# Florida’s Child and Family Services
## Annual Progress & Services Report
### Federal Fiscal Year October 1, 2011 to September 30, 2012

### Table of Contents

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>CONTENT</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td></td>
<td>vii</td>
</tr>
<tr>
<td>CHAPTER 1</td>
<td>PROGRESS REPORT FOR CHILD WELFARE SERVICES</td>
<td>3-60</td>
</tr>
<tr>
<td></td>
<td>Florida Administrative Code and State Legislation Revisions</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>SACWIS</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Program Services and Supports: Update, Accomplishments, Collaboration, Program Support and Future Plans</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>• Prevention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Investigation/Intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Foster and Adoptive Parent Recruitment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Foster Care and Another Planned Permanent Living Arrangements (APPLA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Monthly Caseworker Visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Timely Home Studies Reporting &amp; Data (Interstate Compact for the Placement of Children (ICPC))</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Licensing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adoption</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Executive Office of Adoption and Prevention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Adoption Incentives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Adoption Training and Technical Assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Post Adoption Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Inter-Country Adoptions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Independent Living Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Title IV-E Foster Care Demonstration Waiver</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Permanency for Children Under the Age of Five</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Child Maltreatment Deaths</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Expansion and Strengthening Strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Child Welfare Workforce</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Lead Agency Monthly Scorecard</td>
<td></td>
</tr>
</tbody>
</table>
### Table of Contents

**CHAPTER 2**  
**COLLABORATIVE ACTIVITIES AND INITIATIVES**  
61-92

**Overview**  
61

**Ongoing Collaborative Activities and Initiatives**  
62
- Emergencies/Disasters Plans for Child Welfare Clients
- Tribal Consultation
- Health Care Services
- Consultation with Physicians and Others
- Psychotropic Medication Oversight
- Child Protection Transformation Advisory Board (CPTAB)
- Juvenile Justice Transfers

**Additional Collaborative Projects**  
72
- Child Protection Transformation Project
- Child Protection Transformation Advisory Board (CPTAB)
- Family Centered Practice Innovation Sites
- Office of Court Improvement
- Florida Dependency Court Improvement Program (CIP)
- 2012 Statewide Dependency Summit
- Performance Measures Workgroup
- Local School District Data Sharing Project

**CHAPTER 3**  
**PROGRAM SUPPORT**  
93-147

**Training**  
93
- Training Plan Update
- Training Initiatives
- Dependency Summit
- Training Services and Resources
- Center for the Advancement of Child Welfare Practice
- Technical Assistance

**Federal Funding Training and Technical Assistance**  
99

**Quality Assurance Review System**  
104
Table of Contents

CHAPTER 4  PROMOTING SAFE AND STABLE FAMILIES (PSSF)  148-156

Family Preservation
Family Support Services
Time-Limited Family Reunification Services
Adoption Promotion and Support Services
Community Facilitation and Innovative Practice
Administration

CHAPTER 5  CHILD ABUSE PREVENTION AND TREATMENT ACT
(CAPTA) STATE GRANT APPLICATION  157-213

CAPTA Activities and Accomplishments  158

- Plan Requirements-Update, accomplishments, collaboration, program support
  o Part C
  o Criminal Justice Act
  o Community-Based Child Abuse Prevention Program (CBCAP) grant award
  o Citizen Review Panels
  o Training
  o CAPTA Fatality and Near Fatality Public Disclosure Policy

- State Plan Program Service Areas: 42 U.S.C. 5106a  173
  (1) Intake/investigation of reports of abuse and neglect
  (3) Case Management
  (4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols
  (5) Technology that supports programs, tracks case information and provides for information exchange.
Table of Contents

Chapter 5 (cont’d)

(6) Developing, Strengthening, and Facilitating Training

(8) Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect

(11) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect

(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs (including linkages with education systems) to address the health needs, including mental health needs, of children identified as abused or neglected.

Proposed Plan For FFY 2013

- Plan Requirements
  - Part C
  - Criminal Justice Act
  - Citizens Review Panels
  - Community-Based Child Abuse Prevention Program (CBCAP) grant award
  - Training

- State Plan Program Service Areas
  - Intake/investigation of reports of abuse and neglect
  - Case Management
  - Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols
  - Technology that supports programs, tracks case information and provides for information exchange.
  - Developing, Strengthening, and Facilitating Training
  - Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect
(11) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.

(14) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs (including linkages with education systems) to address the health needs, including mental health needs, of children identified as abused or neglected.

Agency Identifying Information 207
CAPTA ANNUAL DATA REPORT & Attachment 208
Child Protective Service Workforce Data 212

CHAPTER 6  CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP) EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM ANNUAL REPORT

2012 Year-to-Date Update 214
• Program Service Overview
• Program Description
  o Chaffee Foster Care to Independence
  o Educational and Training voucher
  o Expenditure Report
• Collaboration
• Program Support

2012 Accomplishments and 2013 Plans 229
• Co-ordination of Services with other state and federal agencies
• Training Goals and Objectives re: Needs of Adolescents
• Trust Fund Program
• Youth Participation in State Agency Efforts
• Medicaid Expansion
• Tribal Consultation to Achieve Benefits for Native
American Youth

- Implementation of NYTD: Engaging and Preparing Youth and Technical Assistance Need

CHAPTER 7 Health Care Plan
- Introduction
- Mental Health Care
- Schedules for Initial and Follow-Up Health Screenings
- Sharing Medical Information, Including Updates
- Steps to Ensure Continuity of Health Services
- Protocols for Appropriate Use and Monitoring of Psychotropic Medications
  - Florida Pediatric Psychiatry Consult Hotline
- Consultation with Medical and Non-Medical Professionals
- Health Care for Transitioning Youth
- Trauma Informed Care

CHAPTER 8 GOALS AND OBJECTIVES DEVELOPMENT UPDATES

CHAPTER 9 INTERIM GOALS AND OBJECTIVES

CHAPTER 10 FINANCIAL AND STATISTICAL INFORMATION REPORTING FORMS
CFS-101, Part I, II, and III

ATTACHMENTS Citizen Review Panel Reports & Responses
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. The Department’s mission, vision, goals, and performance objectives drive and influence its Strategic and Business Plans and its daily work on behalf of its customers.

The Florida Department of Children and Families’ vision is that every child in Florida lives in a safe, stable, permanent home, nurtured by healthy families and strong communities. The Department’s Strategic Plan for 2012 – 2017 reflects this vision and is supported by the Five Year Child and Family Services Plan (CFSP) and annual updates and the Quality Improvement Plan (QIP) to the Child and Family Services Review (CFSR).

The Florida Department of Children and Families’ current Strategic Plan defines priorities and direction. The plan can be found at: http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=6143. The Department has further streamlined its processes and continues to embrace a sense of urgency for its customers. The Department is responsible for providing services within child welfare, domestic violence, substance abuse, mental health, homelessness, and other areas. Integration of services, policies, and practice is critical to truly effect positive change in the lives of Florida’s citizens, but this is especially true if the Department is to ensure the safety and well-being of children. Federal funding and state monies are applied to avoid unnecessary duplication of efforts. This requires a high level of collaboration and coordination, both within the agency and when working with other state and federal agencies and Florida’s very diverse communities.

The Florida Department of Children and Families is committed to providing the highest quality of service possible, and that quality is no less than what we desire for our own families. The strategic plan goals include:

- Children and adults should be free from abuse, neglect, violence, or exploitation;
- Children and adults must have their basic needs of food, shelter, clothing, and good health met;
- Adults, children, and families should be active, self-sufficient participants living in their own homes and communities; and,
- The Department must be an integrated, efficient, timely, accurate, effective, and transparent organization providing the foundation to fulfill the agency mission.

The Department determines allocations of state and federal funds to geographical areas for delivery of local, community-based services. Allocations to Community-Based Care lead agencies fund initiatives for improvement, expansion, development, planning, evaluation, implementation, annual assessment of needs, and direct consumer services.
to meet the requirements of the various federal grant programs. Statewide providers work to enhance and support local community-based service delivery systems.

All families referred for services have been the subject of a call to the abuse hotline. Families appropriate for the service array are identified by either the Child Protective Investigator or the case manager assigned to the case. Families at risk of or confirmed of maltreatment are referred and assigned to service levels based on risk assessment by the referral source and the provider’s assessment of individual need. Services are provided in the home and community of the family. Services are based on the provider’s assessment of child safety factors and the family’s demonstration of learned skills, progress toward goals, and connection to natural and community supports. Services include direct service provision, case coordination, resource development and referral in the areas of family support, preservation, reunification, and relative/non relative support services.

The Florida Department of Children and Families strives to ensure well-being, safety and permanency as primary goals for every child, while preserving families by providing early support and services. The Title IV-E Waiver Demonstration Project has made much of the innovative work possible.

This report follows the federal program instructions to the Child and Family Services Annual Progress and Services Report outlining specific topics and financial information covering the fiscal period October 1, 2011 through September 30, 2012. This report also serves as an application for FFY 2013 funds awarded under Title IV-B, Child Abuse Prevention and Treatment Act (CAPTA), Child and Family Services Court Improvement Act (CFCIP) and Educational and Training Vouchers (ETV) programs.

Florida’s Annual Progress and Services Report includes:

- A description of the program types and achievements, services and support, stakeholder involvement, performance improvement strategies; and
- Plans for program or service changes during the 2013 federal fiscal year including revisions to the program goals, population served, or service delivery enhancements.
Chapter 1
Service Description Updates

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. In order for the information in the entire report to be read in the context of Florida’s current state legal requirements, Chapter 1 begins with an overview of changes in state law and administrative code.

Revisions to Florida Administrative Code (F.A.C.) and Florida Statutes (F.S.)

Florida Administrative Code (F.A.C.)

The Department of Children and Families initiated development of the following rules relating to child protection and child welfare during the time period October 1, 2011 to September 30, 2012:

- **65C-13, F.A.C., Substitute Care of Children.**
  The proposed revisions made to this rule include pre-service training and continuing education required for out-of-home caregivers, as well as licensed out-of-home team member roles in the promotion of life skills being provided to children in out-of-home care and overall licensing requirements to become and remain a licensed out-of-home caregiver. These proposed rule revisions will provide children in the Department’s care with more opportunities for social development and normal life experiences. In addition, these proposed rule revisions will also allow the Department to conduct its licensing duties more efficiently.

- **65C-14.010, F.A.C., Group Care – General Sanitation and Safety.**
  This rule replaces emergency rule 65CER10-05 in providing permanent standards for the measurement of safety and sanitation issues in child-caring agencies. These standards are necessary to allow continued inspections of food hygiene and sanitation in licensed child-caring agencies. The rule process was initiated, a public hearing was held, and changes were submitted. Extended time was granted for this rule promulgation process to provide time to implement the Governor's Executive Order 11-01 and to address necessary changes. Final promulgation and effective date of this rule was June 3, 2012.

- **65C-29, F.A.C., Protective Investigations.**
  The 2012 State Legislature passed legislation requiring the Department of Children and Families’ Florida Abuse Hotline Command Center to transfer all
non-caretaker allegations of abuse or neglect to law enforcement. In addition to the legislative changes, the proposed rule revisions implements safety assessments and safety planning consistent with the newly adopted Florida Safety Decision-Making Methodology by the Department when completing child protective investigations.

- **65C-38, F.A.C., Criminal History and Abuse Record Checks for the Investigation of Reports for Abuse, Neglect, or Abandonment and for the Placement of Children.**
  The Department of Children and Families requested the creation of this Chapter of Florida Administrative Code to consolidate several current rules with background screening activities included in them. The new chapter also provides one uniform administrative code to ensure that criminal history record information obtained for the purposes of child protective investigations, placements of children in a relative or non-relative household, adoptions, and out-of-home care licensing is requested and handled in accordance with existing law. Additionally, the new rule language is reflective of recent legislative changes and requirements which require obtaining criminal history record information for the purpose of adoption. This new rule also requires national criminal history checks to be obtained for subjects of a child protective investigation who are 12 years of age or older, as well as background screening requirements for biological parents and other visitors when placing a child in a relative or non-relative household.

