Survey - Only asked of youth age 16-17.

Teens in foster care continue to report that efforts to establish more normal living conditions within the foster care system are lagging. The percentage of teens who reported they have a written approved activities plan has fallen to 51%. Compliance with statutory requirements that youth in foster care receive a weekly allowance is only 56%. Teens who reported having a State-issued identification card (38%), learner's permit (12%), or drivers' license (2%) were low.

Involvement in the Juvenile Justice System

Juvenile Justice System Involvement											
Been arrested in the past 12 months	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes	10%	28%	30%	30%	29%	27%	28%	29%	28%	24%
	Yes	405	841	663	514	454	467	482	419	366	302
	Total	**3,897**	**3,004**	**2,176**	**1,726**	**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**
Currently on probation or under DJJ supervision	Year	2007	2008	2009	2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Spring 2014
	Percentage Yes	Not Asked	42%	23%	24%	21%	21%	22%	23%	23%	18%
	Yes		1,252	505	407	333	364	379	330	308	223
	Total		**2,982**	**2,163**	**1,710**	**1,560**	**1,699**	**1,712**	**1,441**	**1,319**	**1,272**

Source: My Services Survey - Responses by youth age 14-17 spring 2010 and 13-17.

Juvenile Justice System Involvement by Age

Been arrested in the past 12 months	Age	13	14	15	16	17	Total
	Percentage Yes	14%	23%	29%	28%	23%	24%
	Yes	31	49	70	85	67	302
	Total	**217**	**213**	**251**	**305**	**286**	**1,272**

Source: My Services Survey - Responses by youth age 13-17.

Currently on probation or under DJJ supervision	Age	13	14	15	16	17	Total
	Percentage Yes	12%	15%	30%	25%	27%	18%
	Yes	22	28	48	70	55	223
	Total	**183**	**206**	**243**	**300**	**387**	**1,272**

Source: My Services Survey - Responses by youth age 13-17.

More than one-quarter (26%) of foster teens report they have been arrested within the last year or are currently under some type of Department of Juvenile Justice (DJJ) supervision. Of those teens who report being arrested within the last year, more than one-third (38%) are age 13. Thirty-five percent of the teens are age 15, 33% are age 16, 32% are age 17 and about one-fifth (21%) of the teens are age 14.

Survey Results for Young Adults 18-22
Florida National Youth in Transition Database Survey

Education

Education								
Completed Grade 12 or Graduation Equivalency Diploma	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	52%	48%	48%	54%	57%	56%	64%
	Yes	979	744	568	1,093	1,041	1,011	912
	Total	1,887	1,547	1,180	2,015	1,821	1,852	1,424
Completed Post-Secondary Education	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	5%	3%	3%	3%	7%	5%	12%
	Yes	86	48	33	54	65	96	175
	Total	1,887	1,547	1,180	2,015	1,821	1,852	1,424

FL NYTD - responses by young adults age 18-22.

More than one-half (64%) of young adults formerly in foster care reported that they graduated or received a GED. This year, a higher percentage (12%) of young adults reported that they had completed post-secondary education. Increasing both percentages remains a priority of the CBCs and the Department.
Employment

Employment								
Any job: part-time, full-time, temporary, or seasonal	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	30%	22%	17%	14%	19%	49%	20%
	Yes	572	342	203	195	346	907	290
	Total	**1,920**	**1,559**	**1,199**	**1,398**	**1,821**	**1,852**	**1,424**
Full-time job	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	6%	3%	3%	4%	4%	4%	4%
	Yes	124	54	40	61	72	83	61
	Total	**1,920**	**1,559**	**1,199**	**1398**	**1,821**	**1,852**	**1,424**
Of those having a full-time job, percent who have benefits	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	52%	60%	52%	No Longer Asked	No Longer Asked	No Longer Asked	No Longer Asked
	Yes	57	27	16				
	Total	**109**	**45**	**31**				
Minimum wage	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	31%	36%	36%	40%	35%	28%	24%
	Yes	163	118	72	97	109	86	71
	Total	**525**	**331**	**198**	**244**	**310**	**312**	**290**

Responses by young adults age 18-22.

Twenty percent of young adults formerly in foster care held a job of any kind in 2014. This is down from the 2013 all-time high of 49%. Only four percent of young adults reported having full-time employment. Of those who have a job, less than one-quarter (24%) report earning minimum wage.

Supportive Services

Supportive Services								
Connected to an adult mentor (*Question changed to: Do you currently have a relationship that is trusting, supportive, and unconditional with at least one adult who will always be there for you?*)	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	42%	46%	50%	76%	83%	82%	74%
	Yes	738	682	556	1,596	1,392	1,419	1048
	Total	**1,755**	**1,487**	**1,118**	**2,013**	**1,812**	**1,852**	**1,424**

Responses by young adults age 18-22.

The percentage of young adults connected to an adult mentor decreased from 82% in 2013 to 74% in 2014.

Health and Dental Care

Health and Dental Care								
Youth has health insurance coverage	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	79%	82%	86%	85%	86%	71%	75%
	Yes	1,498	1,247	1,021	1,719	1,559	1,483	1071
	Total	**1,886**	**1,530**	**1,189**	**2,015**	**1,821**	**1,852**	**1,424**
Received dental services in the last year?	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	31%	30%	36%	40%	39%	40%	42%
	Yes	572	523	426	800	702	741	601
	Total	**1,863**	**1,753**	**1,175**	**2,004**	**1,821**	**1,852**	**1424**

Responses by young adults age 18-22

Seventy-five percent of young adults who have aged out of the foster care system have health insurance coverage. While there has been steady improvement to the number of former foster care young adults who are receiving dental care, from 31% in 2008 to 42% in 2014, this is still an area where significant improvement is needed.

Housing & Transportation

Housing & Transportation								
Safe Housing	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	95%	96%	97%	90%	92%	97%	91%
	Yes	1,777	1,465	1,140	1,806	1,683	1,699	1298
	Total	**1,877**	**1,528**	**1,178**	**2,015**	**1,821**	**1.852**	**1,424**
Spent at least one night homeless in past 12 months (*Question changed in 2011 to: Have you ever been homeless?*)	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	14%	14%	10%	28%	28%	15%	30%
	Yes	267	218	121	561	492	261	421
	Total	**1,899**	**1,530**	**1,177**	**2,015**	**1,821**	**1,852**	**1,424**
Have reliable means of transportation to school *Question changed in 2011 to: Reliable means of Transportation to school and/or Work?*	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	80%	84%	87%	73%	80%	79%	75%
	Yes	1,519	1,309	1,033	1,473	1,379	1,371	1063
	Total	**1,901**	**1,556**	**1,192**	**2,015**	**1,821**	**1,852**	**1424**
Have a reliable means of transportation to work *Question changed in 2011 to: Reliable means of Transportation to school and/or Work?*	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	45%	36%	31%	73%	80%	79%	75%
	Yes	645	558	366	1,473	1,379	1,371	1063
	Total	**1,437**	**1,533**	**1,193**	**2,015**	**1,821**	**1,852**	**1424**
Do you have in your possession a driver's license	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	75%	69%	70%	44%	47%	28%	30%
	Yes	731	556	402	891	872	513	426
	Total	**980**	**808**	**571**	**2,015**	**1,821**	**1,852**	**1424**

Responses by young adults age 18-22

The percentage of former foster young adults who reported they are residing in safe housing decreased in 2014, and the percentage of young adults who spent at least one night homeless in the past 12 months increased. Additionally, access to reliable school and work transportation continues to be a significant issue for this population.

Involvement in the Criminal Justice System

Criminal Justice								
Been arrested in the past 12 months *Question changed in 2011 to have you ever been arrested*	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	25%	23%	17%	43%	40%	11%	33%
	Yes	1,226	551	210	860	688	197	470
	Total	**4,905**	**2,397**	**1,203**	**2,015**	**1,821**	**1,852**	**1,424**
Currently on probation or under juvenile court supervision	Year	2008	2009	2010	Florida NYTD 2011	Florida NYTD 2012	Florida NYTD 2013	Florida NYTD 2014
	Percentage Yes	10%	12%	10%	No Longer Asked	No Longer Asked	No Longer Asked	No Longer Asked
	Yes	155	227	117				
	Total	**1,548**	**1,888**	**1,200**				

Responses by young adults age 18-22.

In 2014, the percentage of young adults formerly in foster care reporting they had been arrested within the last 12 months increased to 33% after an all-time low of 11% in 2013.

FETPIP Report of Foster Youth Alumni, Ages 18-25

KIDS AGING OUT OF FOSTER CARE - FALL 2013 FINDINGS

TOTAL INDIVIDUALS 9,964   **TOTAL WITH OUTCOME DATA** 7,031   71%

FLORIDA EMPLOYMENT DATA (4th QTR)

FOUND EMPLOYED	2,595	26%
AVERAGE EARNINGS - ALL	$2,763	
FOUND EMPLOYED FULL-TIME	620	24%
FULL-TIME AVERAGE EARNINGS	$6,548	

Percent working full-time is of those employed.
Full-Time Earnings = earnings of at least $4,050 per qtr (min. wage x 13 wks. x 40 hrs)

EARNINGS BY LEVEL*
Number of employed earning:

Less Than $7.79 per hr (Qtrly Wages less than $4,050)	1,975	76%
Wages Between $7.79 and $14.13 Inclusive (Qtrly Wages at least $4,050 but less than $7,350)	512	20%
Wages Between $14.14 and $20.47 Inclusive (Qtrly Wages at least $7,350 but less than $10,649)	84	3%
Wages at Least $20.48 per hr. (Qtrly Wages at least $10,649)	24	1%

*Levels determined by qtrly wage /520 hrs (40hrs. x 13 wks.)

FEDERAL EMPLOYMENT DATA

CIVILIAN EMPLOYMENT (U.S. Post Office, U.S. Civil Service)	****	****

FLORIDA CONTINUING EDUCATION DATA

TOTAL CONT. THEIR EDUCATION (Unduplicated)	1,950	20%
...IN DISTRICT POSTSECONDARY	319	16%
...IN FLORIDA COLLEGE SYSTEM	1,549	79%
AA Program	663	43%
AS Program	128	8%
AAS Program	****	****
Adult Vocational Certificate	35	2%
Vocational Credit Certificate	11	1%
Other	705	46%
...IN STATE UNIVERSITY SYSTEM	164	8%
...IN PRIVATE COLLEGE OR UNIVERSITY	15	1%

Students may be in multiple settings, therefore,
sum of detail may exceed total unduplicated count.

OF TOTAL CONT. ED. THOSE FOUND EMPLOYED	744	38%

RECEIVING PUBLIC ASSISTANCE
Temporary Assistance to Needy Families (TANF), Food Stamps

RECEIVING TANF	192	2%
... & EMPLOYED	55	29%
RECEIVING FOOD STAMPS	4,988	50%
... & EMPLOYED	1,516	30%
RECEIVING TANF &or FOOD STAMPS	5,007	50%
... & EMPLOYED	1,519	30%

FLORIDA DEPARTMENT OF CORRECTIONS DATA

INCARCERATED	391	4%
COMMUNITY SUPERVISION	569	6%

Source: Florida Education and Training Placement Information Program   Page No.   0

This FETPIP report of young adults ages 18-25, who turned 18 while in foster care, is divided into seven primary sets of data types. These are Total Individuals, Total with Outcome Data, Florida Employment Data, Earnings by Level, Federal Employment Data, Florida Continuing Education Data, Receiving Public Assistance, and Florida Department of Corrections Data.

The total number of youth who have reached the age 18 while in foster care reported to FETPIP by DCF was 9,964. Seventy-one percent of these individuals were identified via FETPIP's data matching method during the target period, July 2012 - June 2013. Of this group:

- 26% were employed in public, private, or non-profit establishments who are covered by the Florida Unemployment Insurance System during the October-December 2013 target period
- 24% of those individuals were employed full-time
- 76% were earning less than $7.67 per hour
- None were employed in the federal career service system managed through the Office of Personnel Management (OPM) during the October-December 2013 target period

- 20% were continuing their postsecondary education in Florida in a public adult education program, Career & Technical Education (CTE) program, community college, or public or private college or university
  - 79% were enrolled in the Florida college system
  - 16% in a school district-administered postsecondary Career & Technical Education (CTE) program
  - 8% in the Florida University System
  - 1% in a private college or university
  - 38% of those enrolled in higher education were also employed
- 2% received Temporary Assistance for Needy Families (TANF) during the October - December 2013 period and 50% received food stamps during the target period as heads of household; 30% of those who received food stamps were employed
- 4% were in a state correctional facility during the October-December 2013 period and 6% were adjudicated to the Department of Corrections community supervision during the target period

This initial FETPIP report on young adults from foster care will be used as a benchmark to gauge the efforts of the child welfare system to improve outcomes for foster youth transitioning to independence. The Department will use this data to corroborate trends and conditions identified through the survey data and reports provided by community-based care agencies.

Recommendations of the Independent Living Advisory Council

At this time, the Advisory Council respectfully submits the following conclusions and recommendations to the Department of Children and Families:

Pregnant and Parenting Teens

According to the spring 2014 Report of the MyServices survey, 11% of the surveyed 17 year-old youth in foster care reported having a child or children. An additional 2% were pregnant. The state child welfare system is responsible for ensuring that all youth in foster care are safe, healthy, permanently connected to families, and have the skills they need to be successful. There is a growing recognition among child welfare professionals that designing service delivery methods specifically for pregnant and parenting youth in foster care is a critical part of this responsibility. Adolescent parents face multiple obstacles in balancing their own transition to adulthood with raising a child. Below are several recommendations identified during the past year by the Independent Living Services Advisory Council Pregnant and Parenting Teens Workgroup. The workgroup was composed of representatives from the Department of Children and Families, Community-Based Care lead agencies, Florida Coalition for Children, maternity home providers, child advocates, and other stakeholders.

Safety – Research conducted by the Center for Prevention and Early Intervention Policy at Florida State University has found that approximately two-thirds of adolescent parents studied

are ready to safely parent their children. **In order to ensure the safety of all children born to teen parents in foster care, this workgroup recommends:**

- **Child welfare professionals should conduct risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities. Information gathered by a risk assessment would be used to determine whether identified dangers or safety threats can be offset or controlled by the protective capacities of one or more adults in the home, and in subsequent safety planning.**
- **Case plans for pregnant and parenting teens in foster care should include a plan for the care and safety of the teen's child(ren).**
- **The cases of a teen and his or her children should be connected with a single case manager.**

Family Engagement – Family relationships, both positive and negative, play a key role in the lives of pregnant and parenting teens. **This workgroup recommends for child welfare professionals:**

- **Changing and broadening perspectives to see the whole family unit. For example, encouraging intergenerational parenting classes, grandparent support groups, sibling groups, etc.**
- **Assessing and developing healthy relationships between the teen and an extended network of family support.**
- **Being flexible to accommodate complex family schedules.**

Developmental Influences – Current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, and human trafficking, may deeply impact the youth being served. **This workgroup recommends for child welfare professionals:**

- **Using an ecological model when working with youth (family, peers, school, and community).**
- **Applying a holistic approach – including trauma-informed care, dating/intimate partner violence, cultural/racial/ethnic considerations.**
- **Incorporating and tailoring messages and activities for diverse groups.**
- **Recognizing triggers.**

Cross-Systems Training – Engaging pregnant and parenting youth in meaningful assessments and service delivery requires qualified staff who have been trained to support these young adults to build, prepare and maintain their own support teams; identify appropriate placements for themselves and their children; engage in healthy relationships; and ensure their children's healthy development. **Therefore, this workgroup recommends:**

- **Additional cross-systems training and sharing between case managers, service providers, and the Department of Children and Families.**
- **Inclusion in pre-service training for case managers, specialized training on how to best serve pregnant and parenting teens in foster care.**

<u>Data Collection and Evaluation</u> – The state information management system must analyze and use the following information about this population, its needs, and outcomes. **Therefore, this workgroup recommends the annual collection and review of the following data:**

- **Number and percent of youth in foster care who are pregnant, along with their demographic information (age, race, ethnicity, placement history, educational status).**
- **Number and percent of young men in foster care who are fathers, along with their demographic information (age, race, ethnicity, placement history, educational status).**
- **Number and percent of fathers of babies who are actively connected and involved in their baby's growth and development.**
- **Number and percent of young parents who complete high school, are enrolled in college or postsecondary education program, or have access to meaningful job training or employment opportunities.**
- **Number and percent of young parents who exit foster care to live with family.**
- **Number and percent of babies of young parents in foster care who are born full-term and without drug exposure.**
- **Number and percent of children born to young parents in foster care who are enrolled in a high-quality early care and education program.**
- **Number and percent of parenting youth who remain in care to age 21 and/or re-enter care.**

Additionally, this workgroup recommends the creation of a group care workgroup in the upcoming year to examine challenges and best practices related to group care, and to continue to monitor the implementation of the recommendations put forth by the Pregnant and Parenting Teens Workgroup.

Employment

A primary task in transitioning to adulthood is finding and sustaining employment. Florida NYTD and MyServices survey results show that very few current or former foster youth between the ages of 13 and 23 are employed. Similarly, the FETPIP report reveals low rates of employment and low earnings for those former foster youth ages 18-25 who are employed. These findings mirror national studies of former foster youth.

The Independent Living Services Advisory Council recommends the creation of an employment workgroup to assess the effectiveness of youth access to workforce services at the regional workforce boards or other programs designed to assist young adults in obtaining employment, to include reviewing:

- **Barriers**
- **Common services accessed from region-to-region**
- **Service needs**
- **Gaps in service provision**
- **Recommendations to improve access**

In collaboration with the community-based care agencies, this workgroup will evaluate strategies to promote more community-based partnerships that will teach/emphasize the importance of employment and its impact on achieving self-sufficiency for youth in and aging out of foster care.

This workgroup also will partner with the Department of Education to promote awareness of Career Pathways and the close connections of these pathways to regional economic development, job growth, emerging employment sectors, etc.

Education

When supported by strong out-of-home care practices and policies, positive school experiences can counteract the negative effects of abuse, neglect, separation, and lack of permanency experienced by children and youth in foster care. Education provides opportunities for improved well-being in physical, intellectual, and social domains during critical developmental periods, and supports economic success in adult life. A concerted effort by child welfare agencies, education agencies, and the courts could lead to significant progress in changing the consistent and disheartening picture research portrays about educational outcomes for children in foster care.

The Independent Living Services Advisory Council recommends the creation of an education workgroup to assess the effectiveness of youth access to educational services, to include reviewing:
- **School stability**
- **Reading on grade level**
- **School dropout, truancy, and disciplinary actions**
- **High school graduation rates**

Juvenile Justice

Currently, 15% of youth 13-17 in foster care also have open cases with DJJ. The vast majority of these cases involve felony charges. The result of these charges can have long-lasting and debilitating effects on a youth's transition to adulthood.

Department of Juvenile Justice Involvement of Youth, Ages 13-17, in Out of Home Care

Pie chart legend:
- No involvment: 85%
- Misdemeanors: 2%
- Felony - Assault: 6%
- Felony - Bulglary: 3%
- Felony - Sex Offences: 1%
- Felony - Firearms: 1%
- Felony - Others: 2% (arson, auto theft, vandelism, robbery, larceny, obstucting justice, kidnapping)

Pie chart values: 67, 41, 83, 110, 253, 93, 3553
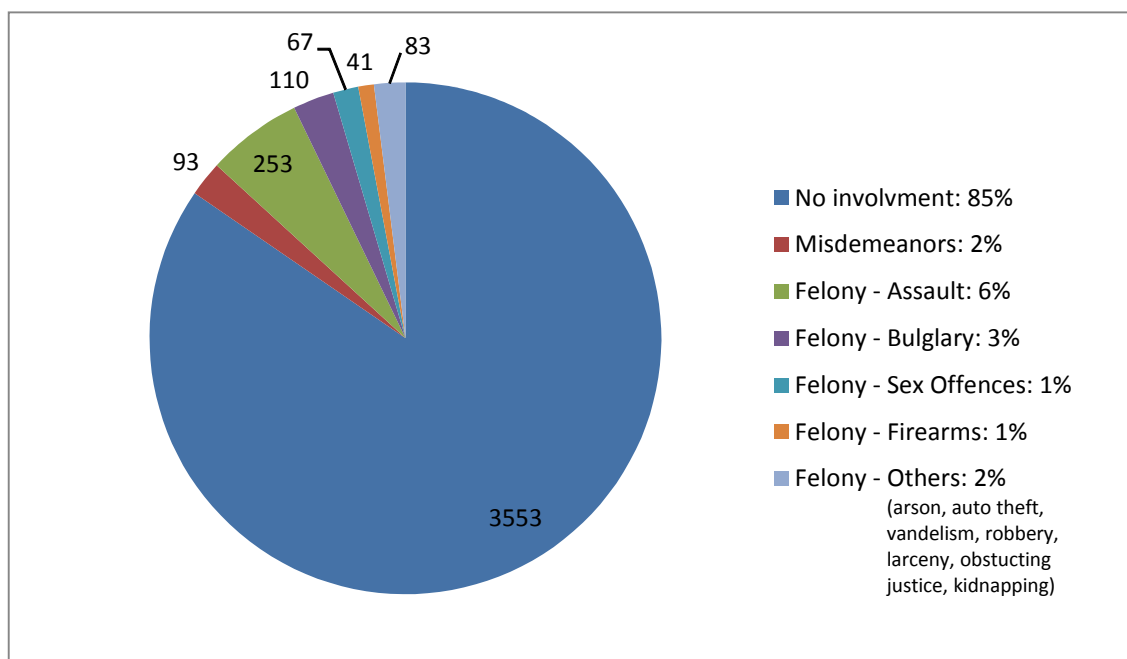
Source: Department of Juvenile Justice 2014 Crossover Report

In order to best serve and protect our communities, DJJ has developed several initiatives that may improve outcomes for current and former foster youth also involved in the juvenile justice system. These include:

- Crossover Youth Practice Model: The model provides for specialized case management, collaborative recommendations to the judiciary, attendance at hearings, enhanced educational services, and cross system training for stakeholders and families. In-depth data collection captures specific characteristics of dually-involved youth, and provides the foundation for assessing the impact of the CYPM related to the needs and specialized case management for this population. Two of Florida's judicial circuits were among the 13 sites selected across the nation by the Center for Juvenile Justice Reform at the Georgetown University's Public Policy Institute to implement the model.

- Trauma-Informed Care: The National Association of State Mental Health Program Directors (NASMHPD) defines trauma as the experience of violence and victimization, including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or witnessing violence, terrorism, or disasters. Trauma often leads to mental health and other types of co-occurring disorders and contact with the criminal justice system. DJJ is committed to meeting the needs of the youth in our care by providing Trauma-Informed Care.

- Civil Citation: The civil citation initiative addresses a youth's behavior at his or her first encounter with the juvenile justice system and provides an alternative to arrest for that child. This gives first-time misdemeanor offenders the opportunity to participate in intervention services at the earliest stage of delinquency. Diverting first-time misdemeanants through civil citation will save millions of dollars that would

otherwise be spent if youth were arrested and required to go through formal delinquency processing.

- Diversion: DJJ may recommend diversion programs that are alternatives to the formal juvenile justice system for youth who have been charged with a minor crime. Diversion programs include Community Arbitration, Juvenile Alternative Services Program (JASP), Teen Court, Intensive Delinquency Diversion Services (IDDS), Civil Citation, Boy and Girl Scouts, Boys and Girls Clubs, mentoring programs, and alternative schools.

- School-Justice Partnerships: In Florida, the Supreme Court Steering Committee on Families and Children in the Court was charged with developing and encouraging the implementation of promising practices to help ensure that children involved in dependency and delinquency court cases stay in school and are less likely to be arrested, suspended or expelled. The committee developed an online toolkit at www.floridaschooljustice.org as a resource for local collaborative groups. The toolkit provides information that will help groups identify ways to better address youth misconduct, keep schools safe, limit suspensions and referrals to juvenile justice, and ultimately produce better outcomes for youth.

- Juvenile Detention Alternative Initiative (JDAI): Detention is a crucial early phase in the juvenile court process. Placement into a locked detention center pending court significantly increases the odds that youth will be found delinquent and committed to corrections facilities, and can seriously damage their prospects for future success. Yet many detained youth pose little or no threat to public safety. Before JDAI, overreliance on locked detention was widespread — needlessly harming youth.

- Community Re-entry Teams: As part of DJJ's transition initiative, the needs of youth returning home following residential placement have been identified through a validated needs assessment. Circuit liaisons have been identified and Community Re-entry Teams have been established to provide support to youth and families throughout the state. The teams operate in each judicial circuit and work to connect youth and families with established resources in their area. These teams are instrumental in ensuring that youth receive the right services, in the right place, at the right time.

The Independent Living Services Advisory Council recommends that child-welfare organizations throughout the state participate in each of the above DJJ projects and workgroups.

Youth Workgroup

Current and former foster youth are able to provide invaluable input and feedback on programs and policy affecting adolescents. **The Independent Living Services Advisory Council recommends the creation of a workgroup comprised of a young adult from each of the six Department regions to discuss how to improve the policies, procedures and services provided to them by the Department of Children and Families.** The youth workgroup would be chaired by the current young adult ILSAC member(s).

Youth participating in this workgroup would be requested to participate in one additional substantive workgroup, such as the group care, employment, education, or juvenile justice workgroups.

Photograph of Independent Living Young Adults at the 2014 Child Protection Summit

Response to the

Independent Living Services Advisory Council

2014 Annual Report

Department of Children and Families

March 17, 2015

Mike Carroll
Secretary

Rick Scott
Governor

Florida Statutes established the Independent Living Services Advisory Council, and mandates the issuance of an annual report from the Council, as well as a response from the Department of Children and Families.

Statutory Authority:

409.1451

(7)   INDEPENDENT LIVING SERVICES ADVISORY COUNCIL.—The Secretary of the Department of Children and Families shall establish the Independent Living Services Advisory Council for the purpose of reviewing and making recommendations concerning the implementation and operation of the independent living transition services. This advisory council shall continue to function as specified in this subsection until the Legislature determines that the advisory council can no longer provide a valuable contribution to the department's efforts to achieve the goals of the independent living transition services.

(a)   Specifically, the advisory council shall assess the implementation and operation of the system of independent living transition services and advise the department on actions that would improve the ability of the independent living transition services to meet the established goals. The advisory council shall keep the department informed of problems being experienced with the services, barriers to the effective and efficient integration of services and support across systems, and successes that the system of independent living transition services has achieved. The department shall consider, but is not required to implement, the recommendations of the advisory council.

