



FLORIDA

CHILD WELFARE SYSTEM

PROGRAM IMPROVEMENT PLAN (PIP)

. PIP Agreement Form

The PIP should be signed and dated by the Chief Executive Officer of the State child welfare agency and by the Children's Bureau Regional Office responsible for the State. The approved PIP with original signature must be retained in the Children's Bureau Regional Office. A hard copy of the approved PIP must be submitted to the following parties immediately upon approval:


- State child welfare agency
- Children's Bureau (Child and Family Services Review staff)
- Child Welfare Review Project, c/o JBS International, Inc.

Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:



Name of State Executive Officer for Child Welfare Services 5/22/2017
Date



Children's Bureau 5/22/17
Date

Florida Department of Children and Families

Child and Family Services Review Program Improvement Plan

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Key Information and Reporting Schedule

State/Territory:	Florida
Date Submitted:	3-28-2017
Date Resubmitted:	4-26-2017
Date Approved:	05-22-2017
PIP Effective Date:	07-01-2017
End of PIP Implementation Period:	06-30-2019
End of Non-Overlapping Year:	06-30-2020
Reporting Schedule and Format:	Florida will report semi-annually on the PIP progress.

I. Introduction

The strategies and key activities listed in this Program Improvement Plan (PIP) focus on and build upon improvement activities that are being implemented by the Department to positively influence safety, permanency and child well-being outcomes. The Department and partners identified three goals from our Child and Family Services Plan (CFSP) 2015-2019 that support the themes for improvement that were identified through the Child and Family Services Review (CFSR).

The key activities will address case work practice and systemic improvements that are necessary for improving outcomes related to safety, permanency, and child well-being for children and families.

The mission of the Florida Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

The child welfare system aims for every child in Florida to thrive in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections.

Florida's practice model is rooted in a sound knowledge base and a practice approach forms the organizing structure within which Florida's child welfare system is approaching the complex task of pursuing improvements and moving toward the aim 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

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

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national outcome domains for child welfare (safety, permanency, and well-being) as defined through the CFSR process.

The PIP reflects an essential integrated and collaborative approach with multiple partners and stakeholders. The Department's vision states: we are a highly skilled workforce committed to empowering people with complex and varied needs to achieve the best outcomes for themselves and their families. In collaboration with community stakeholders, we will deliver world class and continuously improving service focused on providing the people we serve with the level and quality that we would demand and expect for our own families.

During this PIP period, the Department will develop, modify, or reinforce practice guidelines to describe current evidence-informed and best practice standards that will guide the work of child welfare professionals, supervisors and managers. The practice guidelines will direct the continuous improvement of practice through describing the best known techniques and practices to implement the requirements of statute and rule. Rooted throughout each of the PIP Goals, Strategies, and Key Activities is an emphasis on family engagement.

II. Goals, Strategies, and Key Activities

Goal 1: Children are first and foremost protected from abuse and neglect; safely maintained in their homes, if possible and appropriate; and provided services to protect and prevent removal from their homes.

(Safety 1 & 2; Permanency 1 & 2; Well-Being 1 & 3; Systemic Factors: Service Array and Resource Development)

Strategy A. Strengthen and Enhance Florida's Child Welfare Practice Model. (Item 1)

This strategy is an integrated approach that affects child safety through increased analysis and the child welfare professional's 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.

This strategy focuses on improving family assessment and more closely aligning assessment with appropriate service provision based upon the identified child and family needs. Strengthening the child welfare professional's assessment skills will lead to improved safety oversight, identification and provision of appropriate services, and decision-making about the needs of children and their families. The child will not only be safer, families will be able to become stronger and more capable of enhancing well-being.

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

Projected Completion Date: Quarter 1

- 1.1. Utilizing the Monthly Key Indicator Report located on Florida's Center for Child Welfare web site, initiate operational monitoring to ensure compliance with state policy on diligent attempts to make face-to-face contact with alleged child victims of an investigation.

<http://centerforchildwelfare.fmhi.usf.edu/QualityAssurance/ChildWelfareKeyIndicators.shtml>

Projected Completion Date: Quarter 1 (Complete)

- 1.2. Deploy metrics (outcomes and drivers) in a public-facing dashboard environment by 6/30/2017.

Projected Completion Date: Quarter 1

- 1.2.1. Develop dashboard build schedule that includes design sessions, requirements, Extract Transform Load (ETL) builds, and completion date.

Projected Completion Date: Quarter 1 (Complete)

- 1.2.2. Establish Statewide Outcomes Workgroup.

Projected Completion Date: Quarter 1 (Complete)

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1.2.3. Finalize outcome validation methodology.

Projected Completion Date: Quarter 1 (Complete)

1.2.4. Validate 5 Results-Oriented Accountability (ROA) outcome measures utilizing validation methodology selected.

Projected Completion Date: Quarter 1

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

Projected Completion Date: Quarter 1 (Complete)

2.1. Inform Regions and Community-based Care lead agencies (CBCs) of operating procedure and practice changes for implementation.

Projected Completion Date: Quarter 1 (Complete)

2.2. Gauge implementation through Florida CQI reviews and Rapid Safety Feedback reviews of children under age 4.

Projected Completion Date: Quarter 1 and Ongoing

2.3. Provide quarterly feedback to management (Department leadership, Sheriffs' leadership where conducting child protection investigations, OCW specialists, child welfare professionals) on findings to inform practice changes or training as needed.

Projected Completion Date: Quarter 1 and Ongoing

Strategy B. Improve families' ability to provide for their own and their children's needs through quality family assessments, family engagement and appropriate supports to address identified needs. (Items 2, 3, 5, 11, 12, 13, and 29)

The child welfare practice model is designed to keep children safe and improve the protective capacities of caregivers. Through family engagement it is anticipated that the quality of assessments will improve and more closely align with case planning. This will result in the child being safer and caregiver protective capacities enhanced.

Principles of Family Team Conferencing or other family-inclusive planning models are to be used in assessment and case planning. Family engagement is addressed under Goal 2, Strategy B, Key Activity 1. Improving child welfare professionals' engagement with families regarding assessments and case planning throughout the life of the case is key not only to permanency, but to safety and well-being.

Behavioral health and domestic violence issues are critical areas being addressed to help families with these issues. Behavioral health concerns are among the most common involved in allegations of child abuse and neglect. The Department's Offices of Child Welfare and 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 (see Goal 3, Strategy C, Key Activity 1). These integration approaches involve child and family well-being but focus first and foremost on interventions needed to promote child safety. Additionally, the state is continuing to expand the service array within each community (see Goal 3, Strategy A, Key Activity 1) which will address issues related to safety planning and monitoring, as well as other family support services.

1. Further develop child welfare professionals' skills, knowledge and abilities relating to safety planning, safety plan management and family assessments through "back-to-basics" in-service training of the Child Welfare Practice Model. (Goal 1, Strategy B, Key Activity 2 and Goal 2, Strategy B, Key Activity 1 are also related.)

Projected Completion Date: Quarter 6

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1.1. Train child welfare professionals statewide on core practice elements (“back-to-basics”) to reinforce the components of the practice model which include family engagement, safety planning and management, and quality assessments, as well as results from the Rapid Safety Feedback and Fidelity reviews.