**Future Plans**

During FFY 2012-2013, the Department of Children and Families will continue to update current administrative rules to ensure the new Florida Safety Decision-Making Methodology is fully outlined for the Department’s standardized approach of information collection and analysis, solution driven interviews, mobilizing family resources and networks, engaging community expertise, and planning interventions specific to caregiver protective capacities. The Department will be reviewing and revising, where applicable, the following Administrative Rules:

- Chapter 65C-14, Group Care
- Chapter 65C-15, Child-Placing Agencies
- Chapter 65C-16, Adoptions
- Chapter 65C-17, Master Trust
- Chapter 65C-28, Out-of-Home Care
• Chapter 65C-30, General Child Welfare Provisions

• Chapter 65C-31, Services to Young Adults Formerly in the Custody of the Department

• Chapter 65C-33, Child Welfare Training and Certification

In addition, the following Administrative Rules will be finalized and submitted for approval:

• Chapter 65C-13, Substitute Care of Children

• Chapter 65C-29, Protective Investigations

• Chapter 65C-38, Criminal History and Abuse Records Checks for the Investigation of Reports of Abuse, Neglect, or Abandonment and for the Placement of Children

Florida 2012 Legislation

In Spring 2012, the Florida Legislature passed and the Governor signed into law the following bills:

• **HB 99 (Chapter 2012-105, Laws of Florida) – Sexual Exploitation** – creates the “Florida Safe Harbor Act” which changes definitions currently in Chapter 39, F.S., relating to abuse and sexual exploitation of children; creates new sections of law related to safe harbor placements; increases the civil penalty for prostitution and directs the majority of the penalty be paid to the Department of Children and Families to fund safe houses. This law became effective on January 1, 2013.

• **HB 803 (Chapter 2012-178, Laws of Florida) - Child Protection** - revises section 39.01, F.S., by making substantial changes to Florida’s Child Abuse statute, that redesigns the child protective investigation system. It addresses injunctive relief in dependency cases, creates case plan goal of maintain and strengthen, amends the definition of abandonment and grounds for Termination of Parental Rights (TPR) for incarcerated parent, establishes new requirements for out-of-state background checks, and establishes an assessment and referral process to be used by the Hotline staff. This law became effective on July 1, 2012.

• **HB 1163 (Chapter 2012-81, Laws of Florida) – Adoption** – significantly revises current law relating to adoption. Requires Department of Children and Families to inform parents of the availability of private placement of their child with an adoption entity in certain circumstances; revises provisions relating to paternity or maternity testing of a minor; requires unmarried biological father to comply with
specified requirements in order for his consent to be required for adoption; requires court to advise biological parent who is party to dependency proceeding of right to participate in private adoption; revises language of adoption disclosure statement; requires publishers of telephone directories to include certain statements at beginning of any classified heading for adoption and adoption services. This law became effective on July 1, 2012.

- **HB 1355 (Chapter 2012-155, Laws of Florida) – Protection of Vulnerable Persons** - revises s. 39.205, F.S., increasing mandatory reporting to the Florida Abuse Hotline. Requires Hotline to accept calls alleging child abuse by person other than caregiver; requires call to be referred to law enforcement for response; imposes a $1 million fine on public and private colleges, universities and schools whose personnel fail to report child abuse on campus or at a school sponsored event; revises the definitions of “victim” and “crime” in Chapter 960, F.S. This law became effective on October 1, 2012.

- **SB 1960 (Chapter 2012-123, Laws of Florida) – State Judicial System** – refines the qualifications of the Regional Conflict Counsel; creates conflict registry for attorneys who agree to accept maximum fees in amount of statutory limit, makes certain record searches optional when clerks of court review applications of persons applying for indigence status; allows Guardian ad Litem volunteers to transport clients; allows for the oversight of county funded employees by Guardian ad Litem Program; and requires Clerk of Court Operations Corporation to collect and submit to the Legislature a quarterly report from the Clerks of Court on a local surcharge on traffic infractions in an electronic format. This law became effective on 7/1/2012.

- **HB 7055 (Chapter 2012-116, Laws of Florida) – Administrative Authority** - repeals s. 39.001(11), F.S., relating to rulemaking authority of Executive Office of the Governor with respect to the protection of children under Chapter 39; amends s. 39.0137, F.S.; deleting rulemaking authority of the Department of Children and Families with respect to enforcement of the federal Indian Child Welfare Act (ICWA) and federal Multi-Ethnic Placement Act of 1994; repeals s. 36.824(1), F.S.; repealing a provision requesting the Supreme Court to adopt rules of juvenile procedure for purposes of pt. XI, Ch. 39, relating to guardians ad litem and guardian advocates; amends s. 63.167, F.S.; repealing rulemaking authority of the Department of Children and Families relating to the establishment and operation of the state adoption information center, creates Office of Fiscal Accountability and Regulatory Reform. This law became effective on July 1, 2012.

- **HB 7093 (Chapter 2012-147, Laws of Florida) – Domestic Violence** – makes statutory changes to conform to the General Appropriations Act for the 2011-12 fiscal year; amends the duties of the Department of Children and Families relating to its domestic violence program; repeals the requirement for batterers’ intervention programs to be certified. This law became effective on July 1, 2012.
HB 5201 (Chapter 2012-134, Laws of Florida) – Summary General Postsecondary Education Funding – provides for transfer and restricts transfer of certain state university funds; creates Florida Virtual Campus to provide access to online student and library support services and serve as resource and clearinghouse for technology-based public postsecondary education distance learning courses and degree programs; provides for pilot project to recruit, recover, and retain adult learners; revises provisions relating to payment for excess credit hours; revises provisions relating to Bright Futures Scholarship Program eligibility and award amounts; revises provisions relating to Florida Education Fund, various financial assistance programs, and remuneration of certain postsecondary education employees; revises provisions relating to reporting for funding purposes of certain co-enrolled students. This law became effective on July 1, 2012.

HB 7059 (Chapter 2012-191, Laws of Florida) – Summary General Acceleration Options in Public Education – provides for Academically Challenging Curriculum to Enhance Learning (ACCEL) options to provide eligible public school students educational options that provide academically challenging curriculum or accelerated instruction; requires school district to adopt policy for early graduation; provides for career-themed courses; revises provisions relating to articulated acceleration mechanisms and dual enrollment programs; provides requirements for development and contents of school district and Florida College System institution articulation agreement; requires comprehensive student progression plan to include information on accelerated educational options; provides reporting requirements for student funding; provides for calculation of additional Full Time Equivalent (FTE) membership based on completion of career-themed courses and early graduation. This law became effective on July 1, 2012.

Statewide Automated Child Welfare Information System (SACWIS)
Ongoing implementation of the Statewide Automated Child Welfare Information System (SACWIS) strengthened Florida’s ability to track critical information about the child welfare system. Florida’s SACWIS, named Florida Safe Families Network (FSFN), provided opportunities to identify child welfare outcomes and practices and ensure a complete record of each child’s current and historical child welfare information.

2011-2012 Update
• Hotline Command Center and Child Protection Transformation:
  ♦ The Department of Children and Families (DCF) completed the Installation phase of the organizational and business process transformation of the life cycle of child welfare, beginning at the Abuse Hotline and continuing through Child Protective Investigations and Case Management.
♦ Entered into a staff augmentation contract relationship with International Business Machines Corporation (IBM) for the Hotline Command Center Transformation.

♦ Entered into a fixed-price contract with IBM, to serve as the FSFN System Integrator for system enhancements; maintenance and operations; and the Child Protection Transformation and SACWIS Compliance projects.

♦ Ended the staff augmentation maintenance contract relationship with the SACWIS vendor, CGI, after a mutually agreed transition period.

• Released 08 new builds (R2c20 – R2c26B) into production containing 13 change requests and 76 incidents.

• SACWIS Certification
  ♦ Submitted response to the SACWIS Assessment Review (SAR)
  ♦ Identified need for additional training and system enhancements
  ♦ Started the implementation of system enhancements necessary to achieve SACWIS certification
  ♦ Start work to redefine training plans, update training materials and online help, and retrain users by June 2013

• From October 2011 – December 2011, activities included:
  ♦ Enhancements
    o Implemented a Prevention Change Request to enable tracking of secondary prevention services provided to clients of the department in FY 11-12 and forward
  ♦ Hotline Command Center Transformation:
    o DCF staff and consultants completed the feasibility study for the Abuse Hotline Transformation Project, further defined Hotline Transformation requirements, developed a request for quote (RFQ), and prepared the As-Needed Annual Planning Document (ANAPD) for federal approval of the proposed work and procurement.

♦ Child Protection Transformation
  o Developed and submitted a Schedule IV-B Feasibility Study to request project approval. Project approval received.
  o Submitted Legislative Budget Request issue to request funding.
  o Conducted efforts on defining the work needed for the project

♦ SACWIS Compliance
• Received results of Children’s Bureau (CB) September 8-9, 2011 review of the FSFN Financial Component (SACWIS requirements #62, #63, and #64) and completed CB’s initial report for the FSFN SACWIS Assessment Review

• From January 2012 – March 2012, activities included:
  ♦ Enhancements
    o Commencement Note Edits – Provides the user with the ability to create a Commencement Note from the Intakes tab of the Investigations page and Special Conditions Referral page, rather than Create Casework OR Create Case Notes.
    o Face-to-Face Contact Edits – Provides the user with the ability to Create Initial Face-to-Face Contact I from the Options dropdown of the Investigations page and Special Conditions Referral page, rather than Create Casework OR Create Case Notes.
    o Duplicate SSN - Reduces the number of duplicate SSNs in FSFN and prevent future duplicate SSNs.
    o Automated Person Merge (part A) - Defines automated methods to reduce the number of duplicate people in FSFN, make the online resolution of duplicate people more efficient, and minimize future creation of duplicate people.
  ♦ Hotline Command Center Transformation
    o Received federal approval of the procurement for the Hotline Command Center Transformation system integrator.
    o Evaluated and selected IBM as the systems integrator for Hotline Command Center Transformation.
    o Received contract approval from ACF.
    o Executed a contract with Hayes to perform the Avaya telephony and contact center system upgrades.
    o Started the operational upgrades to the Avaya telephony and contact center solution.
    o Conducted policy revisions and business process improvements
    o Conducted Pre-planning activities for the command center process
  ♦ Child Protection Transformation
    o Funding approved.
    o Further refined the investigation and case management requirements.
• Invitation to Negotiate (ITN) issued for FSFN Application Support Services to support projects, SACWIS requirements, and Performance Management & Dashboards.

• Implemented practice of the Florida Safety Decision Making Methodology (FSDMM) in test sites (Miami/Navarre).

• From April 2012 – June 2012, activities included:
  ♦ Enhancements
    o Provider Search – Improved usability of FSFN Provider functionality
    o Duplicate Person and Case Automation – Defined automated methods to reduce the number of duplicate people in FSFN, make the online resolution of duplicate people more efficient, and minimize future creation of duplicate people.
    o CSE Interface - FSFN and CAMS will communicate regularly and effectively via a two way file based interface to assist DCF and DOR staff in updating their respective case information. FSFN will refer cases to CAMS when they meet certain child support enforcement (CSE) referral criteria. However, FSFN does not currently support the manual exclusion of children from being communicated CAMS.
    o Adding DOB to Pre-Payment, Pending Invoice and Check Write – Supports financial transaction verification and reconciliation by providing more information and better selection criteria for several financial reports and the Payment Download Page.
    o Family Support (formerly Prevention) Modifications following Phase I Implementation - Modified recent changes made to support tracking of prevention services in FSFN. This includes using the term “Family Support” instead of “Prevention” throughout, allowing the page to be used regardless of maltreatment finding, making risk factors optional, and providing better support for the workflow by adding an assignment type, job class, and case type.
    o Removal of Questions Related to Firearms from Home Studies - Removed questions and statements from the Unified Home Study and the Parental Reunification Readiness Assessment and Home Study templates in FSFN related to firearms, that are contrary to Florida Statutes and to Department policy and practice.
    o Completed analysis and proposed solution to ACF/CB Financial findings for SARR #62, #63, and #64.
  ♦ Hotline Command Center Transformation
Worked with the systems integrator, FSFN maintenance & operations vendor (CGI), and other product implementation vendors to complete requirements validation and detailed functional and technical design.