(b)   The advisory council shall report to the secretary on the status of the implementation of the system of independent living transition services; efforts to publicize the availability of Aftercare Support Services, the Road-to-Independence Program, and Transitional Support Services; the success of the services; problems identified; and recommendations for department or legislative action; and the department's implementation of the recommendations for department's implementation of the recommendations contained in the Independent Living Services Integration Workgroup Report submitted to the appropriate substantive committees of the legislature by December 31, 2002. **The department shall submit a report by December 31 of each year to the Governor and the Legislature which includes a summary of the factors reported on by the council and identifies the recommendations of the advisory council and either describes the department's actions to implement these recommendations or provides the department's rationale for not implementing the recommendations.**

(c)   Members of the advisory council shall be appointed by the secretary of the department. The membership of the advisory council must include, at a minimum, representatives from the headquarters and district offices of the Department of Children

and Family Services, Community-Based Care lead agencies, the Department of Education, the Agency for Health Care Administration, the State Youth Advisory Board, Workforce Florida, Inc., the Statewide Guardian Ad Litem Office, foster parents, recipients of Road-to-Independence Program funding, and advocates for foster children. The secretary shall determine the length of the term to be served by each member appointed to the advisory council, which may not exceed 4 year.

(d) The Department of Children and Families shall provide administrative support to the Independent Living Services Advisory Council to accomplish its assigned tasks. The advisory council shall be afforded access to all appropriate data from the department, each Community-Based Care lead agency, and other relevant agencies in order to accomplish the tasks set forth in this section. The data collected may not include any information that would identify a specific child or young adult.

Recommendations by the Independent Living Services Council for the Florida Department of Children and Families

As required by statute, the Department is submitting the following response to the following workgroup conclusions and recommendations for the Department of Children and Families contained in the Independent Living Services Advisory Council's 2014 report.

1.   Pregnant and Parenting Teens

The state child welfare system is responsible for ensuring that all youth in foster care are safe, healthy, permanently connected to families and have the skills needed to be successful. There is an emerging recognition that designing service delivery specifically for pregnant and parenting youth in foster care is a critical part of this responsibility. Adolescent parents face multiple obstacles balancing their own transition to adulthood with raising a child. The Workgroup made recommendations concerning the safety of the mother and the child, family engagement and relationship building components of the family unit, developmental influences of the mother and child, the need for cross system trainings for providers of care and the need to improve the data collection and evaluation for the group.

Department Response: The Department recognizes the value of systematic intervention strategies, focused on safety, family engagement, and developmental influences, Cross-Systems Training, Data Collection and Evaluation for the defining of risk and parental empowerment and case management guidance. The Department will work with the Independent Living Services Advisory Council Pregnant and Parenting

Teens workgroup and Community-Based Care (CBC) Lead Agencies to determine the best avenue for this service delivery modality. In addition, the Department will convene a quality care workgroup to review, analyze and define quality of care standards for Group care providers, which will reflect the federally identified data collection and performance measurements per the Social Security Act, SEC.477.(42 U.S.C 677). The goal of the group will be to link the Department's service modality with the development of outcome measurements that directly affects educational attainment, employment or employability, avoidance of dependency, homelessness, nonmarital childbirth, incarceration and high risk behaviors in youth and young adults.

2. Employment

The Independent Living Services Advisory Council recommends the creation of an employment workgroup to assess the effectiveness of the youth accessing workforce services at the regional workforce boards, to include reviewing:
- Barriers
- Common services accessed
- Service needs
- Gaps in service provision
- Recommendations to improve access

Department Response: The Department recognizes the value of the youth employability skills development and its implementation in the framework of service delivery. Therefore the Department has partnered directly with the Department of Economic Opportunities (DEO) and the Department of Education (DOE) to obtain the Florida Education and Training Placement Information Program (FETPIP) data analysis. This analysis reflects an overwhelming number of young adults that have reached age 18 in care within the past seven years that are currently being enrolled in Temporary Aid for Needy Families (TANF)/ Cash assistance programs or who are considerably under-employed. The Department will work with the Independent Living Services Advisory Council, Career SOURCE, DEO, DOE and CBCs to determine the most helpful service partnerships and program delivery to enhance the number of young adults obtaining jobs and employability skills development. In addition, the Department will partner with the Florida Coalition for Children Independent Living Subcommittee to identify young adults in care that experience educational challenges and barriers. Assistance to these individuals will be provided by way of creating systematic linkages between system partners to identify cross system resources that can be used by the youth and young adults.

3. Education

The Independent Living Services Advisory Council recommends the creation of an education workgroup to assess the effectiveness of the youth accessing educational services, to include reviewing:

- School stability
- Reading at grade level
- School dropout, truancy, and disciplinary actions
- High school graduation rates

Department Response: The Department recognizes the need for early educational barrier identification and the development of cross systems options to assist with efficient service delivery to young adults in care. The Department will work with the Independent Living Services Advisory Council, DOE and CBCs to determine the most effective way to obtain the requested data, with the acknowledgement that the Department needs to obtain system entry data in order to identify an outcome benchmark. In addition, the Department will partner directly with the Florida REACH and Florida College Access Network workgroup to obtain, analyze and provide recommendations on the school stability, reading and math levels, school dropout, and truancy factors of the young adult at the time of entry into dependency care. The Department will partner with the Florida College system and the Board of Governors State University System to identify, analyze and provide on campus targeted services to young adults in care.

4. Juvenile Justice

Currently 15% of youth ages 13-17 in foster care also have open cases with the Florida Department of Juvenile Justice (DJJ). The vast majority of these cases involve felony charges. The result of these charges can have long lasting and debilitating effects on a youth's transition to adulthood. The Independent Living Services Advisory Council recommends that child-welfare organizations across the state participate in each of the above DJJ projects and workgroups.

Department Response: The Department recognizes the need for system to system collaboration in order to maximize service delivery. The Department will work with the Independent Living Services Advisory Council, DJJ and CBCs as a part of the workgroup to review cross system data, analyze commitment timeframes, living arrangement at time of delinquency activity, trainings for system professionals and development of a robust community re-entry platform for Crossover young adults.

5.   Youth Workgroup

Current and former foster youth are able to provide invaluable input and feedback on adolescent programming and policy. The Independent Living Services Advisory Council recommends the creation of a workgroup comprised of a young adult from each of the seven Department regions, to discuss how to improve the policies, procedures and services provided to them by the Department of Children and Families. This workgroup will be chaired or co-chaired by a current young adult ILSAC member(s).

- Youth participating in this workgroup will be requested to participate in one additional, substantive workgroup, such as the group care, employment, education, or juvenile justice workgroups.

Department Response: The Department recognizes the value of the youth voice and perspective, as well as the need for data to inform effective policy development and improve practice change. The Department will work with its statewide youth focus and youth driven advocacy groups on developing a youth driven customer service workgroup. The Department will partner with this workgroup in developing a communication plan to share the youth voice with statewide partners. The best quantifying and qualifying elements of the Department system is how young adults perceive the services received.

POSITION DESCRIPTION

CAREER SERVICE ☐   SELECTED EXEMPT SERVICE ☒   SENIOR MANAGEMENT SERVICE ☐   OTHER ☐ _____

| POSITION LOCATION INFORMATION | Position Exempt Under 110.205(x)(_____), F.S. Managerial ☐ Confidential ☐ Supervisory ☒ Other ☐ _____ |||

NAME OF AGENCY: CHILDREN AND FAMILIES

DIVISION/COMPARABLE: DEPUTY SECRETARY OF OPERATIONS	**Organization Level:** Current: Proposed:			
	Position Number: 60019982	**FTE:** 1.00	**Security Role Code: M**
BUREAU/COMPARABLE:	**Current Broadband Level Code:** 21-1099-4	**Current Class Title:** Protective Investigator Supervisor	**Current Class Code: 8309**
SECTION/SUBSECTION: ADULT SERVICES	**Proposed Broadband Level Code:**	**Proposed Class Title:**	**Proposed Class Code:**
HEADQUARTERS/COUNTY CODE:	**Type of Transaction:**		

INCUMBENT:	**APPROVAL AUTHORITY USE ONLY**			
POSITION ATTRIBUTES:	Broadband Level Code:	Class Code:	Approved By:	Effective Date:
EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐				
CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐	**APPROVED BROADBAND OCCUPATION:**			
11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☒ 89 ☐ 99 ☐ Other ☐ ____				
Special Risk: Yes ☐ No ☒ Overtime: Yes ☐ No ☒ CAD: Yes ☐ No ☒	**APPROVED CLASS TITLE:**			

1. This position reports directly to: Position Number <u>60036019</u> Broadband Level Code <u>11-5191-2</u>

   Broadband Occupation <u>Community and Social Service Managers</u> Class Code <u>5916</u> Class Title <u>OPERATIONAL PROGRAM ADMINISTRATOR</u>

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

   21-1019-02, HUMAN SERVICES COUNSELOR III, 60020059
   21-1099-03, PROTECTIVE INVESTIGATOR, 60048173
   21-1099-03, PROTECTIVE INVESTIGATOR, 60055217
   21-1099-03, PROTECTIVE INVESTIGATOR, 60072289
   21-1099-03, PROTECTIVE INVESTIGATOR, 60073230
   43-9061-02, SENIOR CLERK, 60024796

3. What statutes establish or define the work performed? 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.

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position #   (e.g. **12987654.doc**)   E-mail to:orgmanagement@convergys.com

6. 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
	The duties and responsibilities include, but are not limited to, the following:
	Supervises the protective investigation responsibilities of protective investigators and the service provision responsibilities of counselors within a geographic area and job responsibilities described above. This includes report assignment and consultation regarding investigative activities for emergency services, casework services, victim/client assessment, determining risk and service needs, court reports and recommendations, review and approval of activities as recorded in the investigative record and Home Safenet computer system, evaluates staff performance and sets goals, informally on an ongoing basis and formally on an annual basis, or as required by personnel regulations.
	Supervises the clerical responsibilities of staff to determine that the clerical functions of the unit are completed.
	Acts as liaison with mental health center, health facilities, Long Term Care Ombudsman Committee, Florida Advocacy Council, Agency for Health Care Administration, and other organizations which provide services to vulnerable adults. This includes providing training on the adult services programs, both investigations and services, upon request, as well as discussing and resolving problems that might develop between Department of Children and Families and other agencies.
	Interviews, evaluates and selects individuals for employment in the unit.
	Facilitates regular staff meetings and individual conferences. Attends training sessions and supervisors' meetings.
	Prepares and supervises the preparation of required reports.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position:

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):

9. Other job-related requirements for this position:

10. Working hours: (A) Daily from _____ to _____ (B) Total hours in workweek _____ (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 ☐
<u>Other:</u>

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 ☐ No ☐ Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

POSITION DESCRIPTION

CAREER SERVICE ☒ SELECTED EXEMPT SERVICE ☐	SENIOR MANAGEMENT SERVICE ☐ OTHER ☐ ____

POSITION LOCATION INFORMATION	**Position Exempt Under 110.205(____)(____), F.S.** Managerial ☐ Confidential ☐ Supervisory ☐ Other ☐ ____		
NAME OF AGENCY: Department of Children & Families	**Organization Level:** Current: 6030 Proposed:		
DIVISION/COMPARABLE: Office of Child Welfare	**Position Number:**	**FTE:** 1.00	**Security Role Code:** E
BUREAU/COMPARABLE: Florida Abuse Hotline	**Current Broadband Level Code:** 21-1099-03	**Current Class Title:** Abuse Registry Counselor (Abuse Hotline Counselor)	**Current Class Code:** 5961
SECTION/SUBSECTION: Call Center Operations	**Proposed Broadband Level Code:**	**Proposed Class Title:**	**Proposed Class Code:**
HEADQUARTERS/COUNTY CODE: Leon / 037	**Type of Transaction:**		
INCUMBENT:	**APPROVAL AUTHORITY USE ONLY**		

POSITION ATTRIBUTES:	Broadband Level Code:	Class Code:	Approved By:	Effective Date:
EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐				
CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☒ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐	**APPROVED BROADBAND OCCUPATION:**			
11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☐ 89 ☐ 99 ☐ Other ☐ ____				
Special Risk: Yes ☐ No ☒	**APPROVED CLASS TITLE:**			
Overtime: Yes ☒ No ☐				
CAD: Yes ☐ No ☒				

1. This position reports directly to: Position Number _____ Broadband Level Code 21-1099-04

   Broadband Occupation <u>Community/Social Service Spec/All Other</u> Class Code <u>5962</u> Class Title <u>Abuse Registry Supv-SES</u>

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

3. What statutes establish or define the work performed? Chapters 39 and 415, F.S.

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): N/A

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.

% of Time	Duties and Responsibilities
	This is professional work protecting children and vulnerable adults at the Florida Abuse Hotline. The incumbent assesses allegations of abuse, neglect or abandonment of children, and abuse, neglect or exploitation of vulnerable adults. The incumbent determines if the information meets statutory criteria for an investigation or referral to an appropriate agency. Some incumbents may provide bi-lingual services.
25%	Enters abuse reports in the appropriate information system
20%	Receives and assesses verbal and written allegations of abuse, neglect or abandonment of children, and abuse, neglect or exploitation of vulnerable adults.
10%	Researches appropriate information systems to determine prior history to assist in the safety and risk assessment of alleged victim.
10%	Receives and refers, as appropriate, complaints against vendors, related licensed facilities, and Department employees that may include human rights violations, inappropriate treatment, and inadequate services.
10%	Enters screened out calls in the appropriate information system.
5%	Assigns cases to appropriate Department of Children and Families county unit or law enforcement agency for investigation.
5%	Gathers information and consults with supervisory staff regarding child and adult death reports.
5%	Provides supportive assistance and referral services to persons in need.
5%	Maintains liaison with field investigative staff, supervisors, and other adult and child protective services professionals in both public and private sectors.
5%	Performs other job-related duties as assigned.

6. 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.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position: Knowledge of theories and practices in social work or education. Knowledge of professional ethics relating to child and adult protective services. Knowledge of interviewing techniques. Knowledge of basic investigative techniques. Ability to maintain strict confidentiality. Ability to make critical decisions independently. Ability to conduct thorough telephone assessments. Ability to analyze information and determine its validity. Ability to understand and apply Chapters 39 and 415, Florida Statutes, and other relevant laws, rules, regulations, policies, and procedures. Ability to provide guidance and assistance to persons in crisis. Ability to conduct fact-finding interviews. Ability to assess risk factors for indicators of abuse, neglect or abandonment of children. Ability to assess risk factors for indicators of abuse, neglect or exploitation of vulnerable adults. Ability to plan, organize and coordinate work assignments. Ability to actively listen to others. Ability to write accurate allegation narratives that support the need for an investigation. Ability to establish and maintain effective working relationship with others. Ability to utilize personal computer systems and associated applications, including Microsoft® Word. Knowledge of web-based applications. Ability to use general office equipment, such as facsimile and copying machines. Ability to use Telecommunications Device for the Deaf (TDD) equipment. Ability to work non-traditional work hours.

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): Incumbents must successfully complete a written and a performance-based assessment during the probationary period. CJIS Certification must be obtained upon completion of pre-service training.

9. Other job-related requirements for this position: All Florida Abuse Hotline employees are considered essential personnel and are expected to report to work during emergencies or natural disasters. Incumbent must be able to work non-traditional work hours, which may include nights and/or weekends.

10. Working hours: (A) Daily from _____ to _____ (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 ☐ No ☐ Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. **12987654.doc**)   E-mail to:orgmanagement@convergys.com

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE ☐ SELECTED EXEMPT SERVICE ☒	SENIOR MANAGEMENT SERVICE ☐ OTHER ☐ _____

POSITION LOCATION INFORMATION	Position Exempt Under 110.205(2)(W), F.S. Managerial ☐ Confidential ☐ Supervisory ☒ Other ☐ _____		
NAME OF AGENCY: Department of Children & Families	**Organization Level:** Current: 6030 **Proposed:**		
DIVISION/COMPARABLE: Office of Child Welfare	**Position Number:**	**FTE:** 1.00	**Security Role Code:** M
BUREAU/COMPARABLE: Florida Abuse Hotline	**Current Broadband Level Code:** 21-1099-04	**Current Class Title:** Abuse Registry Supervisor (Abuse Hotline Supervisor)	**Current Class Code:** 5962
SECTION/SUBSECTION: Call Center Operations	**Proposed Broadband Level Code:**	**Proposed Class Title:**	**Proposed Class Code:**
HEADQUARTERS/COUNTY CODE: Leon / 037	**Type of Transaction:**		

INCUMBENT:	APPROVAL AUTHORITY USE ONLY			
POSITION ATTRIBUTES: EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☒ 89 ☐ 99 ☐ Other ☐ _____ Special Risk: Yes ☐ No ☒ Overtime: Yes ☐ No ☒ CAD: Yes ☐ No ☒	**Broadband Level Code:**	**Class Code:**	**Approved By:**	**Effective Date:**
	APPROVED BROADBAND OCCUPATION:			
	APPROVED CLASS TITLE:			

1. This position reports directly to: Position Number _____ Broadband Level Code <u>11-1021-02</u>

   Broadband Occupation <u>General and Operations Managers</u> Class Code <u>2238</u> Class Title <u>Operations & Mgmt Consultant Mgr - SES</u>

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

3. What statutes establish or define the work performed? Chapters 39 and 415, F.S.

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): N/A

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.

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. **12987654.doc**)   E-mail to:orgmanagement@convergys.com

% of Time	Duties and Responsibilities
	This is professional work supervising and the directing the work of intake counselors at the Florida Abuse Hotline. The incumbent monitors counselor performance and productivity to ensure the quality of reports and non-reports, appropriate distribution of work, and staff scheduling, ensuring that performance outcomes are met. The supervisor has the responsibility and authority to recommend actions on all personnel matters, including discipline, hiring, and termination. Ensures that all subordinate employees obtain training and development opportunities to achieve successful performance. May be required to serve on committees, task forces, or other teams as needed to complete special projects.
30	Monitors and directs the work of intake counselors. Plans workloads, work flow, deadlines, work objectives, and time utilization with employees to ensure the most effective use of resources. Motivates employees to achieve and improve the quality and quantity of work performed. Develops performance standards; reviews standards, evaluates performance, and plans for continuous improvement. Develops and implements corrective action plans to address performance deficiencies, as required.
30	Reviews assessments of reports and non-reports through call monitoring and other techniques; provides direction to ensure appropriateness, clarity, quality, and thoroughness. Facilitates and participates in a variety of staffings, including child and adult death cases.
15	Communicates on a regular basis with employees both individually and in staff meetings. Advises employees of all policy and procedure changes. Provides guidance to counselors by coaching, motivating, training, and other staff development activities.
10	Acts as a liaison with field investigative staff, supervisors, managers, and other adult and child protective services professionals in both public and private sectors.
10	Participates in special work groups or teams on issues such as hiring, quality assurance, training, certification, productivity analysis, policies and procedures, or other related topics. May be required to deliver presentations to either internal or external audiences.
5	Performs other job-related duties as assigned.

6. 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.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position: Knowledge of theories and practices in child and adult protection, counseling, social work, investigations or education. Knowledge of professional ethics relating to child and adult protective services. Knowledge of physical and behavioral indicators of abuse and neglect. Knowledge of interviewing techniques and basic investigative techniques. Ability to maintain strict confidentiality. Ability to make critical decisions independently. Ability to determine work priorities, assign work and ensure proper completion of work assignments. Ability to understand and apply Chapters 39 and 415, Florida Statutes, and other relevant laws, rules, regulations, policies, and procedures. Ability to effectively supervise staff members. Ability to work non-traditional work hours. Ability to plan, organize and coordinate work assignments. Ability to actively listen to others. Ability to communicate effectively, both orally and in writing. Ability to establish and maintain effective working relationships with others. Ability to assess risk factors for indicators of abuse, neglect or abandonment of children; and, indicators of abuse, neglect or exploitation of disabled or vulnerable adults. Ability to monitor and assess employee performance consistently and equitably. Ability to utilize personal computer systems and associated applications, including Microsoft® Word and Excel. Knowledge of web-based applications.

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):

9. Other job-related requirements for this position: All Florida Abuse Hotline employees are considered essential personnel and are expected to report to work during emergencies or natural disasters.

10. Working hours: (A) Daily from _____ to _____ (B) Total hours in workweek <u>40</u> (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 ☐ No ☐ Supervisor's Signature:	Title:		Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:		Date:
Approval of Agency Personnel Officer:	Title:		Date:

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE ☐ SELECTED EXEMPT SERVICE ☒ SENIOR MANAGEMENT SERVICE ☐ OTHER ☐ _____				

POSITION LOCATION INFORMATION		Position Exempt Under 110.205(2)(W), F.S. Managerial ☐ Confidential ☐ Supervisory ☐ Other ☐ _____		
NAME OF AGENCY: CHILDREN AND FAMILIES		**Organization Level:** **Current:** 60 **Proposed:**		
DIVISION/COMPARABLE: ASSISTANT SECRETARY FOR OPERATIONS		**Position Number:** 60055216	**FTE:** 1.0	**Security Role** **Code:** M
BUREAU/COMPARABLE: Northwest Region		**Current Broadband** **Level Code:** 21-1099-04	**Current Class Title:** Protective Investigator Supervisor-SES	**Current Class** **Code:** 8309
SECTION/SUBSECTION: Family Safety / Adult Protective Services		**Proposed Broadband** **Level Code:**	**Proposed Class Title:**	**Proposed** **Class Code:**
HEADQUARTERS/COUNTY CODE: TALLAHASSEE/37		**Type of Transaction:**		
INCUMBENT:		APPROVAL AUTHORITY USE ONLY		
POSITION ATTRIBUTES: EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☒ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☒ 89 ☐ 99 ☐ Other ☐ _____ Special Risk: Yes ☐ No ☒ Overtime: Yes ☐ No ☒ CAD: Yes ☐ No ☒ || **Broadband** **Level Code:**	**Class** **Code:**	**Approved By:**	**Effective Date:**
^ ^	APPROVED BROADBAND OCCUPATION:		
^ ^	APPROVED CLASS TITLE:		

1. This position reports directly to: Position Number 60036019 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:

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60019679, GADSDEN COUNTY (20)

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60050786, GADSDEN COUNTY (20)

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60058632, GADSDEN COUNTY (20)

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60055218, GADSDEN COUNTY (20)

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60073231, GADSDEN COUNTY (20)

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60020907, GADSDEN COUNTY (20)

   21-1099-03, PROTECTIVE INVESTIGATOR, 8308, 60050787, GADSDEN COUNTY (20)

   43-9061-02, SENIOR CLERK, 0004, 60020042, GADSDEN COUNTY (20)

3. What statutes establish or define the work performed?

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

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If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation.

6. 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**

The duties and responsibilities include, but are not limited to, the following:

Supervises the protective investigation responsibilites for five protective investigators for four of six counties comprising Circuit 2 This includes report assignment and consultation regarding investigative activities for emergency services, casework services, victim/client assessment, determing risk and service needs, court reports and recommendations, review and approval of activites as recorded in the investigative record and Electronic Case Management system, evaluates staff performance and sets goals, informally on an ongoing basis and formally on an annual baise, or as required by personnel regulations.

Spervises the clerical responsibilites of support staff to determine that the support functions of the unit are completed.

Acts as liaison with mental health center, health facilities, Long Term Care Ombudsman Committee, Florida Advocacy Council, Agency for Health Care Administration, and other organizations which provide services to vulnerable adults. This includes providing training regarding investigations, upon request, as well as discussing and resolving problems that might develop between Department of Children and Families and other agencies.

Participates in Interview, evaluation and selection process of individuals for employment in the unit.

Facilitates regular staff meetings and individual conferences. Attends training sessions and supervisors' meetings.

Prepares and supervises the preparation of required reports.

Performs related work as required.

This position will serve as the official Single-Point-of-Contact which is designated to coordinate the provision of auxiliary aids and services to the deaf or-hard-of-hearing. The position will be responsible for the following:

1. Collect data on the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter provided on the Customer Feedback Form.

2. Keep records of the appropriate auxiliary aides and services on the Auxiliary Aide/Services Record as each service is provided.

3. Complete Self Assessment Tool to evaluate DCF's operational performance in providing appropriate auxiliary aids and services to deaf or hard-of-hearing persons and to identify methods to improve the provision of such auxiliary aids and services.

4. Assist designated DCF Personnel with any concerns, grievances or complaints raised by deaf or hard of hearing Customers or Companions regarding effective communication as soon as reasonably possible, with a goal of resolving all matters raised while the Customer and/or Companion is in a DCF Direct Service Facility.

5. Communicate with ADA/Section 504 Coordinators concerning services to deaf or hard-of-hearing Customers or Companions for the ADA/Section 504 Coordinators to provide summaries of these meetings to the Independent Consultant; Manage service records and report the data and any resource and/or training needs to the designated ADA/Section 504 Coordinator (Civil Rights Officer).

7. Knowledge, skills and abilities, including utilization of equipment, required for the position:

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):

9. Other job-related requirements for this position:

10. Working hours: (A) Daily from <u>8:00 a.m.</u> to <u>5:00 p.m.</u> (B) Total hours in workweek <u>40 hours</u> (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 ☐ No ☐ Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

DMS 05/5/04

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE ☒	SELECTED EXEMPT SERVICE ☐	SENIOR MANAGEMENT SERVICE ☐	OTHER ☐

POSITION LOCATION INFORMATION	Position Exempt Under 110.205(____)(____), F.S. Managerial ☐ Confidential ☐ Supervisory ☐ Other ☐ ____

NAME OF AGENCY: Florida Department of Children & Families

	Organization Level: Current: 6031 Proposed:

DIVISION/COMPARABLE: Deputy Secretary for Operations

Position Number: 60000944	FTE: 1.0	Security Role Code: E

BUREAU/COMPARABLE: Northwest Region

Current Broadband Level Code: 21-1099-03	Current Class Title: Family Services Counselor	Current Class Code: 5990

SECTION/SUBSECTION: Licensing & Background Screening

Proposed Broadband Level Code:	Proposed Class Title:	Proposed Class Code:

HEADQUARTERS/COUNTY CODE: 29/49

Type of Transaction: Update

INCUMBENT:

APPROVAL AUTHORITY USE ONLY

Broadband Level Code:	Class Code:	Approved By:	Effective Date:

POSITION ATTRIBUTES:

EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐

APPROVED BROADBAND OCCUPATION:

CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☒ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐

11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☐ 89 ☐ 99 ☐ Other ☐ _____

APPROVED CLASS TITLE:

Special Risk: Yes ☐ No ☒
Overtime: Yes ☒ No ☐
CAD: Yes ☐ No ☒

1. This position reports directly to: Position Number <u>60019388</u> Broadband Level Code <u>21-1099-04</u>

   Broadband Occupation <u>Community/Social Service Spec/All Other</u> Class Code <u>5992</u> Class Title <u>Family Services Counselor Supv - SES</u>

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

   N/A

3. What statutes establish or define the work performed? N/A

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): N/A

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.