Projected Completion Date: Quarter 5

1.1.1 Contract with national experts, ACTION for Child Protection, to develop “back-to-basics” in-service curriculum.

Projected Completion Date: Quarter 1 (Complete)

1.1.2 Provide training on the “back-to-basics” in-service curriculum for trainers statewide. ACTION for Child Protection will conduct the train-the-trainer session for the state’s trainers who will provide the in-service training as necessary.

Projected Completion Date: Quarter 1 (Complete)

1.2. Continue to implement the practice model within the Community Based Care (CBC) lead agencies and case management organizations.

Projected Completion Date: Quarter 5

1.2.1. Track implementation progress throughout case management agencies. Progress will be tracked using FSN reports and CQI, rapid safety feedback, and fidelity reviews.

Projected Completion Date: Quarter 1 and Ongoing

1.2.2. Provide technical assistance as needed.

Projected Completion Date: Quarter 1 and Ongoing

1.3. Conduct semi-annual practice (safety) model fidelity reviews for both investigations and case management to understand practice trends and provide technical assistance.

Projected Completion Date: Quarter 1 and Ongoing

1.3.1. Contract with national experts, ACTION for Child Protection, to conduct fidelity reviews.

Projected Completion Date: Quarter 1 (Complete)

1.3.2. Develop schedule and begin fidelity reviews.

Projected Completion Date: Quarter 1 (Complete)

1.3.3. Share results of the fidelity reviews at a statewide and regional level and implement one practice recommendation specific to family time (engagement).

Projected Completion Date: Quarter 1 and Ongoing

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

Projected Completion Date: Quarter 5

2.1. Convene project work team. Project work team members include representatives from OCW program office, Community-based Care lead agencies, Regions, and other stakeholders.

Projected Completion Date: Quarter 1 (Complete)

2.2. Analyze data and identify root causes.

Projected Completion Date: Quarter 1

2.3. Development and implement intervention(s) based on the recommendations (improvement phase).

Projected Completion Date: Quarter 1

2.4. Follow-through for a 12-month period to ensure interventions address the root causes and modify as necessary. The follow-through involves ongoing analysis by the project work team, as well as Florida CQI reviews. (Control phase - the control phase will demonstrate results from the improvement phase over a twelve month period after counter measures are implemented)

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Projected Completion Date: Quarter 5

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

Projected Completion Date: Quarter 5

3.1. Convene project work team. Project work team members include representatives from OCW program office, Community-based Care lead agencies, Regions, and other stakeholders.

Projected Completion Date: Quarter 1 (Complete)

3.2. Analyze data and identify root causes.

Projected Completion Date: Quarter 1

3.3. Development and implement intervention(s) based on the recommendations (improvement phase).

Projected Completion Date: Quarter 1

3.4. Follow-through for a 12-month period to ensure interventions address the root causes and modify as necessary. The follow-through involves ongoing analysis by the project work team, as well as Florida CQI reviews. (Control phase- twelve months after counter measures are implemented the control phase will demonstrate results from the improvement phase.)

Projected Completion Date: Quarter 5

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

Projected Completion Date: Quarter 1 (Complete)

4.1. Publish new operating procedure on Florida's Center for Child Welfare Practice.

Projected Completion Date: Quarter 1 (Complete)

4.2. Inform Regions and CBCs of operating procedure and practice changes for implementation.

Projected Completion Date: Quarter 1 (Complete)

4.3. Gauge practice improvement through Florida CQI reviews and Rapid Safety Feedback reviews of children under age 4.

Projected Completion Date: Quarter 1 and Ongoing

4.4. Provide quarterly feedback to management (Department leadership, Sheriffs' leadership where conducting investigations, CBC leadership, OCW specialists, child welfare professionals) on findings to inform practice changes or training as needed.

Projected Completion Date: Quarter 1 and Ongoing

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

Projected Completion Date: Quarter 1 (Complete) and Ongoing

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

Projected Completion Date: Quarter 1 (Complete)

Goal 2: Children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children.

(Safety 2, Permanency 1 & 2; Well-being 1; Systemic Factors: Case Review System, Service Array and Resource Development, Statewide Information System, Foster and Adoptive Parent Licensing, Recruitment and Retention)

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Strategy A. Implement practice initiatives that will improve the permanency and stability of children's living situations. (Items 4, 5, 6, 12, 19, 20, 23, 24, 29, and 35)

Permanency for children remains one of the three most important and challenging areas for child welfare. The preferred permanency option is for children to remain safely with their own families. Other permanency arrangements include, in order of preference (section, 39.621, Florida Statutes):

- 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 safety, timeliness of achieving permanency and stability of a child's living arrangements (whether in a permanent or temporary setting) are important. An additional area of emphasis for the PIP is further skill development for child welfare professionals, Children's Legal Services (CLS) and the judiciary on permanency planning, modification of goals and execution. Florida's Quality Parenting Initiative (QPI) is an important component to permanency and stability of children's living situations. QPI, one of Florida's approaches to strengthen foster and kinship care, is expanding to include relative and non-relative caregivers. QPI is designed to promote the participation and engagement of foster care parents and caregivers in the planning, case management, court proceedings, and delivery of services for children who are residing in Florida's out-of-home care system, while working toward the child's long-term permanency and other goals. In addition, the PIP emphasizes training and practice skill activities specific to thoroughly assessing the homes of relative and non-relative caregivers is of vital importance in order for professionals to document information obtained and complete a quality assessment.

Achieving permanency in a timely fashion is inextricably linked to safety. A family must be able to keep their child safe in a nurturing environment, and the traumatic experiences that might lead to problematic behaviors must be addressed as expeditiously as possible to ensure reunification or other permanency placements are not disrupted with an accompanying return to dependency in the child welfare system. Family engagement skills of child welfare professionals are equally important. Child welfare professionals must engage with the parents (mother and father) in a positive manner to ensure full partnership while receiving child welfare services (see Goal 2, Strategy B, Key Activity 1).

Returning children home through reunification is the first preference for permanency. Other permanency goals allow children to be placed with relatives through permanent guardianship with a fit and willing relative. In recent years, Florida has exceeded annual goals for adoption.

Counts of children with the goal of other permanent living arrangement (OPPLA) are regularly monitored through a separate trend report. The Department's strong emphasis on permanency for this population, particularly through initiatives such as the Permanency Roundtables, has resulted in an overall decrease in the percentage of the out-of-home population with the primary goal of OPPLA. The Department expects through ongoing emphasis to continue this positive trend, supported by Public Law 113-183 to limit OPPLA as a permanency goal for youth ages 16 and older.

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

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

Projected Completion Date: Quarter 4

1.1. Continue statewide foster home recruitment and retention efforts.

Projected Completion Date: Quarter 1 and Ongoing

1.2. Provide quarterly oversight on the effectiveness of regional recruitment and retention strategies and share successes by analyzing data and assessing foster home capacity, retention, and growth.

Projected Completion Date: Quarter 1 and Ongoing

1.3. Facilitate, through regularly scheduled conference calls, collaboration between CBCs and placement entities to improve recruitment strategies based on data analysis.