Supported development, business process improvements, organizational changes, and user documentation activities.

Continued Avaya telephony and contact center system upgrades.

Started the Verint performance management system upgrades.

Submitted letter to ACF, requesting federal approval of the technical solution and approach for the Hotline Command Center System.

Received ACF/CB approval of the technical solution and approach.

♦ Child Protection Transformation

Responses to ITN received (CP Transformation).

Evaluated ITN responses.

Continued development of FSDMM decision support tools.

Completed the implementation of the FSDMM practice in all identified test sites (Pinellas, Navarre, Miami).

Concluded survey of test sites. Strengths, challenges and business process efficiencies identified.

Reviewed federal and state requirements to ensure project compliance.

Evaluated methodology for Ongoing Services with decision to develop a hybrid model (Safety Framework and Structured Decision Making®).

Submitted the 2012 Advanced Planning Document to ACF.

Submitted an Updated Response to SARR Findings to ACF/CB

♦ From July 2012 – September 2012, activities included:

    ♦ Enhancements

 Changes to the OCA Reconciliation and Roll-Up – Supports for financial transaction verification and reconciliation by providing more information and better selection criteria for the OCA financial reports

 Add Legal Actions to Support FERPA Order/Consent - Add reference values to the existing Legal Action reference values to provide a means to document the receipt of a court order or parental consent that allows for Educational data sharing.

 ♦ Hotline Command Center Transformation
Complete development, testing, business process improvements, organizational changes, user documentation, training, and operational transition of the Hotline Command Center System.

Complete Avaya telephony and contact center system upgrades, and Verint performance management system upgrades.

♦ Child Protection Transformation

Increased Child Protection Transformation communication activities.

Evaluation of ITN responses completed (CP Transformation).

Intent to Award to IBM posted.

72 hour posting period on Intent to Award to IBM expired without protest.

2012 Advanced Planning Document approved by ACF.

Proposed IBM contract award submitted to ACF.

Proposed IBM contract award approved by ACF.

IBM contract executed.

Initiated implementation strategy planning activities.

Defined hybrid model for Ongoing Services.

Implemented improved business process efficiencies to test sites (Pinellas, Miami, Navarre).

Refined design of CPI and Ongoing Services FSDMM decision support tools.

Child Protection Transformation amendment adopted. First quarter release approved in the amount of $3,113,000.

Began IBM activities for Child Protection Transformation and SACWIS Compliance projects.

Accomplishments

Accomplishments achieved throughout FFY 2011 – 2013 are addressed under the 2011-2012 Update Section

Collaboration

The Department of Children and Families continued to collaborate with all stakeholders and contracted providers on:

♦ System improvements and defining build content.
Defining and validating functional requirements and designing the system improvements to support the Hotline Command Center Transformation

Kicking-off the Child Protection Transformation and SACWIS Compliance Projects

Program Support

- The FSFN team is composed of state staff and contractors to support project activities, SACWIS compliance issues, and ongoing maintenance and operations for the application, including the integrated BOE environment and mobility applications.

Future Plans

- Enhancements
  - Continue to identify and prioritize other system enhancements beyond those needed to support Child Protection Transformation and SACWIS compliance.

- Hotline and Command Center Transformation
  - Train Hotline Command Center staff on the new business processes and the new and enhanced system functionality that supports them.
  - Implement the Hotline and Command Center Transformation business processes and the technology and system improvements to support them.

- Child Protection Transformation –
  - Define and validate the functional requirements to support implementation of the FSDMM and SACWIS Compliance.
  - Design and develop the new functionality and other enhancements necessary to support transformation and SACWIS compliance.
  - Train staff and other child welfare stakeholders on the new functionality and other system improvements.
  - Deploy and implement the new functionality and other system improvements.
Program Services and Supports

PREVENTION

2011 - 2012 Update

- The Department of Children and Families took its role seriously in ensuring Florida’s continuum of prevention services and resources as is reflected in the Department of Children and Families’ mission: “Protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.”

- Florida is currently concentrating on the prevention of child abuse and neglect in response to several factors. While planning for prevention of child abuse and neglect is required both by state law (Sections 39.001(7) and (8), Florida Statutes) and by federal regulations (45CFR 1357.15), Florida’s child abuse and re-abuse rates are rising.

- Through various funding streams, the Department of Children and Families administered statewide prevention and family preservation programs to address child abuse and neglect. A variety of family focused programs and services enhanced the prevention of child abuse and neglect. The allocated funds supported continuation of prevention programs through training, collaboration, network administration, and educational materials.

- The Department of Children and Families contracted with a set of core programs for services to complement the existing network of primary, secondary, and tertiary prevention programs that build upon the protective factors framework. A home visiting program for mothers and infants, a statewide parent helpline and a statewide child abuse prevention awareness campaign have proven to be effective or in demand throughout the state.

Accomplishments

- More than 8,000 families and 15,000 children received preventive services through direct client services. Community-Based Child Abuse Prevention (CBCAP) grants funded child abuse prevention programs that reached more than 2,100 families through an Information and Referral indirect client service. The Parent Helpline, 1-800-FLA-LOVE provided information, referrals and counseling related to safety and well-being of Florida’s families and children. On average 254 monthly contacts are handled.

- Since implementation of the Title IV-E Foster Care Waiver in October 2006, numerous initiatives have been implemented throughout the state affecting permanency, safety, and well-being. The Department of Children and Families and
its partners, Sheriffs’ Offices and community–based care providers continued to increase the array of services that could be used to address the unique needs of each child and family earlier and more effectively.

- During April 2012, Prevent Child Abuse Florida (PCA Florida) implemented a comprehensive statewide public awareness and education campaign recognizing Child Abuse Prevention Month. The theme of the campaign, *Pinwheels for Prevention™*, continued to highlight how parenting has changed over the years as a result of social, cultural, and demographic trends in families. The campaign historically has stressed a shift away from providing a “safety net” for families toward creating a communitywide commitment to support all parents and children.

  - To draw attention to and encourage involvement in these efforts, communities throughout Florida displayed pinwheels representing newborns in the community and opportunities to support a new family from the very beginning.

  - While the 2012 Pinwheels for Prevention™ campaign continued to focus on “Putting Children First”, the campaign materials were designed to appeal to children, families, legislators, funders, and advocates and were easily adaptable for use in a wide variety of media. More than 88,000 resource packets were distributed statewide. Pinwheels for Prevention™ was intended to provide the public with opportunities to get involved, take action, and make a difference in the life of a child.

**Collaboration**

- Florida’s efforts in the prevention of child abuse and neglect continued to be guided by the Executive Office of Adoption and Child Protection. The Office of Adoption and Child Protection has an established Child Abuse Prevention and Permanency Advisory Council comprised of representatives from each state agency and appropriate local agencies and organizations to serve as the research arm of the office.

- The Advisory Council assists per statute 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. The Department of Children and Families holds two seats on the Advisory Council. Please refer to the following website for information regarding the five year prevention and permanency statewide plan: http://www.dcf.state.fl.us/programs/children/5yrPrevandPermPlan.shtml

- Another example of collaboration has been the partnership with the Florida Department of Health (DOH) as the designated lead agency for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) created in Section 2951 of The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act or ACA), an amendment to Title V of the Social Security Act. The Department of
Children and Families is working in partnership with DOH to plan and implement the program.

- The MIEC Home Visiting Program offers federal grants to eligible states to support home visiting services to pregnant women, infants, and young children in identified high risk communities, with the dual goals of improving health and development outcomes and strengthening families.

- Florida’s former Governor Charlie Crist officially designated the Florida Department of Health (DOH) as the lead agency to apply for the MIECHV program on July 6, 2010. After the HV legislation was passed, the DOH and Department of Children and Families signed a Memorandum of Agreement (MOA) that outlines their individual and collective responsibilities in working together to complete the application process and co-develop an effective HV program in Florida. They also established an HV Steering Committee and created a charter to formalize the process of coordinating the HV needs assessment with those of other agencies serving the same types of clients. Steering Committee members were recruited from a broad spectrum of public and private leaders and stakeholders already providing or collaborating with HV programs throughout the state.

  - Florida received the initial $500,000 allocation of grant funds allotted to states reaching this level of eligibility. The needs assessment was developed and submitted during the last reporting period.
  - DOH was also awarded $3,405,228 for the first year of funding FFY 2011-2012. The Department of Health executed contracts with six communities identified through a Request for Application (RFA) process and those sites will subcontract with the evidenced-based model selected by their community.
  - The Florida Legislature granted budget authority for SFY 2011-12 spending.
  - In October 2011 DOH was also awarded $4,900,000 for FFY 2011-13. Contracts were executed to awarded communities and an evaluator was hired.
  - In November 2011, the home visiting programs were implemented and planning for data collection and evaluation commenced.
  - The Florida Legislature did not grant budget authority for SFY 2012-2013 spending. As of June 2012, the program ceased providing services. Awarded communities lobbied the Executive Office of the Governor for a no cost extension to September 30, 2012. The Executive Office of the Governor notified the Health and Rehabilitation Services Administration (HRSA) of the intent to relinquish the federal monies and services officially ceased September 2012.
Program Support

- Florida had a myriad of programs that either directly or indirectly contributed to the prevention of child abuse and neglect, included in Chapter 4. Florida is attempting to define, describe and categorize these programs to identify any duplication of efforts and gaps in services.

- The CBCAP and Promoting Safe and Stable Families (PSSF) grant specialist actively provides technical assistance and ongoing support statewide regarding strategies to infuse the protective factors, evidence-based programming, and funding strategies. The Department of Children and Families serves as a lead in two workgroups established as a result of the Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015. The Department of Children and Families provides assistance to circuits seeking to incorporate the protective factors within local prevention services and systems. Additionally, the Department of Children and Families leads the research and disseminates information and resources that promote and build evidence-based parenting programs designed to support the protective factors as enhancements within circuit planning team local prevention services and systems.

- The CBCAP grant specialist in conjunction with the Department’s Indian Child Welfare Act specialist has offered technical assistance to the tribal partners. The Pinwheels for Prevention™ campaign materials were shared with the tribes. At this time, the tribes have not requested follow-up assistance.

- The CBCAP programs continue to identify and address community and family needs by creating new partnerships, embracing family engagement and parent leadership, assessing parent education programs, developing a Program Self-Assessment process for the protective factors, increasing parent participation on various advisory councils and surveying participants and partnering agencies for their ideas and suggestions. Programs continue to document and share lessons learned through consumer and parent leadership activities and develop new strategies employed based on the needs of the target population.

Intervention\Investigation

2011- 2012 Update

During this reporting period, the Child Protection Transformation Project continued to be the focus of both programmatic and operational work. The goal is to transform Florida’s child welfare system of care by: implementing a new safety assessment process; professionalizing the workforce; and enhancing technology.

Safety Decision Making Methodology: This area of change is the broadest and most encompassing in that it requires all three operational components – intake, investigation and case management – to take a critical look at how past and current interactions with
families have failed to assist families participate in the development of least intrusive and least restrictive safety interventions. To redefine operational roles the state office convened three statewide workgroups this reporting year (one for each component) to determine how procedures, policy, and law needed to be changed to support new practices, create successful outcomes for families, and engage our key partners in shifting from a compliance based model to guiding both staff and families by safety management principles. This effort was heavily influenced by researching best practices for safety outcomes, working with two National Resource Centers (National Resource Center for Child Protection Services and the Atlantic Coast Child Welfare Implementation Resource Center) for successful practice and implementation strategies, and aligning our state initiative with federal CFSR outcomes. The Florida Safety Decision Making Methodology was tested starting in February 2012 and ending in June 2012. The methodology was finalized in October and implementation plans began. In addition, Florida developed a new practice model that incorporates the new safety methodology.