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Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. **12987654.doc**)   E-mail to:orgmanagement@convergys.com

6. 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
	This is a professional position specializing in counseling, casework, and administrative activities in Child Care Regulation, responsible for inspecting and licensing Family Day Care Homes, Large Family Child Care Homes and Child Care Facilities within established time frames.
55%	Conducts inspections for child care homes and facilities to monitor compliance with Florida Statutes and Florida Administrative Code licensing standards. Maintains tracking system to ensure inspection timeframes are met and the correct number of inspections are completed annually.
5%	Processes initial and renewal applications, including background screening clearances and training as required by statute, determines eligibility and makes recommendations for licensure to supervisor/regional program manager.
10%	Investigates complaints on licensed providers and illegal child care operations. Prepares reports and initiates administrative action as required by statute and/or administrative code.
5%	Inputs and updates provider database, CCRA, on a regular basis. Archives inspections timely and monitors accuracy of data.
5%	Develops professionally by acquiring a proficient working knowledge of the applicable statutes, rules, regulations, policies, procedures and community resources which provide the framework for the child care regulation program.
5%	Provides technical assistance and support to child care providers to promote sustained compliance with licensing standards and ensures corrective action requirements are met.
5%	Attains a high proficiency/skill level as demonstrated through the competent utilization of the program's hardware, software, system applications and web pages.
5%	Responds to telephone and email inquiries and walk-in requests from the public, parents, other agencies and providers and provides accurate information on child care programs. Consults with stakeholders and other clients regarding child care regulation.
5%	Responds positively and timely to special assignments and performs other related duties as assigned by the supervisor.

7. Knowledge, skills and abilities, including utilization of equipment, required for the position:

Ability to communicate effectively verbally and in writing.
Ability to use computer - desk top, lap top. Knowledge and skills involved. Microsoft Word/Excel computer programs.
Ability to manage time - effectively and productively.
Ability to represent the Department in a professional manner in the community.
Knowledge of basic interviewing skills.
Ability to maintain good working relationships with other community agencies.

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite): None required as this program does not deal with dependency issues. Tallahassee has allowed child care licensing to be exempt from Child Protection Specialist Certification.

9. Other job-related requirements for this position:

10. Working hours: (A) Daily from <u>8:00 am</u> to <u>5:00 pm</u> (B) Total hours in workweek <u>40</u> (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 ☐ No ☐ Supervisor's Signature:	Title:	Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date:

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE ☒ SELECTED EXEMPT SERVICE ☐ SENIOR MANAGEMENT SERVICE ☐   OTHER ☐

POSITION LOCATION INFORMATION	Position Exempt Under 110.205(____)(____), F.S. Managerial ☐ Confidential ☐ Supervisory ☐ Other ☐ ____		
NAME OF AGENCY: Department of Children and Families	**Organization Level:** Current: Proposed:		
DIVISION/COMPARABLE: Family Safety and Preservation	**Position Number:** 60000498	**FTE:** 1.0	**Security Role Code: E**
BUREAU/COMPARABLE: Miami Zone	**Current Broadband Level Code:** 21-1099-03	**Current Class Title:** Family Services Counselor Supervisor	**Current Class Code: 5992**
SECTION/SUBSECTION: Family Safety/ Child Care Licensing	**Proposed Broadband Level Code:**	**Proposed Class Title:**	**Proposed Class Code:**
HEADQUARTERS/COUNTY CODE: 13	**Type of Transaction:** Proposed		
INCUMBENT:	**APPROVAL AUTHORITY USE ONLY**		

POSITION ATTRIBUTES:

EEO: 01 ☐ 02 ☒ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐

CBU: 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☒ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐

11 ☐ 18 ☐ 80 ☐ 81 ☐ 86 ☐ 87 ☐ 89 ☐ 99 ☐ Other ☐ ____

Special Risk: Yes ☐ No ☒
Overtime: Yes ☐ No ☒
CAD: Yes ☐ No ☒

Broadband Level Code:	Class Code:	Approved By:	Effective Date:

APPROVED BROADBAND OCCUPATION:

APPROVED CLASS TITLE:

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1. This position reports directly to: Position Number <u>00498</u> Broadband Level Code <u>21-1099-04</u>

   Broadband Occupation <u>Community/ Social Services Spec/all other</u> Class Code <u>8713</u> Class Title <u>Safety Program Manager</u>

2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position:

   21-1099-03 Family Services Counselor - 5990 - 60048251   100 Opalocka Blvd Opalocka Fl 33054
                                                      60022298   "   "
                                                      60070717   "   "
                                                      60048115   "   "
                                                      60047230
                                                      60060737
                                                      60048117

3. What statutes establish or define the work performed? Child Care Statutes Section 402.226 Florida Adminsitrative Code 65C-22 and 65C-20

4. This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.: Yes ☐ No ☒

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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.

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. **12987654.doc**)   E-mail to:orgmanagement@convergys.com

6. 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
	This is a highly responsible professional position in Child Care Counseling. Duties shall include but are not limited to the following:
	Reviews licensure studies new and existing child care facilities, family day care, homes, and large family child care homes to ensure that they contain all required information that the facility is in compliance with applicable child care standards before a license is issued.
	Ensures compliance with required inspections within required time frame to child care facilities/ homes. Completes timely supervisory review of inspections prior to archiving and ensures that inspections are archived within ten days.
	Ensures timely processing of all new and existing provisional and probationary licenses of facilities/ homes. Reviews child care administrative reports to avoid overdue licenses. Licenses should be submitted within 21 days prior to the due date to ensure no overdue licenses. Ensures compliance with time standard requirements.
	Ensures that staff complete the required re-inspections to facilities cited as out of compliance with standards. The administrative reports must be used to ensure compliance with this requirement.
	Reviews case files to ensure that they contain all required documentation and are organized according to Department guidelines, including ensuring completion of appropriate background screening training.
	Reviews administrative reports/ master list to ensure accuracy of all data. Ensures that counselors update caseload data on an ongoing basis.
	Ensures appropriate follow up on all complaint/ incident reports. Complaints must be logged and appropriately documented in the caseload.
	Ensures appropriate enforcement action for non-compliance with standards, administrative fines, staffing with legal for serious issues including background screening, revocation of license etc.
	Provides ongoing supervision and direction to subordinate employees through staff meetings and individual conferences.
	Ensures the provision of technical assistance to child care providers and general public through trainings, telephone contacts and returning telephone calls, written guidelines etc.
	Maintains current file on policy and regulation. Ensures all staff compliance. Demonstrates Administrative Code Chapters 65C-22 and 65C-20.
	Reads policies within ten days of issuance, completes special assignments, ensures data integrity by reviewing counselors' entries into the Sanswrite system.
	Complete leave and attendance for self and all staff under firect supervision.
	Investigates complaints, abuse allegations within the required timeframes. Staff cases with legal as needed. Follows prescribed Administative Actions as outlined in the Florida Administrative Code.
	Ensure daily attendance is recorded properly. All work conducted outside of the iffuce properly recorded on attendacne log. Completes timesheets within required timeframes.
	Obtains required inspections from other Department/ Agencies (Fire and Environmental Health).
	Responds to special assign,emnts and other duties as assigned by supervisors. Performs other duties as necessary.
	Performs all other related duties

7. Knowledge, skills and abilities, including utilization of equipment, required for the position:

Knowledge of theories and practice in child protection and family support.
Knowledge of professional ethics relating to child protection and counseling.
Knowledge of family centered interviewing and conseling techniques.
Knowledge of effective management skills.
Knowledge of interviewing techniques.
Skill in considering child development in guiding placement of children.
Skill in employing family centered practice.
Skill in organizing community resurce to assist families.
Ability to recognize indicators of abuse/ neglect.
Ability to conduct risk and safety investigations.
Ability to complete assessments and develop plans for family services counselors under direct supervision.
Ability to communicate effectively.
Ability to use computers.
Ability to establish and maintain well working relationships with children, co-workes, and community partners.

DMS 05/5/04

Please name this file as follows: 2 digits for Agency # and 6 digit Position # (e.g. **12987654.doc**)   E-mail to:orgmanagement@convergys.com

8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):

9. Other job-related requirements for this position:

10. Working hours: (A) Daily from <u>8:00A.M.</u> to <u>5:00P.M.</u> (B) Total hours in workweek <u>40</u> (C) Explain any variation in work (split shift, rotation, etc.)

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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 ☐
    <u>Other:</u>

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 ☐ No ☐ Supervisor's Signature:	Title:		Date:
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:		Date:
Approval of Agency Personnel Officer:	Title:		Date:

○ Fiscal Year ○ 2013-2014

annual report
FICCIT a
year in review

FLORIDA INTERAGENCY COORDINATING COUNCIL
FOR INFANTS AND TODDLERS

The primary responsibility of FICCIT is to advise and assist the Early Steps State Office and other entities in the development, implementation, and evaluation of the policies, procedures, and services provided under Part C of the Individuals with Disabilities Education Act (IDEA).

Early Steps: Addresses the needs of infants and toddlers with disabilities and their families.

The relationship between the parent and child is powerful. That daily interaction between them has the greatest impact on the child's development. Family relationships are the foundation of the Early Steps program. The Early Steps program provides professionals to coach families on how to use simple daily activities and routines to practice important developmental skills. Evidence-based research suggests that children learn best during the activities and routines that they experience every day where they live and play.

FICCIT moving forward

One of FICCIT's primary goals is to foster collaboration amongst Early Steps and other state, public, and private agencies. On November 6, 2012, FICCIT was formally designated as one of Florida's Citizen Review Panels by the Florida Department of Children and Families, in support of the Child Abuse Prevention and Treatment Act (CAPTA) and is currently involved in examining the CAPTA related to Part C of IDEA.

FICCIT continues to advise and assist with the development of various Early Steps training modules such as the Service Coordinator Apprenticeship training and the Infant Toddler Developmental Specialist (ITDS) training. FICCIT members are also involved in the creation of the Autism Navigator training for providers as well as the Early Steps Evaluator Credentialing process.

Dear Governor Scott, Florida Legislators, and Community Partners:

It is my sincere pleasure to submit the 2013-2014 Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) Annual Report. The federal Individuals with Disability Education Act (IDEA) mandates that each state convene an interagency council in order to advise and assist the state's IDEA, Part C early intervention system. In Florida, the Early Steps Program is administered by the Department of Health, Division of Children's Medical Services.

The successful implementation of early intervention services for our most vulnerable Florida population of infants and toddlers with disabilities is a charge FICCIT members take very seriously. Without the support of the families we serve, early intervention providers, local Early Steps offices, state agency partners, and legislators, FICCIT members would not be able to continually ensure the successful outcomes you will read about in this report.

Last year, the Early Steps program made a difference in the lives of over 43,000 children and their families. These included children who were told they were never going to walk, who took their first steps; children who were never supposed to speak, who said their first words; and children who have difficulty socializing, who made their first friends.

More families are accessing Early Steps services and direct service expenses are increasing. Fiscal resources are strained because more children are being served. It is well documented that the earlier a developmental delay is identified and addressed, the more successful the child will be as he or she enters school. Early Intervention is also a sound fiscal investment – saving our State thousands of dollars in later services.

Please take a few minutes to learn more about the Early Steps Program and our successes as well as our challenges. Together we can continue to make a positive difference for Florida's families.
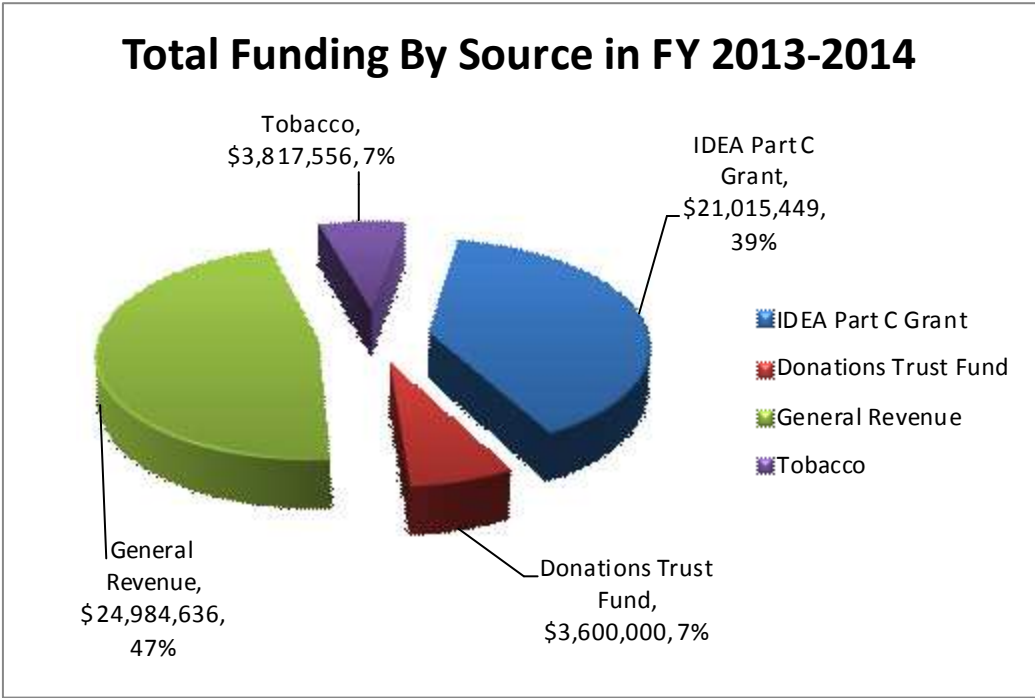
Sincerely,
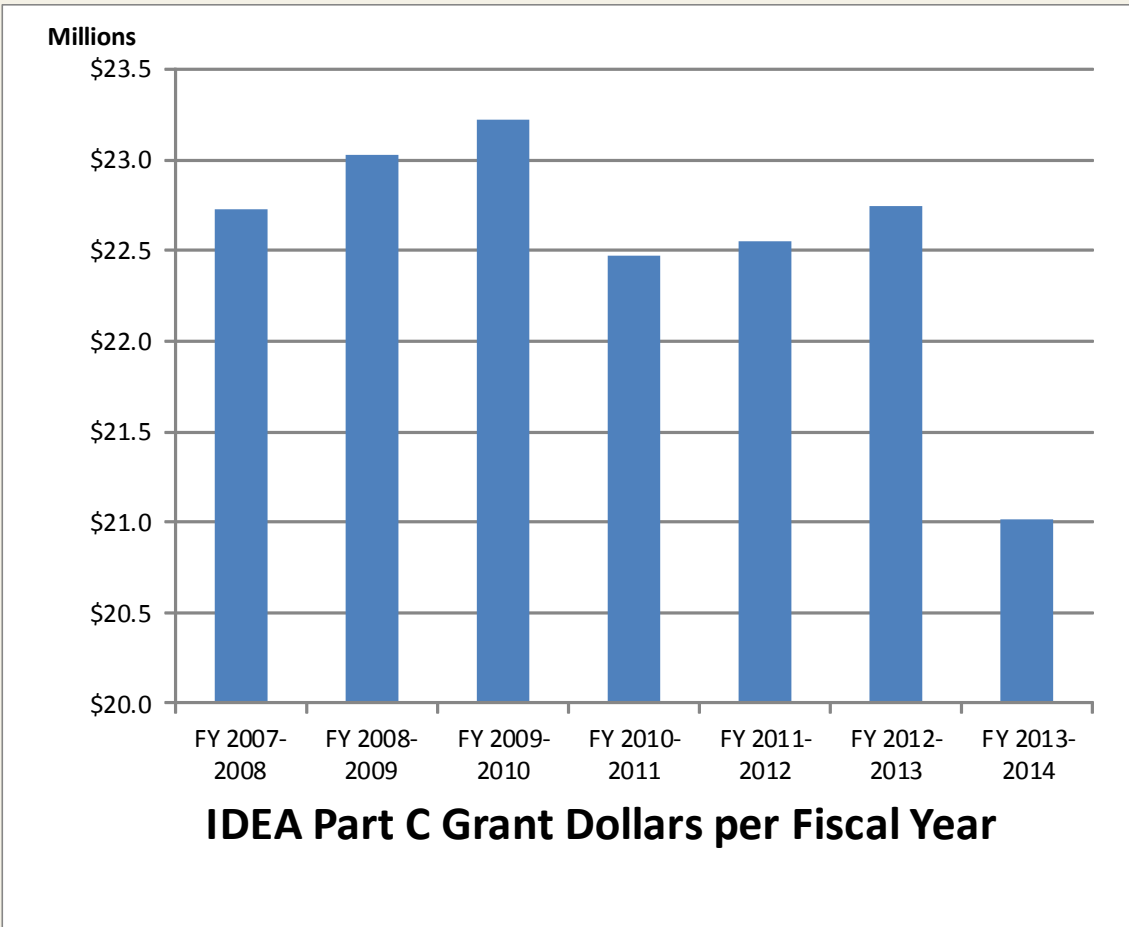
Dr. Ilene E. Wilkins
Chair

▶ For more information on the current Annual Performance Report and State Performance Plan please visit:
http://www.cms-kids.com/providers/early_steps/reports/program_performance.html

▶ Public reporting of state and local Early Steps performance is posted to the Early Steps website:
http://www.cms-kids.com/providers/early_steps/reports/program_performance.html

Early Steps Funding: $53,417,643

Total Funding By Source in FY 2013-2014

Tobacco, $3,817,556, 7%

IDEA Part C Grant, $21,015,449, 39%

- IDEA Part C Grant
- Donations Trust Fund
- General Revenue
- Tobacco

General Revenue, $24,984,636, 47%

Donations Trust Fund, $3,600,000, 7%

IDEA, Part C Grant Dollars

Millions

IDEA Part C Grant Dollars per Fiscal Year

Children Enrolled in Early Steps for the Past Fiscal Year

Age at Referral for Children Served in FY 2013-2014

2 Years Old, 25%

Under Age 1, 34%

1 Year Old, 41%

n=Total number of children referred

Total Children Enrolled in Early Steps is Increasing

Legend:
- Children w/IFSP
- Children Enrolled
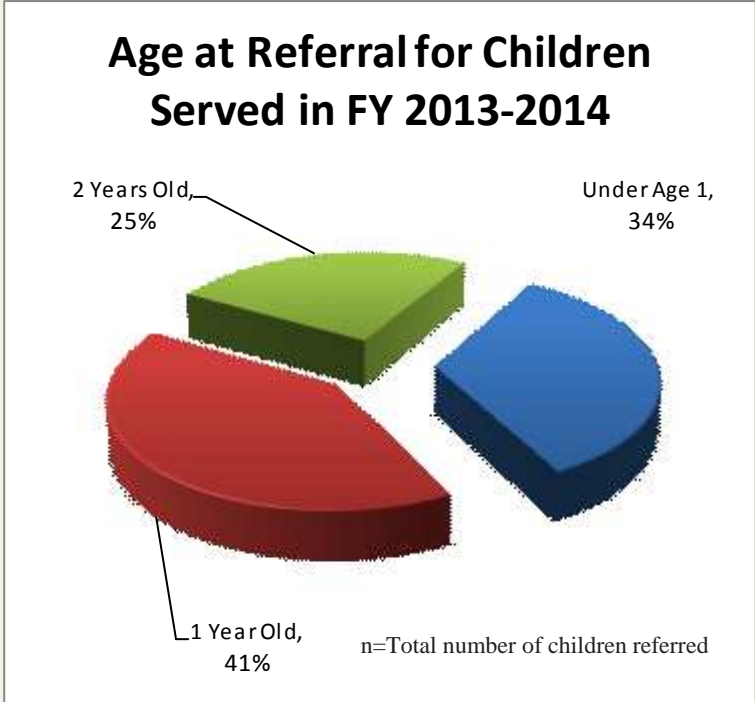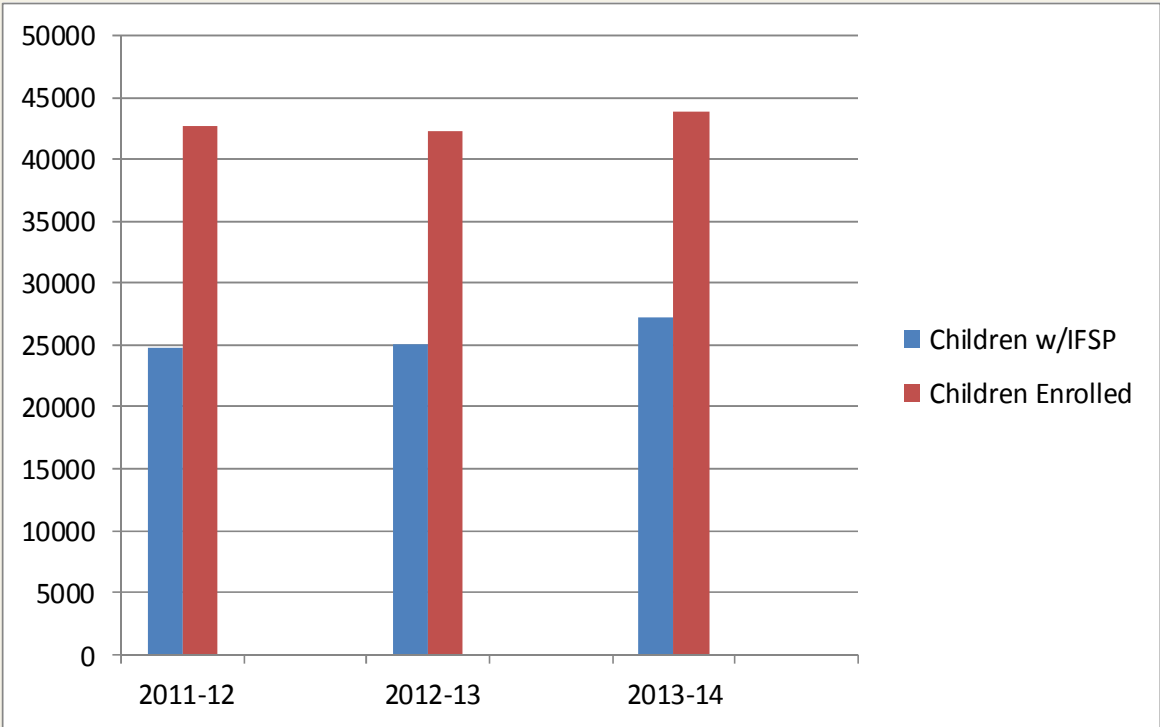
Success Stories

The success stories of Early Steps' families highlight the importance of high quality early intervention and the difference Early Steps can make in overcoming challenges, breaking down barriers, and improving the quality of life for children with disabilities and their families.

Thank you ...

...so much for assisting Kiersta and offering to continue her therapy. Kiersta is truly a product of early intervention services. Early Steps has been such an integral part of our journey. We will be exiting out of Early Steps within the next couple months, and we are already in the process of getting her ready for the Deaf/Hard of Hearing program with the Hillsborough County Schools. Thank you for your dedication to giving Kiersta listening and spoken language.

Sincerely,
Alex De Molina (Parent)
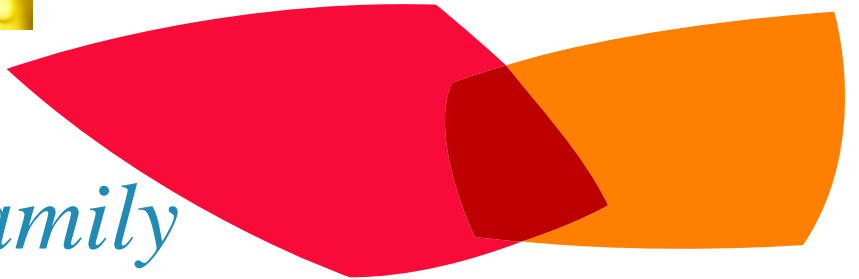
The Shumate family

Before Early Steps, our lives were very stressful with my daughter Jessabelle because we didn't know what was wrong with her. She didn't sleep and would sometimes stay awake anywhere from 13 to 18 hours at a time. I was afraid my daughter was blind because she wouldn't look at us. She also had feeding issues that led to choking every time she ate. At 3 months old, Bella was signed up for Early Steps as referred by her neurologist. Once Bella started receiving services from Early Steps, we then realized that my daughter had multiple problems: spastic quad CP, oral dysphagia, epilepsy, and cortical visual impairment. Ever since Bella was enrolled in Early Steps, I have seen incredible changes such as her ability to see certain colors and to get stronger every day. Early Steps has been a blessing for my daughter and family. We have learned to have patience, and never give up. Special children surprise us every day.
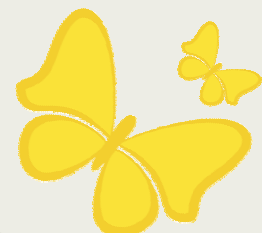
The Montero family

As most parents new to having a child with special needs we had lots of questions and concerns. We wanted to make sure Josh had all the therapy he needed during his early years as we heard how important that time is. Josh had challenges, as many children with Down syndrome do, with low muscle tone. This affected his ability to suck on his bottle and made it more difficult for him to learn to crawl, walk and lift himself up.

Thanks to the ongoing support and physical therapy service provided by Early Steps, Joshua improved his muscle tone and eventually learned to crawl and now walk. His occupational therapy services have helped him to improve his fine motor coordination so that he is now starting to self-feed some food and can start to work zippers and other things that require manual manipulation. His speech therapy has helped him learn quite a bit of sign language and he is starting to have a few words/sound. He is learning how to communicate better every day.

Early Steps and the therapists have helped answer the questions we had regarding what challenges to expect due to Josh having Down syndrome.

They have also helped us learn a variety of things we can do to help Josh every day when he is not in therapy to continue to get stronger and improve his skills. We have been very happy with his development and learning ways to integrate his therapy exercise into his everyday life has been very valuable.

... Thanks to Early Steps' help we feel better informed and more capable of helping to provide Josh the ongoing therapy and supports he needs and deserves.

Destiny Gonsalez

My family and I were clueless about Down syndrome when Destiny was born. We didn't know anything about it. Seeing and meeting people through therapy and play groups, Early Steps showed us that we were not alone, that there is information and support out there for us.

She plays like any other child and eats on her own. She is up to 50 words now and follows commands. She knows what she wants!

My family works with Destiny a lot. Whatever the therapist says she needs to work on, we all work on it.

92% of families reported that early intervention services helped their family help their child grow.

Data Source—Family Survey Results FY2013-2014

Current FICCIT Appointed Members

Allen, Lorraine Husum
State Coordinator, Homeless Education
Florida Department of Education

Blades, Laurie
Substance Abuse & Mental Health Program
Florida Department of Children and Families

Boggs, Jeanne
Parent

Carr, Kim
Florida School for the Deaf and the Blind

Cayson, Elizabeth
Health Care District of Palm Beach Co.