Projected Completion Date: Quarter 1 and Ongoing

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

Projected Completion Date: Quarter 3

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

Projected Completion Date: Quarter 5

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

Projected Completion Date: Quarter 1 and Ongoing

4.1. Participate in Region IV CIP meeting in March 2017 regarding the CQI project.

Projected Completion Date: Quarter 1 (Complete)

4.2. Convene the Statewide Dependency Court Improvement Panel's newly formed PIP workgroup to identify specific court-related strategies to positively influence relevant areas needing improvement, develop a court-related action plan and routinely monitor court-related activities.

Projected Completion Date: Quarter 1 and Ongoing

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

Projected Completion Date: Quarter 4

5.1. Convene project work team. Project work team members include representatives from OCW program office, Community-based Care lead agencies, Regions, and other stakeholders.

Projected Completion Date: Quarter 1 (Complete)

5.2. Analyze data and identify root causes.

Projected Completion Date: Quarter 1

5.3. Develop and implement intervention(s) based on the recommendations (improvement phase).

Projected Completion Date: Quarter 1

5.4. Follow-through for a 12-month period to ensure interventions address the root causes and modify as necessary. The follow-through involves ongoing analysis by the project work team, as well as Florida CQI reviews. (Control phase. The control phase will demonstrate results from the improvement phase twelve months after counter measures are implemented.)

Projected Completion Date: Quarter 1 and Ongoing

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6. Implement newly developed statewide operating procedure related to Child Placement Agreements, CFOP 170-11, Chapter 4, requiring child welfare professionals to work together with caregivers for children with identified behavioral management needs. The new operating procedure also focuses on the need to keep siblings together. The process for developing operating procedures involves extensive collaboration – the workgroup for this specific operating procedure included CBC representation, child welfare professional supervisors, legal, foster parents, and other related stakeholders. This practice modification results from a pilot project conducted between 07/2016 through 12/2016 with five CBCs.
<http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/DeptOperatingProcedures.shtml>
Projected Completion Date: Quarter 1
 - 6.1. Inform the Regions and CBCs about the change in practice for implementation.
Projected Completion Date: Quarter 1 (Complete)
 - 6.2. Conduct statewide webinar. The webinar participants learned about the policy changes and heard lessons resulting from the 5 pilot sites. The webinar conducted on 4/14/2017 are also posted on Florida's Center for Child Welfare.
Projected Completion Date: Quarter 1 (Complete)
 - 6.3. Assess practice using the Florida CQI reviews.
Projected Completion Date: Quarter 1 and Ongoing
 - 6.4. Provide quarterly feedback to management (Department leadership, CBC leadership, OCW specialists, child welfare professionals) on findings to inform practice changes or training as needed.
Projected Completion Date: Quarter 1 and Ongoing
 7. Strengthen the permanency hearing decision process.
Projected Completion Date: Quarter 6
 - 7.1. Redesign Court Permanency Hearing Order Templates to include a required specific finding for a child remaining in out-of-home care at month 12 or at month 15 of 22 months. (Court findings will document the child's best interest and compelling circumstances if the Primary Goal is not changed to Adoption.)
Projected Completion Date: Quarter 3
 - 7.1.1. Establish statewide workgroup to review and modify Court Permanency Hearing Order Templates.
Projected Completion Date: Quarter 1
 - 7.1.2. Create and distribute templates to all 20 Judicial Circuits based on the recommendations of the workgroup.
Projected Completion Date: Quarter 2
 - 7.1.3. Establish a Quality Assurance Process to sample and check Permanency Review Orders for conformance.
Projected Completion Date: Quarter 2
 - 7.1.4. Provide quarterly feedback on findings to workgroup and Children's Legal Services Management to revise templates, practice or training as needed.
Projected Completion Date: Quarter 3
 - 7.2. Collaborate with the Office of the State Court Administrator to design and schedule training for judges and attorneys that reinforces the knowledge that must be documented and compelling reasons in a child's best interest to not go forward with either reunification or termination of parental rights when a child has been in out-of-home care for 12 months or 15 of the last 22 months.
Projected Completion Date: Quarter 2
 - 7.2.1. Establish training format and methods for delivering training statewide.
Projected Completion Date: Quarter 2
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7.2.2. Deliver training to Judiciary and to CLS Attorneys.

Projected Completion Date: Quarter 2

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

Projected Completion Date: Quarter 6

8.1. Redesign all Court Order Templates to include a required specific court finding that all caregivers did or did not receive actual notice and a meaningful opportunity to be heard .

Projected Completion Date: Quarter 3

8.1.1. Establish Statewide workgroup to review and modify all Court Order Templates.

Projected Completion Date: Quarter 1

8.1.2. Create and distribute templates to all 20 Judicial Circuits based on the workgroup's recommendations.

Projected Completion Date: Quarter 2

8.1.3. Establish a Quality Assurance Process to sample and check applicable Court Orders for compliance.

Projected Completion Date: Quarter 2

8.1.4. Provide quarterly feedback on revised templates and provide training as needed.

Projected Completion Date: Quarter 3 and Ongoing

8.2. Reinforce judges, attorneys, foster parents, and child welfare professionals' knowledge of required notice to caregivers and a meaningful opportunity to be heard for all hearings involving a child in their care.

Projected Completion Date: Quarter 3

8.2.1. Establish training format and methods for delivering training statewide.

Projected Completion Date: Quarter 1

8.2.2. Design training curriculum through collaboration with the Office of Child Welfare, Children's Legal Services, and the Office of the State Court Administrator.

Projected Completion Date: Quarter 2

8.2.3. Schedule and deliver training to Judiciary, child welfare professionals (Case Managers), foster parents, and to CLS Attorneys.

Projected Completion Date: Quarter 3

8.3. Review and modify, if necessary, written material and the process for advising caregiver's of their rights.

Projected Completion Date: Quarter 7

8.3.1. Convene statewide workgroup, including caregivers, to review written material and the process advising out-of-home caregivers of their rights.

Projected Completion Date: Quarter 1

8.3.2. Based on the workgroup's recommendations, modify process and update written materials as necessary.

Projected Completion Date: Quarter 2

8.3.3. Distribute to Regions and CBCs for implementation.

Projected Completion Date: Quarter 3

8.3.4. Gauge practice improvement through Florida CQI reviews and PIP monitored cases (including case participant interviews).

Projected Completion Date: Quarter 6

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

Projected Completion Date: Quarter 7

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

Projected Completion Date: Quarter 6

- 9.1. Update Adoption Competent Curriculum to include cultural competency component.

Projected Completion Date: Quarter 6

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

Projected Completion Date: Quarter 3

- 10.1. Train staff on Rapid Family Engagement/Rapid Response Team model.

Projected Completion Date: Quarter 1

- 10.2. Assess practice using the Florida CQI reviews.

Projected Completion Date: Quarter 2 and Ongoing

- 10.3. Provide quarterly feedback to management on findings to inform practice changes or training as needed.