**Professionalization of the workforce**: In support of the transformation initiative, the Florida legislature funded 20 new field supervisor positions. These positions were earmarked to provide field-based “hands-on” training and consultation for child protective investigative staff. Additionally, the legislature created a new class of senior investigation positions with approved starting salaries at a rate aimed to keep qualified workers and stabilize the professional workforce. Also during this reporting year, the Department began development of a standardized child welfare desk reference guide which will incorporate all policy, procedure, and practice directives. Florida’s new practice model and safety decision making methodology are being incorporated into this desk reference.

**Technology**: A team of internal stakeholders (hotline and investigations) and external partners (case management, safety, and diversion providers) were convened to make recommendations for re-design of the Florida Safe Families Network (SACWIS system). These proposed changes will support practice changes related to the assessment of and interventions provided to children who are determined to be unsafe, increase efficiency, and allow for increased usability and effectiveness by frontline staff. Stakeholders were most interested in changes which would allow workers to understand our families ‘at a glance’ and document and manage safety more directly than compliance based data entry activities. Recommended changes in documentation and content include Casebook, Personbook, Assessment Tools, Case Notes, Case Planning, File Cabinet, and Desktop Navigation. A vendor for this project was selected in January 2012, and the work was launched in April. Late in this reporting year, design of the transformed system was completed and development activities began.

**Accomplishments**
During this reporting time period, the Department successfully concluded training and implementation work at three “test” sites in Florida to test and develop the new safety decision making methodology. One site, in Navarre, Florida was so successful that
local managers decided to carry the project forward past the initial project cessation date. This unit was also instrumental in agreeing to be interviewed and filmed for a presentation on the safety decision making methodology for the 2012 statewide Child Protection Summit which hosted 2,500+ child welfare workers across the state. These interviews and comments can be downloaded for viewing by accessing the following link: http://centervideo.forest.usf.edu/safetymethod/start.html

Collaboration

- The design of the new safety decision making methodology included significant review and comment by an extensive network of stakeholders who are extremely familiar with Florida’s child welfare families, domestic violence advocates, mental health and substance abuse providers, professionals in child development, the Department of Health’s child protection team program office, and Florida’s judiciary. The Department’s main partner in the provision of services to vulnerable children, the community-based care case management and safety providers, were also instrumental in providing feedback and input.
- Numerous child welfare partners also contributed to the SACWIS design changes and participated in multiple design teams.
- The Department of Children and Families continued to collaborate with the Florida Certification Board (FCB) in the identification of skillsets required by those individuals working in the field of child welfare. The Florida Certification Board is responsible for certifying all individuals who work with children and families as required by state law. The FCB currently supplies certification in the areas of child protective investigation and case management, and approves in-service training providers who instruct and provide training to those individuals certified to work in those two areas.

Foster and Adoptive Parent Recruitment

2011-2012 Update

- Foster parent recruitment activities continue to be driven by the statewide Quality Parenting Initiative (QPI) incorporated into the “Fostering Florida’s Future” initiative. Technical assistance has been provided throughout the system of care at the local level.
- After the QPI brand was created, agencies used the brand to develop and/or revise their recruitment materials and presentations and have focused on foster family support and retention. Routine inclusion of foster parents in all aspects of decision-making is now a required theme. Work with birth parents has also been a recurring theme.
- Adoption awareness campaigns were launched for National Adoption Month in November and continued through Black History Month in February. The recruitment campaigns utilized a different video of a child available for adoption without an
identified family for each day during November, December and February. During February, videos of African American available children were featured.

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

**Accomplishments**

- DCF Secretary Wilkins launched the “Fostering Florida’s Future” initiative at the Florida State Foster and Adoptive Parent Association Annual Conference in June 2012. The Department launched a new website, www.fosteringflorida.com, that highlights success stories involving foster parents and foster children, information about becoming a foster parent and a video page that provides an opportunity for foster parents to explain how meaningful it is to be a foster parent. For additional information please visit http://www.fosteringflorida.com/docs/FosteringFloridasFuture-2012report.pdf

- The Department also regularly hosts blogs from foster parents at http://blog.myfffamilies.com.

- The Department conducted a quality assurance review on the abuse/neglect investigations of foster parents and foster care referrals for the period July 1, 2011 to June 20, 2012. Based on the review findings, a workgroup was formed to recommend policy and practice changes. Primarily, the recommendations involved improving communications between the investigators, case managers and the foster parents.

- DCF Secretary Wilkins, as a part of the “Fostering Florida’s Future” initiative, emphasized his support for normalcy of children in foster care by issuing memos in January and March 2012 that describe practice changes throughout the system of care, including a Youth Bill of Rights.

- A statewide Association of Heart Galleries continues to coordinate the efforts of the fifteen Heart Galleries across the state. Some of the local Heart Galleries have expanded their recruitment efforts with videos on display as well as photographs.

**Collaboration**

- A key component of the Quality Parenting Initiative is the inclusive process for building and implementing a local foster parent program. Each of the QPI teams continues to include foster parents, youth, adoptive parents, recruiters, licensing, case management, mental health, Guardians ad Litem, investigations, child care, etc.

- At the state level, partners include the Florida State Foster Adoptive Parent Association, Children’s Legal Services, Substance Abuse/Mental Health Program Offices, Office of Child Welfare Quality Assurance, and the Center for Advancement of Child Welfare Practice.
The Department of Children and Families collaborated with the Governor's Office of Adoption and Child Protection to bring the photos from several local Heart Galleries to the Capitol as a kickoff for National Adoption Month. The photos were on display in the gallery on the top floor of the Capitol for the entire month of November. Some legislators also displayed local Heart Gallery photos in their offices and lobbies for many months.

Future Plans

The Department and our partners who are working with the “Fostering Florida’s Future” initiative and the Quality Parenting Initiative have established a goal to successfully recruit 1,200 new foster families during 2012-2013.

The Dave Thomas Foundation's Wendy's Wonderful Kids program has adoption recruitment grants currently with five Community-Based Care lead agencies across the state. Wendy’s management is considering increasing the number of grants and has met with the Department to discuss the areas of the state with the greatest need. Onsite visits to the three large urban areas and a workshop at the next Child Protection Summit are planned as ways to encourage interest by CBC/subcontractor staff and their management.
Foster Care

2011 – 2012 Update

- Florida’s Camps for Champions exceeded expectation for the year and enrolled more than 600 foster youth while doubling the number of camps statewide from 7 camps in the summer of 2011 to 14 camps in the summer of 2012. Participants had an opportunity to develop life skills and further their education in an energetic and entertaining setting. More information about Camps for Champions can be found at the www.campsforchampions.com website.

- Sibling separation continues to be a performance improvement goal in Florida. There was/is recognition that multiple strategies must be employed to address the concern. One strategy in Florida has been Camp Sib, a weekend camping experience for youth in foster care who are separated from their siblings to spend time together in an environment that promotes bonding and attachment. More than 100 children from various sized sibling groups were able to spend time together in a wilderness camp setting. With continued funding allowing the camp to continue, youth look forward to this event all year long and are presented with beautiful pictures of their brothers and/or sisters as keepsakes.

- Florida successfully completed the fifth year of the Florida Youth Leadership Academy (FYLA). This program was designed as a leadership program for older children in foster care to have the opportunity to work one-on-one with a mentor during and after the program. Youth participated as a group in a statewide community project and skill-building sessions that focused on maintaining healthy relationships, employment, and education. Participants took these skills back to their community taking on a mentoring role through advocating for foster youth in their communities.

- In June 2012, Fostering Florida’s Future Initiative was launched aimed at better retaining, recruiting, and supporting foster parents and also providing more social and educational activities for children in foster care. A new website was unveiled, www.fosteringflorida.com, that gives information for potential foster parents and highlights successful stories of foster families and children in foster care across Florida.

- In an effort to measure academic success, a K-12 Report Card was designed which identifies key domains that make a real difference in a child’s education. With this case management can report on school stability, attendance, educational performance in math and reading, student involvement in extracurricular activities, caregiver involvement with the school, address Individualized Education Program needs, graduation progress, and behavior and the child’s connection to a mentor. Data collected from the K-12 Report Card is analyzed to identify where children’s outcomes are improving and to share best practices across Florida.
The Department continues to ensure children in foster care are afforded the same life experiences that children not in foster care have. The Department fully and completely supports the efforts of foster parents, providers, and community-based care agencies to ensure children in Florida’s care have the opportunity to fully participate in activities in their schools, neighborhoods, and communities. In January and March 2012, directives were issued by the Department emphasizing requirements by the Department for normalcy for children in foster care, and that the Department supported the practice change throughout the system of care.

Accomplishments

- The Department developed a Community-Based Scorecard to measure performance among the Department’s contracted community-based care providers to assist in determining how well these providers are meeting the most critical needs of at-risk children and their families. During this year, there was a 40% improvement in academic indicators, 45% improvement in dental care visits, and a 25% increase in overall healthcare.

- Data from the K-12 Report Card is gathered to identify where children's outcomes are improving and practices used to create such outcomes are then shared as best practices across the state.

- A new website was unveiled, www.fosteringflorida.com, that gives information for potential foster parents and highlights successful stories of foster families and children in foster care across Florida in an effort to retain, recruit, and support foster parents while providing more social and educational activities for Florida’s children in foster care.

- Foster parent recruitment activities have also been previously identified and included in discussion found in the Quality Parenting Initiative in Chapter 6.

- Posters featuring young people engaged in a variety of activities were designed and disseminated in June 2012. These posters, in Adobe format, can also be found on the www.fosteringflorida.com website. These posters emphasize the need for normalcy for children in foster care.

- Enhancements were made to the Department’s SACWIS system, Florida Safe Families Network (FSFN), to ensure Social Security Numbers (SSNs) are valid, provide the ability to locate and resolve duplicate SSNs, and provided a mechanism to automate and merge persons meeting select matching criteria within FSFN.
Collaboration

- In June 2012, the Department, along with youth formerly in foster care, foster parents, and leaders from community-based care providers and the Guardian ad Litem program kicked off the Fostering Florida’s Future Initiative at the Florida State Foster and Adoptive Parent Association Annual Educational Conference in Daytona Beach. A new website, www.fosteringflorida.com highlights stories of successful foster parents and children in foster care or young adults who have aged out of foster care. In addition, there is a video page on this website showing foster parents talking in their own words about how meaningful being a foster parent is to them. The videos posted feature pep rallies, as well as individual interviews with former foster youth and with foster parents.

- The Foster and Adoptive Parent Association, Department staff, and community-based care providers have been working together with other community partners to target recruitment of foster families for children who are teenagers, those with special needs, and sibling groups.

- The K-12 Report Card was developed through collaboration between the Department and a team of stakeholders committed to improving the educational outcomes of children in foster care. Their research identified key domains that make a real difference in a child’s educational performance.

- A Youth Bill of Rights titled, “Childhood Only Happens Once,” was developed with advice from current and former foster youth, and is available on the www.fosteringflorida.com website.

- The Department collaborated with high-profile athletes such as Myron Rolle, James Jones, Artis Gilmore, Nolan Carroll, and Corey Simon, to promote camps focused on leadership, wellness, and character-building during Camps for Champions held in the summer of 2012. In addition to the curriculum and activities, a donation of 1,000 educational books was secured through Scholastic Books. Other major partners included AT&T, Cox Communications, CenturyLink, the Pensacola Naval Air Station, YMCA and the Florida Sheriffs Youth Ranch.

- The Department and Connected by 25 collaborated to ensure another successful year for the Florida Youth Leadership Academy.