Copp, Lilli
Director
Florida Head Start Collaboration Office

Dagenais, Katherine
Parent

Donovan, Susan E., Ed.D
Technical Assistance and Training System (TATS)
University of Central Florida

Flores, Anitere
President, Doral College
State Senator, District 37

Goff, Shirley
Office of Early Learning

Hatcher, Johana
Department of Children and Families

Holmes, Arwyn D.
Parent

Paul, Sharon E
Parent

Porter, Misty
Parent

Quintana, Lourdes
Program Director
Central Florida Early Steps

LaKera Reddick
Program Administrator
Agency for Health Care Administration

Vergara, Kathleen
Director
Debbie Institute, University of Miami

Verra-Tirado, Dr. Monica
Chief
Bureau of Exceptional Education and Student Services, Florida Department of Education

Wilkins, Ilene, Ed.D
CEO
United Cerebral Palsy (UCP) of Central Florida

For more information, please visit the FICCIT website at http://www.floridahealth.gov/AlternateSites/FloridaICC/

Florida's Early Steps Service Areas

Western Panhandle
(850) 416-7656

Big Bend
(850) 921-0330

North Central
(352) 273-8555

West Central
(727) 767-4403

Bay Area
(813) 974-0602
(866) 549-1740

Gulf Central
(941) 487-5401

Southwest Florida
(239) 433-6700

Southernmost Coast
(786) 268-2611
(888) 624-7837

Northeastern
(904) 360-7022

North Beaches
(386) 255-4568
Ext. 303

Central Florida
(407) 317-7430
Ext. 2121

Space Coast
(321) 634-3688

Treasure Coast
(561) 882-6425

Gold Coast
(954) 728-1083
(954) 728-1090

North Dade
(305) 243-5808

For information on Early Steps visit:
www.cms-kids.com/families/early_steps/early_steps.html

FLORIDA INTERAGENCY COORDINATING COUNCIL
FOR INFANTS AND TODDLERS

System of Care Expansion Implementation

Project Director: Dr. P. Qasimah Boston (qasimah.boston@myflfamilies.com)
Progress Report Period 10.2013 to 9.2014

We have established a statewide expansion core advisory team made up of 33 members that meet two times annually and met during this report period to coordinate services, supports and expand the System of Care (SOC) framework. These members represent all SOC partner agencies at the state and regional levels. There are Cultural and Linguistic Competency (CLC) efforts that contribute to statewide coordination and collaboration and that support an infrastructure to increase the focus on wide scale adoption of SOC and they include; 1) the establishment of a state CLC Planning Team, and 2) the establishment of a state CLC Committee. The state CLC Planning Team has met three times and the state CLC Committee has had a face-to-face meeting once and is preparing for a conference call meeting. The Planning Team has 8 members and the Committee has 32 members.

In the state of Florida, altogether there are 16 SOC sites (graduated, existing, expansion implementation and new expansion implementation) Both the CLC Planning Team and the CLC Committee includes the SOC CLC Coordinators and other CLC experts in Florida. Our demographic includes; family members, youth, Native American, Latino/Latina, Asian, African American, Caucasian, academia, managing entities, managed care and nonprofit organizations. The intention of this effort is to increase adoption of SOC and its CLC values and to provide a vehicle for collaboration and coordination of statewide CLC activities.

The CLC Planning Team is working to ensure that the state CLC committee is productive and that it strategically provides support to the state SOC expansion implementation project. The CLC Planning Team meets to coordinate the work of the state CLC Committee. For example, currently, the Planning Team is guiding the work of the CLC Committee to build a statewide CLC Strategic Plan. The State CLC Strategic Plan is intended to support SOC expansion by promoting of CLC as a core SOC value.

The CLC Committee is working on the state CLC strategic plan through 3 established working teams; policy, CLC toolkit and providing support to others. We are hoping that the completion of the state strategic plan will produce action items with timelines and specific people to lead those action items and that this will strengthen statewide CLC collaboration and coordination and therefore increase statewide adoption of SOC.

New substitution codes have been added to our Medicaid managed care plan by the Florida Agency for Health Care Administration (H2022 - Community Based Wraparound Services). Also revenue code H2015HE - Comprehensive Community Support Services per 15 minutes -- Mental Health Program.

There is a Florida statute that supports ongoing SOC efforts. The "Florida Statute: 394.495 states, "Child and adolescent mental health system of care; programs and services.— (1) The department shall establish, within available resources, an array of services to meet the individualized service and treatment needs of children and adolescents who are members of the

target populations specified in s. 394.493, and of their families. It is the intent of the Legislature that a child or adolescent may not be admitted to a state mental health facility and such a facility may not be included within the array of services. (2) The array of services must include assessment services that provide a professional interpretation of the nature of the problems of the child or adolescent and his or her family; family issues that may impact the problems; additional factors that contribute to the problems; and the assets, strengths, and resources of the child or adolescent and his or her family. The assessment services to be provided shall be determined by the clinical needs of each child or adolescent. Assessment services include, but are not limited to, evaluation and screening.

We have a variety of social media that direct clients and providers to our DCF website as well as active social marketing and social media campaigns in our 5 regions that direct consumers and providers to their regional websites.

Through our project we fund a contract with the Federation of Families of Florida to staff a family coordinator and youth coordinator for each of our five (5) expansion sites. In their role, they help their SOC engage youth and families in their regional governance structure and all SOC activities. Within the CLC expansion implementation activities, youth and family members are members on the state CLC committee. The intention is to involve them in all of the decision making processes.

All of our partners have state and regional leaders serving on our SOC core advisory team that assist with strengthening partner relationships and expanding SOC in our state. There are three (3) examples of how the statewide CLC expansion effort has collaborated across child serving agencies and providers and community and treatment settings. 1) By providing CLC training: We have provided CLC training to the Healthy Start Coalition. This is a coalition of maternal and child health providers who focus on infant mortality and children's health. We have also provided CLC training to the One Goal: Building the Future together state conference. This conference engages over 1500 child serving agencies statewide and the CLC training was a statewide training. We have also conducted CLC training within the LAUNCH federally funded project. 2) By providing CLC materials: We have printed 1800 CLC posters and distributed them to each expansion site. The sites were instructed to host an unveiling of the posters to their coordinating councils. The posters are to increase cultural awareness and culturally relevant practice. The language posters are also being used by the Parents of the Panhandle Information Network in conjunction with their event, "Conferencia Tropical Educativa." This event is working to connect with English Language Learner Families. 3) By sharing and providing the SOC philosophy with academia: our CLC expansion effort has engaged academia in conversations about the SOC concept. We have worked with the Department of Psychology to help them integrate the SOC concept, language and model into their proposals thus expanding and building relationships and bridges among partner in hopes that professors will integrate SOC in their syllabi. This effort is intended to impact the child serving workforce and contribute to workforce development.

Our state offices have combined mental health and substance abuse into one office. We meet together as a team and share resources to include training and coaching throughout Florida

CLC activities are important to the Florida block grant. The coordinator was asked to contribute to block grant reporting by crafting a response to describe CLC activities in the state.

During Mental Health Awareness month we used our proclamation by the Governor for a media blitz and press release using social media of all types to promote mental health discussions throughout the state. Currently, we are working on the implementation of a mental health anti stigma campaign. To promote social inclusion three (3) posters have been reproduced as a CLC strategic communication activity. These posters were presented at the first state CLC Planning Team meeting, at the first state CLC Committee meeting and at the 2014 National Training Institute at Georgetown by a member of the state CLC Committee. The CLC materials are to be used to promote the Florida CMH SOC Expansion Project. Each site coordinator was instructed to conduct an unveiling of the posters at their site and to explain the use of the (CLC materials). There are three (3) posters; 1) Faces (depicting multicultural faces of children), 2) Iceberg (a talking tool that helps in increasing cultural awareness by focusing on culture as a broad concept requiring folks to dig deeper, and 3) Languages (this poster has the word, "Welcome" in five (5) different languages. The posters have the logos of our contracted partners and our expansion sites (those who have logos).

The project director and CLC director coach the expansion sites on implementing their collaborative work through their SOC governance structure. We are working with contracted partners to continue to increase the presence of youth and families throughout all of our SOC activities. CLC technical assistance strategies include; reporting at bimonthly meetings, preliminary strengths based assessment of each expansion site, assignment of a CLC lead at each expansion site who also sites on the state CLC Committee, site visits conducting CLC training and work sessions. Each expansion site is in the CLC strategic plan developmental stages. We also, facilitated a CLC webinar taught by Vivian Jackson and another face-to-face CLC Workshop in Sun Coast region with Ms. Reese. Both of these trainings were useful in increasing comprehension of CLC concept and practice.

Lessons Learned

By engaging the voices of the expansion site leaders, providers and community members we get buy-in. This is important because this helps us to learn what is important to them and then there is an increase in investment of SOC activities. In addition, "buy-in" provides an initial gateway for systemic sustainability at the beginning and not at the end of the project. The establishment of the state CLC Planning Team, state CLC Committee and of five (5) CLC representatives one for each expansion site are accomplishments highlighted here. This is challenging though, because the management of these structures is difficult due to required activities. On the other hand, these structures should be very instrumental in supporting SOC activities statewide. The lessons from being able to provide CLC materials in the form of the CLC promotional posters should also be mentioned here. This has generated a level of energy and actions complimentary to what is needed to build the CMH SOC in the state of Florida. For example, sites are asked to have an event to unveil the CLC posters, this will help bring attention (needed) to the SOC expansion project and also help to expand the SOC value – CLC. Another example is that one SOC site requested these posters to use in the collaboration, coordination of efforts to highlight a Spanish Conference designed to enhance awareness and to identify strategies for responding to

emotional and learning needs of children and families. While we are making some advancement in the area of our CLC, there is so much more to be done and progress is slow, however, working at the pace of the expansion site is critical. We are doing this and find that achievements are being made.

As we work more closely with regional SOC coordinators and family and youth coordinators in the field and assist them in increasing collaboration and in establishing work structures and work groups, the more we see activity taking place in expanding SOC.

Another lesson learned is that we realize the need to engage the SAMH Regional Directors in additional SOC information and knowledge to assist them in expanding their SOC in their regions as part of the sustainability plan.

Florida Project LAUNCH Evaluation Brief Stakeholder Collaboration Year 1

JULY 2014

USF Evaluation Team:

Patty Sharrock, Ph.D.
Cathy Sowell, LCSW
Svetlana Yampolskaya, Ph.D.
Teresa Nesman, Ph.D.
Rochelle Lentini, M.Ed.

UNIVERSITY OF
SOUTH FLORIDA
COLLEGE OF BEHAVIORAL
& COMMUNITY SCIENCES

Background

The purpose of Florida Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is to promote the wellness of young children from birth to age eight and their families, specifically those living with or at risk of substance abuse. Five prevention and promotion strategies form the framework of the project:

- Screening and assessment in a range of child-serving settings
- Enhanced home visiting through increased focus on social and emotional well-being
- Family strengthening and parent skills training
- Integration of behavioral health into primary care settings
- Mental health consultation in early care and education

In accordance with these strategies, the project consists of activities at the state level and targeted interventions at the local community level in an area made up of five high need zip codes (33709, 33714, 33781, 33782, and 33771) in Pinellas County, Florida known as the Lealman Corridor. Florida Project LAUNCH is funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being implemented through a partnership between the Florida Department of Children and Families (FL DCF), Substance Abuse and Mental Health state and local program offices, the Florida Department of Health, and local contracted service providers in Pinellas County. In addition, State and Local Young Child Wellness Councils have been formed as a process of the grant to ensure stakeholder inclusion and decision making in grant activities and assist with strategic planning, implementation, and accountability. The councils are facilitated by the State Young Child Wellness Expert and Local Young Child Wellness Coordinator (employees of FL DCF). Council members represent state and local agencies, councils, service providers, and institutions of higher education and have expertise in child welfare; substance abuse prevention, treatment, and aftercare; public health; physical health; adult, family, and child/infant mental health; child care; child development; early childhood and elementary education; Medicaid; juvenile justice; state government; and advocacy.

An evaluation of Florida Project LAUNCH is being carried out by the University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies under contract with the Florida Department of Children and Families. The evaluation includes process and outcome components to examine the implementation, effectiveness, and outcomes of Florida Project LAUNCH activities and programs as well as collaboration, integration, service access and use, and outcome disparities for the populations of focus. This brief summarizes findings from the Year 1 baseline measurement of collaboration among state and local (Lealman Corridor) stakeholders as part of the process evaluation. Full details can be found in the *Year 1 Evaluation Report* (Nesman, Sowell, Sharrock, Yampolskaya, & Lentini, 2013).

Methodology

The baseline measurement of collaboration was obtained by administering the *Wilder Collaboration Factors Inventory* (Mattessich, Murray-Close, & Monsey, 2001b) to stakeholders at the local (Lealman Corridor) and state levels through a Qualtrics web-based survey. The Wilder Inventory was originally developed through a review of the literature and includes 40 statements categorized into 20 factors and six domains that may promote or inhibit successful collaboration (Figure 1). Three open-ended questions were added at the end of the survey to elicit information concerning facilitators, challenges, and additional feedback relevant to collaborative efforts in Florida Project LAUNCH. The survey will be administered to local and state stakeholders on an annual basis to assess changes in collaboration over the life of the project.

An email invitation to complete the survey was sent to 20 local (Lealman Corridor) stakeholders including Local Young Child Wellness Council members, contracted provider representatives, and Florida DCF local project staff and 46 state stakeholders including State Young Child Wellness Council members and Florida DCF state project staff. The response rate was 80% (*n* = 16) for individuals at the local level and 54% (*n* = 25) for individuals at the state level. Participants indicated their level of agreement with each of the 40 Wilder Inventory statements on a 5-point Likert scale with higher scores indicating more favorable opinions and experiences related to Florida Project LAUNCH collaboration (5=strongly agree, 4=agree, 3=neutral/no opinion, 2=disagree, 1=strongly disagree). Scores of 4.0 or higher may be considered strengths; 3.0 to 3.9 are borderline and should be discussed to determine what, if any, action is needed; and 2.9 or lower are concerns to be addressed (Mattessich, Murray-Close, & Monsey, 2001a). These categories are not meant to define collaboration in absolute terms; rather, they should be used as a guideline for discussions about expanding strengths and addressing concerns to move forward with building a successful and sustainable initiative.

Figure 1. Overview of Wilder Collaboration Factors Inventory
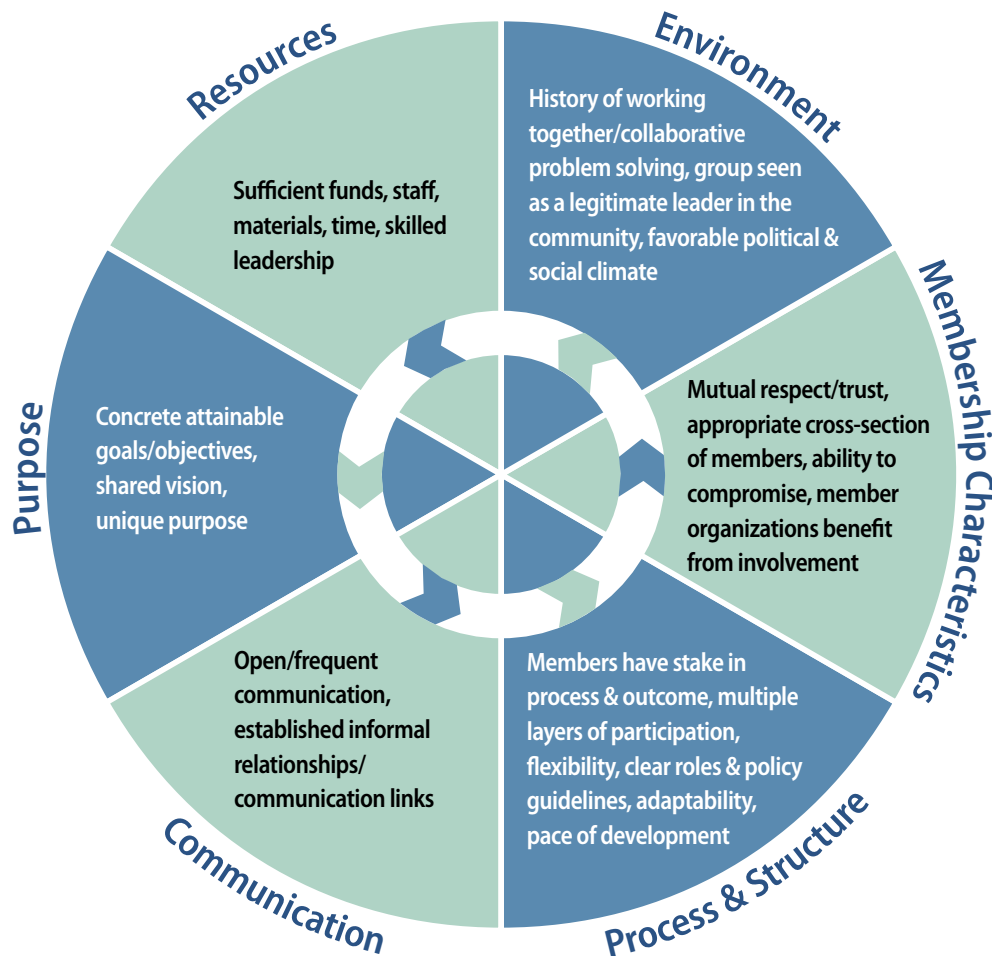
Collaboration Survey Results

Overall, the average beliefs and experiences of survey respondents related to Florida Project LAUNCH scored in the borderline range for collaboration with relatively similar domain scores between local and state stakeholders, except for Resources (Figure 2). Not unexpected for a baseline measurement, there is room for improvement across all domains at both system levels. In addition to these summary scores however, a review of the specific strengths and challenges that emerged from the survey responses will facilitate a more meaningful and useful discussion of the collaborative work within the project.

Figure 2. Average Collaboration Domain Scores
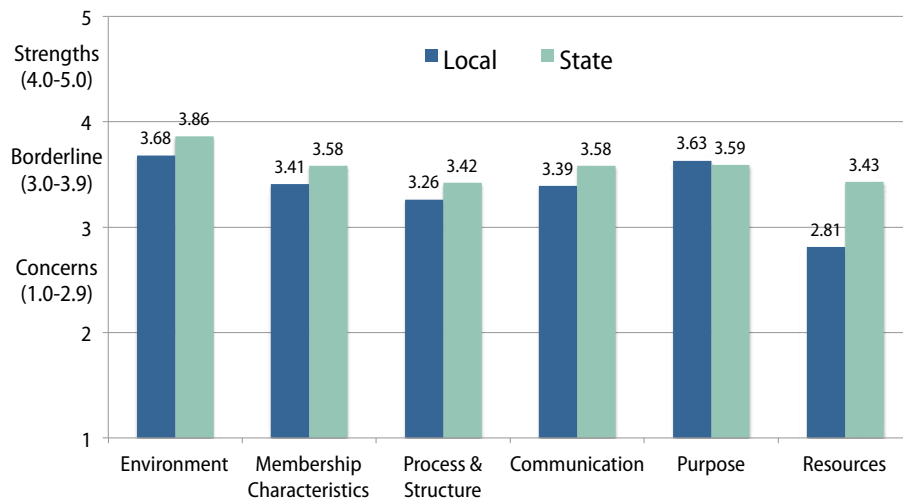
Strengths

Six of the 40 Wilder Collaboration Factors Inventory statements were rated at or above 4.00 by local and/or state stakeholders and therefore were considered collaboration strengths (Table 1). Strengths that were shared between local and state respondents included having respect for the individuals involved in Florida Project LAUNCH, a belief in the common desire for project success, and the necessity of a mutual effort among multiple organizations to carry out the project. Local respondents also were positive about their history of working with community agencies and the unique purpose of the project. Although some of the ratings for these six statements were not indicative of strengths, local and state ratings generally fell within the high borderline (3.5 to 3.9) to low strengths (4.0 to 4.5) range for collaboration. This suggests that the beliefs and experiences between local and state stakeholders are more positively similar than not.

Table 1. Collaboration Strengths

Domain	Wilder Inventory Statement	Mean Rating Local	State
Environment	Agencies in our community have a history of working together.	4.00	*3.64*
	The time is right for this collaborative project.	*3.88*	4.04
Membership Characteristics	I have a lot of respect for the other people involved in this collaboration.	4.19	4.25
Process & Structure	Everyone who is a member of our collaborative group wants this project to succeed.	4.38	4.08
Purpose	No other organization in the community is trying to do exactly what we are trying to do.	4.13	*3.32*
	What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	4.25	4.16

Note. Italicized numbers are in the borderline collaboration range.

Concerns

There were eight statements rated as areas of concern (at or below 2.9) at the local and/or state levels. Local and state respondents were not confident that all the organizations that needed to be involved in Florida Project LAUNCH were members of the collaborative. This also would include parents and community members. In addition, survey results suggested that local stakeholders lacked confidence about having enough time to discuss project decisions with their colleagues, having a clear understanding of their particular roles and responsibilities, having a clear process for making group decisions, and being able to stay current with coordinated and collaborative project work especially as it relates to having sufficient staff and funding. Overall, ratings between the local and state systems for these eight statements fell within the higher scoring range for concerns (2.0 to 2.9) and the lower borderline range (3.0 to 3.4) for collaboration. This suggests that all of these items may be worthy of discussion and attention at both system levels.

Table 2. Collaboration Concerns

Domain	Wilder Inventory Statement	Mean Rating Local	Mean Rating State
Membership Characteristics	All the organizations that we need to be members of this collaborative group have become members of the group.	2.25	2.84
Process & Structure	When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.	2.56	*3.48*
	People in this collaborative group have a clear sense of their roles and responsibilities.	2.75	*3.28*
	There is a clear process for making decisions among the partners in this collaboration.	2.81	*3.20*
	We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	2.88	*3.44*
	Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.	*3.25*	2.79
Resources	Our collaborative group has adequate "people power" to do what it wants to accomplish.	2.69	*3.20*
	Our collaborative group has adequate funds to do what it wants to accomplish.	2.88	*3.25*

Note. Italicized numbers are in the low borderline collaboration range (3.0 to 3.4).

Borderline Collaboration Areas

The remaining 26 (65%) statements on the Wilder Inventory were rated within the borderline collaboration range (3.0 to 3.9) by both local and state respondents. To aid any discussions about these items, Table 3 differentiates between statement responses that scored at the higher (3.5 to 3.9) and lower (3.0 to 3.4) ends of the borderline range. Italicized statement descriptions represent local scores in instances in which the state scores fell within the opposite end of the borderline range.

Table 3. Borderline Collaboration

Domain	Description of Wilder Inventory Statements
High Borderline Range (3.5 to 3.9)	
Environment	Community believes right organizations involved in project, collaborative problem solving common in community
Membership Characteristics	Project stakeholders willing to compromise on important aspects of project, cross-section representation involved in project, individual organizational benefit from project involvement
Process & Structure	Flexibility in decision making and listening to options, open to different approaches/ways of working together
Communication	*Personally had informal communication with members about project,* open communication between project stakeholders
Purpose	*Personal ideas about what project trying to accomplish similar to ideas of others,* project stakeholders dedicated to making project work
Low Borderline Range (3.0 to 3.4)	
Environment	Community leaders are hopeful for project success, *political/social climate is right*
Membership Characteristics	People involved in the collaboration always trust one another
Process & Structure	*High level of commitment among project stakeholders,* right amount of time investment, appropriate pace for project, *project stakeholder adaptability to changing conditions/plans/membership/leadership*
Communication	*Good/frequent communication among project stakeholders, formal and informal communication mechanisms*
Purpose	Clear understanding of project goals, reasonable project goals, *clear understanding of what project is trying to accomplish*
Resources	*People in leadership positions for this project have good skills for working with other people and organizations*

Moving Forward

Responses to the collaboration survey revealed strengths and areas of concern related to project stakeholder collaboration. Strengths should be built upon and utilized to sustain collaboration, even in the face of challenges that are inherent to the development and implementation of any multi-organizational project. Areas of concern should be discussed among stakeholders to determine appropriate ameliorative actions. Overall, the majority of responses indicate a range of borderline collaborative beliefs and experiences with some approaching the strengths level and others approaching a level of concern. The elements of collaboration are interrelated and require ongoing attention to maintain successful and reciprocal relationships among stakeholders to facilitate productive project activities aimed at achieving desired project accomplishments. To this end, several promising efforts have occurred since the completion of the *Year 1 Evaluation Report*. These include:

- Continued recruitment of community level stakeholders for the local council,
- Increased communication between the State and Local Young Child Wellness Councils,
- Completion of a Collaborative Lab process facilitated by the local College (http://www.spcollege.edu/central/collaborative/), and
- Efforts to partner with an existing community council.

Stakeholders should consider the information presented in this brief, not as an absolute measure of collaboration, but as an aid in generating constructive discussion and planning to propel Florida Project LAUNCH work forward at the local and state levels.

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Family Intensive Treatment (FIT)

Evaluation Report

February 1, 2015

Florida Department of Children and Families

Office of Substance Abuse and Mental Health Services

Mike Carroll
Secretary

Rick Scott
Governor

Table of Contents

I. **Introduction**

Specific appropriation 372 of the 2014 – 2015 General Appropriations Act (GAA) directs the Department of Children and Families (Department) to:

> From the funds in Specific Appropriation 372, $5,000,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases located in the department's Central, Northeast, Southern, and SunCoast regions.

> The department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives evaluating the effectiveness of FIT teams in meeting treatment goals established by the department by February 1, 2015. The report shall include an analysis of outcome measures and expenditure data from pilot.[1]

This report describes the Family Intensive Treatment (FIT) teams and their status as of December 31, 2014. It provides information about individuals served, the status of FIT program implementation, and expenses. Lastly, the report provides information on the outputs and outcomes achieved by the FIT teams to date.

The limited time-frame that the FIT teams have been operational poses a challenge to the evaluation of their effectiveness. However, based on the information reported from the FIT providers and the Managing Entities (ME), the Department concludes that the eleven FIT teams in the Department's Central, Northeast, Southern, and SunCoast regions have been implemented and are serving families. Additionally, key partners are establishing linkages required to resolve challenges associated with implementing the FIT model as a new practice that is family focused and integrated across the child welfare, behavioral health and judicial systems.

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[1] See, http://www.myfloridahouse.gov/Sections/Documents/appropriations.aspx?SessionId=75&Session=2014, site accessed January 5, 2015.

II.   **Background**

In 2014, the Florida Alcohol and Drug Abuse Association (FADAA) proposed to the Florida Legislature the creation of targeted treatment capacity to serve parents with behavioral health conditions who come in contact with the child welfare system. The proposal can be found in its entirety in Appendix A. The proposal was in part a response to the findings of the *Review of Child Fatalities Reported to the Florida Department of Children and Families* (2013), completed by the Casey Family Programs (CFP).[2] Findings by the CFP indicated that the sample of child deaths reviewed in Florida reflected trends commonly identified in studies of child maltreatment deaths, such as parental substance abuse, chronic mental health problems and domestic violence. In the sample reviewed, 90 percent of deceased children were under the age of five. Further findings indicated that the safety assessment completed during investigations did not adequately explore domestic violence, substance abuse and other family dynamics that increase risk to children.