Projected Completion Date: Quarter 3 and Ongoing

Strategy B. Implement practice initiatives that will help ensure the continuity of family relationships and connections is preserved for children. (Items 3, 7, 8, 9, 10, 11, 20, and 23)

For timely and lasting permanency, the child welfare system depends in large part on identifying relatives who have the capacity to care for children from their extended family who have been removed through the dependency system, as well as being able to match children's needs with the characteristics of a foster or adoptive family. These families must remain committed to ongoing participation in all activities necessary for the child's safety, permanency, and well-being.

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

Goal 3, Strategy B, Key Activities 1 and 2, describe statewide efforts specific to meeting the educational needs of children in out-of-home care. These activities correlate to ensuring the child's school connection is preserved and encourages parental involvement in the child's education.

1. Evaluate implementation of the May 2016 issuance of CFOP 170-9, Family Assessment and Case Planning, to guide family engagement regarding family functioning assessments and case planning throughout the life of the case. The process for developing operating procedures involves extensive collaboration – the workgroup for this specific operating procedure included CBC representation, child welfare professionals and supervisors, legal, and other related stakeholders.

Projected Completion Date: Quarter 1 (Complete)

- 1.1. Conduct statewide webinar on CFOP 170-9. The webinar participants learned about engagement of families throughout the life of the case with a focus on engagement during assessment and case planning. The webinar conducted on 9/15/2016 is also posted and available on Florida's Center for Child Welfare. <http://centerforchildwelfare.fmhi.usf.edu/HorizontalTab/VideoTrainingTopic.shtml>

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Projected Completion Date: Quarter 1 (Complete)

1.2. Gauge implementation through Florida CQI reviews (and PIP monitored cases) and Rapid Safety Feedback reviews.

Projected Completion Date: Quarter 1 and Ongoing

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

Projected Completion Date: Quarter 1 and Ongoing

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

Projected Completion Date: Quarter 4

2.1. Research evidence-based and best practices for family finding.

Projected Completion Date: Quarter 2

2.2. Determine capacity for expanding family finding resources, for example, staff, or automated techniques.

Projected Completion Date: Quarter 2

2.3. Modify and implement state operating procedure regarding conducting diligent searches for potential relative placements.

Projected Completion Date: Quarter 2

2.3.1. Establish statewide workgroup; workgroup to include representation of child welfare professionals and stakeholders.

Projected Completion Date: Quarter 1

2.3.2. Develop draft changes to operating procedure based on the workgroup's recommendations and distribute for statewide input.

Projected Completion Date: Quarter 1

2.3.3. Incorporate statewide input and publish modified operating procedure.

Projected Completion Date: Quarter 2

2.3.4. Inform the Regions and CBCs for implementation through statewide memorandum and statewide webinar.

Projected Completion Date: Quarter 2

2.3.5. Assess practice improvement using the Florida CQI reviews.

Projected Completion Date: Quarter 4 and Ongoing

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

Projected Completion Date: Quarter 1 and Ongoing

3. Conduct Just In Time training/technical assistance on maintaining a child's connections at quarterly Quality Parenting Initiative (QPI) statewide meeting with foster parents, relatives, non-relatives, child welfare professionals and providers. <http://www.qpiflorida.org/>

Projected Completion Date: Quarter 4

3.1. Publish QPI meeting and training schedule on QPI website.

Projected Completion Date: Quarter 3

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

Projected Completion Date: Quarter 4 and Ongoing

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4.1. Continue partnership with Casey Family Programs on the Permanency Roundtable Project.

Projected Completion Date: Quarter 1 and Ongoing

4.2. Increase the number of sites utilizing the Permanency Roundtable and Youth Centered Permanency Roundtable models.

Projected Completion Date: Quarter 3 and Ongoing

4.2.1. Train the Permanency and Well-Being specialists in the Office of Child Welfare on the Permanency Roundtable model and Youth Centered Permanency Roundtable models.

Projected Completion Date: Quarter 2

4.2.2. Train child welfare professionals on the Permanency Roundtable and Youth Centered Permanency Roundtable models, as requested by the new sites.

Projected Completion Date: Quarter 3 and Ongoing

4.3. Implement Permanency Roundtable and Youth Centered Permanency Roundtable models in new sites.

Projected Completion Date: Quarter 4 and Ongoing

Strategy C. The state's child welfare information system, FSFN, will have accurate and timely data that supports child well-being. (Items 4 and 19)

FSFN is the state's official case file and record for each investigation and case, and is the official record for all homes and facilities licensed by the state or approved for adoption placement. All pertinent information about every investigative and case management function must be entered into FSFN within 48 hours/ 2 days. Staff may have duplicate paper copies of the case file, along with supporting paper documentation, but the FSFN electronic case file is the primary record for each investigation, case and placement provider, including all related financial expenditures and activities.

FSFN supports child welfare practices and the collection of data. Child welfare staff can readily identify the status, demographic characteristics and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care by accessing the Legal Record page. FSFN fully supports the identification of the status of every child in foster care.

The accuracy of quantitative reports is critical to the on-going assessment of Florida's child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accurate use of FSFN. The Department strives to ensure data is accurate through on-going review of all items and discussions on conference calls and in quarterly meetings.

1. Monitor compliance of accuracy and timely data entry in FSFN, focusing on placement and living arrangement.

Projected Completion Date: Quarter 4

1.1. Develop a "basic data entry accuracy tool" for Department and CBC QA to use when reviewing cases.

Projected Completion Date: Quarter 1

1.2. Incorporate into the CBC contract monitoring compliance of accuracy and timely data entry into FSFN with a focus on placement and living arrangement.

Projected Completion Date: Quarter 2

1.3. Analyze review findings and implement countermeasures.

Projected Completion Date: Quarter 3

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Goal 3: Families have enhanced capacity to provide for their children's needs, and the well-being of children is improved through services to meet their education, physical health and mental health needs.

(Safety 2; Permanency 1 & 2; Well-being 1, 2 & 3; Systemic Factors: Service Array and Resource Development)

Well-being, defined in terms of family capacity, educational success, physical health and behavioral health is equally as important to the lives of children and families involved in the child welfare system. Assessment of needs and engagement with parents and children are essential components of case planning. Florida continues to experience challenges with engaging parents, in particular fathers. Enhanced frequency and quality of visitation with parents could positively impact the assessment and provision of services, involvement in case planning and the achievement of timely reunification for children in out-of-home care.

Florida shows strength with accurately assessing children's educational, physical, dental and mental/behavioral health, although further efforts are needed to ensure services are provided to meet the identified needs of the children. An area where Florida has shown significant improvement is meeting children's educational needs. Current initiatives will continue to sustain this progress as the state moves toward achievement of substantial conformity.