- AT&T sponsored 20 foster teens at a Science, Technology, Engineering, and Mathematics (STEM) Camp at Pensacola Naval Air Station. Teens in foster care participated in the Ambition Aviation in Residence program, which simulates real-life situations on an aircraft carrier. The teens learned about exciting concepts and career opportunities in the fields of science, technology, engineering, aviation, and math.
Program Support

- Technical Assistance efforts through monthly statewide conference calls remain an ongoing forum to update case managers, supervisors, and other child welfare professionals about policy changes, new initiatives, share best practices, and provide guidance as needed.

- Through the Fostering Florida’s Future Initiative’s website www.fosteringflorida.com, resources for foster parents and children in foster care are provided, as well as links to other valuable resources.

Future Plans

- Continue the Camp Sib, Camps for Champions, and Florida Youth Leadership Academy Programs.

- Through the Fostering Florida’s Future Initiative, the Department’s community-based care providers and the statewide local Foster and Adoptive Parent Associations have teamed to recruit 1,200 new foster families during FY 2012 – 2013.

- In October 2012, a workgroup was formed to develop an electronic feed from the source of the information directly into Florida SACWIS system from school districts. This data will be used and analyzed to determine effective interventions and solutions to improve the educational outcomes of children in foster care.
Another Permanent Planned Living Arrangement (APPLA)

2011-2012 Update

- The Department of Children and Families has continued its partnership with Casey Family Programs in implementing the Permanency Roundtables (PRT) processes in three sites--Jacksonville, Gainesville and Ft. Lauderdale. Three additional Community Based Care lead agencies joined this initiative at the end of 2011. The three new sites are located in Orange and Osceola counties, Volusia and Flagler counties and Ocala. “Values” training with Gary Mallon and PRT training was provided during the reporting period with the first permanency roundtables occurring in summer of 2012.

- The lead staff persons for the six PRT sites are meeting 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 Permanent Connections Project with Bob Lewis was completed after ten months of monthly consultations between the staff and Mr. Lewis. Three of the youth did complete their videos. One youth decided to write a letter to his birth mother who resided in prison. The mother had written the child several times but he would never respond or even discuss his mother. The case manager considered this to be a major breakthrough in this youth’s lack of ability to talk about his family, especially his mother.

Accomplishments

- 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 years.

- We have seen a reduction in the number of foster children with an APPLA goal from 2533 foster children in FFY2010-2011 to 1863 foster children in FFY2011-2012. 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 are 18 and do not have a permanent connection to an adult.

Collaboration

- The Guardians ad Litem in the three new Permanency Roundtable sites were invited and participated in “Values” training provided by Gary Mallon of the National Resource Center on Permanency. The focus of the training was to help the Guardians ad Litem appreciate the importance of youth having a permanent connection to an adult before they exit foster care. Many Guardians were discussing the IL program with their assigned youth and never discussed the importance of adult connections. The evaluations were extremely positive.

- The Children’s Bureau approved for Gary Mallon of the National Resource Center to provide the “Values” training to case management staff and the Guardians ad Litem in three sites across Florida.
Program Support

- The Department’s Adoption Program Manager was assigned as the liaison to the Permanency Roundtable initiative in order to have a program person from the Office of Child Welfare connected to and kept informed about this important initiative.

- The Office of Child Welfare’s data unit is providing relevant data to the Adoption Program Manager and the Department’s management regarding the foster children who have a goal of APPLA. This data is compared to the data created by and provided to Casey Family Services by the six sites for the Permanency Roundtables.

Future Plans

- The leads from three of the Permanency Roundtable sites will develop a proposal and if selected will present a workshop at the Dependency Summit. The focus will be on engaging and encouraging more circuits/agencies to become involved.

- Two new sites will be identified during the upcoming year. One of the potential sites is the lead agency located in Pinellas/Pasco and several of their staff will be invited to the next quarterly meeting of the leads from the six current sites of the Permanency Roundtable initiative.

Monthly Caseworker Visit Data and State Plan Requirements

In May 2006, the Department of Children and Families promulgated administrative rules that established requirements and standards for conducting quality and timely home visits. The Department of Children and Families revised the minimum requirements for caseworker contacts with children so that a face-to-face contact with the child occurred no less than once every 30 days. (QIP, Goal 3, Strategy A, CFSR Item 19)

2011 - 2012 Update

- The Department of Children and Families received additional funds under Title IV-B, subpart 2 to support caseworker visits with children who were in foster care. The state used these additional funds 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.

- Community-Based Care Lead Agencies submitted their local training plans for existing staff and new hire training. An analysis of these training plans indicated that
interviewing, quality visiting and other engagement strategies are a frequent area targeted for staff development. The new hire training curriculum is in every staff development plan and the topic of visitation and engagement is a large part of this curriculum.

- The federal 90 percent target for monthly visitation must be achieved by October 1, 2011. To meet the federal target and deadline, Florida established the following target timeframes:
  - 2008 - 80% each month until September 30, 2008;
  - 2009 - 82% each month until September 30, 2009;
  - 2010 - 85% each month until September 30, 2010; and
  - 2011 - 90% as of September 30, 2011.

Accomplishments

- As reported in December 2012, the percentage of children seen each month in FFY 2011-2012 increased from 92% to 95%, with 98% of those being seen in their home. The data on caseworker visits was obtained using the federal methodology.

Collaboration

- The Department of Children and Families continued to negotiate contract performance requirements with the Community-Based Care Lead Agencies. To assist Lead Agencies in meeting their goals, the Department of Children and Families created and maintained recurring management reports for caseworkers, supervisors, and leadership that were posted on the Department of Children and Families’ internet site and helped the Lead Agencies to gauge their performance.

- In addition, the Department of Children and Families in conjunction with community partners and stakeholders:
  - monitored and shared federal measure performance data and made it available on the Department of Children and Families’ website at http://dcfdashboardDCF.state.FL.us/;
  - emphasized, through the pre-service curriculum, the importance of the worker’s relationship with the family, and of frequent and quality contact for positive outcomes; http://centerforchildwelfare.fmhi.usf.edu/kb/trcurriculum/Forms/AllItems.aspx
  - offered web-based in-service training session regarding quality visits with children using materials available through the national resource centers; provided in-service regional training events on family centered practice also continued to address quality visits; (CFSP QIP, Goal 1, Strategy D, Action Step 2) http://centerforchildwelfare.fmhi.usf.edu/kb/resource/trainer.aspx
♦ continued implementation and revision of the quality assurance (QA) system; redesign of the QA system ensured uniform performance standards that measured the quality of service delivery in the local systems of care; the implementation of Continuous Quality Improvement process activities helps to ensure that a set of desired practices are delivered in the manner intended, continuously and over time. The Quality of Practice Standards for case management services was amended during this fiscal year. The requirement and quality of practice standard for frequency of service worker visits with children in care focuses on both the quality of the visit and the frequency to ensure the child’s safety, permanency, well-being, and the achievement of case goals. QA reviews provided timely and meaningful information for business management and local areas to develop improvement actions based upon the findings. http://centerforchildwelfare.fmhi.usf.edu/qa/default.aspx

♦ reviewed QA case review data on a periodic basis to determine ongoing quality performance and provided information to Regional staff for practice improvements; posted QA reports and data on the QA web site within the Center’s web portal; http://centerforchildwelfare.fmhi.usf.edu/qa/default.aspx

- Provided additional information and guidance about implementation of the Child and Family Services Improvement and Innovation Act (P.L. 112-34) provisions, specifically about the emphasis on quality of visits and case manager decision making. Additional information was shared on the methodology for calculating the federal performance and fiscal penalties associated with child-caseworker visits.

Program Support

- The Department of Children and Families shared best practices and technical assistance through conference calls, monitoring reports, and meetings (CFSP, Goal #2: Objective 5: QIP, Goal 3, Strategy A, CFSR Item 19).

- The Department of Children and Families amended its child welfare quality assurance (QA) system to also require continuous quality improvement activities. The Quality of Practice Standards for case management services for frequency of visits with children in care focuses on both the quality of the visit and the frequency to ensure the child’s safety, permanency, well-being, and the achievement of case goals.

Future Plans

- Monitor periodically and share performance data on federal measures, identify gaps and develop improvement strategies as appropriate; and

- Conduct statewide technical assistance conference calls with field staff, as necessary.
TIMELY HOME STUDIES and REPORTING DATA (ICPC)

2011-2012 Update

The Department conducted home studies requested by other states for the placement of children in Florida. The totals below represent this reporting period:

- Incentive met: Of the 2,305 home studies requested by another state, Florida completed 520 or 22.56% of the home studies within thirty days or less from receipt.
- Completed Successfully: Of the 2,305 home studies requested by another state, Florida completed 608 or 26.38% of the home studies within the time frame of 31-60 days.
- Sanctions: Of the 2,305 home studies requested by another state, Florida took longer than 60 days to complete 899 or 39.00% of them.
- There is no record of any requests received during the first 45 days for an extension from 60 to 75 days as permitted under the Safe and Timely Interstate Placement of Children between October 1, 2011 and September 30, 2012. The ability to request an extension under the Act expired on September 30, 2008.
- Withdrawn/Returned Requests: Of the 2,305 home studies requested by another state, 278 or 12.06% were withdrawn or returned.

Accomplishments

- Florida continues to make efforts on total modernization of the ICPC process statewide and on a national level. The Department continues to make enhancements to the ICPC processing system in an effort to provide better reporting mechanisms for utilization by central office and CBC lead agency contract providers. Specifically, there have been several enhancements made to the system enable agencies to export certain reports to excel spreadsheets which allows for more targeted management of assigned home studies. This also enables the agency to prioritize their assignments and provide follow up. Because of this enhancement, we’ve seen an increase in the number of home studies completed within the sixty day time frame required by the Safe & Timely Act of 2006. This year several clean-up projects were underway in an effort to assist individual agencies in closing cases where no communication has taken place in more than 6 months. The Department also provided several teleconference trainings on properly constructing home study request packets in an effort to assist agencies in the quality of their outgoing home study request packets to avoid further delay in processing. The agency was able to accomplish adding three new automatic email alerts to remind lead agency contract providers of pending outgoing home study requests when such requests have not been completed after 25 and 45 days for regular requests and 15 days for expedited requests.
Collaboration

- During the 2012 annual business meeting of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) which occurred May 4 - May 7, 2012 in Orlando, Florida, one new regulation was passed; two current regulations were updated. The Deputy Compact Administrator for Florida continues his term as President of the Association and serves on several of the standing committees of the association.

- The Florida ICPC office provided presentations on the new/updated regulations 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 Florida ICPC office also provided training to the Florida Adoption Council at their annual meeting in reference to the new private adoption regulation. The Florida ICPC office also provided monthly teleconference training.

- The Florida-Georgia border agreement was executed on 1/19/12. There was an on-site training held in Jacksonville, Florida and another on-site training held in Savannah, Georgia. The go-live date for border agreement cases was 3/26/12. Several conference calls were also held as we reviewed progress and discussed the possibility of expanding the agreement.

- The Deputy Compact Administrator played a vital role in finalizing the national state pages website for public access to ICPC information for every state.

- The Deputy Compact Administrator and Compact Administrator both served on the committee that completed the project for updating the national ICPC training curriculum.

- The Association of Administrators of ICPC (AAICPC) were successful in entering into a memorandum of understanding between the ICPC and Interstate Compact on Juveniles (ICJ).

Program Support

- The Department shared best practices and technical assistance through conference calls, webinar training, monitoring reports and meetings and made on-site technical assistance available as requested.