The FADAA proposal also cited an analysis of FY2010-11 Florida Safe Family Network (FSFN) data which demonstrated that 60 percent of parents in verified child maltreatment cases had evidence of a substance use disorder. Nationally, research indicates that children are more likely to experience abuse and neglect when parents abuse alcohol or drugs.[3] Furthermore, once maltreatment is verified, children of parents who abuse alcohol or drugs are more likely to be placed in out-of-home care and stay in care longer than other children.[4] In 2012, the reason for removal of almost 31 percent of children placed in foster care was parental substance use.[5]

FADAA proposed implementation of seven pilots to create FIT teams that provide intensive interventions targeting high-risk families with child welfare involvement due to behavioral health issues. As currently implemented, the FIT Teams have not been evaluated for efficacy. The FIT model approach is different from current standard practice in that it goes beyond initial screenings and referrals for services. An extensive review of the literature identified critical components of treatment and services that show good outcomes for parents with substance use disorders and their children involved with child welfare. The framework for the FIT model was designed to include these critical components, as illustrated by the promising child welfare practices identified by the Child Welfare Information Gateway, which align with the critical components of the FIT teams.[6]

- **Family engagement.** Engagement strategies that help motivate parents to enter and remain in substance abuse services are critical to enhancing treatment outcomes.
- **Routine screening and assessment.** Screening family members for possible substance use disorders with the use of brief, validated, and culturally appropriate tools as a routine part of child welfare investigation and case monitoring. Once a substance use issue has been identified through screening, alcohol and drug treatment providers can conduct more in-depth assessments of its nature and extent, the impact on the child, and recommended treatment.
- **Individualized treatment and case plans.** Matching parents with evidence-based treatment programs and support services that meet their specific needs. Working collaboratively with families, alcohol and drug treatment professionals, and the courts, to develop and coordinate case and treatment plans.

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[2] *See,* http://www.dcf.state.fl.us/newsroom/pressreleases/docs/20131105_NovCaseyReport.pdf, site accessed January 18, 2015.
[3] Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect, 25*, 1627-1640.
[4] Barth, R., Gibbons, C., & Guo, S. (2006). Substance abuse treatment and the recurrence of maltreatment among caregivers with children living at home: A propensity score analysis. *Journal of Substance Abuse Treatment, 30*(2), 93-104.
[5] National Data Archive on Child Abuse and Neglect. (2012). Adoption and Foster Care Analysis Reporting System. [Data file]. Ithaca, NY: Author.
[6] Child Welfare Information Gateway. (2014). *Parental substance use and the child welfare system.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

- **Support of parents in treatment and recovery.** Support parents in their efforts to build coping and parenting skills, help them pay attention to triggers for substance-using behaviors, and work collaboratively on safety plans to protect children during a potential relapse.
- **Joint planning and case management.** Helps safeguard against parents becoming overwhelmed by multiple and potentially conflicting requirements of different systems.
- **Wraparound and comprehensive community services.** Address multiple service needs of parents and children, including those related to parenting skills, mental health, health, domestic violence, housing, employment, income support, education, and child care.
- **Flexible financing strategies.** Leverage or combine various funding streams to address the needs of substance abuse treatment for families involved in child welfare.

III.   Cross-system Collaboration

According to the Child Welfare Information Gateway, insufficient collaboration has historically hindered the ability of child welfare, substance abuse treatment, and family/dependency court systems to support the large percentage of parents who are investigated in child protection cases and require treatment for alcohol or drug dependence.[7]

Parental substance abuse and often times co-occurring mental health needs of parents pose a challenge to child welfare. As a result, systems-level collaboration and service integration strategies have been increasingly implemented nationally to coordinate services from child welfare, treatment, dependency courts, and other service systems for families affected by substance use; which include the following:[8]

- **Family Drug Courts** use judicial system authority and collaborative partnerships to support timely substance abuse treatment for parents, provision of a wide range of services for families, and monitoring of recovery components;
- **Cross-training** of child welfare and substance abuse treatment professionals to build an understanding of each other's systems, legal requirements, goals, approaches, and shared interests;
- **Collocation of substance abuse specialists** in child welfare offices to assess and engage parents, provide services to families, and offer training and consultation services to child welfare workers;
- **Communication and active collaboration across systems** help ensure that parents in need of substance abuse treatment are identified and receive appropriate treatment in a timely manner, while children's intervention needs are also addressed;
- **Cross-system information sharing** related to screening and assessment results, case plans, treatment plans, and progress toward goals, which can support professionals in each system to make informed decisions;
- **Joint planning and case management** to help safeguard against parents becoming overwhelmed by multiple and potentially conflicting requirements of different systems;
- **Wraparound and comprehensive community services** that address multiple service needs of parents and children, including those related to parenting skills, mental health, health, domestic violence, housing, employment, income support, education, and child care;
- **Flexible financing strategies** that leverage or combine various funding streams to address the needs of substance abuse treatment for families involved in child welfare; and
- **Linked data systems** that track progress toward shared system objectives and achievement of desired outcomes while also promoting shared accountability.

The FIT team model incorporates the above elements with the intent to improve practice. As reflected above, effective implementation of the FIT model requires extensive initial and ongoing cross-system planning to identify and overcome challenges posed by the child welfare, behavioral health and judicial systems that interact, but often do not align. Cross-system collaboration to design and implement new referral, case coordination, and on-going monitoring practices is required as a critical first step to the

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[7]See, https://www.childwelfare.gov/catalog/publicationlanding/?chno=11-11305&dynTitle=1, site accessed January 15, 2015.
[8]See, https://www.childwelfare.gov/catalog/publicationlanding/?chno=11-11305&dynTitle=1, site accessed January 15, 2015.

implementation of FIT. Major activities to implement FIT in the state are summarized below. Actions taken to implement FIT at the region and local level are summarized in Appendix B.

III.A.   STATE LEVEL CROSS-SYSTEM COLLABORATION

- **Implementation of FIT**
  - o All nine (9) FIT provider contracts were executed by September 29th, 2014.
  - o As of December 31, 2014, 201 of the total 208 individuals served remained in treatment.
- **Statewide Meetings**
  - o August 22, 2014 - Participants included the Department, MEs and CBCs. The FIT program design and expectations for performance were reviewed. In addition, the Guidelines for Planning was provided and discussed, to provide a roadmap through the phases of implementation. The Guidelines for Planning can be found in its entirety in Appendix C.
  - o October 22, 2014 - A second statewide meeting was held with the Department, MEs, FIT providers and CBCs to discuss and address barriers to implementation and refine the FIT model. Agreement on assessment and screening tools to be used by all FIT providers was finalized.
  - o January 22 – 23, 2015 – A third statewide meeting was held to review service and performance data reported to the FIT SharePoint data system. Effective provider practices related to parental engagement, collaboration, parent/child relationships were also on the agenda for review and discussion.
- **Statewide Conference Calls**
  Statewide conference calls were initially held twice a month to monitor and assist with FIT program implementation. They will continue to be held once a month beginning in February. These calls include the Department, FADAA, MEs, FIT providers and CBCs and the purpose is to identify and address barriers to implementation, such as referrals, coordination across systems, and program and performance requirements. These calls are facilitated by the Department's Substance Abuse and Mental Health (SAMH) and child welfare program offices and FADDA.
- **FIT Expanded Data Set**
  A structured decision making process was used to finalize agreement on an expanded FIT data set in October 2015 for required reporting by all FIT providers. The purpose of creating this data set is to measure the FIT process against outcomes.
  - o This data set captures comprehensive information about the entire family, including current and previous child welfare involvement, family composition, placement changes for children during FIT services, and services provided to all family members, including the children, regardless of the funding source.
  - o These data elements are not accessible in one existing data system; therefore, local key partners identified strategies to gather and share this information in order to provide a common understanding of the families they are jointly serving. The FIT expanded data set can be found in its entirety in Appendix D.
- **FIT SharePoint Data System**
  On December 5, 2014, the Department contracted with CFBHN to provide statewide access to their FIT SharePoint data system and provide training and technical assistance related to data entry. The CFBHN's SharePoint data system captures performance measure data and required reporting elements included in the *Family Intensive Treatment (FIT) Model Guidelines and Requirements*, in addition to the expanded FIT data set.
  - o CFBHN provided initial training to MEs and FIT Providers in mid to late December and continues to provide technical assistance to address challenges of using a new data system.

- o The Department, MEs and FIT providers have direct and ongoing access to this data system and can run reports related to performance measures, assessments and services provided as well as comprehensive information about individuals and families they serve.
- o A detailed review and discussion of data entered into the system to date was held with FIT providers, MEs and FADAA during the statewide meeting on January 22, 2015. The process to ensure data are entered accurately and that users understand how to use the comprehensive data set will continue as a statewide effort.

IV. **The Model**

The Department developed the *Family Intensive Treatment (FIT) Model Guidelines and Requirements* document to provide guidance to the MEs related to services, program and process requirements, eligibility, performance measures and reporting requirements.[9] This document was based on the proposal submitted by FADDA during the 2014 legislative session and was used by the MEs to set contract expectations for their FIT team providers. The document can be found in its entirety in Appendix E.

IV.A. ELIGIBILITY

In order to be eligible for FIT team services, parents must meet all of the following criteria:

1. Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.;
2. Have a substance abuse disorder;
3. Have at least one child between the ages of zero (0) and eight (8) years old;
4. Have been referred by a child protective investigator (CPI), dependency case manager, or community-based care (CBC) lead agency;
5. Are either under judicial supervision in dependency court (both in-home and out-of-home), but for out-of-home cases, only those parents with goal of reunification, or have been assessed as unsafe; and
6. Are willing to participate in the FIT Program.

IV.B. PURPOSE AND DESIRED OUTCOMES

The general purpose of the FIT team model is to provide intensive team-based, family-focused, comprehensive services to families with parental substance abuse served by the child welfare system, and more specifically to:

- Provide designated services at the correct level of treatment, and necessary supports to parents and family members in the child welfare system with substance use disorders;
- Concentrate on the family as a focus for treatment; and
- Integrate the following services and treatments:
  - Treatment for substance use disorders;
  - Parenting interventions, including those that address parental capacity and the child and parent relationship for children infancy to age eight; and
  - Coordination of all services received by all family members regardless of the funding source.

The desired outcomes of the FIT team model include the following:

1. Decrease parental substance use;
2. Increase children's safety and reduce risks;
3. Increase parental protective capacity; and
4. Reduce rates of re-abuse and neglect of children with parents with a substance use disorder.

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[9] See, http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/2014-contracts-docs, site accessed January 3, 2015.

IV.C.   CRITICAL COMPONENTS

The FIT team model includes the following critical components, as outlined in the *Family Intensive Treatment (FIT) Model Guidelines and Requirements* document and included in the FIT provider contracts.

- Linkages with CPIs;
- Linkages with CBC Lead Agencies;
- Immediate access to the appropriate level of treatment;
- Comprehensive assessment to address:
  - Addiction and comorbidity; [10]
  - Parenting capacity;[11]
  - Functional assessment;[12] and
  - Adverse childhood experiences[13]

- Comprehensive treatment planning;
- Treatment for addiction and co-occurring mental health, when needed;
- Parenting interventions;
- Care coordination and integration of family services;
- Peer supports for access to recovery and community and natural supports;
- Multi-disciplinary team approach in all aspects of care;
- Access to support services through incidental funds; and
- Strategic transitions at the time of child welfare closure.

IV.D.   TREATMENT PROCESS

The MEs, FIT team providers, CBCs, and the Department developed protocols for the FIT treatment process based on local needs, as directed by the *Family Intensive Treatment (FIT) Model Guidelines and Requirements.* The treatment process is summarized below, as reported by the MEs and FIT providers.

IV.D.(1)   Referrals

Referrals for FIT services are made by the CPI, the dependency case manager or CBC lead agency, and the dependency court. These key partners are implementing new referral processes that coordinate efforts across agencies and encourage parental engagement in treatment at the critical point of referral. However, locating and engaging parents referred to FIT has posed challenges to the initiation of an initial assessment within five days of the referral and the initiation of treatment services within forty-eight (48) hours of the completion of the assessment, which are current performance measures.

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[10] The National Institute on Drug Abuse defines comorbidity as two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other. Comorbidity also implies interactions between the illnesses that can worsen the course of both. See, http://www.drugabuse.gov/publications/drugfacts/comorbidity-addiction-other-mental-disorders, site accessed January 3, 2015.

[11] The North East of Scotland Child Protection Committee defines parenting capacity as "the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to [be able to] adapt to [the child's] changing needs over time. http://www.childprotectionpartnership.org.uk/nmsruntime/saveasdialog.asp?lID=433&sID=320,site accessed January 3, 2015.

[12] By determining a client's specific level of functioning across all major biopsychosocial domains and an overall level of functioning, specific symptom and functional deficit profiles emerge that can then be used for more effective treatment planning. See, http://www.psychosocial.com/dualdx/lof.html, site accessed January 3, 2015.

[13] The Substance Abuse and Mental Health Administration (SAMHSA) states: Adverse childhood experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home. See, http://captus.samhsa.gov/prevention-practice/targeted-prevention/adverse-childhood-experiences/1, site accessed January 3, 2015.

Difficulties in locating and engaging parents referred to FIT within these time-frames and strategies to address them were discussed at length during the statewide meeting on January 22. As a result of lessons learned, adjustments to current practice and related performance measures will be made to set reasonable time-frames for the referral and assessment processes that align with best practice for timely engagement in treatment services. Initiation of contact within two (2) business days will be required, in addition to documentation of efforts made.

The FIT referral process varies by location based on local needs and includes the following elements, as reported by the FIT providers and MEs:

- Timely staffing of referrals with the Department, CBC, CPI and/or supervisor;
- Ongoing coordination between the referral source and the FIT provider to address barriers in contacting or engaging parents referred for FIT;
- Co-location of the FIT team and the Department;
- Assignment of an ME point person, such as the Child Welfare Integration Coordinator;
- Use of Motivational Interviewing (MI)[14] and Supportive Therapy[15] to engage a parent(s) in treatment;
- Providing families with a flyer that outlines the benefits of participation in the FIT program; and
- An initial joint meeting with the parent(s), FIT provider and CPI or CBC case manager.

IV.D.(2)   Assessment

The FIT provider initiates initial assessments within forty-eight (48) hours from the time of referral, to include participation from the parent(s). The FIT providers have initiated contact within 2 business days; however, they have found that location and engagement takes additional time. Assessments to address parental behavioral health, parenting capacity associated with the behavioral health disorder, and the impact of the behavioral health disorder on family functioning are completed within five (5) days from the time of referral.

The Department, FADAA, MEs, and FIT providers used a collaborative decision making process to select the required assessment tools listed below. FIT providers began implementation of the required assessment tools, to include training staff, in October 2014. A detailed description of the screening and assessment tools can be found in Appendix F.

1. **Functional Assessment of Mental Health and Addiction (FAMHA)** [16]
   A 44-item scale documents functional deficits across domains; designed for clinicians as both an indicator of current individual level of functioning for diagnostic assessment, treatment planning and measure of change.

2. **Addiction Severity Index (ASI)** [17]
   Addresses seven potential problem areas; used by clinicians to diagnose substance use disorders, determine level of care, and inform treatment.

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[14] MI is a client-centered style of counseling with the goal of eliciting behavior change by helping individuals explore and resolve ambivalence. See, http://www.nrepp.samhsa.gov/MotivationalInterviewing.aspx, site accessed January 3, 2015.

[15] Supportive psychotherapy is used primarily to reinforce a patient's ability to cope with stressors through a number of key activities, including attentively listening and encouraging expression of thoughts and feelings; assisting the individual to gain a greater understanding of their situation and alternatives; helping to buttress the individual's self-esteem and resilience; and working to instill a sense of hope. See, http://www.caps.utoronto.ca/Services-Offered/Individual-Psychotherapy/Supportive-Psychotherapy.htm, site accessed January 10, 2015.

[16] See, http://www.psychosocial.com/dualdx/lof.html, site accessed January 3, 2015.

[17] See, http://www.psychiatry.yale.edu/pdc/resources/678_175045_ASI.pdf, site accessed January 3, 2015.

3. **American Society of Addiction Medicine (ASAM)** [18]
   Provides placement criteria for adolescents and adults to create comprehensive and individualized treatment plans.

4. **Adult and Adolescent Parenting Inventory (AAPI) – 2**[19]
   Designed to assess the parenting and child rearing attitudes of parents. Responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect.

5. **Adverse Childhood Experience (ACE) Questionnaire**[20]
   Provides a score based on exposure to trauma; the higher the score, the greater the risk for negative consequences as identified in the ACE study. [21]

In addition to the required assessments and screening tools, some FIT providers reported using the additional tools listed below:

1. **University of Rhode Island Change Assessment Scale (URICA)** [22]
   A self-report measure used to assess an individual's readiness to change when entering addiction treatment and can be used to guide treatment options
2. **Biopsychosocial Assessment**
   A multidisciplinary approach to assessment that includes exploration of relevant biological, psychological, social, cultural, and environmental variables for the purpose of evaluating how such variables may have contributed to the development and maintenance of a presenting problem.

IV.D.(3)   Treatment Planning

A good treatment plan is a comprehensive set of tools and strategies that address the client's identifiable strengths as well as her or his problems and deficits. It presents an approach for sequencing resources and activities, and identifies benchmarks of progress to guide evaluation. [23]

Through a treatment planning process, FIT providers develop a comprehensive treatment plan for each family within 30 days of completing the assessment process to guide the provision of FIT services. Treatment plans must meet the following criteria:

- Be developed with the participation of the family receiving services;
- Specify the specific FIT services and supports to be provided under the treatment plan;
- Specify measureable treatment goals and target dates for the FIT services and supports; and
- Be reviewed, revised or updated every three months, or more frequently as needed to address changes in circumstances impacting treatment, with the participation of the parent(s) receiving services.

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[18] See, http://www.asam.org/, site accessed January 3, 2015.
[19] See, https://www.assessingparenting.com/assessment/aapi, site accessed January 3, 2015.
[20] See, http://www.acestudy.org/ace_score, site accessed January 3, 2015.
[21] See, http://www.cdc.gov/violenceprevention/acestudy/, site accessed January 3, 2015.
[22] See, http://alcoholrehab.com/drug-addiction-treatment/university-of-rhode-island-change-assessment-scale-urica/, site accessed January 6, 2015.
[23] See, Center for Substance Abuse Treatment. *Practical Approaches in the Treatment of Women who Abuse Alcohol and Other Drugs.* DHHS Publication No. (SMA) 94-3006. Rockville, MD: Substance Abuse and Mental Health Services Administration

IV.D.(4)   Treatment Services and Supports Provided

The FIT model is a family-based treatment approach that integrates parenting interventions, treatment services, and supports for all family members, regardless of the payer and requires close coordination with CPIs and dependency case managers. Treatment services are provided at the level of care recommended by a standardized assessment tool, such as the ASAM and provide for immediate access to substance abuse treatment within 48 hours from the time of initial assessment, if needed. Services and supports provided include the following;

1. **Peer support**
   A peer mentor is available 24 hours per day, seven days per week for crisis intervention/support, referrals, and therapeutic mentoring.

2. **Substance abuse and Co-occurring Treatment Services**
   Both substance use disorders and mental health needs are addressed through an array of services, to include, but not limited to: intensive in-home treatment; counseling and related therapeutic interventions in individual, group or family settings; and crisis stabilization and detoxification services.

3. **Psycho-education**
   Therapeutic and educational interventions may be provided to enhance competency in any the following areas:
   - Parenting skills;
   - Family education and family support network development;
   - Behavior management; and
   - Relapse prevention skill development.

4. **Specialized Care Coordination**
   The specialized care coordinator works with a multi-disciplinary team to promote access to and coordinate a variety of services and supports, including but not limited to:
   - Behavioral health;
   - Domestic violence services;
   - Medical and dental health care;
   - Basic needs such as housing, food, and transportation;
   - Educational and training services;
   - Employment and vocational services;
   - Legal services; and
   - Other therapeutic components of the family's treatment, services, or supports as needed.

5. **Incidental Funds**
   Funds are used to purchase supports for the purpose of removing barriers to treatment and to support the family's recovery or reunification goals. Examples of items purchased include transportation, child care, housing, medical services, and medications.

IV.D.(5)   Evidenced-Based Practices

FIT providers are required to be trained in using an evidenced-based practice[24] determined to be effective with families served by the child welfare system. FIT providers worked with their community partners to identify evidenced-based practices that would benefit the target population and reported using one or more that address trauma, recovery, parenting, behavior change, and the learning of new skills. A list of these evidenced-based approaches and a description of each can be found in Appendix G.

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[24]EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. See, http://guides.mclibrary.duke.edu/c.php?g=158201&p=1036021, site accessed January 15, 2015.

IV.D.(6)   Discharge

As part of the discharge planning process, the FIT provider holds a multidisciplinary team (MDT) meeting no later than seven days prior to the family's discharge from services, to include participation of the parent(s). The purpose of the MDT is to ensure the family is receiving adequate behavioral health services that address the behavioral health condition and promote relapse prevention and recovery.

In addition to holding an MDT, the FIT provider completes a discharge summary within seven days prior to discharge containing, at minimum the following components:

1. The reason for the discharge;
2. A summary of FIT services and supports provided to the family;
3. A summary of resource linkages or referrals made to other services or supports on behalf of the family; and
4. A summary of each family member's progress toward each treatment goal in the treatment plan.

Research shows that most people with a substance use disorder need at least three months in treatment to reduce or stop their drug use and that longer treatment times result in better outcomes. Recovery from drug addiction is a long-term process that often requires several episodes of treatment and ongoing support from family or community. [25]

The expected length of treatment in FIT ranges from at least (4) months to nine (9) months. The goal of FIT is to provide treatment to families until the time of family reunification and/or child welfare case closure

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[25] See, http://www.drugabuse.gov/publications/seeking-drug-abuse-treatment/4-duration-treatment-sufficient, site accessed January 15, 2015.

V. **FIT Funding**

V.A. FUNDING METHODOLOGY

As directed by Specific appropriation 372 of the FY2014–15 GAA, the Department identified communities in the Central, Northeast, Southern, and SunCoast regions with high rates of child abuse, and specifically those with parental substance abuse.

The Department used the *Verified Most Serious Finding Report (Per Capita Fiscal Year 2013-2014)* to identify areas with high rates of abuse reports with verified findings. Substance Misuse-Verified abuse report data (unduplicated client count by community from July 1, 2013, to February 28, 2014) were used to determine the percentage of funds allocated to each area. Both of these data reports were run from the Florida Safe Families Network (FSFN). Funds were allocated to the targeted regions, based on the percentage of verified reports, as shown in Table 1 below.

Table 1. Allocation Methodology for FIT Funds

County	Number of Verified Substance Misuse Reports	Percentage of Reports	Funds Allocated
Alachua	556	0.0783209	$391,604
Volusia	971	0.1367798	$683,899
Northeast Region			$1,075,503
Citrus	285	0.0401465	$200,732
Hernando	418	0.0588815	$294,408
Orange	713	0.1004367	$502,183
Polk	531	0.0747993	$373,996
Central Region			$1,371,319
Pasco	1483	0.2089027	$1,044,513
Charlotte	333	0.046908	$234,540
Lee	910	0.1281871	$640,935
SunCoast Region			$1,919,989
Miami-Dade	687	0.0967742	$483,871
Monroe	212	0.0298634	$149,317
Southern Region			$633,188
Total			$4,999,998

V.B.   ALLOCATION OF FUNDS

The FIT appropriation was included in the FY2014 –15 budgets of the MEs in the Department's Central, Northeast, Southern, and SunCoast regions, as shown in Table 2 below. Lutheran Services Florida, Central Florida Cares Health Systems, Central Florida Behavioral Health Network, and South Florida Behavioral Health Network consequently executed fixed price contracts with their FIT providers. Three of the four MEs pay their contracted FIT providers in monthly installments, which are calculated by dividing the number of months in the contract by the total amount of the contract. The fourth ME pays their provider $10,000 per family per year; however, the provider may exceed the $10,000 to address the needs of the family. Payments to the FIT providers cover all program expenses such as treatment services and supports, salaries and benefits for staff members, indirect costs and incidental funds. All four MEs monitor actual expenses on a monthly or quarterly basis.

Table 2. Allocation of FIT Funds to MEs and Providers

Managing Entity	DCF Region	County	FIT Provider	Allocation
Lutheran Services Florida	Northeast	Volusia	Stewart-Marchman-Act Behavioral Healthcare	$ 683,899
	Northeast	Alachua	Meridian Behavioral Healthcare	$ 391,604
	Central	Citrus	The Centers	$ 200,732
	Central	Hernando	BayCare	$ 294,408
				$1,570,643
Central Florida Cares Health System	Central	Orange	Aspire Health Partners	$ 502,183
				$ 502,183
Central Florida Behavioral Health Network	Central	Polk	Peace River Center	$ 373,996
	SunCoast	Pasco	BayCare	$1,044,513
	SunCoast	Charlotte	Charlotte Behavioral Health Care	$ 234,540
	SunCoast	Lee	SalusCare	$ 640,935
				$2,293,984
South Florida Behavioral Health Network	Southern	Miami-Dade	The Village South via Guidance/Care-Center	$ 483,871
	Southern	Monroe	Guidance/Care-Center	$ 149,317
				$ 633,188
			Total	**$4,999,998**

V.C.   EXPENSES

As requested by the Department, Central Florida Behavioral Health Network, Central Florida Cares Health Systems, Lutheran Services Florida and South Florida Behavioral Health Network reported expenses from July 1, 2014, through November 30, 2014, by category as shown in Table 3 below.

Table 3. FIT Provider Expenses

Provider	Salary / Benefits	Purchased Services	Incidentals	Contractual	Supplies	Training	Office Space / Equipment	Employee Expense	Admin./ Indirect	TOTAL
Aspire Health Partners	$25,290	$0	$95	$1,233	$266	$327	$1,157	$0	$9,282	$37,650
Central Florida Cares Health System										**$ 37,650**
Peace River Center	$46,505	$0	$272	$35,870	$676	215	$1,271	$1,627	$10,496	$96,932
BayCare (SC)	$46,872	$42,769	$99	$0	$771	0	$8,129	$1,040	$13,032	$112,712
Charlotte BHC	$40,308	$0	$25	$19,354	$409	1,312	$3,207	$1,025	$1,761	$67,401
SalusCare	$42,217	$0	$6,082	$0	$840	0	$4,810	$970	$14,642	$69,561
Central Florida Behavioral Health Network										**$346,606**
Guidance / Care Center	$39,930	$6,007	$0	$82,348	$2,215	7,100	$13,758	$5,785	$15,714	$172,857
South Florida Behavioral Health Network										**$172,857**
BayCare (Central)	$28,246	$4,030	$0	$0	$0	$0	$3,391	$849	$7,439	$43,956
Meridian	$86,809	$3,883	$53	$0	$456	$23	$25,466	$2,938	$0	$119,628
SMABH	$73,503	$54,219	$1,952	$0	$417	$0	$5,033	$3,302	$31,998	$170,424
The Centers	$41,234	$0	$0	$0	$325	$15	$4,885	$500	$12,842	$59,801
Lutheran Services Florida										**$393,809**
TOTAL	**$470,914**	**$110,909**	**$8,578**	**$138,805**	**$6,375**	**$8,992**	**$71,107**	**$18,036**	**$117,206**	**$950,922**

- The category of Supplies includes what was labeled "computer supplies" and "cell phones."
- The category of Employee Expense includes what was labeled "mileage" and "travel."
- The category of Contractual includes subcontracted services and Purchased Services includes those purchased with FIT funds, such as residential treatment and case management services.