Strategy A. Implement practice initiatives that will improve families' capacity to provide for their children's needs through quality family assessments, family engagement and appropriate supports to address identified needs. (Items 2, 3, 6, 10, 12, 12A, 12B-1, 12B-2, 12C, 13, 14, 15, and 29)

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

Implementation of the practice model led the Department to define and assess Florida's service array. The assessment of Florida's service array was designed in partnership with Community-based Care and case management organizations. The first step in the 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, the level of effectiveness and whether the service is evidence-based, as well as identification of trauma informed services. The process involves the Office of Child Welfare conducting face-to-face meetings with the six regions and with each of the 18 CBC lead agencies to assess the alignment of the local service arrays with the core safety concepts of Florida's practice model. Following the face-to-face meetings, each Community-based Care provider completes a self-assessment of the respective service array by service type: safety management, family support, treatment, and child well-being services. There are four phases in the self-assessment:

- 1) Safety management services
 - 2) Family support services
 - 3) Treatment services
 - 4) Child well-being services.
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The second step in assessing the array of services is data collection and analysis of each phase of the self-assessment. This provides a baseline of the services currently provided by service type. Each CBC is bound contractually to enhance the array of available services based on the identified needs within each community.

The third step involves contractual oversight and monitoring by the Department. The Department's contract oversight unit restructured the contractual monitoring process to include an ongoing review of the adequacy of the service array within each community. A performance improvement or corrective action plan is executed should a CBC not have in place an adequate array of child welfare services.

The Department is receiving technical assistance from the Government Performance Lab (GPL) at the Harvard Kennedy School. The technical assistance supports the effort of the Department and the Suncoast Region with integration of adult behavioral health services and child welfare services in a manner that improves service adequacy, coordination, and outcomes for families. GPL will work with the Suncoast Region in assessing and improving services based on priority outcomes for families.

Insufficient family engagement in some cases, particularly around case planning and achievement of case plan goals, negatively impacts timely permanency. The case plan is to be developed and updated jointly with the child's parents, the child (if age appropriate), the case manager and supervisor, and the Guardian ad Litem (GAL). Principles of Family Team Conferencing or other family-inclusive planning models are to be used in the case planning process. Improving the child welfare professionals' engagement skills should enhance and support quality family assessments and collaborative case planning throughout the life of the case (see Goal 2, Strategy B, Key Activity 1).

Behavioral health and domestic violence issues are critical areas that being addressed to help families with these issues. Behavioral health concerns are among the most common involved in allegations of child abuse and neglect. The Department has long acknowledged the necessity for a close relationship between the behavioral health and the child welfare systems, and continues to work on methods for supporting collaboration and coordination. The Department's Offices of Child Welfare and 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 (see Goal 3, Strategy C, Key Activity 1). These integration approaches involve child and family well-being but focus first and foremost on interventions needed to promote child safety.

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

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

Projected Completion Date: Quarter 2 and Ongoing

1.1. Develop and implement method for ongoing assessment of service array for each community.

Projected Completion Date: Quarter 1 (Complete)

1.2. Conduct baseline assessment of service array available in each CBC's service area. Assessments are being conducted based on each service type (Family Support Services, Safety Management Services, Treatment Services, and Child Well-being Services).

Projected Completion Date: Quarter 2

1.2.1. Conduct assessment of safety management services.

Projected Completion Date: Quarter 1 (Complete)

1.2.2. Conduct assessment of family support service

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Projected Completion Date: Quarter 1 (Complete)

1.2.3. Conduct assessment of treatment services.

Projected Completion Date: Quarter 2

1.2.4. Conduct assessment of child well-being services.

Projected Completion Date: Quarter 2

1.3. Enhance available service array based on assessment.

Projected Completion Date: Quarter 2 and Ongoing

1.4. Integrate into contract oversight and monitoring of CBC processes an evaluation of the adequacy of the service array in the community.

Projected Completion Date: Quarter 1

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

Projected Completion Date: Quarter 8

2.1. Research life skills guides to identify best practices.

Projected Completion Date: Quarter 6

2.2. Convene statewide workgroup that includes child welfare professionals and representation from youth in foster care to develop life skills guide.

Projected Completion Date: Quarter 6

2.3. Inform the regions and CBCs about the life skills guide through statewide memorandum and statewide webinar.

Projected Completion Date: Quarter 8

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

Projected Completion Date: Quarter 2

3.1. Identify relative caregiver families who are eligible for the relative caregiver program but are not receiving benefits.

Projected Completion Date: Quarter 2 and Ongoing

3.2. Work with CBC lead agencies to identify why individual relative caregiver families are not receiving benefits.

Projected Completion Date: Quarter 2 and Ongoing

3.3. Assist relative caregiver families with obtaining the relative caregiver benefits.

Projected Completion Date: Quarter 2 and Ongoing

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

Projected Completion Date: Quarter 5

4.1. Establish statewide workgroup to review and update CFOP 170-10.

Projected Completion Date: Quarter 1

4.2. Develop draft operating procedure based on workgroup recommendations and distribute for statewide input.

Projected Completion Date: Quarter 2

4.3. Finalize draft operating procedure based on statewide input and publish operating procedure.

Projected Completion Date: Quarter 2

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- 4.4. Inform child welfare professionals of the modified operating procedure for implementation.
Projected Completion Date: Quarter 2
- 4.5. Assess practice improvement using the Florida CQI reviews.
Projected Completion Date: Quarter 4 and Ongoing
- 4.6. Provide quarterly feedback to management (Department leadership, CBC leadership, OCW specialists, child welfare professionals) on CQI findings to inform practice changes or training, as appropriate.
Projected Completion Date: Quarter 5 and Ongoing
5. Develop and implement best practice tool for child welfare professional's quality visits with children and their mothers and fathers based on workgroup research and recommendations. Although children are visited at least once every 30 days, the visits are not of consistent quality. This key activity relates to quality of visits.
Projected Completion Date: Quarter 8
 - 5.1. Convene a statewide workgroup that includes input from Regions, CBCs, child welfare professionals and other stakeholders.
Projected Completion Date: Quarter 3
 - 5.1.1. Research best practices in quality visiting.
Projected Completion Date: Quarter 3
 - 5.1.2. Identify barriers and underlying challenges preventing child welfare professionals from consistently conducting quality visits.
Projected Completion Date: Quarter 3
 - 5.2. Develop draft quality visit tool based on workgroup recommendations and distribute for statewide input.
Projected Completion Date: Quarter 5
 - 5.3. Finalize quality visit tool based on statewide input.
Projected Completion Date: Quarter 5
 - 5.4. Deploy best practice tool for local implementation.
Projected Completion Date: Quarter 6
 - 5.5. Assess practice improvement using the Florida CQI reviews.
Projected Completion Date: Quarter 7
 - 5.6. Provide quarterly feedback to management on CQI findings to inform practice changes or training, as appropriate.
Projected Completion Date: Quarter 8 and Ongoing
6. Obtain technical assistance, as appropriate at the local level, from national experts in the state's child welfare practice model to facilitate improvement in assessments, family engagement, safety planning, supervisory consultation, and case planning.
Projected Completion Date: Quarter 2

Strategy B. Implement practice initiatives to assure that children receive appropriate services to meet their educational needs. (Items 9, 11, 16, and 29)

All Regions and CBCs collaborate with regular frequency with educational partners. The relationships with the local school boards, Florida Department of Education and local schools have been strengthened at the local and state levels. Additionally, through the statewide efforts for normalcy, there is emphasis on parents, foster parents, and caregivers becoming more engaged in the child's education. Florida's Quality Parenting Initiative (QPI) provides readily accessible on-line resources for caregivers, foster parents, and child welfare professionals.
<http://www.qpiflorida.org/justintime/index.html>

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Additional efforts are needed toward consistently making concerted efforts to assess the educational needs of the children in out-of-home care and addressing these needs in case planning. Florida does a better job at assessing needs than ensuring that services to meet the specific need are engaged. Also related is Goal 3, Strategy A, Key Activity 1.