Future Plans

- During the 2012-2013 year, Florida will continue to share its efforts with other states by:
♦ Providing technical assistance regarding modernizing and automating the ICPC process
♦ Participating on the national ICPC association’s monthly executive committee calls
♦ Participating in committee work to re-draft forms
♦ Continue seeking national support for an electronic ICPC data base
♦ Continue working with the AAICPC and ICJ workgroups on consensus regarding application of the two compacts on children subject to both.
♦ Completing a border agreement with Alabama and continue reviewing our current agreement with Georgia in reference to future expansion.
Licensing

Florida is a privatized state; this allows Community-Based Care (CBC) Lead Agencies to take on leadership roles in many of the child welfare activities in the state, including licensing. The role of the state is one of support, technical assistance and the creation of flexibility in the implementation of rules, policies and procedures without compromising child safety.

Chapter 65C-13, Florida Administrative Code (F.A.C.), has been revised, and is in the final approval stages. The rule revision workgroup consisted of foster parents, CBC staff, Department staff and legal staff. This well rounded group of individuals represents the diversity needed to make decisions that affect the diverse population of families served by the state and CBC Lead Agencies.

Florida and its CBC partners continue to make normalcy for children in care a priority; this is being accomplished by promoting policies specifically aimed at issues that may have a negative emotional impact or further stigmatize a child in care. Normalcy language was included in the revised Chapter 65C-13 in order to codify the state’s efforts at reducing the potential negative impact on children in care.

Florida now offers licensing and relicensing options that streamline the way CBC providers perform these tasks. The cumbersome requirement of having Department staff perform a thorough review of each initial licensing packet has been replaced with the requirement to participate in the Attestation Model for Licensing.

2011-2012 Update

- In Florida, the Attestation Model for family foster home re-licensing has been expanded to include family foster home initial licensing. This model of licensing does not require the CBC lead agency to provide the licensing packet (and the supporting documentation of compliance with law and code) to the Department licensing specialist. The CBC lead agency reviews the licensing packet and submits a notarized statement attesting that the licensing packet complies in all ways with law and code.

- Annually, the Department completes a full review of randomly selected licensing files to ensure compliance with applicable law and code.

- As part of the licensing and re-licensing process, the Department created a new “Unified Home Study” that provides one home study process for all types of home studies. The process is being transitioned into practice in stages, and provides a means for a better quality assessment of a family’s ability to care for any child placed in the home.
• The Unified Home Study (UHS) is progressive, in that it can expand and change based on the home and the child’s situation. For example, a case manager completes necessary parts of the UHS when conducting a study of a relative’s home for placement of a child. The same home study is built upon for licensing if the relative later requests to be licensed as a foster parent. The study can then become an adoptive home study if the foster family applies to adopt. The Unified Home Study is also for conducting ICPC studies.

• The intent of the home study is to assess a potential foster or adoptive family’s strengths and needs. Provided a family meets all other requirements, the purpose of the home study is to identify how we can support the family in successfully parenting any child placed in their care. The intent is not to seek information that would prohibit them from becoming licensed or having a child placed with them.

Accomplishments
- Specific language addressing normalcy in the area of babysitting and respite was embedded in Florida Administrative Code 65C-13. This language is a result of work done the Quality Parenting Initiative (QPI). This group is made of key community stakeholders and foster parents.
- The new Unified Home Study (UHS) was completed, and is set for integration into the state’s SACWIS system (Florida’s Safe Families Network) as of July 1, 2013.

Collaboration
- Department licensing staff at the central and regional levels continues to collaborate with CBC Lead Agencies and their subcontractors in an effort to offer technical assistance and policy support as needed.
- In an ongoing process to eliminate barriers to licensing, department, CBC, and subcontractors participate in monthly licensing calls to address where the licensing process can be improved.
- To improve communication, Department licensing staff regularly reaches out to CBC contract managers and Department contract managers to be responsive to their needs as it relates to accessing licensing information.

Program Support
- The Department continues to collaborate and support the Florida State Foster/Adoptive Parent Association (FSFAPA). One such example of Department support is demonstrated during the annual educational conference hosted by the Association. The Department made financial assistance available to foster
parents to attend the conference by sponsoring 300 individual foster parents and 100 teens.

- The Department continues to provide technical assistance and address questions regarding policy implementation and interpretation through monthly conference calls with licensing staff. The licensing specialists to set the agenda for the call in order to specifically address their concerns.

**Future Plans**

The Department’s future plans include:

- revising Chapters 65C-14, and 15, F.A.C., governing licensure requirements for child-placing agencies and group care facilities;
- continuing monthly conference calls with the regional licensing staff;
- developing a family foster home renewal process that is more streamlined;
- training regional staff to be the subject matter experts on the new Unified Home Study;
- empowering and including regional staff and foster parents in the decision making process; and
- assisting with implementation of the new SACWIS system, including the Unified Home Study modules.

**Adoption**

**The Executive Office of Adoption and Child Protection**

**2011-2012 Update**

- The Office of Adoption and Child Protection is located within the Executive Office of the Governor. The Office hired a new Director after the prior Director resigned to take other employment. The new Director has been very active in learning the adoption program and attending significant meetings with the Department’s Adoption. The Office continues to coordinate and staff the activities of the Children and Youth Cabinet and the Faith Based Advisory Council. The Children and Youth Cabinet created the following workgroups during the reporting period:

  - Child and Youth Services Collaboration Workgroup
  - Human Trafficking Workgroup
  - Multi-System Children and Youth Workgroup
Accomplishments

- The Governor’s Five Year Plan for promotion and support of adoptive families and child abuse prevention was implemented in July 2010. The July 2012 annual report was completed and submitted to the Governor and Legislature in January 2013. The annual report includes updates on the strategies for improving promotion and support of adoptive families.

Collaboration

- The Department of Children and Families and the Office of Adoption and Child Protection continue to collaborate on events and press releases throughout the year regarding promotion and support of adoptive families. The Department’s Adoption Program Manager, the Department’s web services staff and the Office of Adoption and Child Protection staff collaborated to update the Department’s adoption website, www.adoptflorida.org, during the review period. The website is now easier to navigate, has more information relevant to prospective adoptive parents and a process has been established to update the contact information for post adoption staff and mental health providers who are adoption competent. The Children and Youth Cabinet continues to be chaired by the Secretary of the Department of Children.

- The staff of the two offices collaborated in developing the processes for a National Adoption Month awareness campaign for our website. “30 Days of Amazing Children” showed a different video of an available child, primarily teens, during the month of November. Each child spoke directly to the camera about topics important to each of them. The videos were obtained from staff across the state and the two offices shared in reviewing the videos for content and clarity before approving each video to be uploaded to the website by our IT staff. The collaborative effort resulted in a successful adoption awareness campaign.

- The two offices also collaborated in developing an adoption awareness campaign on our website for February’s Black History month. It was called “28 Days of Amazing African American Children” and featured a different video of an African American teen who was available for adoption.

Program Support

- The Department’s Adoption Program Manager and Office of Child Welfare data staff provides the data needed for the annual update to the Governor’s Five Year Plan as well as policy and data interpretation. The Adoption Program Manager is also the lead for six of the objectives related to promotion and support of adoptive families as documented in the Governor’s Five Year Plan.
Future Plans

- The Department and Office of Adoption and Child Protection plan to collaborate again next year on adoption awareness campaigns for November and February.

- The Department and Office of Adoption and Child Protection have established a process by which congratulatory letters are sent each month by the Governor and First Lady to the adoptive parent(s) of children adopted from foster care during the previous month. This process initially started as part of National Adoption Month in November 2012 but is now occurring each month throughout the year.

- The Adoption Program Manager and Director are members of a workgroup discussing barriers to the timeliness of adoptions. The Guardian ad Litem Director and a staff person with the Court Administrative Office are also part of the workgroup. The workgroup plans to meet several times during the upcoming year.

Adoption Incentives

2011-2012 Update

Adoption Incentive Award  Florida received an adoption incentive award of $1,734,000 during the reporting period for the adoptions finalized in FFY2011. This represents a partial payment, 87.1% of the total incentive award for adoptions finalized in FFY2011. We also received $979,831 which represents the remaining portion of our incentive award from previous federal year. All of the incentive award dollars were used to assist with Florida’s significant maintenance adoption subsidy budget.

- Maintenance Adoption Subsidy  There were no changes in Florida’s maintenance adoption subsidy program during the reporting period.

Collaboration

- The Office of Child Welfare data unit prepares and provides monthly error reports related to our AFCARS federal reporting and the Adoption Program Manager collaborates with the Community-Based Care lead agencies and their subcontract provider staff to correct and assist in making our adoption finalization data accurate.

- The Child Welfare data unit also shares the monthly error reports related to our AFCARS federal reporting with a managing attorney who provides the error reports to the Children’s Legal Services’ attorneys in the field and requires updates to missing legal data in our SACWIS system.
Program Support

- The AFCARS federal reporting requirements and data errors in our SACWIS system are discussed during monthly conference calls.

Future Plans

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

Adoption Training/Technical Assistance

2011-2012 Update

- Two statewide trainings, one in January and one in May occurred during the reporting period. The January training was conducted by Dr. Denise Goodman and the training addressed recruitment of adoptive families for teens, post adoption services and assisting adoptive families when an abuse/neglect investigation is initiated. The May training was conducted by Meg Goldberg and Loryn Smith. Meg Goldberg addressed post finalization contacts and the processes related to the Indian Child Welfare Act. Loryn Smith addressed preparation work related to transracial/transcultural adoptions, creating and preserving the child’s story, and techniques for effective transition plans. Over 100 adoption staff, case managers, specialists and supervisors, from across the state attended each training.

Accomplishments

- The Children’s Bureau approved the National Resource on Adoption to conduct an onsite assessment with the adoption staff in Miami/Dade following a child death that involved an adoptive family. The onsite assessment was completed in December and resulted in six recommendations. The NRC staff conducted separate meetings with staff from the Department’s Regional Office, lead agency, and the six sub-contractors who provide adoption services. Three of the six recommendations were identified for implementation—NRC to provide core adoption training, improve Adoption Review Committee process and improve training, services and assessments of relative/kin who adopt, especially grandmothers.

- The Department contracted with Bob Lewis, an adoption consultant and trainer, to implement his “Video Project” in three sites. The training was completed during the prior reporting period and a monthly web-ex was conducted with case managers in each site by Bob Lewis over the ten months. Staff was very positive about the results, however, staff did state that the progress was slow but some teens initiated discussions about their birth families that they had never done before.

- A second round of train-the-trainer classes of the Rutgers University Adoption Competency curricula was completed during the reporting period. Five trainers from
the initial group moved on to new job duties and are no longer conducting this important training. Twelve new trainers completed the training, including two mental health professionals. The goal is to maintain a sufficient number of trainers and in turn build the capacity in each community so that a sufficient number of mental health professionals will be available to assist adopted children and their families.

Collaboration

- The Department of Children and Families continues to partner with Casey Family Program in implementing the Permanency Roundtable processes. The total number of sites conducting Permanency Roundtables is now six. Gary Mallon of the National Resource Center on Permanency also collaborated with this initiative by providing excellent training on the “Value of Permanent Connections with Adults for Children and Youth” in three more sites.

Program Support

- The Adoption Program Manager continues to provide training for new adoption staff whenever the Community Based Care Agencies request the training. The Adoption Program Manager also conducts monthly conference calls with adoption case managers and their supervisors, post adoption staff and adoption competency trainers.

Future Plans

- The Department has a plan in collaboration with Casey Family Services for Gary Mallon of the National Resource Center on Permanency to provide the “Values” training to the Guardians ad Litem in three sites. The Permanency Roundtable sites identified the Guardians ad Litem as adults who are involved with our teens who are seemingly okay with foster teens exiting foster care at age 18 with only themselves.

- The National Resource Center on Adoption finalized a plan to provide core adoption training to the adoption staff of the six subcontractor agencies, lead agency trainers and the adoption specialist with OurKids during the first week of December 2012.

- Wendy’s Wonderful Kids, part of the Dave Thomas Foundation, has several contracts in Florida, met with the Department’s leadership and want to increase the number of contracts/recruiters in Florida. The future plan is for a presentation to be made at our Dependency Summit and to try and engage more lead agencies and subcontract providers. The Department is recommending that the focus be in the three large urban areas who have the largest number of available children without an identified family—Miami, Orlando and Tampa.
Post Adoption Services

2011-2012 Update

- Four new local adoptive parent support group were reported by the adoption staff during this reporting period.