Table 4 shows statewide expenditures by ME, Department region, county and FIT provider.

Table 4: Statewide Expenses

Managing Entity	DCF Region	County	FIT Provider	Expenses
Lutheran Services Florida	Northeast	Volusia	Stewart-Marchman-Act Behavioral Healthcare	$170,424
	Northeast	Alachua	Meridian Behavioral Healthcare	$119,628
	Central	Citrus	The Centers	$ 59,801
	Central	Hernando	BayCare	$ 43,956
				$375,911
Central Florida Cares Health System	Central	Orange	Aspire Health Partners	$ 37,650
				$37,650
Central Florida Behavioral Health Network	Central	Polk	Peace River Center	$ 96,932
	SunCoast	Pasco	BayCare	$112,712
	SunCoast	Charlotte	Charlotte Behavioral Health Care	$ 67,401
	SunCoast	Lee	SalusCare	$ 69,561
				$346,606
South Florida Behavioral Health Network	Southern	Miami-Dade	The Village South via Guidance/Care-Center	$172,857
	Southern	Monroe	Guidance Care-Center	
				$172,857
			Total	**$950,922**

VI. **FIT Providers**

The MEs in the Department's Central, Northeast, Southern, and SunCoast regions selected FIT providers with demonstrated ability to provide a continuum of care and experience working with families served by child welfare. Delays in contract execution and initiation of services for some providers is due to start-up activities, such as obtaining a location, hiring and training staff, and the establishment of referral protocols to identify and refer parents eligible for FIT.

VI.A. ASPIRE HEALTH PARTNERS

Aspire Health Partners merged the following three Central Florida companies:
- Lakeside Behavioral Healthcare,
- Seminole Behavioral Healthcare, and
- The Center for Drug-Free Living.

As one comprehensive, behavioral healthcare organization Aspire is able to provide a full continuum of services for persons with mental health, substance use and co-occurring disorders. In Orange County immediate services are available through the Access Center providing intake screening services for individuals seeking care for themselves or a family member. Emergency and crisis services are available 24-hours a day, 7-days a week. Other services include detoxification, crisis stabilization, inpatient services and outpatient treatment.

> 1. The FIT catchment area includes Orange County. Six (6) zip codes were added in Orange County in December to include communities with high rates of substance abuse and to expand the referral base.
> 2. The ME contract amendment for FIT was executed on September 26, 2014. Referrals began on November 3, 2014.
> 3. As of December 31, 2014, a total of seven individuals have received FIT services.

VI.B. BAYCARE (CENTRAL AND SUNCOAST REGIONS)

BayCare offers a wide range of programs and services to meet the healthcare needs of individuals and communities throughout Florida. BayCare operates throughout the Tampa Bay area including eleven not-for-profit hospitals, in addition to more than 200 facilities that offer a range of physical and behavioral health care services. BayCare provides services for behavioral health problems in children, adolescents and adults of all ages. Serving the community for more than three decades, BayCare has been providing health care services including detoxification, psychiatric crisis facilities, residential treatment, and outpatient treatment for persons with mental and or substance use disorders.

> 1. The FIT catchment area for BayCare in the Central region includes Hernando County. BayCare in the SunCoast Region includes Pasco County.
> 2. BayCare/SunCoast Region: ME contract amendment for FIT was executed on August 29, 2014, and referrals began in September 1, 2014. As of December 31, 2014, a total of 46 individuals have received FIT services.
> 3. BayCare Central Region: ME contract amendment for FIT was executed on September 16, 2014, and referrals began on September 22, 2014. As of December 31, 2014, a total 12 individuals have received FIT services.

VI.C.   THE CENTERS

The Centers provides children and adults with inpatient, residential, and outpatient mental health and substance abuse care. The Centers is a private, non-profit organization serving Citrus and Marion Counties since 1972. The Centers operates a fifty-seven-bed acute care facility for child and adult crisis stabilization, a fifty-bed adult residential substance abuse treatment program, a fifteen-bed adolescent residential substance abuse treatment program, a drop-in center and model clubhouse for persons with mental illness, a pre-arrest diversion program, and an extensive array of outpatient mental health and substance abuse services. The Centers serves nearly 13,000 people each year.

1. The FIT catchment area includes Citrus County.
2. The ME contract amendment for FIT was executed on September 26, 2014. Referrals began on November 3, 2014.
3. As of December 31, 2014, a total of ten individuals have received FIT services.

VI.D.   CHARLOTTE BEHAVIORAL HEALTH CARE

Charlotte Community Mental Health Services began offering services in June 1969 to provide free or low cost mental health services to the residents of Charlotte County. In 2006, Charlotte Community Mental Health Services changed its name to Charlotte Behavioral Health Care to better reflect the additional programs and services it offers to the community. Today with staffing of over 200 professionals, the agency provides an array of services to persons with mental health and substance use disorders. Services include crisis services, detoxification, residential treatment, and outpatient treatment.

1. The FIT catchment area includes Charlotte County.
2. The ME contract amendment for FIT was executed on September 29, 2014. Referrals began on September 1, 2014.
3. As of December 31, 2014, a total of nine individuals have received FIT services.

VI.E.   MERIDIAN BEHAVIORAL HEALTHCARE

Meridian, a private, non-profit organization, began in the 1960's to bring education about mental illnesses and substance use disorders and treatment for those affected to the local level. Meridian provides an array of services including crisis management, residential treatment and outpatient for persons with mental health and substance use disorders including children and adults. Last year services were provided to over 20,000 persons with mild to severe disorders.

1. The FIT catchment area includes Alachua County.
2. The ME contract amendment for FIT was executed on September 19, 2014. Referrals began on September 24, 2014.
3. As of December 31, 2014, a total ten of individuals have received FIT services.

VI.F.   PEACE RIVER CENTER

Peace River Center (PRC) is a private, not-for-profit, community mental health organization providing a full range of behavioral health services including substance abuse treatment, crisis

services as well as domestic and sexual violence services in Polk, Hardee, and Highlands Counties. PRC is one of the oldest and largest mental health centers in the State of Florida, having been in operation for over 62 years. Last year the company provided services to over 11,000 individuals. The array of services include: outpatient treatment, residential treatment, Florida Assertive Community Treatment, crisis services, recovery services, psychosocial rehabilitation, Community Action Treatment and school based services.

1. The FIT catchment area includes Polk County.
2. The ME contract amendment for FIT was executed on August 29, 2014. Referrals began on September 1, 2014.
3. As of December 31, 2014, a total of 22 individuals have received FIT services.

VI.G.   SALUSCARE

SalusCare, Inc. is the largest comprehensive provider in Southwest Florida for individuals with mental health and substance use issues. SalusCare was incorporated in 2013 after longtime Southwest Florida healthcare providers, Lee Mental Health and Southwest Florida Addiction Services, merged into one new not-for-profit behavioral healthcare organization. Today, SalusCare employs nearly 450 people who provide services to more than 18,000 people each year. SalusCare provides services for children and adults by utilizing one system of behavioral healthcare from multiple locations. Services include outpatient, residential, emergency/crisis services, prevention programming, and community-based services to help individuals living at home. SalusCare has a long-history of working with individuals and families from the child welfare system.

1. The FIT catchment area includes Lee County.
2. The ME contract amendment for FIT was executed on August 28, 2014. Referrals began on September 1, 2014.
3. As of December 31, 2014, a total of 33 of individuals have received FIT services.

VI.H.   STEWART-MARCHMAN-ACT BEHAVIORAL HEALTHCARE

Stewart Marchman Act (SMA) has been in operations for over 50 years. SMA provides behavioral healthcare in Flagler, Putnam, St. Johns, and Volusia counties and offers a full range of services for adults and children with mental health and substance use disorders. The range of services includes crisis, residential, outpatient, outreach, and prevention.

1. The FIT catchment area includes Volusia County.
2. The ME contract amendment for FIT was executed on August 21, 2014.
3. As of December 31, 2014, a total 42 of individuals have received FIT services.

VI.I.   WESTCARE (VILLAGE SOUTH IN MIAMI-DADE AND THE GUIDANCE / CARE - CENTER IN MONROE)

WestCare is a national network of local organizations having 40 years of experience providing health and human services to individuals and families. WestCare currently operates in 17 U.S.

states, the U.S. Virgin Islands. The Florida WestCare locations include Village South in Miami and the Guidance/Care Center (GCC), Inc. in the Florida Keys.

The Village South, Inc. is a 501(c)(3) private, not-for-profit agency founded in 1973, licensed by the Department, and accredited by the Joint Commission to provide prevention, intervention, residential, and outpatient substance abuse services. Village South has operated for over thirty years providing comprehensive multidimensional treatment to adults and adolescents with chemical dependency, mental illness, dual disorders (mental health and substance use disorders), delinquency and related behavioral problems.

1. The FIT catchment area includes Miami-Dade County (Liberty City and Homestead).
2. Village South is subcontracted by GCC. Date of contract execution was not reported.

Guidance / Care-Center, Inc., was incorporated as a non-profit organization in 1973 and is an independent affiliate of WestCare Florida, Inc. GCC has three sites spanning the Florida Keys located in Key Largo, Marathon and Key West. GCC is licensed by the Department and accredited by the Commission on Accreditation of Rehabilitation Facilities. GCC has operated for over thirty (35) years providing comprehensive multidimensional treatment to adults and adolescents with behavioral health issues. GCC provides community-based services to persons in need of substance abuse and mental health treatment services through a myriad of programs and partnerships including assessment, outpatient, in-home on site, psychiatric, crisis stabilization, detox, psychosocial rehabilitation, diversion, prevention, case management and criminal justice programming.
1. The FIT catchment area includes Monroe County.
2. The ME contract amendment for FIT was executed on August 18, 2014. Referrals began on October 6, 2014.
3. As of December 31, 2014, a total of 17 individuals have received FIT services through the GCC and The Village South.

VII. **Demographic Information**

Demographic information reported by FIT providers included parental age and race and was collected in the FIT SharePoint data system for the period of July 1, 2014, through December 31, 2014. Based on the information reported, the typical parents served by FIT teams are white, ages 30 and under.

Chart 1: Parent Race

Multi-Racial
3.18%

Native American or Other Pacific Islander
0.45%

Black
11.82%

White
84.55%

Chart 2: Parent Age Groups

Age 46-50
2.23%

Age 51-55,
0.89%

Age 56+
0.89%

Age 41-45
3.13%

Age 36-40
9.82%

Age 16-20
24.11%

Age 31-35
24.11%

Age 21-25
24.55%

Age 26-30
29.46%
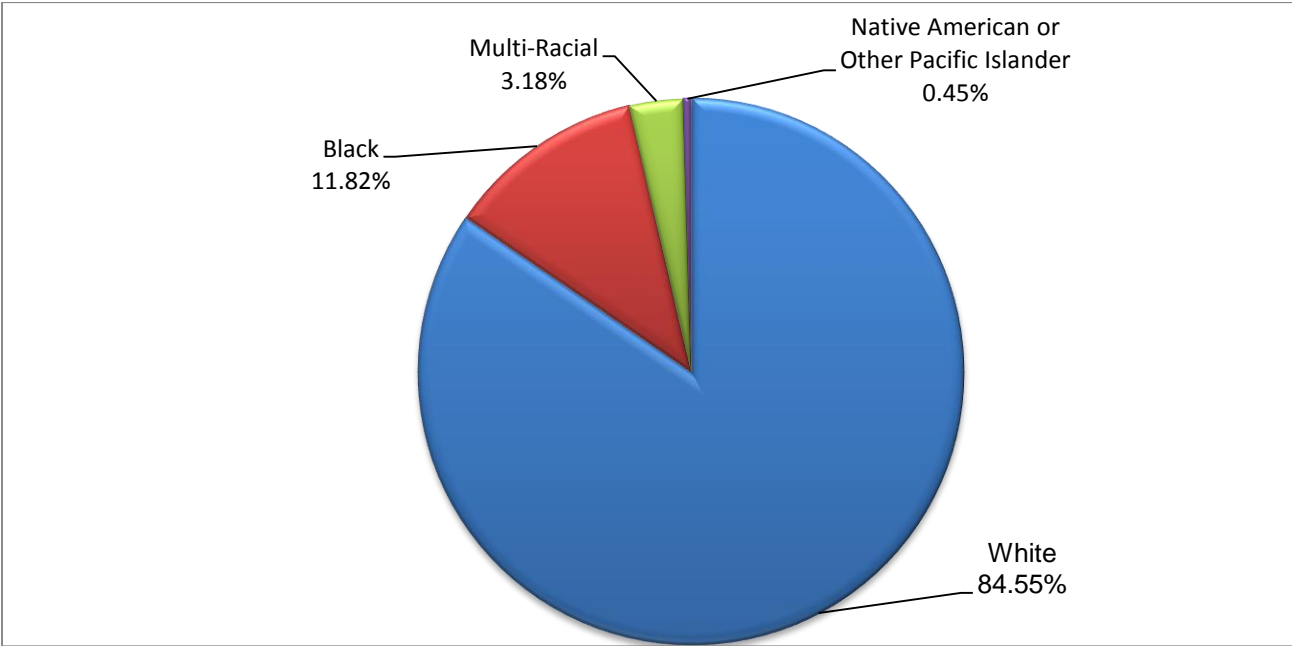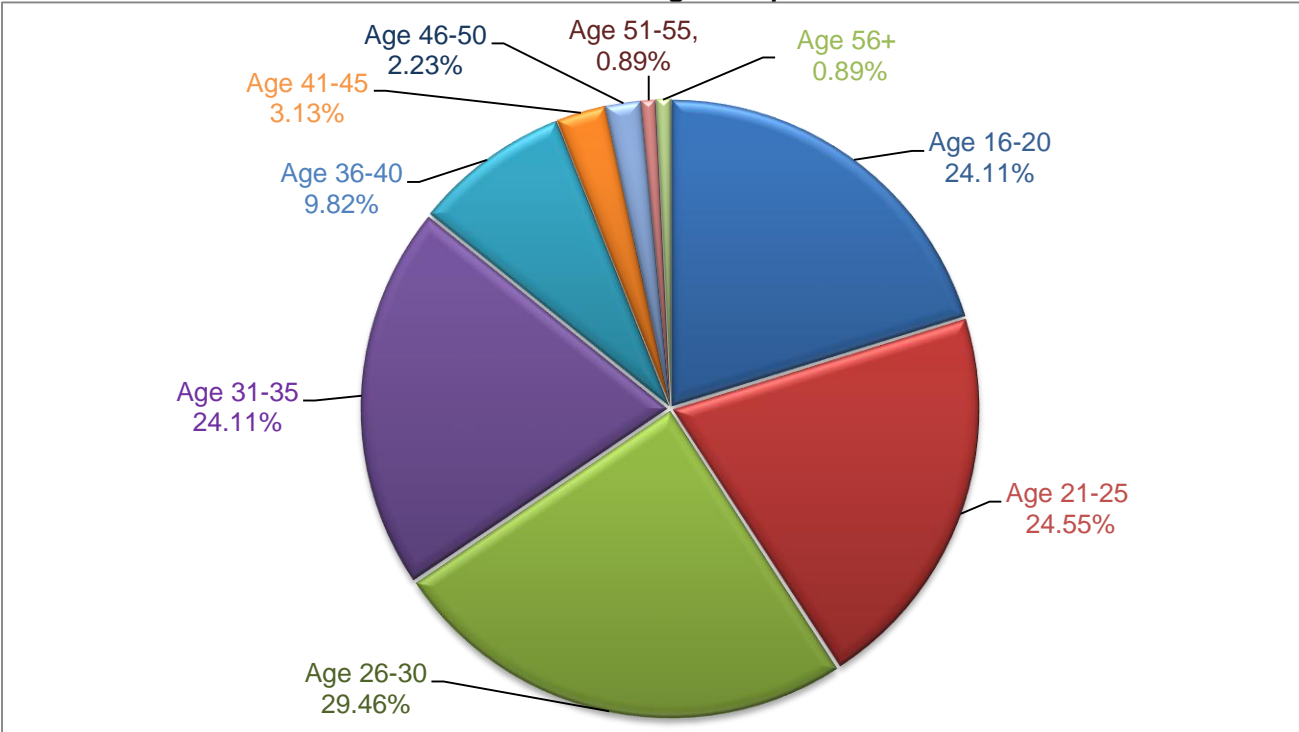
VIII. **Performance Indicators**

VIII.A.   PERFORMANCE MEASURES

Performance measures were reported by FIT providers for the period of July 1, 2014 through December 31, 2014, into the FIT SharePoint data system. It is important to note that the FIT SharePoint data system has only been operational for approximately two months and there may be a higher rate of user error than would be expected with a system with more experience. Additionally, there have been very few discharges to date and outcomes are affected by the small number of families with outcome data. In sum, it is likely premature to draw definitive conclusions from the data presented.

1. **Percentage of parents served living in a stable housing environment.**

- Summary: This measure is reported at discharge and the target is 90 percent. At the time of this report writing, there have been a total of seven (7) parents discharged from FIT services statewide.
- Methodology: The numerator is the sum of the total number of parents living in a stable housing environment at discharge. The denominator is the sum of the total number of parents who were discharged from FIT services.
- Outcomes: Statewide, 71 percent of parents served were living in a stable housing environment at time of discharge. Individual providers reported the following:
  - BayCare (SunCoast) reported four (4) discharges with three (3) that met the measure, resulting in 75 percent of parents living in a stable housing environment at time of discharge.
  - Guidance / Care Center reported one (1) discharge with one (1) that met the measure, resulting in 100 percent of parents living in a stable housing environment at time of discharge.
  - SalusCare reported two (2) discharges with one (1) that met the measure, resulting in 50 percent of parents living in a stable housing environment at time of discharge.
- The remaining FIT providers did not report discharges during the reporting period.

2. **Percentage of discharge summaries completed within seven days of discharge.**

- Summary: This measure is reported after discharge and the target is 85 percent. Although there were a total of seven (7) individuals discharged, only five of those individuals were identified as the "primary" parent. The other two (2) individuals discharged were not identified as the primary parent; therefore, those two (2) families are still open to FIT because the primary parent is still receiving services. The five (5) families discharged from FIT services are expected to have a discharge summary completed and are reported in this measure.
- Methodology: The numerator is the total number of families who received discharge summaries within seven days of discharge. The denominator is the total number of families who were discharged from FIT services.
- Outcomes: Statewide, 40 percent of families discharged had a discharge summary completed within seven (7) days. Individual providers reported the following:
  - BayCare (SunCoast) reported three (3) discharges with one (1) that met the measure, resulting in 33 percent of discharge summaries completed within seven (7) days of discharge.
  - Guidance / Care Center reported one (1) discharge with zero (0) that met the measure, resulting in 0 percent of discharge summaries completed within seven (7) days of discharge.
  - SalusCare reported one (1) discharge with one (1) that met the measure, resulting in 100 percent of discharge summaries completed within seven (7) days of discharge.

**3. Percentage of assessments completed within five days of referral.**

As stated earlier, one of the lessons learned to date is that it takes time to locate families and engage them in treatment. When the family agrees to treatment, the assessment should be initiated immediately. There is an inconsistency in reporting in that some providers reported on individuals referred, while others reported on those enrolled in services for this measure.

At the January 22 FIT meeting in Tampa, the Department, FADAA, MEs and FIT providers decided to make the following changes to address challenges in locating and engaging families, while aligning with best practice to engage parents in treatment as soon as possible. Related performance measures will be adjusted to reflect these changes.

1. It was determined that data would be collected only on families enrolled in services. However, the date families are referred and the efforts to locate and engage them will be collected separately to allow for the tracking of referrals and the analysis of the referral process.
2. Expectations for how quickly the assessment must be completed needs to be re-evaluated and take into consideration successfully locating and engaging families.
3. FIT providers will be required to update all assessments (with the exception of the ASI) within 30 days of admission for individuals transferred from other services. Many individuals transferred from other services have completed these assessments prior to admission to FIT and best practice dictates that assessments be updated as appropriate.

The chart below reflects the challenges in locating families and the actions necessary to get them to engage in treatment.

Graph 1: Assessments completed within five days of referrals, as a percentage.
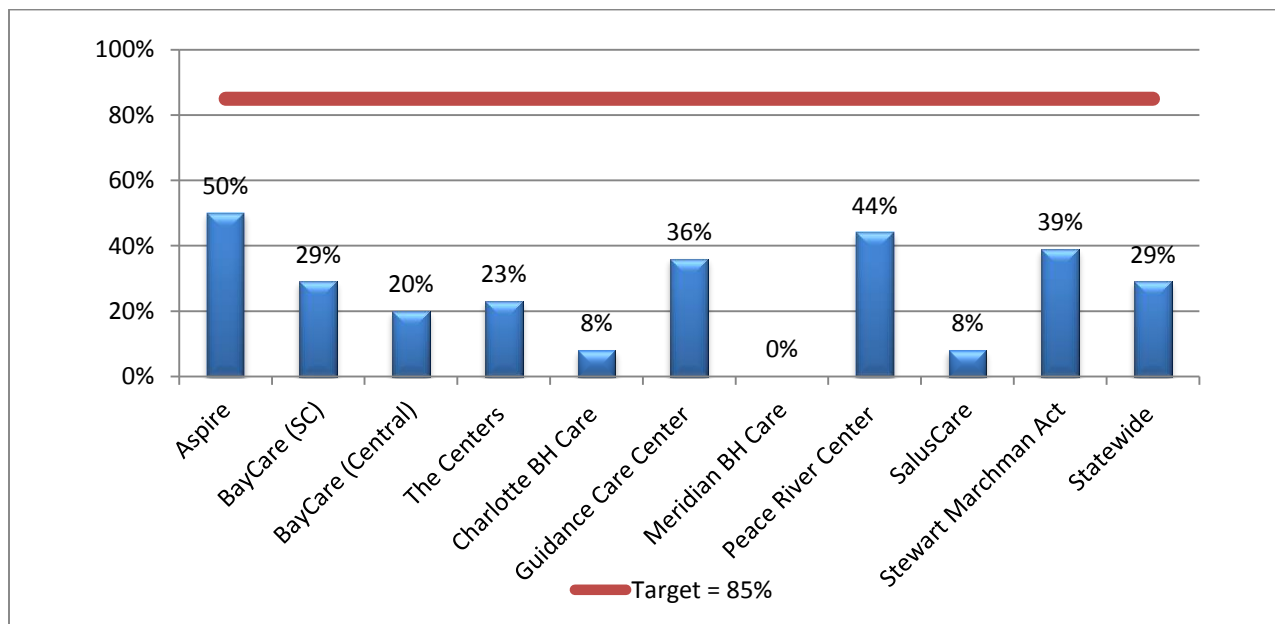
- Summary: This measure is reported within 5 days of referral. If the provider is unable to locate the family or the family is unable to meet during this time frame, the measure will not be met. Individuals served in other programs who were transferred to FIT had assessment dates prior to admission and were not included in this measure.
- Methodology: The numerator is the sum of the total number of families who receive assessments within five (5) days of admission to a FIT team. The denominator is the sum of the total number of families referred to a FIT team.
- Outcome: This measure was not met and as described above, the methodology for determining success requires re-evaluation.

4. Percentage of parents receiving treatment services within 48 hours of completed assessment.

During the January 22 FIT meeting in Tampa, FIT providers, MEs, FADAA and the Department identified improvements to the FIT SharePoint data system that will more accurately report on the assessments of individuals transferred from other services, as these individuals can impact performance measures such as this one. CFBHN will make the recommended modifications to the FIT SharePoint system. Due to the limited time frame that the FIT teams have been operational, the complications of introducing a new approach across multiple systems, and the newness of the FIT SharePoint data, an updated report in the following three months may be beneficial.

Graph 2: Parents receiving treatment services within 48 hours of completed assessment, as a percentage
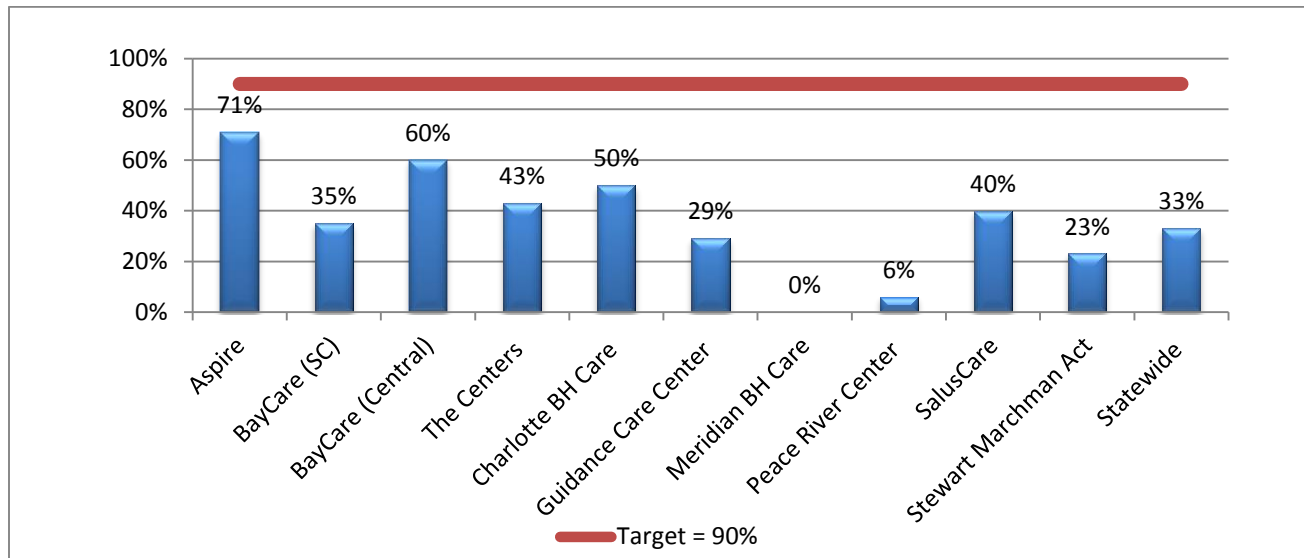
- Summary: This measure is reported within 48 hours of a completed assessment.
- Methodology: The numerator is the sum of the total number of families who receive treatment services within 48 hours of completed assessment. The denominator is the sum of the total number of families referred to a FIT team during the reporting period.
- Outcome: This measure was not met and as described above, changes to the data reporting system are required.

5. Percentage of Parents who improved their level of functioning as measured by the Functional Assessment Rating Scale (FARS).
- In October, the Department, FADAA, MEs, and FIT providers determined that all FIT providers would use the Functional Assessment of Mental Health and Addiction (FAMHA) instead of the FARS to determine the level of functioning, as it is a more beneficial assessment tool for individuals served by FIT.
- FIT providers have trained their staff on the FAMHA and have begun implementing it. FIT providers have begun reporting results into the FIT SharePoint data system.
- This performance measure will be revised to reflect the use of the FAMHA.
- Due to the limited time the FARS and FAHMA have been used, data are not available to report on this measure at the time of the report writing.