1. Establish a memorandum of understanding (MOU) between the Department of Children and Families and the Department of Education specific to educational needs of children in out of home care.
Projected Completion Date: Quarter 2
 - 1.1. Collaborate with the Department of Education to discuss joint educational needs of children in out-of-home care.
Projected Completion Date: Quarter 2
 - 1.2. Create attachment for the MOU providing guidance on educational needs of children in out-of-home care.
Projected Completion Date: Quarter 2
2. Update local working agreements between local school districts and CBCs.
Projected Completion Date: Quarter 2
3. Assess practice using the Florida CQI and PIP monitored case reviews.
Projected Completion Date: Quarter 1 and Ongoing
4. Provide quarterly feedback to management (Department leadership, CBC leadership, OCW specialists, child welfare professionals) on findings to inform practice changes or training as needed.
Projected Completion Date: Quarter 1 and Ongoing

Strategy C. Implement practice initiatives to assure children receive adequate services to meet their physical health, dental health, and mental health needs. (Items 12, 12B, 17, 18, and 29)

By improving family assessment and more closely aligning assessment with case planning and improved decision-making, the child welfare safety practice model is also designed to improve well-being for children and their families.

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

Children, birth through age 17, who are in out-of-home care receive a Comprehensive Behavioral Health Assessment (CBHA) within 30 days of removal from their home. The purpose of the CBHA is to provide a detailed assessment of the behavioral health issues that resulted in the child being placed into the care and custody of the Department and to make behavioral health service recommendations that will aid in resolving these issues. The recommendations made in the CBHA must be considered in the development of the case plan. Refer to Goal 3, Strategy A, Key Activity 1 for related activity that will impact achievement of this goal.

1. Integrate child welfare and substance abuse and mental health service systems for child welfare families to enhance families' access to services and ensure appropriate assessment to inform services.
Projected Completion Date: Quarter 6
 - 1.1. Articulate Practice Expectations and System Components which lead to an integrated system.
Projected Completion Date: Quarter 1 (Complete)
 - 1.2. Conduct a Region by Region self-study and peer review of Practice Expectations and System Components.
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Projected Completion Date: Quarter 2

1.2.1. Establish schedule for self-study (staggered implementation).

Projected Completion Date: Quarter 1 (Complete)

1.2.2. Conduct self-study facilitator training with regional staff.

Projected Completion Date: Quarter 1

1.2.3. Conduct Region by Region self-study.

Projected Completion Date: Quarter 1

1.2.4. Conduct site visit (Region by Region) with peer review team following completion of Region self-study.

Projected Completion Date: Quarter 1

1.2.5. Provide Peer Review Team report to Region to being Plan of Action.

Projected Completion Date: Quarter 2

1.3. Develop and implement a Plan of Action by Region according to Phase-in Schedule.

Projected Completion Date: Quarter 1

1.3.1. Each Region (with a Plan of Action) to report on each their Plan of Action during quarterly priority of effort meetings with the Secretary.

Projected Completion Date: Quarter 1 and Ongoing

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IV. Measurement Plan

Florida is using the state Continuous Quality Improvement process to measure performance for CFSR Items 1-6 and CFSR Items 12-15. Community-based Care (CBC) lead agency continuous quality improvement (CQI) staff and state child welfare professionals will jointly assess cases selected for review as part of the program improvement plan. CBCs are established in state law, and the Department contracts with them to provide or oversee case management services at the local level. This approach ensures increased *local community ownership* of service delivery and design. All requirements in this plan are incorporated into CBC contracts with the Department.

Florida proposes to use 2016 state-conducted CFSR findings to establish baselines and goals for PIP measurement. Improvement on systemic factors will be measured through completion of strategies and key activities as outlined in Section III of this plan.

Case Review Item Measurement

Community-based Care CQI staff will review 678 cases semi-annually, or 339 cases each quarter, using the Children's Bureau's On-Site Review instrument (OSRI) and instructions. The OSRI requires reviewers to conduct case file reviews and case-related interviews with children, parents, foster parents, caseworkers, and other professionals involved in the case. The OSRI instrument is web-based and will be completed in the Children's Bureau Onsite Review System (ORS). A minimum of 80 cases will be reviewed for each measurement period, include case-specific stakeholder interviews and be designated as PIP-monitored cases. The cases will include a similar distribution of case types and metropolitan area ratios as were reviewed during the CFSR. Approximately 1,100 cases will be reviewed annually, of which a minimum of 160 will be designated as PIP-monitored. An over sample of cases will be reviewed, as needed, if the initial number of cases does not meet the number of applicable cases per item ("n") required for each PIP-measured item to ensure consistency with the "n" for CFSR case review items. Cases will be stratified across the Department's six regions and CBC agencies consistent with the stratification for the statewide CFSR. The first measurement period will be the first six months of reviews, using quarters 1 and 2 then the measurement period will be rolled and quarters 2 and 3 utilized and so forth. Once the Children's Bureau determines the PIP goal is achieved for an item, it will be considered met.

Each review will be comprised of a CBC CQI staff person and a Department of Children and Families (Department) regional or state level child welfare professional. The CBC CQI staff will lead the review.

Case selection criteria for the PIP-monitored cases will replicate the CFSR sample methodology split between out-of-home care and in-home services. Out-of-home care samples will be selected from the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) submission extract where all children were in out-of-home for 24 hours or more in the report period. In-home cases will be selected using the Florida Rapid Safety Feedback (RSF) listing report for in-home cases where one or more children received case management services for 45 consecutive days in the sample period and investigations open for 45 days or more in the sample period with a present danger or impending danger safety plan open at any time during the sample period where none of the alleged victims were in out-of-home care. The Office of Child Welfare will select PIP-monitored cases at the beginning of each quarter, utilizing the "random.org" website for case selection from a rolling quarterly sample frame from the AFCARS submission extract for out-of-home cases and RSF listing report for in-home cases. The period under review is at least 12 months preceding the review, starting with the first day of the sample period and ending on the date of the case review.

The sample periods and periods under review for the first year are identified below and will be replicated throughout the PIP measurement period by advancing the year identified in the table.

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Review Months	Rolling Quarterly Sample Periods*	Periods Under Review
July 2017	07/1/2016 to 12/31/2016	07/1/2016 to Date of Review
August 2017	07/1/2016 to 12/31/2016	07/1/2016 to Date of Review
September 2017	07/1/2016 to 12/31/2016	07/1/2016 to Date of Review
October 2017	10/1/2016 to 3/31/2017	10/1/2016 to Date of Review
November 2017	10/1/2016 to 3/31/2017	10/1/2016 to Date of Review
December 2017	10/1/2016 to 3/31/2017	10/1/2016 to Date of Review
January 2018	01/1/2017 to 6/30/2017	01/1/2017 to Date of Review
February 2018	01/1/2017 to 6/30/2017	01/1/2017 to Date of Review
March 2018	01/1/2017 to 6/30/2017	01/1/2017 to Date of Review
April 2018	04/1/2017 to 9/30/2017	04/1/2017 to Date of Review
May 2018	04/1/2017 to 9/30/2017	04/1/2017 to Date of Review
June 2018	04/1/2017 to 9/30/2017	04/1/2017 to Date of Review

*Add 45 days for in-home services sample periods.