- Four more post adoption services staff were hired during the reporting period. We continue to have two CBCs with post adoption staff who have post adoption services as a part of their job duties rather than a designated position for post adoption services.

Accomplishments

- During the reporting period, all of the post adoption service programs focused on having a person available to provide assistance to child protective investigators when an investigation involved an adoptive family. In addition, the statewide case management information system, Florida Safe Families Network (FSFN), instituted an automated notification process when an adoptive parent is involved in an abuse investigation. The automated process creates and sends an email notification that informs the designated person or post adoption services counselor of an investigation involving an adoptive parent. This notification occurs within 24 hours of the investigation being assigned to the local child protective investigation unit. The post adoption services counselor is able to assist by conducting an assessment of the needs and potential services for the adopted child and adoptive family.

- Two educational opportunities continue to be provided for adoptive parents during the reporting period that were funded by the Department. The six hour trainings were provided on a Saturday in January and a Saturday in May as an adjunct to the two-day trainings/conference provided to adoption staff. The evaluations were extremely positive and child care was provided by local adoption staff.

- Five trainings of the Rutgers University Adoption Competency curricula were completed during the reporting period. Some classes included child welfare staff and guardians ad litem.

Collaboration

- The Department and Children’s Mental Health Office are continuing to collaborate on and engage staff that work at residential and group care facilities to attend Adoption Competency trainings.
Program Support

- The Adoption Program Manager conducts a monthly call with the post adoption services counselors and a quarterly call with the trainers of the Adoption Competency curricula.

Future Plans

- The Department, Children’s Mental Health Office and post adoption services counselors will be meeting and/or discussing on conference calls children who are termed “lockouts”. Essentially, the parents voice a fear of taking a child home from a residential or DJJ facility and resources and processes must be developed when these are adopted children and their families.

- A statewide meeting of the post adoption services staff was scheduled on the Wednesday night before the statewide training/conference in January 2013. This Wednesday night before the statewide training/conference will now be regularly scheduled every January and May.

- A consistent and standardized method for documenting all post adoption services in our statewide SACWIS database, paid and unpaid, will be developed over the coming months and presented at the statewide training/conference in May. Currently, the documentation of post adoption services is not consistent.

Inter-Country Adoptions Entering State Care

- No child was reported entering foster care from an international adoption during the reporting period.
Independent Living Services

In Florida, 1,181 youth aged out of the foster care system in SFY 2011-2012. 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.

2011-2012 Update

- During the period under review, the Department of Children and Families and Community-Based Care Lead Agencies continued their emphasis on the delivery of comprehensive independent living services to eligible youth in foster care and young adults formerly in foster care. This is illustrated by the level of funding provided by the Florida Legislature. For example, during SFY 2011 - 2012, Florida’s total expenditure in the area of Independent Living Services was $49,039,158. This amount was nearly three times the amount of the Chafee/Education and Training Voucher federal grants. The two federal grants amounted to approximately 8.1 million dollars, which includes the 20% state match amount, and the state contributed an additional 40 million dollars above the required state matching funds.

- Florida’s system of care continued to provide youth ages 13 - 17 in licensed foster care with a variety of services, including assessments, life skills classes, 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

- Accomplishments included: increased numbers of youth participating, emphasis on skill building, 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 online National Youth in Transition Database (NYDT) was launched allowing for the Department of Children and Families and Community-Based Care Lead Agency
service providers to more aggressively analyze how services are impacting youth in a more structured manner.

- The Florida Youth Leadership Academy was a successful event. Each of the participating youth is sponsored by a graduate of the Department of Children and Families’ Child Welfare Leadership Academy. Participation by the youth was enthusiastic and they expressed appreciation for the opportunity.

**Collaboration**

- This is a particular strength in Florida. In August 2012, Secretary David Wilkins appointed new members to the active and effective Independent Living Services Advisory Council (ILSAC), comprised of youth, foster parents, advocates, providers, representatives from education, disability, workforce, medical and housing service fields. In its ongoing effort to be transparent and approachable, the Department of Children and Families maintains a website specific to the Council’s work at: http://www.dcf.state.fl.us/programs/indliving/AdvisoryCouncil/index.shtml.

- The Department successfully partnered with the Department of Juvenile Justice, Casey Family Programs and the Center for Juvenile Justice Reform at the Georgetown University Public Policy Institute (CJJR) to fully implement the Crossover Youth Practice Model in Broward, Miami-Dade and Polk counties.

- The Department of Children and Families, Community-Based Care Lead Agencies, child advocates and other stakeholders continued to consider a significant modification to the Independent Living Services Program and the Road to Independence Program (RTI) to better meet the needs of youth in foster care. For a third consecutive year the Department requested legislative authority to effectively extend foster care to age 21.

**Program Support**

- The Secretary’s personal, continued, observable, and demonstrated commitment to the population of youth eligible for independent living services was one of the most effective supports for this program. Technical assistance and consultation was provided directly by the Family Safety Program Office and also by other divisions within the Department of Children and Families, including the newly appointed Director for the Independent Living Program and the contract/fiscal oversight units.

**Future Plans**

- Florida continues to analyze National Youth in Transition Database (NYDT) results in an effort to improve outcomes for youth. (Please see Chapter 5, Chafee Foster Care Independence Program for details). Collaboration with the ILSAC and all stakeholders will continue to figure prominently in all future planning regarding
redesign of services through the Fostering Connections Act of 2008, education of all stakeholders and leaders, and staff through regional training events, identification of areas needing improvement, outcome measures, conducting a statewide Quality Assurance Review and its subsequent analysis and using contract monitoring to improve practice.

Title IV-E Foster Care Demonstration Waiver

- Florida has completed the first five years of the Title IV-E Waiver. The initial five year waiver period was from October 2006 through September 2011.
- In September 2010, the state received a 10-month extension of the demonstration project until July 31, 2012. This allows time for Florida to submit its evaluation and financial reports, and for the United States Department of Health and Human Services (DHHS) to determine whether to extend the project for another five years. Renewal of the Waiver for an additional five year period will give Florida the time needed to focus energy on critical practice improvement areas.
- Under this Waiver, DHHS allowed Florida to expend Title IV-E funds for children and families who are not normally eligible for the grant as provided in Title IV, Part E, of the Social Security Act. The purpose of the waiver was to demonstrate that allowing Title IV-E foster care funds to be used for a wide variety of child welfare services rather than being restricted to out-of-home care, as is normally the case under federal law, will result in improved outcomes for children and families.
- The four targeted outcome goals were:
  - to expedite the achievement of permanency through either reunification, adoption, or legal guardianship;
  - to maintain child safety;
  - to increase child well-being; and
  - to reduce administrative costs associated with providing community-based child welfare services.
- The Waiver afforded Florida the flexibility to realign funding incentives with the program goals of maintaining the safety and well-being of children and enhancing permanency by providing an expanded array of services that help families remain intact whenever safe to do so. The flexibility of funds further allowed Florida to refocus its efforts on prevention, while safely and effectively reducing the number of children who enter foster care.
- Evaluation reports indicate that the project was successful in meeting its four outcome goals. Community Based Care (CBC) lead agencies are able to shift
resources to the front end of the system and into diversion and early intervention services. Practice-level changes include a shift towards family-centered practice principles and models as well as innovations in early intervention and diversion services. The profile of children served in out-of-home settings has changed over time as the number of children in out-of-home care decreases.

2011-2012 Update

- In March 2012, the Florida Department of Children and Families (DCF) requested a five-year extension of Florida’s Title IV-E Waiver Demonstration Project. The proposal focuses on aspects of well-being that are crucial to child and family development. Florida would like to 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.

- Moreover, during the fiscal year, Florida received approval of temporary extensions in 3 month increments, under the terms and conditions of the original waiver agreement.

Accomplishments

- DCF launched two major initiatives aimed at improving the safety and well-being of Florida’s children: Child Protection Transformation and the Fostering Florida’s Future.

- Child Protection Transformation is a multi-year initiative that will improve outcomes for children and families as Florida’s Safety Decision Making Methodology is implemented. The goal is to transform the role of the Florida Abuse Hotline, investigation and case management, so that each component of the system works 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 families safety and independence.

- In addition, a framework was developed and implemented for on-going evaluation of Florida’s child welfare system that uses new qualitative review tools and performance metrics to critically examine the quality of information gathering, assessments, safety planning, and service delivery. The new framework will include activities that will engage managers, staff, families and stakeholders; provide targeted, ongoing feedback on practice and outcomes; and include mechanisms for incorporating that feedback into improved practice.
Four specific categories of solutions are proposed:

1. People
   - Develop a career step-ladder.
   - Establish a process.
   - Create a field staff supervisory model.

2. Process/Practice
   - Family centered practice built on a safety model.
   - New partnering agreements and practices.
   - Metrics to improve child safety.
   - Enforcement of case manager accountability.
   - Improving case transfer processes from Hotline intake through investigations to service delivery

3. Technology
   - New user interface with point and click, pull and drag functionality rather than data entry
   - Data integration
   - Quality software
   - Information driven business functions (e.g. alerts)
   - Dashboard and management reporting
   - Document management
   - Mobile technologies

4. Legislation
   - Safety assessment instrument
   - Discontinue Investigations
   - Expand Investigation
   - Electronic Record

Fostering Florida’s Future goals are (1) to increase the number and quality of foster homes in Florida, (2) build stronger foster families for the children, and (3) ensure that children have every chance at becoming successful adults.

This initiative is comprised of the following programs:
   - Awareness Campaign: Fostering changes lives and helps children become successful adults
   - A Family for Every Child: Recruitment and retention of foster parents
   - Quality Parenting Initiative: Training and support for foster parents
   - Letting Kids in Foster Care be Kids: Extracurricular activities, social media, time with friends
   - Promising Futures: Attending school, graduating and pursuing further education
This initiative is under the leadership of Secretary Wilkins and his wife, Tanya Wilkins, who is the statewide Advocate for Foster Care and Adoption through the Governor’s Office of Adoption and Child Protection.

**Collaboration**

- The Waiver project continues to be a joint effort of the Department of Children and Families and its Community-Based Care Lead Agencies. In keeping with the truly collaborative nature of this project, a steering group continues to oversee implementation and meet regularly as needed.

- Fostering Florida’s Future has a built-in partnership with DCF’s community-based care agencies around the state, the Guardian ad Litem program and the foster parent associations, among others.

- Individual community-based care agencies, case management organizations and local Foster and Adoptive Parent Associations have partnered with Guardians ad Litem and other foster parent supporters to garner public awareness about fostering. For example, Eckerd Youth Alternatives, Inc., in Pasco and Pinellas counties, has distributed buttons with the number “124” to prompt inquiries about those communities’ recruitment goals. (Eckerd plans to recruit and license 124 new foster homes by June 2013.)

**Program Support**

- The steering group continues to respond to region and Community-Based Care Lead Agency specific needs, including training and technical assistance related to the implementation of the various demonstration projects. During this federal fiscal year, the Transformation Team worked with front line and policy staff to analyze business processes and identify functions that can be automated within the Florida Safe Families Network (FSFN), our SACWIS system. The purpose of this exercise was to increase efficiencies and accountability in service delivery.

- The 2012 Child Protection Summit dedicated one session to reviewing the evaluation of Florida’s first five years of Title IV-E Waiver demonstration project. Most of the participants agreed that the Waiver project served as a catalyst for systemic improvement efforts.

- Please refer to the attachment provided at the end of this Chapter regarding examples of prevention programs and initiatives funded through the Title IV-E Demonstration Waiver.
Future Plans

- Florida is looking forward to maintaining the momentum that it has achieved in reducing entry into out-of-home care. Extension of the Title IV-E Waiver for another five years will support the current redesign of intake, investigations and case management; and provide for services that will make our children, youth and young adults formerly in foster care successful citizens.