27

VIII.B. REQUIRED REPORTING

The *Family Intensive Treatment (FIT) Model Guidelines and Requirements* document includes required reporting on an extensive array of services and supports that may be provided to a parent enrolled in the FIT program, as determined by their needs and the needs of their family. The purpose of including this reporting requirement is to document the provision of services and supports as provided; however, not all parents served would be expected to receive all of the services and supports available. For example, of the 208 parents served between July 1, 2014 and December 31, 2014, four (4) were reported to receive inpatient residential treatment at the appropriate level of care. As clarified earlier, providers have just begun to report services into the FIT SharePoint data system and services listed below may be underreported.

Table 5: FIT Service Provision

Reporting Requirement	Aspire	BayCare (SC)	BayCare (Central)	The Centers	Charlotte	Guidance Care Center	Meridian	Peace River Center	SalusCare	SMA	Statewide
Number of Families Served.	7	46	12	10	9	17	10	22	33	42	208
Number of Parents Receiving an Individualized Treatment plan.	2	20	1	0	0	0	0	19	0	12	54
Number of Parents Receiving Intensive In-Home Treatment and Services.	6	0	0	0	0	0	0	0	0	0	6
Number of Parents Receiving Detoxification Treatment.	1	2	1	0	0	1	0	0	0	0	5
Number of Parents Receiving Crisis Stabilization Services.	1	0	0	0	0	1	0	0	0	0	2

Reporting Requirement	Aspire	BayCare (SC)	BayCare (Central)	The Centers	Charlotte	Guidance Care Center	Meridian	Peace River Center	SalusCare	SMA	Statewide
Number of Parents Receiving Inpatient Psychiatric Services.	0	0	0	0	0	0	0	0	0	0	0
Number of Parents Receiving Residential Treatment.	0	2	1	0	0	1	0	0	0	0	4
Number of Parents Receiving Individual Therapy.	2	43	11	10	0	14	10	21	25	39	175
Number of Parents Receiving Group Therapy.	0	11	0	11	0	1	0	0	0	1	24
Number of Parents Receiving Family Therapy.	1	9	0	0	0	0	0	4	0	0	14
Number of Parents Receiving Medication Services.	0	0	0	0	0	0	0	0	0	0	0
*Number of Parents Receiving Therapeutic Training or Psycho-education.	0	0	0	0	0	9	0	22	0	0	31
Number of Parents Receiving Transportation Support.	2	0	0	0	0	0	0	0	0	0	2

Reporting Requirement	Aspire	BayCare (SC)	BayCare (Central)	The Centers	Charlotte	Guidance Care Center	Meridian	Peace River Center	SalusCare	SMA	Statewide
Number of Parents Receiving Supportive Housing.	0	2	0	0	0	0	0	0	34	0	36
Number of Parents Receiving Supported Employment.	0	0	0	0	0	2	0	0	0	0	2
Number of Parents Receiving Aftercare Services.	0	0	0	0	0	0	0	0	0	0	0

Note: When parenting interventions are provided as part of therapy, the service is included under therapy and not reported separately. At the statewide FIT meeting on January 22, it was decided to include a separate data reporting element in the FIT SharePoint data system to capture patenting interventions.

IX. **Conclusion**

Given the limited timeframe that the FIT teams have been in operation, it is not possible to provide an unequivocal conclusion as to the efficacy of the FIT model. However, FIT providers have been deployed to implement services. Coordination and planning across agencies critical to the effective implementation of FIT is occurring among the MEs, FIT providers, CBCs, FADAA and the Department. These key partners have accomplished the following:

1. Begun identifying and addressing barriers to referring and serving families across systems;
2. Identified screening and assessment tools for required use by all FIT providers;
3. Developed an expanded data set that provides a comprehensive understanding of the entire family;
4. Begun using and refining a SharePoint FIT data system that provides real-time access to provider and state level data reports for client specific data, program and service data and performance data; and
5. Established a collaborative process to analyze the implementation of the FIT model and make adjustments to align with good clinical practice and incorporate lessons learned.
6. Begun identifying and addressing data reporting issues.

Next Steps

The Department will continue to partner with FADAA, MEs, and FIT providers to effectively implement and sustain the FIT model. The following have been identified for improvement by these key partners:

1. Continue to analyze data entered into the FIT SharePoint data system on an ongoing basis to ensure it is complete and accurate, which includes a run and analysis of performance measures and services provided on a monthly basis.
2. CFBHN in consultation with the other MEs, FIT providers and the Department will continue to refine the FIT SharePoint data system to align it with improvements made to current practice.
3. Update the FIT program requirements and performance measures to reflect the improvement of practice, based on lessons learned and revise the program guidelines and FIT contracts as needed.
4. Review the current data reporting requirements and streamline to eliminate redundancy and target the most important information needed to effectively serve FIT participants.
5. Create a collaborative learning model to share effective practices and resources that improve outcomes.
6. Continue to identify and resolve barriers to referring parents to FIT.

Appendix A   Family Intensive Treatment Teams (FADDA Proposal)

Family Intensive Treatment Teams

A Proposal to Create Targeted Treatment Capacity to Effectively Serve Parents with Behavioral Health Disorders in the Child Welfare System

The Casey Family Program reports on child fatalities, other data analyses, research, along with Florida's experience shows us that the current system is not as effective as it could be in working with and treating multi-risk families whose parents are affected by substance use and mental health disorders (behavioral health disorders). Research has consistently documented the increased risk of child maltreatment when parental behavioral health disorders, especially substance abuse, are present.

This proposal is designed to get to the root cause of the issue by: engaging the entire family at a more intensive level, integrating care to the family unit, treating the parents' behavioral health disorder with science based interventions, and creating a mechanism of shared accountability across the provider agencies, the Managing Entities and the Community Based Care organizations.

Premise: This proposal is based upon the following premises:

- Children are dying - the majority of whom are under five years of age
- Parental substance abuse and mental health issues often place children at risk
- There are currently not enough dedicated and targeted resources in the Substance Abuse and Mental Health (SAMH) service delivery system to provide comprehensive and intensive family services
- Current practice is not effective for many families with serious behavioral health disorders
- The best science in behavioral health care and child welfare has not been blended into a comprehensive program of service delivery
- Children and parents are being served individually, but not as a family unit
- Families are not getting family-based integrated care
- The existing business model does not support shared accountability and cost savings

Unaddressed Parental Substance Use and Mental Health Disorders are Placing Children At-Risk

The November 2013 *Casey Family Programs Review of Child Fatalities* report is filled with commentary regarding the dangers that unaddressed parental behavioral health disorders present for children, comments include:

- Parental substance abuse, chronic mental health problems and domestic violence were common in families of children who died due to suspected maltreatment (page 2)
- Asphyxia due to unsafe sleeping arrangement and practices was the most common cause of death in the sample. Most of the parents or caregivers in these "roll-over" deaths had histories of substance abuse and/or tested positive for drugs following the child death (page 3)
- Histories of domestic violence were present in all of the child deaths resulting from physical abuse, along with substance abuse in most of the families (page 2)
- Very few of the parents with substance abuse issues involved in these deaths and in those resulting from other causes, appeared to be in recovery, or even enrolled in treatment programs.

1

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Most of parental substance abuse associated with child deaths was not relapse-related; rather parents with ongoing substance abuse issues, and often family violence, were attempting to raise babies and other children (page 3)

- The vulnerability of infants, other young children and disabled children who died was greatly increased in families with multiple risk factors, including combinations of substance abuse, mental health conditions, family violence, criminal histories and several prior Child Protective Services (CPS) reports (page 4)
- Safety assessments often did not appear to consider the family's prior CPS history or to explore domestic violence, substance abuse and other family dynamics which increase risk to vulnerable children (page 4)
- Safety and risk assessments rarely demonstrated an appreciation of the wide range of safety and risk issues associated with substance abuse, chronic mental health and family violence (page 5)
- Domestic violence and substance abuse dynamics were woefully underexplored (page 5)

Florida Department of Children and Families *Executive Digest* Child Fatality Trend Analysis January 1, 2007 through June 30, 2013 raises the issue of Parental Substance Abuse

- The impact of each prior removal due to parents who have abused alcohol or drugs *increases* the odds of deaths by a multiple of nearly 15. This effect is similar for prior removal due to physical abuse.

Florida Data shows that the Majority of the Parents in the Child Welfare System likely have a Substance Use Disorder (SUD) and Co-occurring Mental Health Disorder

National research shows that between 60% and 80% of substantiated child abuse and neglect cases involve substance abuse by a custodial parent or guardian.[i] An analysis of 2010/11 Florida Safe Family Network (FSFN) data was completed in the summer of 2011 for verified child abuse cases using data elements on the FSFN that showed potential substance use disorders with parents. The two data elements that are the best predictors of potential substance use disorders are whether the allegation included substance use and/or substance use disorders were a contributing factor to out of home placements. The analysis assumed that it was likely that the parent had a SUD if the allegation included possible substance abuse or if the reason for placement was noted as the presence of a parental substance use disorder. The data analysis results showed the following:

- 60% of the parents in verified cases had evidence of SUD
- Although data on parental mental health disorders is not reliably collected in the FSFN system, a high rate of co-occurring substance use and mental health disorders are likely in this population
- 10,229 children age five and under in the child welfare system had a parent with evidence of SUD
- About 383 children under the age of five with a parent with potential SUD in out of home placement had a prior out-of-home placement placing them at a 30% greater chance of death at time of second reunification
- Of the families with children in out-of-home care, the majority had parents with a substance use disorder

2

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- Twice as many children (6,511) with parents with SUD stayed in out-of-home care over 271 days as did those children whose parents did not have an indication of SUD (3,013)
- 7.3% of children from families with potential parental substance abuse had a prior out of home episode and 67% had a prior investigation compared to children without parents with substance use disorders who had prior out-of-home placements of 4.3% and prior investigations of 36%
- About 20,000 families likely had a behavioral health disorder and needed some level of treatment

Unfortunately many parents do not access treatment. Of those that do, research shows that more than 60% of parents in dependency cases do not comply adequately with treatment for substance use disorders with 80% failing to complete treatment[ii].

Current Practices and Funding are Insufficient

Past efforts and the current pilots for the Integration of Substance Abuse, Mental Health and Child Welfare Services focus on the upfront early engagement of families and staff to support their entry into treatment. Early engagement, coupled with evidence-based motivational techniques can very effectively assist parents to enroll in treatment. However, identification and engagement is just the beginning of the process. The achievement of desired results for these families is dependent upon immediate access to family-based assessments, motivational practices, receipt of evidence-based treatment matched to the need and desired outcome, multi-disciplinary practices uniquely designed to meet the needs of families in child welfare. The service system must recognize that behavioral health disorders are chronic conditions and plan for appropriate transition of services and on-going recovery support. The current focus on the increase in child protection investigators only addresses the upfront screening process and is insufficient to address one of the major contributing factors associated with child deaths - the critical need for behavioral health treatment for the parents.

To keep children safe communities must have the necessary resources to address parental behavioral health disorders. The Substance Abuse and Mental Health (SAMH) funding is spread very thin with SAMH providers desperately trying to meet the needs of multiple SAMH priority populations living in their communities combined with meeting the needs of parents referred from the child welfare system. In addition, the present funding protocols are sorely inadequate to meet the intensive treatment and support needs of this population.

Currently it is not possible to accurately determine how many of the parents in the child welfare system received services from SAMH. The SAMH Information System does include a code to identify persons served in SAMH who are also involved in the child welfare system. The average SAMH expenditure in FY 2010/11 for adults in this population was approximately $2,600 per person, well below the rate for an intensive treatment intervention. Data indicates about 11,000 adults received some service. This number of adults includes both Child Welfare diversion and verified cases. Given the estimate of 20,000 parents in need of treatment with verified cases and given the high number of diversion cases routinely handled, it is very likely that the system is presently serving only a small percentage of the need. Parents in the child welfare system with behavioral health disorders often need intensive services over an extended period of time. The current funding structure is woefully inadequate to meet this need.

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The Current Business Model Does Not Support Shared Accountability

The fragmentation of the service delivery and lack of shared accountability further exacerbates the problem. Each segment of the service system generally operates independently and the interrelationship of disparate services and family dynamics are not fully appreciated or addressed. For example, several different providers may be working with different family members without appropriate collaboration around assessments, treatment planning and desired treatment outcomes, not only for the individual but also for the family. The parent and child are treated in parallel systems without shared accountability to reduce safety risks, achieve permanency and address well-being within the family. The desired treatment outcomes may not be explicitly related to the overall case plan and in the worst case scenarios may in fact be working in opposition to one another. The performance measures for the different organizations are not complementary which could result in misaligned efforts and perverse incentives.

Current practices are not structured to enhance shared financial risks or gains. The expense of the child welfare services and out-of-home care is covered through contracts with the child welfare agency, while cost of behavioral health care treatment and supports is borne by the substance abuse and mental health system. Cost savings associated with better parental outcomes due to successful treatment for behavioral health disorders, such as diversion from out of home placement or reduced re-entry, are realized by the Community Based Care Lead Agencies and not shared with the SAMH providers. This dynamic creates tension in the system. To be more effective, programs should be planned to ensure that the cost of intensive service delivery is adequately covered while there are mechanisms in place for shared accountability and financial risk. Strengthening mutual responsibilities of the SAMH Managing Entities and the Community Based Lead Agencies is essential to achieve integration of services. If savings are achieved, a portion of the savings should be shared with the substance abuse and mental health system to enable greater provision of services.

Evidence-Based Practices Must Be Available

Science has revealed that there are several evidence-based treatment approaches for persons with substance use and mental health disorders which can effectively address behavioral health challenges and child/parent interactions that are appropriate to be used for parents in the child welfare system. Below is a sample of some of these programs.

- Treatment Programs
    - Seeking Safety
    - Motivational Enhancement Therapy
    - Trauma Focused Cognitive Behavioral Therapy
    - Combined Parent-Child Cognitive Behavioral Therapy
    - Child-Parent Psychotherapy
- Parenting Programs for Parents with SUD
    - Nurturing Parents
    - Strengthening Parents
- System Approaches
    - Dependency Drug Courts
    - Dependency Baby Courts

4

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  o Team practices such as Beacon Hill Family Assertive Community Team (emerging practice)

Effectiveness of these approaches is based on implementation of the evidence-based practice with fidelity. Existing treatment resources do not adequately fund the training and level of targeted clinical supervision that guarantees an evidence-based practice is implemented with fidelity.

Team Based Comprehensive Services are Most Effective

For parents in the child welfare system who are facing multiple risks, interventions and treatment approaches are more effective when presented within a comprehensive and intensive multi-disciplinary team framework. Research shows that services that are provided in a comprehensive manner support both recovery and permanency for children. Immediate access to treatment and recovery supports promotes engagement, attendance and completion of treatment, and access to other necessary services to help achieve positive outcomes.

Florida has implemented two approaches that demonstrate the effectiveness of a team approach. FACT, serving individuals with seriously persistent mental illness, is an evidence-based team intervention that demonstrates both the need for appropriate professionals to be part of the team, but also the role peer support plays in supporting the clinical interventions. The new Community Action Teams (CAT), although just over seven months funded, are demonstrating the effectiveness of a team of the appropriate professionals and peer support to change the pathway of adolescents and young adults at risk of mental illness.

Proposal Description

This proposal requests funds for seven pilots to create Family Intensive Treatment Teams to provide intensive treatment interventions targeted to high-risk families due to parental substance use and/or mental health issues. The pilots are designed to demonstrate that rapid identification of parental behavioral health disorders, immediate access to evidence-based practices and multi-disciplinary teaming will result in better outcomes for children. The pilots will operate for three years providing family-based integrated services and document the qualitative and quantitative system components necessary to be responsive to the needs of parents with behavioral health disorders and their young children. The target population is families with verified child abuse cases with preference given to families with children age five and under when the child is placed in out-of-home placement or considered at high risk for placement and the parent has a behavioral health disorder.

The pilots will have the following key features:

- Linkages with the Child Protective Investigators and Family Intervention Specialist (or other staff with similar functions) will be clearly established and services will be closely coordinated.
- Same Day access to assessments will be assured.
- Assessments will include parental behavioral health assessments, assessments of parenting capacity associated with the behavioral health disorder, and family assessments of the impact of the behavioral health disorder on family functioning.

5

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- Behavioral Health assessment providers will have engagement specialists available to assist the parent/family to immediately access the appropriate level of treatment matched to their individual needs and desired outcomes.
- The selected Circuit(s) will implement the "Speed Pass" concept similar to the system currently used in the Suncoast Region. If a parent is identified as needing treatment, using a voucher or case rate payment method, they will have immediate access to services (preferably same day but not greater than 3 days) by a licensed or accredited provider at the level of care that is recommended by a standardized assessment and has been vetted by the treatment and family service team.
- The program will have access to funds for incidental needs such as medication, housing assistance, assistance in obtaining child care and other support services.
- The parent will have a specialized care coordinator to work with a multi-disciplinary team to coordinate behavioral services, domestic violence issues, physical health care and other therapeutic components of the family's treatment, services and supports.
- Peer support staff will be a critical element of the team and will be available to the family around the clock to guide and assist in recovery support and conflict management.
- The behavioral health care treatment will be comprehensive, integrated and provided to the family as the unit.
- The behavioral health care providers will work with the child welfare staff, other community entities such as domestic violence professionals, early child interventionists and practitioners and the family as part of a multi-disciplinary team handling the case. The team will ensure that the parental and children services are comprehensive and coordinated.
- The behavioral health team will be trained in evidence-based practice found effective for serving families in the child welfare system.
- Funding will cover times for multi-disciplinary team meetings and coordination with practitioners.
- At the time of reunification and/or child welfare case closure, the team will hold a multi-disciplinary team meeting to ensure that behavioral health care services are in place to provide the ongoing treatment and support for the chronic condition.
- The parent will be engaged in recovery support services and their condition will be monitored for one year after the closure of the child welfare case. This service will be voluntary.
- The Community Based Care Organization, Managing Entity, and contracted treatment providers will operate as an integrated operational unit wherein joint decision making will be the norm.

Evaluation

The pilot will include an evaluation component that will:

- Have data collection methods in place to ensure uniform collection of data with the pilot sites;
- Complete a baseline level of performance for identified measures;
- Provide information to determine future need by identifying the percentage of parents needing services, type of services provided, outcomes of the treatment versus treatment goals, evidence-based treatment practices most effective with this population, on-going services provided after child welfare closure, and identified barriers and recommendations for improvement; and

6

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- Evaluation of the pilot process to determine the needed infrastructure and implementation functions necessary to replicate the pilot.

Cost

The cost components include the following:

- Behavioral Health Care and Family Assessments assessment;
- Intensive engagement of services from time of assessment to treatment entry;
- Immediate access to evidence-based treatment matched to the level of need and desired outcomes. This proposal is founded on the knowledge that the most appropriate services must be provided when needed and that the array of services must be coordinated and address the required levels of care including services such as detox, residential care, intensive outpatient programs, individual and group therapy, peer support, parent education and in-home treatment;
- Medicaid will be utilized for Medicaid compensable services when parents are Medicaid enrollees; Family Intensive Treatment Teams funding will provide wrap-around services not covered by Medicaid;
- Specialized care coordination for the family to integrate behavioral and physical health care needs; to assist in arranging for concrete services; and to assist with the management of the therapeutic components of therapy for the family and multi-disciplinary activities. The specialized care coordinator will work in tandem with the child welfare case manager;
- Incidental funds for concrete needs on a temporary basis such as transportation, child care, medications and housing;
- Transitional services, recovery support and monitoring of the chronic condition for one year after child welfare closure; and
- Evaluation.

The per recipient estimated cost for the family intensive treatment team model is anticipated to be $10,500 annually, a comparable cost to FACT and CAT team interventions. Funding is requested for a pilot in each of the 7 Managing Entities to serve a total of 1,400 families per year for a total annual cost of $14.7 million dollars. The allocations to the Managing Entities will be based upon the pro-rata share of the total verified cases of child abuse for the previous fiscal year.

The annual cost for the evaluation is $100,000 per year.

Florida Intensive Treatment Teams
Actual Budget Allocation for FY 2014-2015 - $5 million

BUDGET PROVISO: From the funds in Specific Appropriation 372, $5,000,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care needed; providers shall meet the specifications of the program. Funds shall be targeted to selected communities with high rates of child abuse cases located in the department's Central, Northeast, Southern, and Sun Coast regions. Funds shall be tracked and outcomes measured and analyzed. The department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives evaluating the effectiveness of FIT teams in meeting treatment goals established by the department by February 1, 2015.

7

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Shared Accountability and Cost Savings Business Model

The program will be structured to ensure that the services are provided in conjunction with the child protection agency and the family with the first consideration always for the safety of the child. The contract and interagency agreements will be structured to create mutual accountability among the Department of Children and Families, Management Entities, the Community Based Care (CBC) Lead Agency and contracted licensed substance abuse provider or accredited mental health centers. To ensure continuity of care for the chronic condition, the selected array of service providers must have the following capacity:

- o Member on SAMH Managing Entities provider network
- o Licensed as a Florida substance abuse provider and have a national behavioral health care accreditation with Joint Commission, Commission on Accreditation of Rehabilitation Facilities, or Council on Accreditation
- o Demonstrated ability to work with Medicaid Health Plans in the relevant geographical area
- o Co-occurring capable and have experience in providing trauma based/focused services
- o Have evidence-based practices in place to provide the necessary services or be able to have the capacity to provide these services within 3 months of the pilot implementation
- o Provide the full array of services at multiple levels of care or be able to coordinate/integrate the array of parental services
- o Demonstrated ability and commitment to work with a multi-disciplinary family team

The proposal requires Department, CBC Lead Agency, the Managing Entity and the substance abuse and mental health providers to perform in a holistic manner with the focus on the family unit rather than their individual client such as the parent or child. The performance agreements and overall measures will be designed to ensure that there is mutual engagement and commitment from all parties to "bend the curve" of system performance in the following areas:

- o Increased screenings and identification of parental behavioral health care needs
- o Improved immediate access to evidence-based services at appropriate level of care
- o Improved retention in behavioral health services
- o Increased successful completion of treatment
- o Reduced number of out-of-home placements
- o Improved involvement in recovery services and monitoring of chronic condition
- o Reduced rates of re-entry

Using the Mark Friedman's Results Based Accountability methodology[iii],each component of the system will be responsible for program performance on each of the established system measures listed above. Any cost savings will be shared by the involved parties in accordance to a pre-established shared accountability and financial agreement.

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[i] Young, N., Boles, S., and Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12,* 137-149.
[ii] Oliveros, A., And Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare, 90,* 25-41.

[iii] Freidman, M. (2005). *Trying Hard Is Not Good Enough*. Bloomington, IN: Trafford Publishing. Note: Results Based Accountability is used when a group of partners assume the responsibility to collectively achieve desired outcomes sometimes referred to as the population improvement. A data collection and reporting system is established to measure baseline and subsequent performance over time. The goal is to "bend the curve" on the graphic representation of progress in the desired direction. Additionally each involved partner has specific measures that are "drivers" for the overall desired outcome (population measure). The specific performance of the specific provider is called the provider performance measure and that performance contributes to the overall outcome. The individual provider is accountable for their specific performance but is not fully responsible for the overall outcome. The responsibility for "bending the curve" is shared by the partners. Friedman cautions against prematurely setting a goal for improvement other than agreeing to "bend the curve" in the correct direction. The partners meet regularly to review performance and use continuous quality improvement techniques to improve performance.

Florida Alcohol and Drug Abuse Association, 4-25-14

APPENDIX B: REGIONAL AND LOCAL CROSS-SYSTEM COLLABORATION

The statewide FIT meeting in August 2014 laid the ground work for structured planning at the region and local levels that included key partners, such as MEs, FIT providers, the Department and CBCs. Initial and continued collaboration at the region and local levels has allowed the FIT model to be implemented consistent with the intended core components, while addressing local needs and circumstances. Region and local level activities reported by the MEs and FIT providers are summarized below.

Lutheran Services Florida (LSF) – Northeast and Central Regions

Implementation
- LSF hosted weekly calls with providers to provide direction and plan for implementation.
- Provider planning included establishment of a FIT workflow, ongoing meetings with key partners to plan implementation of major program components, such as the referral process
- Ongoing meetings are held bi-weekly or monthly with key partners regarding implementation

Coordination of Care
- Referrals are staffed with the Department, CBC, CPI and/or Supervisor.
- FIT team attends family staffing with the CPI, family team conferences with the child welfare case manager and external meetings held by other agencies serving the family.
- FIT counselors document notes in FSFN.
- Joint staffing with CBCs at least bi-weekly
- FIT Case Manager or Therapist conduct joint meetings with CPIs or dependency case worker to enhance engagement of the parent in treatment, when needed.
- Monthly progress reports are provided to dependency case managers and frequent phone contact is made regarding the current status of the family.

Central Florida Cares Health Systems (CFCHS) - Central Region

Implementation

- The CBC, Family Intervention Specialists (FIS) and the Department were engaged at time of first implementation to develop the referral process.
- CFCHS held implementation meetings with Aspire Health Partners following the statewide meeting in August 2014 to outline the delivery of the FIT program, including:
  - Service tracking,
  - Payment methodology, and
  - Referral sources.
- The FIT Clinical Manager made presentations on the FIT program criteria and services to the referral sources within the community, including:
  - Diversion specialists,
  - Dependency case managers, and
  - FIS case managers.

Coordination of Care
- Referral sources are invited to family staffing at admission, monthly, at discharge, and following any critical incidents.
- FIT Counselors and the Care Coordinator communicate with the referral sources and other community service providers throughout the week regarding the families' progress.
- All referral sources are encouraged to attend initial sessions with the parent to provide warm handoffs to the FIT team.

- FIT Counselors and the FIT referral sources conduct joint visits, when needed to enhance engagement with the individuals referred.

Central Florida Behavioral Health Network (CFBHN) – SunCoast Region

Implementation
- CFBHN facilitated regional face to face meetings, conference calls, and webinars to discuss processes, data submission, evidenced-based assessments, eligibility, successes, and barriers. The calls included FADAA, Department staff from Central and Suncoast regions, CBCs CPI's, and providers.
- CFBHN holds conference calls with and webinars for their four contracted FIT providers and includes stakeholders from the four counties.
- CFBHN receives a weekly provider reports that includes:
  - New referrals received,
  - Number of assessments completed,
  - Number of families currently enrolled,
  - Number of families discharged successfully, and
  - Number of families discharged unsuccessfully.
- CFBHN holds face to face meetings with providers and other stakeholders as needed to discuss the referral process between agencies, successes, and barriers.

Coordination of Care
- Bi-weekly meetings are held at the county level with FIT providers and referral sources to review referrals.
- There is ongoing communication with the FIT providers, CPIs and the three CBCs to ensure that family needs are being met.