The Department will ensure the minimum number of PIP-monitored case reviews completed semi-annually is consistent with the 2016 CFSR sample as follows:

Item 1: 47 cases	Item 6: 55 Cases
Item 2: 34 cases	Item 12: 80 cases
Item 3: 80 cases	Item 13: 77 cases
Item 4: 55 cases	Item 14: 80 cases
Item 5: 55 cases	Item 15: 69 cases

The CBC QA Manager or designee will provide first level QA of each case review to assure consistency across the review sites, accuracy of ratings and/or changed ratings, and resolution of disputed ratings. In addition, CBC QA managers are responsible for the following activities:

- (1) Cross-checking information and decisions within each instrument to ensure that the reviewer is responding correctly to the instrument instructions, including ensuring adherence to:
 - (a) Instructions that apply across the instrument
 - (b) Item-specific instructions
 - (c) Guidance applicable to common case dynamics (e.g., short-term foster care cases)
- (2) Fielding questions and conducting group debriefings with individuals conducting the quality assurance review throughout the review week.
- (3) Reinforcing the need for the reviewer to consult with assigned quality assurance team members regarding any questions or concerns.
- (4) Communication with the Office of Child Welfare as rating issues arise. This communication will result in a joint assessment for the reasons for any rating issues and how these will be addressed statewide.

The Office of Child Welfare CQI Unit will conduct second level reviews of all cases that include case-specific stakeholder interviews to assure consistency across the review sites and the accuracy of ratings and/or changed ratings. In addition, the Office of Child Welfare CQI Unit will be responsible for centrally tracking and resolving issues and sharing that information with the state's review team.

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The table below provides the distribution of cases among the Department's regions and community based care lead agencies over four quarters. The schedule will replicate through the PIP implementation and non-overlapping period.

PIP Monitored Cases by CBC

Regional Community Based Care Lead Agency	Review Period July 1, 2017 through June 30, 2018													
	FY 2017/2018 Quarter 1			FY 2017/2018 Quarter 2			FY 2017/2018 Quarter 3			FY 2017/2018 Quarter 4			Total Quarterly Reviews	Total Semi-annual Reviews
	Out of Home Care	In home Cases	Total Quarterly Reviews	Out of Home Care	In home Cases	Total Quarterly Reviews	Total Semi-annual Reviews	Out of Home Care	In home Cases	Total Quarterly Reviews	Out of Home Care	In home Cases		
Big Bend CBC	1	1	2	1	0	1	3	1	1	2	1	0	1	3
Families First Network	1	1	2	2	0	2	4	1	1	2	2	0	2	4
Northwest Region	2	2	4	3	0	3	7	2	2	4	3	0	3	7
Community Partnership for Children	1	0	1	0	1	1	2	1	0	1	0	1	1	2
Family Integrity	1	0	1	0	0	0	1	1	0	1	0	0	0	1
Family Support Services N. Florida	1	1	2	1	1	2	4	1	1	2	1	1	2	4
Kids First of Florida	0	1	1	1	0	1	2	0	1	1	1	0	1	2
Partnership for Strong Families	1	1	2	2	0	2	4	1	1	2	2	0	2	4
Northeast Region	4	3	7	4	2	6	13	4	3	7	4	2	6	13
Brevard Family Partnership	1	1	2	1	0	1	3	1	1	2	1	0	1	3
CBC Central Florida	2	0	2	1	2	3	5	2	0	2	1	2	3	5
Community Based Care Seminole	0	0	0	1	0	1	1	0	0	0	1	0	1	1
Heartland for Children	1	1	2	2	0	2	4	1	1	2	2	0	2	4
Kids Central Inc.	1	1	2	2	1	3	5	1	1	2	2	1	3	5
Central Region	5	3	8	7	3	10	18	5	3	8	7	3	10	18
Children's Network of SW Florida	2	1	3	1	1	2	5	2	1	3	1	1	2	5
Eckerd Pinellas/Pasco	2	1	3	2	0	2	5	2	1	3	2	0	2	5
Eckerd Hillsborough	2	1	3	3	0	3	6	2	1	3	3	0	3	6
Sarasota YMCA	2	0	2	0	1	1	3	2	0	2	0	1	1	3
SunCoast Region	8	3	11	6	2	8	19	8	3	11	6	2	8	19
ChildNet Broward	2	2	4	3	1	4	8	2	2	4	3	1	4	8
ChildNet Palm Beach	1	1	2	2	0	2	4	1	1	2	2	0	2	4
Devereux	0	0	0	2	1	3	3	0	0	0	2	1	3	3
Southeast Region	3	3	6	7	2	9	15	3	3	6	7	2	9	15
Our Kids	3	1	4	3	1	4	8	3	1	4	3	1	4	8
Southern Region	3	1	4	3	1	4	8	3	1	4	3	1	4	8
TOTALS	25	15	40	30	10	40	80	25	15	40	30	10	40	80

Case Elimination Criteria

Decisions to discard a PIP-monitored case from the sample list must be approved by the Office of Child Welfare, who must also document the basis for the decision as it relates to the discard criteria. Children who meet any of

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the following criteria should be dropped from the sample population and the next random order child considered for replacement in the final master list. (Case Elimination Worksheet Form 8)

<http://www.centerforchildwelfare.org/qa/CFSRTools/Form%208%20Case%20Elimination%20Worksheet.pdf>

Criteria for Case Elimination

- (1) In-home services case open for fewer than 45 consecutive days during the period under review.
- (2) In-home services case in which any child in the family was in foster care for more than 24 hours during the period under review.
- (3) A foster care case in which the child is in foster care for fewer than 24 hours during the period under review.
- (4) An out-of-home case that was discharged or closed according to agency policy before the sample period.
- (5) A case open for subsidized adoption payment only and not open to other services.
- (6) A case open for non-relative caregiver payment only and not open to other services.
- (7) A case in which the target child reached the age of 18 before the period under review.
- (8) A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement.
- (9) A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during a sampling period.
- (10) An out-of-home case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the state child welfare agency.
- (11) A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care.

Case Elimination Criteria during Scheduling - The CBC QA Manager must record the reasons for eliminating cases from the sample while scheduling cases for review.

- (1) Cases in which the key individuals are unavailable during the onsite review week or are unwilling to be interviewed, even by telephone. Note: The key individuals in a case are the child (if school age), the parent(s), the foster parent(s), the family caseworker, and other professionals knowledgeable about the case.
- (2) There may be cases that should not be eliminated even though key individuals are unavailable. Before eliminating these cases, the Office of Child Welfare should determine whether sufficient information and perspectives could be obtained from the available parties.
- (3) Cases involving out-of-county or out-of-state family members or services are considered on a case-by-case basis, depending on the availability of key individuals.
- (4) If an interview with a critical party to the case is cancelled at the last minute and results in insufficient information being available to review the case, the case should be eliminated from the sample after approval of the Office of Child Welfare.

Cases not to be eliminated - The following are specifically INCLUDED in the sample and do not constitute grounds for discard and replacement:

- (1) Cases under out-of-county supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
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- (2) Cases under in-home supervision (non-judicial and judicial) and in out-of-home placements are INCLUDED in the sample population.
- (3) Cases where Florida is the sending state on an Interstate Compact placement.
- (4) Children on runaway status should not be eliminated from the sample unless it has been determined that pertinent information needed to complete the Onsite Review Instrument cannot be obtained from other available parties, such as the guardian ad litem or other significant individuals.

Other

- (1) A case originally included in the out-of-home care sample frame that is determined during the onsite review to be an in-home services case during the entire period under review may be reviewed as an in-home services case only when no alternative foster care cases can be scheduled, provided no child in the family was in foster care during the period under review.
- (2) An in-home case found with a foster care episode during the period under review may not be reviewed as a foster care case.

Stakeholder Interview Requirements

Each PIP-monitored case will include a review of the child's file using the Florida Safe Families Network (FSFN), other records as needed and concerted efforts to conduct interviews with case participants that include the following:

In-Home Cases:

- (1) All children in the home (if age and developmentally appropriate). There is discretion to conduct a group interview if separate interviews would be problematic for the family or to ensure interviews can be completed.
- (2) The child's parent(s). While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful.
- (3) The family's caseworker. When the caseworker has left the agency or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.

Out-of-Home Care Cases

- (1) The child (if age and developmentally appropriate). Other children in the home may be interviewed if the reviewer believes there may be information helpful to completion of the review.
- (2) The child's parent(s). While it is preferred that both parents are interviewed, only an interview with the primary caretaker is required if attempts to interview the other parent are unsuccessful.
- (3) The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), such as a relative caregiver or group home houseparent.
- (4) The family's caseworker. When the caseworker has left the agency or is not available for an interview, the supervisor who was responsible for the caseworker assigned to the family should be interviewed.
- (5) Interviews will include the guardian ad litem (GAL) when assigned to a case.
- (6) If the child's primary placement was in a mental health or juvenile justice setting during the period of review, the assigned mental health or juvenile staff will be interviewed.

Acceptable exceptions to conducting interviews



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- (1) Only school-age children are interviewed, unless other arrangements are made. Cases involving pre-school age children may be reviewed but do not require an interview with the child. Instead, the reviewers might observe the child in the home while interviewing the birth or foster parent(s).
- (2) The parents and/or child cannot be located (example: youth is on runaway status) or are outside of the U.S.
- (3) There is a safety or risk concern in contacting any party for the interview. (example: A parent has previously made threats to the agency.)
- (4) Any party is unable to consent to an interview due to physical or mental health incapacity.
- (5) Any party refuses to participate in an interview and the agency can document attempts to engage them.
- (6) Any party is advised by an attorney not to participate due to a pending criminal or civil matter.

Unacceptable exceptions to conducting an interview

- (1) An age cut-off that does not take into account an individual child's development capacity (e.g., a policy of not interviewing children under age 12).
- (2) A party refused to participate in an interview and the agency did not attempt to engage them.
- (3) A party has a pending criminal, civil, or procedural matter before the agency (e.g., appealing a TPR).
- (4) The agency has not made attempts to locate a party for an interview.
- (5) Any party speaks a language other than English.
- (6) The party is available to be interviewed only by phone.

Conflict of Interest

A conflict of interest is defined as a circumstance in which a quality assurance reviewer or quality assurance manager's personal interests or direct professional involvement with a case and case participants materially affect the objectivity or capacity of the individual to serve as a quality assurance reviewer in carrying out the duties of the Department's quality assurance system. Any individual having a conflict-of-interest shall report the conflict to their QA manager/Local Site Leader, and the Leader shall immediately re-assign the case. The QA manager/local site leader shall ensure that any individuals having a conflict-of-interest will not participate in any team or reviewer de-briefing of cases that affects ratings of cases.

All individuals participating on a Federal CFSR Review or PIP-monitored case shall sign a Conflict of Interest Statement (OCW-CFSR Form 6; Appendix 5) for each case reviewed, attesting that he/she has:

- (1) Never been directly or indirectly involved in casework activities related to this case or any of the participants in this case.
- (2) Not participated in decisions related to this case or any of the participants in this case.
- (3) No personal interest in this case or any of the participants in this case.
- (4) No direct professional involvement with the case or case participants under review.

The Office of Child Welfare state CQI manager will resolve any questions or concerns about when a conflict of interest arises.

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Case Review PIP-Monitored Goals

PIP improvement goals for the following 10 CFSR items will be measured using the above process.

CFSR Items	Item Description	Z value for 80% Confidence Level ¹	Number of applicable cases ²	Number of cases rated a Strength	PIP Baseline ³	Baseline Sampling Error ⁴	PIP Goal ⁵
Item 1⁶	Timeliness of Initiating Investigations of Reports of Child Maltreatment (Case Review)	1.28	47	43	91.5%	0.052098762	96.7%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28	34	26	76.5%	0.093115775	85.8%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 3	Risk and Safety Assessment and Management	1.28	80	57	71.3%	0.064770364	77.7%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 4	Stability of Foster Care Placement	1.28	55	45	81.8%	0.066569024	88.5%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 5	Permanency Goal for Child	1.28	55	41	74.5%	0.075183386	82.1%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28	55	37	67.3%	0.080984713	75.4%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 12	Needs and Services of Child, Parents, and Foster Parents	1.28	80	41	51.3%	0.071531811	58.4%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 13	Child and Family Involvement in Case Planning	1.28	77	49	63.6%	0.070169913	70.7%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 14	Caseworker Visits With Child	1.28	80	58	72.5%	0.063899922	78.9%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						
Item 15	Caseworker Visits With Parents	1.28	69	30	43.5%	0.076388726	51.1%
	Data Source and Approach to Measurement: Florida CQI PIP monitored cases; Federal OMS						

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Explanatory Data Notes:

¹Z-values represent the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

²Represents the number of applicable cases reviewed for the baseline Period Under Review (PUR). Typically, a larger sample size decreases the standard of error and leads to an increase in the precision of results. Measurement samples must be equal to or greater than the number of applicable cases for the item from the state's CFSR.

³Percentage of cases rated a strength divided by the total number of applicable cases reviewed for the specified CFSR item.

⁴Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

⁵Calculated by adding the sampling error to the baseline percentage. The state uses percentages computed from 12 months of practice data/findings to determine whether the state satisfied its improvement goal. If the state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, CB will consider the goal met even if the state does not meet its actual goal.

⁶Data for Item 1 applies when case review is the data source for the PIP measurement plan. When state case management data is used a 95% confidence level is applied (Z value = 1.960) as a lower confidence level would yield very minimal improvement goals.