South Florida Behavioral Health Network (SFBHN) – Southern Region

Implementation
- Multiple planning meetings were held with all stakeholders to develop the FIT program's documentation criteria and referral structure.
- On-going meetings are held with the CBC, the Department and CPIs to map out a referral process.
- A FIT flyer was developed by the FIT provider and SFBHN and provided to the CBCs, CPIs, the Department and community providers.
- A FIT Flyer was developed for families to provide details of the program benefits.
- Key stakeholders (SFBHN, FIT providers, and CBC) have met with one dependency drug court Judge and plan to meet with the others in January to coordinate referrals to FIT.

Coordination of Care

- A substance abuse and mental health progress note is entered into the FSFN data system as a means to communicate information to the child dependency case worker.
- SFBHN's Child Welfare Integration Coordinator is assigned as the point person and has daily contact with FIT providers and other stakeholders to provide support and trouble-shoot challenges.

Appendix C   Guidelines for Planning

Guidelines for Planning Phase I

Florida's Practice Model Safety Methodology	Family Intensive Treatment Team (FITT)
Engage	Assessment & Consultation Mental Health & Substance Use Disorders (MH/SUD)
Team	Referral to FITT
Gather Information	Immediate Access
Assess and Understand	Assessments: Parenting MH/SUD

Guidelines for Planning Phase I

- How will the Child Protective Investigators make a decision to refer to FITT?
    - When in the investigation/case transfer process will the referral to FITT occur?
    - What factors/characteristics will guide the referral?
- How will the behavioral health provider ensure that the family has immediate access to assessment?
- How will the behavioral health provider become part of the team in the investigative process?
- How will the behavioral health provider assist in planning for the child's safety?
- How will the behavioral health provider assist in determining how the behavioral health disorders impact on the parent's protective capacity?
    - How will this assessment be completed?
    - With what tools/observations?
- How will the behavioral health provider assess the child-parent relationship?
- How will the behavioral health assessments (both on parental protective capacities and behavioral health disorders) inform the CPIs gathering information and Family Functional Assessment?
- How will the CPIs completion of the FFA assist the behavioral health care provider's on their comprehensive approach?
- What issues or concerns have you identified? What are your recommendations?

Guidelines for Planning Phase II

Florida's Practice Model Safety Methodology

Family Intensive Treatment Team (FITT)

Plan for Child Safety

Treatment Planning:

Parenting Interventions

MH/SUD Treatment

Plan for Family Change

Treatment Coordination:

Children

Adult Family Members

Guidelines for Planning Phase II

- As part of the team, how will the behavioral health provider work with the CPI/Case Manager and family to develop and refine a plan for the child's safety?
- How will the behavioral health provider work with the CPI/Case Manager and family and other providers to develop and refine the Plan for Family Change?
- What process will the behavioral health care provider use to complete the treatment planning process?
  - What role will the CPI/Case Manager have in this process?
  - What role will the family have?
  - What role will the other providers have – domestic violence, children's therapist or teachers etc.?
- What will be the ongoing communication pattern be between the dependency case manager and the FITT? With other providers not working directly for the behavioral health organization?
- What type of evidence based interventions will be used to address parenting issues?
- What type of evidence based interventions will be used to address the mental health and substance use disorders?
- How will the behavioral health care provider measure behavioral change?
  - In mental health and substance abuse disorders
  - In parenting protective capacity
  - In child-parenting relationships
- How will the treatment coordination occur?
  - For children served by the behavioral health care provider?
  - For children not served by the behavioral health care provider?
  - For other family members?
- How will family members/natural supports be engaged in service delivery?
- How will visitations be used to support the parenting interventions? How will they be coordinated with the behavioral health care provider?
- How will the behavioral health provider work with Managed Medical Assistance Health Plans for family members receiving services through the health plans?
- What other issues should be addressed in your planning? What are your suggestions?

Guidelines for Planning Phase III

Guidelines for Planning Phase III

- How will the behavioral health care provider assign staff to the various functions?
- How will the following functions be addressed?
  - Case coordination
  - Peer Support
- What process will be put in place for the use of incidental funds?
- How will the case coordinator work with the dependency case manager? Managed care health plans?
- How will the work of the peer support and the case coordinator be part of the team approach- integrated with treatment?
- How will parenting interventions be provided? How will these be coordinated with the CBC providers? Integrated with treatment?
- If there are issues with child-parent relationships how will these be addressed? How will therapeutic services for the child-parent relationships be integrated with the other treatment approaches?
- How will physical health care needs be addressed and coordinated?
- How will the behavioral health care provider monitor progress and adapt the treatment and support services if needed?
- What communication process will be put in place to ensure that the behavioral health provider assists the dependency case manager in monitoring and adapting services for the family?
- What are the expectations for the dependency case manager to keep the FITT aware of progress or problems in the case?
- If team members have different views about how certain aspects of the case should be handled, how will potential disputes be addressed?
  - Within the behavioral health care staff?
  - With other providers such as domestic violence providers, other family members providers etc.
  - With the behavioral health care provider and the dependency case manager?
- Will the FITT have a role with the dependency court? What are the expectations?
- How will the behavioral health care provider be involved in key decisions in the case such as visitations, removal, reunification, decisions to close the case, termination of parental rights etc?
- What other issues have you identified that must be addressed? What are your recommendations?

Guidelines for Planning Phase IV

Florida's Practice Model Safety Methodology

Family Intensive Treatment Team (FITT)

Child Welfare Care Closure

Transitions

Planning for Future:

Wellness Planning

Care for Chronic Conditions

Continuity of Physical & Behavioral Health Care for Family Members

Guidelines for Planning Phase IV

- How will FITT be involved in the decision to close the Child Welfare case?
- What actions will the FITT and other providers take during the intervention process to prepare the family for independently addressing the child and families needs?
- How much lead time will the team be given before closure of the Child Welfare case?
- What process will be put in place to plan for transition of the case with the following components:
  - Parents need for on-going medical care and monitoring
  - Parents need for on-going recovery management and periodic check-ups
  - Continuation of child's therapeutic needs (mental health)
  - Continuation of child's medical care including handoff to another primary care practitioner if necessary
  - Continuation of supports for child-parent relationships if necessary
  - Quality child care
  - Concrete needs such as housing, transportation etc.?
- How will the Managed Medical Assistance health plans be involved in the transitional planning?
- What planning will take place for families to ensure that they can keep the child safe in light of the parent's substance use disorder?

Appendix D   FIT Expanded Data Set

FIT Expanded Data Set
Demographic Information
1. Identification of the target family
2. Identification of target parent(s)
3. FSFN case number
4. Name of children in families/ID number
5. FSFN number of each of the children
6. For parent: birth date, Sex, Race, behavioral health disorder (specific diagnosis), presence or history of domestic violence, medical disorder, criminal history
7. Parent Medicaid Eligible
8. Parent Health Plan assignment
9. Children Medicaid Eligible
10. Children's assigned Health Plan
11. Level of Care for treatment required
12. For each child: birth date, sex, race, medical, developmental, social/emotional/behavioral health issues,

13. Zip code of family home
14. Past history with the dependency system
15. Findings/Allegations
16. In-home or out-of-home placement at the time of the initiation of FIT services
17. If out-of-home, what placement are the children in: licensed foster home, specialized foster care, relative care, other
18. If applicable, date of most recent removal of children
Process Outputs/Outcomes
19. Referral Source to FIT
20. Referral Date to FIT
21. Date of Assessment: Substance Abuse and Mental Health Assessment, Parent Capacity Assessment(s) and Family Functioning
22. Results of Parenting Capacity Assessment
23. Date Treatment Plan completed
24. Date SA Treatment Initiated
25. Date parenting interventions initiated

26. Family members who received services

27. Services Delivered:
 	
   • Outpatient Treatment
   • Acute Care- CSU or Detox
   • Residential
   • Parenting interventions
   • Peer Specialist services
   • Care Coordination
       ○ Medical
       ○ Coordination of care for family
       ○ Access to concrete services
   • Incidentals
   • Other

28. Services for the targeted parent received by another payer:
 	
   • Medical hospitalization
   • Medical care
   • Housing supports
   • Vocational Rehabilitation/Supported Employment
   • Domestic Violence assistance
   • Services provided to the children
   • Community recovery programs

29. Date of transition plan
30. Services in place at the time of the transition from FIT
Process Outputs/Outcomes - Program Implementation
31. Date of Contract signed with ME and Provider
32. Date of first referral to the program
33. Number of referrals per each month of operation
34. Number of families served by each month
35. The specific Evidence Base Practices used

36. Trainings provided to staff
37. Statewide coordination activities
Outcomes
38. Children change in living status during FITT service in-home and out-of-home care.
39. Targeted Parents who completed recommended treatment.
40. Days that targeted parents were in treatment
41. Targeted Parents who dropped out of treatment
42. Parents who re-engaged in treatment
43. Increase in target parent (s) functional ability as compared to baseline
44. Increase in parenting capacity as compared to baseline
45. Increase in family functioning as compared to baseline
46. Parents engaged in community recovery programs
47. Stable Housing
48. Employment at the time of transitioning
50. Number of removals during the course of treatment
51. Number of children to achieve permanency during course of treatment: o   Reunification

o   Case closure with child in home o   TPR with adoption
52. Time from transfer of case to CBC to permanency
53. If children in out of home care- number of days per child in out of home care.

Appendix E   FIT Model: Guidelines and Requirements

Program Guidance for Contract Deliverables
Incorporated Document 32

Family Intensive Treatment (FIT) Model
Guidelines and Requirements

Requirement: Specific Appropriation 372 of the General Appropriations Act for Fiscal Year
                       2014-2015

Frequency: N/A

Due Date: Ongoing

Description

> *From the funds in Specific Appropriation 372, the recurring sum of $ 5,000,000 is provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications.*

To ensure the implementation and administration of this proviso project, the Managing Entity shall require that Network Service Providers providing FIT services adhere to the staffing, service delivery and reporting requirements described in this Incorporated Document.

FIT services shall:

1. Provide intensive treatment interventions targeted to families with high-risk child abuse cases;
2. Integrate treatment for substance abuse disorders, parenting interventions and therapeutic treatment for all family members (regardless of the payer for service) into one comprehensive treatment approach;
3. Improve involvement in recovery services;
4. Increase immediate access to substance abuse and co-occurring mental health services for parents in the child welfare system;
5. Help substance abusing parents overcome addictions;
6. Increase percentage of substance abusing parents who enter treatment;
7. Increase treatment retention rates;
8. Increase abstinence rates;
9. Decrease absenteeism from scheduled treatment sessions;
10. Increase program completion rates; and
11. In collaboration with the child welfare Community Based Care lead agency and dependency case management agency partners:

a. Increase safety and reduce risk of children in the child welfare system whose parents have a substance abuse disorder;
b. Develop a safe, nurturing and stable living situation for these children as rapidly and responsibly as possible (as part of safety services);
c. Participate as a provider in an in-home safety plan (as part of safety services);
d. Reduce the number of out-of-home placements;
e. Reduce the time a child remains in child welfare system; and
f. Reduce rates of re-entry into child welfare system.

Client Eligibility

The Network Service Provider shall deliver services to parents who meet all of the following criteria:
1. Are eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.;
2. Have a substance abuse disorder;
3. Have at least one child between the ages of zero (0) and eight (8) years old;
4. Have been referred by a child protective investigator, dependency case manager, or community-based care lead agency;
5. Are either under judicial supervision in dependency court (both in-home and out-of-home), but for out-of-home cases, only those parents with goal of reunification, or have been assessed as unsafe; and
6. Are willing to participate in the FIT Program.

Referral Source

The Network Service Provider shall accept families referred by the child protective investigator, dependency case manager or community-based care lead agency.

FIT Process Requirements

The Network Service Provider shall deliver an array of behavioral health services to eligible families. FIT team providers shall:
6. Accept families referred by the child protective investigator, child welfare case manager or community-based care lead agency.
7. Within 48 hours of a family's referral to services, the Network Service Provider shall commence initial assessments to guide the development of a treatment plan. The Network Service Provider shall ensure that the initial assessment process includes participation by the parent(s).
8. Complete behavioral health and parenting assessments within five (5) days of referral.
9. Assessments should include the following elements:
    a. Parental substance use disorder assessment, such as the Global Appraisal of Individual Need (GAIN);
    b. Mental health assessment, if required;
    c. Parenting capacity;
    d. Family functioning.
10. Each family shall have a comprehensive treatment plan which is completed no more than 30 days after completion of assessments to guide the provision of FIT services. At a minimum, the treatment plan shall:
    a. Be developed with the participation of the family receiving services;
    b. Specify the specific FIT services and supports to be provided under the treatment plan;
    c. Specify measureable treatment goals and target dates for the FIT services and supports; and

  d. Be reviewed, revised or updated every three months, or more frequently as needed to address changes in circumstances impacting treatment, with the participation of the parent(s) receiving services.

11. Immediate access to substance abuse treatment within 48 hours of the assessment being completed, if necessary.

12. No later than seven (7) days prior to a family's discharge from services:

  a. Review the family's treatment during a multidisciplinary team meeting to ensure that the family is receiving adequate behavioral health services that address the behavioral health condition and promote relapse prevention and recovery;

  b. Complete a FIT services Discharge Summary containing:

   1) The reason for the discharge;

   2) A summary of FIT services and supports provided to the family;

   3) A summary of resource linkages or referrals made to other services or supports on behalf of the family; and

   4) A summary of each family member's progress toward each treatment goal in the treatment plan.

13. On a monthly basis, provide a list of the families being served to the proper community-based care lead agency.

FIT Programmatic Requirements

FIT team services shall include the following activities, tasks, and provisions:

14. Peer support for crisis intervention, referrals, and therapeutic mentoring; support must be available 24 hours per day, seven days per week.

15. Coordinate services with child protective investigators and dependency case managers.

16. Treatment will be provided at the level of care that is recommended by standardized placement criteria.

17. Intensive in-home treatment available to families, when appropriate.

18. Counseling and related therapeutic interventions in an individual, group or family setting.

19. Wraparound services for Parent(s) whose treatment services are covered by third party insurance.

20. Substance use or abuse interventions and treatment services for co-occurring substance abuse and mental health.

21. Therapeutic training or psycho-education in any of the following:

  a. Parenting skills;

  b. Behavior modification;

  c. Family education and family support network development;

  d. Behavior management; and

  e. Relapse prevention skill development.

22. Specialized care coordination with a multi-disciplinary team to promote access to a variety of services and supports, including but not limited to:

  a. Domestic violence services;

  b. Medical and dental health care;

  c. Basic needs such as housing, food, and transportation;

  d. Educational and training services;

  e. Employment and vocational services;

  f. Legal services; and

  g. Other therapeutic components of the family's treatment, services, or supports as needed.

23. The substance use disorder treatment provider will be trained in an evidence-based practice found effective for serving families in the child welfare system.
24. The Network Service Provider may provide Incidental Expense services, as defined in Ch. 65E-14.021, F.A.C., to or on behalf of specific individuals receiving services under this Contract, to the extent the primary need for such services demonstrably removes barriers and supports the family's recovery or reunification goals as documented in the family's treatment plan.

Administrative Tasks

Staffing

The FIT Team must include the following general functions:

   a.   Program Manager
   b.   Behavioral Health Clinician
   c.   Specialized Care Coordinator
   d.   Family Support/Peer Mentor

This is not to mandate that the FIT Team be composed of these positions, rather that each team should have these functional roles.

Monthly Progress Report
The Managing Entity shall submit a Monthly Progress Report using Exhibit A detailing the services provided for the previous month.

Each FIT provider shall provide services to all families referred. At a minimum, the FIT provider shall provide services to at least one family for every $10,000 allocated to the provider.

Performance Measures for the Acceptance of Deliverables

For the acceptance of deliverables, the Network Service Provider shall attain a minimum of 100 percent of the target for the number of families served each month.

In the event the Provider fails to achieve the minimum performance measure, the Managing Entity shall apply appropriate financial consequences.

Performance Evaluation Methodology

1.   For the performance measure - At discharge, 90% percent of parents served will be living in a stable housing environment:

   a.   The numerator is the sum of the total number of parents living in a stable housing environment at discharge; and
   b.   The denominator is the sum of the total number of parents receiving FIT services.
   c.   The percentage of parents living in a stable housing environment at discharge will be equal to or greater than 90%.

2. For the performance measure - 80% percent of parents served will improve their level of functioning as measured by the Functional Assessment Rating Scale (FARS):
   a. Measure improvement based on the change between two assessments completed using the Functional Assessment Rating Scales (FARS).
   b. The numerator is the number of parents whose most recent score is less than their previous assessment score. Scores are calculated by summing the score for 16 questions per person captured on the FARS. A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The most recent score must occur within the reporting fiscal year. The "previous assessment score must have occurred within the 12 previous months of the "most recent score."
   c. The denominator consists of all parents with two assessments.
   d. To establish the percentage, the total number of parents with improved scores is divided by the total number of parents with two qualifying assessments.
   e. The percentage of parents who improve their level of functioning will be equal to or greater than 80%.

3. For the performance measure - The Network Service Provider will complete 85% of Discharge Summaries within seven (7) days of discharge from services:
   a. The numerator is the total number of families who received Discharge Summaries with seven days of discharge; and

   b. The denominator is the total number of families who were discharged from FIT services.

   c. The percentage of families who receive a Discharge Summary within seven days of discharge during the reporting period will be equal to or greater than 85%.

4. For the performance measure - The Network Service Provider will complete 85% of behavioral health and parenting assessments within five (5) days of referral:
   a. The numerator is the sum of the total number of families who receive assessments within five (5) days of admission to a FIT team during the reporting period; and

   b. The denominator is the sum of the total number of families referred to a FIT team during the reporting period.

   c. The percentage of families who receive assessments within five (5) days of referral to a FIT team during the reporting period will be equal to or greater than 85%.

5. For the performance measure - The Network Service Provider initiate 90% of the parent(s) into treatment services within 48 hours of completed assessment:
   d. The numerator is the sum of the total number of families who receive treatment services within 48 hours of completed assessment during the reporting period; and

   e. The denominator is the sum of the total number of families referred to a FIT team during the reporting period.

   f. The percentage of families who receive treatment services within five (5) days of admission to a FIT team during the reporting period will be equal to or greater than 90%.

EXHIBIT A

FAMILY INTENSIVE TREATMENT SERVICES MONTHLY PROGRESS REPORT				
Provider Name				
Contract Number				
Reporting Period	**From**		**To**	
Reporting Requirement	**Annual Target**	**This Period**	**This Quarter to Date**	**Year to Date**
OUTPUTS AND OUTCOMES				
Number of families served. *Minimum families served by June 30, 2015 shall be one family for every $10,000 allocated to the provider.____.*				
Percentage of parents served living in a stable housing environment.	90%			
Percentage of parents served who improve their level of functioning as measured by the Functional Assessment Rating Scale (FARS).	80%			
Percentage of Discharge Summaries completed within seven days of discharge.	85%			
Percentage of Assessments completed within five (5) days of referral.	85%			
Percentage of parents receiving treatment services within 48 hours of completed assessment.	90%			
Number of Child Welfare Cases Closed.	NA			
Number of Family Reunifications.	NA			

Reporting Requirement	This Period	This Quarter to Date	Year to Date
Number of Parents Receiving an Individualized Treatment plan.			
Number of Individuals Receiving Child Welfare Services.			
Number of Parents Receiving Intensive In-Home Treatment and Services.			
Number of Parents Receiving Detoxification Treatment.			
Number of Parents Receiving Crisis Stabilization Services.			
Number of Parents Receiving Inpatient Psychiatric Services.			
Number of Parents Receiving Residential Treatment.			
Number of Parents Receiving Individual Therapy.			
Number of Parents Receiving Group Therapy.			
Number of Parents Receiving Family Therapy.			
Number of Parents Receiving Medication Services.			
Number of Parents Receiving Wraparound Services Only.			
Number of Parents Receiving Therapeutic Training or Psycho-education.			
Number of Parents			

Receiving Transportation Support.			

Reporting Requirement	This Period	This Quarter to Date	Year to Date
Number of Parents Receiving Supportive Housing.			
Number of Parents Receiving Supported Employment.			
Number of Parents Receiving Aftercare Services.			
TBD			
ATTESTATION			
I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency.			
Authorized Name, Title, and Agency Name *(please print)*			

Appendix F   Screening and Assessment Tools

Screening Tool Assessment	Description	Purpose of Assessment	Substance Use	Physical Health	Employment	Mental Health	Legal Issues	Interpersonal Skills	Child Functioning	Parenting	Activities of Daily Living	Administration
Functional Assessment of Mental Health and Addiction (FAMHA)	44-item scale documents functional deficits across domains; designed for clinicians as both an indicator of current individual level of functioning for diagnostic assessment, treatment planning and measure of change; assumes in-depth clinical knowledge of client	Functional Level	x	x	x	x	x	x	x			Diagnostic assessment at admission\n\nPeriodic measure of change during treatment\n\nTreatment Outcomes at discharge
Addiction Severity Index (ASI)	ASI: To understand the relationship and functionality of data collected to making substance abuse or dependence diagnosis, patient placement decisions(i.e. level of care recommendations), assessing criminogenic risk and treatment planning	Substance Abuse	x	x	x	x	x	x Family Social			x	Initial Evaluation at admission\n\nFollow-up interviews on indicators for treatment planning
American Society of Addiction Medicine (ASAM)	ASAM: Provides placement criteria for adolescents and adults to create comprehensive and individualized treatment plans.	Level of Care	x			x						Screening and assessment for treatment planning or placement upon admission and discharge
Adult and Adolescent Parenting Inventory (AAPI) – 2	Inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Provides an index of risk for practicing behaviors known to be attributable to child abuse and neglect.	Parental Capacity\n\nFamily Functioning	x			x		x		x		Inventory of parenting attitudes upon admission and discharge (pre and post results)
Adverse Childhood Experience (ACE)	Assess associations between childhood maltreatment and later-life health and well-being. Importance of identifying trauma and addressing it to provide context.	Additional										One-time screening tool to identify risk and protective factors at admission

Appendix G   Evidence Based Approaches

EBP	Brief Description
Active Parenting Now (*in NREPP it's just Active Parenting*)	Active Parenting (4th Edition) is a video-based education program targeted to parents of 2- to 12-year-olds who want to improve their parenting skills. The program teaches parents how to raise a child by using encouragement, building the child's self-esteem, and creating a relationship with the child based upon active listening, effective communication, and problem solving.
Adolescent Community Reinforcement Approach (A-CRA)	A-CRA is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery. This outpatient program targets youth 12 to 22 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. A-CRA includes guidelines for three types of sessions: adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together.
Cognitive Behavioral Therapy	Cognitive behavioral therapy (CBT) is a form of treatment that focuses on examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping.
Family Behavior Model	Family Behavior Therapy (FBT) is an outpatient behavioral treatment aimed at reducing drug and alcohol use in adults and youth along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conduct problems in youth. Treatment typically consists of 15 sessions over 6 months; sessions initially are 90 minutes weekly and gradually decrease to 60 minutes monthly as participants progress in therapy.
Hazelden's Living in Balance Treatment Program	Living in Balance (LIB): Moving From a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5- to 2-hour psychoeducational and experiential training sessions. The manual includes 12 core and 21 supplemental sessions. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises.
Moral Reconation Therapy (MRT)	Moral Reconation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT takes the form of group and individual counseling using structured group exercises and prescribed homework assignments. Participants meet in groups once or twice weekly and can complete all steps of the MRT program in a minimum of 3 to 6 months.
Motivational Interviewing	Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal
Nurturing Parenting	The Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse/neglect.
Solution-Focused Therapy	Solution-Focused Group Therapy (SFGT) is a strengths-based group intervention for clients in treatment for mental or substance use disorders that focuses on building solutions to reach desired goals. It emphasizes what the client wants to achieve through therapy rather than the client's problems and failings in the past.

Seeking Safety Curriculum	Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psychoeducation and has five key principles.
Systematic training for Effective Parenting (STEP)	Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. For parents of children birth through adolescence.
Trauma Focused Cognitive Behavioral Therapy	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment.
Research Supported Programs	**Brief Description**
1-2-3 Magic	This program presents an effective and positive way to discipline children ages 2 through 12 without arguing, yelling, or spanking. This simple, yet powerful, approach to disciplining kids is said to have won rave reviews from parents, educators and professionals alike.
Art/Expressive Therapy	Expressive arts therapy is a multimodal approach to therapy that is similar to its cousin's drama therapy and music therapy. It may incorporate writing, drama, dance, movement, painting, and/or music. Clients are encouraged to explore their responses, reactions, and insights via pictures, sounds, explorations, and encounters with art processes.
NAADAC'S Conflict Resolution in recovery	This is a therapeutic training that is skilled-based and focused on the brain; how the brain works in conflict and strategies to affect the quality of recovery in relationships.
Stages of Change Model	The idea behind the Stages of Change Model is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. 5 stages: precontemplation, contemplation, preparation, action, maintenance, relapse
Supportive Therapy	Supportive psychotherapy is used primarily to reinforce a patient's ability to cope with stressors through a number of key activities, including attentively listening and encouraging expression of thoughts and feelings; assisting the individual to gain a greater understanding of their situation and alternatives; helping to buttress the individual's self-esteem and resilience; and working to instill a sense of hope.

CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through September 30, 2017

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

State or Indian Tribal Organization (ITO)_____   For FFY OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

SERVICES/ACTIVITIES	(a) Subpart I-CWS	(b) Subpart II-PSSF	(c) Subpart II-MCV *	(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E**	(h) STATE, LOCAL, & DONATED FUNDS	(i) Individuals	(i) Families	(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	TITLE IV-B								NUMBER TO BE SERVED			
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		4,526,171		1,266,325				58,712,906	78,596		Reports of Abuse/Neglect	Statewide
2.) PROTECTIVE SERVICES	6,180,176						46,130,351	69,849,615	23,715		All Eligible Children	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		4,983,753						1,661,251	9,032		All Eligible Children	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	5,962,312	3,993,931					47,245,153	74,856,373	7,779		All Eligible Children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	2,556,224	4,528,820					17,852,750	28,460,368	2,849		All Eligible Children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)												
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE							22,634,537	12,082,666	6,685		All Eligible Children	Statewide
(b) GROUP/INST CARE							39,336,570	26,755,521	2,347		All Eligible Children	Statewide
8.) ADOPTION SUBSIDY PMTS.							68,536,306	75,770,009	34,799		All Eligible Children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.												
10.) INDEPENDENT LIVING SERVICES					5,906,927			20,728,774	842		Eligible 16-20	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						1,908,707		618,518	1,304		Eligible 16-22	Statewide
12.) ADMINISTRATIVE COSTS	138,419		113,476				19,716,127	100,874,516				
13.) STAFF & EXTERNAL PARTNERS TRAINING							2,346,592	3,402,140				
14.) FOSTER PARENT RECRUITMENT & TRAINING							1,002,941	1,005,558				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							948,444	476,463				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			1,021,284					340,428				
18.) TOTAL	14,837,131	18,032,675	1,134,760	1,266,325	5,906,927	1,772,078	265,749,771	475,595,106	167,948			

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.