Permanency for Children Ages 0-5 and Developmental Needs for all Children in Foster Care

2011-2012 Update

- The Department of Children and Families, 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.

- On-going efforts to place children ages 5 and under in a more family-like setting have been underway since February 2009. The number of children in shift care placements increased from 48 children in October 2011 to 51 children in March 2012.

- On September 30, 2012, there were ten children, under age five, in foster care with a goal of adoption that have no identified family, therefore these children have not achieved permanency.

- The Department and its community based care partners are working together to ensure the educational needs of all children in foster care are being met. Case managers are required to address the educational needs of a child in the case plan, this includes educational stability.

- The Department must ensure when a child is brought into care, that child remains in the home school district whenever possible; the distance of the school from the foster home must also be considered in the placement decision making process.

- A child who is age 3 years to school entry, under court ordered protective supervision or in the custody of the Family Safety Program Office of the Department of Children and Family Services or a community-based lead agency, and enrolled in a licensed early education or child care program must be enrolled to participate in the program 5 days a week.
• The Case manager is responsible for making sure the school is aware of any assessment that identifies a child as having a disability or special education need.

• The Department and community based care staff working with the school systems, or institutions of higher learning, must ensure that the necessary health care services needed to continue educational and/or vocational pursuits are in place for children with special health care needs.

• 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.

• The number of children under the age of five projected to be in foster care during fiscal year 2014 is 8,042, as compared to the 7,690 children under the age of five currently in foster care as of March 31, during fiscal year 2013.

• Of the 7,690 children under the age of five, in foster care as of March 31, 2013; 4,066 are male, 3,624 are female, 2,320 are black, 4,769 are white, 601 other, and 1116 Hispanic, 121 of these children are classified as having a clinical disability.

• A part of the transformation of the child welfare system in Florida, focus 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 services specifically designed for children under the age of three with developmental delays are the responsibility of the Early Steps program of Children’s Medical Services and the Department of Health (DOH). 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.

• A checklist has been developed that identifies condition(s) or specific area of concern(s) that may make an infant or toddler, birth to 36 months of age, eligible for early intervention services. If a child has any condition or concern that has a
high probability of being associated with a developmental delay or poor behavioral outcome, the child should be referred for early intervention services.

- The state uses a standardized developmental tool to identify children age five and under that may be in need of developmental services. The tool is completed during the initial assessment and assesses for motor skills, cognition, receptive and expressive language, and social and emotional development.

- All children three and older entering out-of-home care must have a dental evaluation unless one has been completed within the last six months and all dental follow-up has been completed or is in process.

- Any dental or oral health conditions identified in the 72 hour health care screening or the CHCUP must be referred for further evaluation within two weeks of identification of the issue.

Accomplishments

- The Department of Children and Families conducted a series of statewide webinars in December 2011, to address the requirements under the Child and Family Services Improvement and Innovation Act. These webinars informed the department’s contracted community-based care agencies and sheriff offices as well as department child protective investigations staff, of the requirements to develop activities to reduce the length of time children under the age of 5 are without a permanent family and to address the developmental needs of all children in foster care. In-house training is offered.

- Early Steps Program is administered by Children’s Medical Services (CMS) in accord with IDEA, Part C. Early Steps offers early intervention services for families with infants and toddlers (birth to 36 months) who have developmental delays or an established condition likely to result in a developmental delay. Examples of developmental services are physical therapy, occupational therapy, speech therapy, etc. Sixteen contracted Early Steps across the state coordinate with community agencies and other contracted providers for the delivery of needed supports and services.

Collaboration

Technical Assistance efforts through monthly statewide conference calls remain an ongoing forum to update case managers, supervisors, and other child welfare professionals about policy changes, new initiatives, share best practices, and provide guidance as needed.
Future Plans

- The Department of Health will encourage each local Early Steps office, in cases specific on reunification, to make every effort to include the child’s parent or identified future caregiver in the development of the Individualized Family Service Plan (IFSP).

- Florida has entered into a contract with a vendor to overhaul pre-service training. Pre-service training in this state will now include an emphasis on early childhood development.

- As part of the transformation of the child welfare system in Florida, focus 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.

Child Maltreatment Deaths

Florida’s source of reporting child maltreatment deaths for NCANDS reporting is the SACWIS system, Florida Safe Families Network.

Florida has a broad statutory requirement regarding reporting of child abuse and neglect. Subsection 39.201(1)(a), Florida Statutes requires that “any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned or neglected…shall report such knowledge or suspicion to the department in a manner prescribed in subsection (2).” Subsection 39.201(2)(a) further requires that “each report…shall be made immediately to the department’s central abuse hotline.” This includes cases of abuse or neglect that may have caused a child’s death. In addition ss. 39.201(1)(d) mandates that reporters in the following occupation categories “are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;
2. Health or mental health professional other than one listed in subparagraph 1.;
3. Practitioner who relies solely on spiritual means for healing;
4. School teacher or other school official or personnel;
5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
6. Law enforcement officer; or
7. Judge.”
All of these entities know and understand the requirement to report abuse or neglect, and as such, this allows our SACWIS system, Florida Safe Families Network, to be the central source of information for reporting child deaths due to abuse or neglect to the National Child Abuse and Neglect Data System.

In addition, unlike some other states, Florida accepts and investigates allegations of a child death due to abuse or neglect when there are no surviving children in the home.

Once an investigation is commenced, investigators are directed by department operating procedure to include the following information in determining whether the death was due to abuse or neglect:

- Medical Records;
- Emergency Medical Services Reports;
- The Medical Examiner’s preliminary or final report, if an autopsy as completed;
- Any preliminary, supplemental and final law enforcement investigation reports pertaining to the child’s death.

Additionally, the department has at least one Child Fatality Prevention Specialist in each of the six Regions of the state. Each of these staff is responsible for, among other things, working closely with the child protective investigator to ensure that all relevant and available information has been collected, documented in the SACWIS system, and considered in the finding.

Lastly, Florida has a very active Statewide Child Abuse Death Review Committee, as well as active local committees in 66 of our 67 counties. Codified in s. 383.402, Florida Statutes, the requirements for Florida’s Statewide Child Abuse Death Review Committee and local child abuse death review committees currently review those child deaths that have been determined to be due to child abuse or neglect, and not all reported child deaths. Their focus is on achieving a greater understanding of the causes and contributing factors related to child abuse deaths, identify gaps or deficiencies in services, laws or policies and make recommendations to mitigate any issues. The state and local committees, comprised of representatives from the medical examiner, law enforcement, state attorney, education, child welfare and health agencies, also serve as a vehicle for training and ensuring that all suspected cases of abuse or neglect are reported for investigation. Additionally, Florida is exploring the possibility of providing all reported child abuse deaths, regardless of finding, to the state committee for review.

In summary, the combination of Florida’s mandatory reporter law, investigation of all child deaths regardless of surviving siblings, requirements for a proper and complete child protective investigation, and the current and proposed expansion of the Statewide and local child abuse death review committee’s purview ensures the compilation of necessary data for inclusion in our NCANDS submission.
Lastly, the Department maintains data on all child deaths reported to the Hotline for investigation. This data is analyzed and a quarterly report is provided to management and other stakeholders for prevention efforts.

In Florida, the statewide child abuse death review coordinator and the state’s NCANDS representative are co-located within the Family Safety Program Office. This facilitates easy coordination with the state’s submission.

**Expansion and Strengthening Strategies**

**Child Welfare Work Force Information**

Historically, the Department has explored workforce data to review and assess child protection practices then to recommend administrative, policy, legislative, education, and training efforts to ensure the safety and success of Florida’s children.

The Department embraces a task force approach to providing a comprehensive review of critical child protection issues such as investigative practices, training curricula, and competencies, and the sharing of information between child protection and child welfare stakeholders. The task forces also provide recommendations for the development of overarching reforms to the child protection system.

In early 2011, the Department embarked on a new direction to transform Florida’s child welfare system of care into a world-class model for to protect children. After careful review of the child protection workforce data presented below and consideration of the data demonstrating that the average case load size of 20 for case managers (non-CPI), the Department will continue to strive in its efforts to retain and recruit a qualified child welfare workforce. (Source: Florida Department of Children and Families and Florida Coalition for Children)

Please refer to the first attachment immediately following this Chapter for the specific data detailing the child welfare work force.

**Lead Agency Monthly Scorecard**

The Community-Based Care (CBC) Lead Agency Monthly Scorecard focuses on some of the most meaningful and important indicators related to Florida’s community-based approach to child welfare. The Scorecard is intended to drive performance in the right direction by making performance visible and by promoting competition among lead agencies. It is produced monthly for review, discussion, and action by CBC Chief Executive Officers and Department of Children and Families (DCF) management in a manner that seeks to understand differences in measured performance, barriers to improving performance and strategies for improvement.
The Scorecard’s indicators were selected, among the many indicators available, to provide balance among the goals of safety, permanency, well-being, and cost. Some indicators are familiar CBC contract and federal permanency measures, but other indicators were created for this Scorecard from existing data sources, primarily the Florida Safe Families Network (FSFN). Most are outcome indicators, but some process indicators are also included. All are dependent on good data quality.

Florida’s community-based approach to child welfare is a collaborative effort. Most CBC Scorecard indicators are under the direct control of the CBC lead agency, but a few are influenced by other components of the child welfare system, including Child Protective Investigations and Children’s Legal Services. CBCs have indirect control over some indicators, but we must use them because they call attention to important aspects of child welfare.

The Scorecard is designed in a manner that identifies high performers, low performers and outliers that deviate from the norm. Some indicators use standards based on federal percentile rankings, while others use standards derived based on DCF Leadership’s performance expectations. All use red-yellow-green formatting to identify and compare performance. Lead agencies are ranked on each indicator, with some indicators given more weight than others. A weighted average of individual ranks is used to provide an overall rank.

The Scorecard focuses on recent performance, but some safety and permanency indicators require a significant follow-up period. Safety indicators also require additional time for completion of investigations. For some indicators, the long follow-up period may result in a scorecard month as long as one year after the measurement period. Reporting periods were selected to achieve a good balance between reporting recent performance and a reporting period that is long enough to have enough cases to provide stability from month to month.

The Scorecard includes 11 indicators, including three Safety indicators, four Permanency indicators, three Well-Being indicators, and one Cost indicator. The Scorecard is intended to track a set of indicators over time, but will also be modified as issues emerge and priorities change.

**Scorecard Indicators**

**Safety Indicators**

1. Percent of Children with No Verified Maltreatment within Six Months of Termination of Family Support Services
2. Percent of Children with No Verified Maltreatment While Receiving In-Home Services
3. Percent of Children with No Verified Maltreatment within 6 Months of Termination of Supervision
Permanency Indicators
4. Percent of Children in Care Eight Days to 12 Months with No More than Two Placements
5. Percent of Children Entering Out-of-Home Care Who Achieve Permanency within 12 Months of Entry
6. Percent of Children in Out-of-Home Care 12 Months or More Who Achieve Permanency within 12 Months
7. Percent of Children Achieving Permanency Who Did not Re-enter Out-of-Home Care within 12 Months

Well-Being Indicators
8. Percent of Children in Licensed Out-of-Home Care Who Are in DCF-licensed Family Foster Homes
9. Overall Score on K-12 Report Card as Percent of Maximum Possible Score
10. Percent of Former Foster Youth Ages 19-22 with Diploma or GED

Cost Indicator
11. Percent of Year-to-Date Contract Payments Representing Administrative Expenditures
**Title IV-E Demonstration Waiver**

**Examples of prevention programs and initiatives**

**Pre-Referral Services (encompasses DCF’s Primary Prevention):**

**United Way – “Born Learning”** - A public engagement campaign the helps parents, grandparents and caregivers recognize every day activities as learning opportunities for children. Funded by Family Support Services of North Florida - $36,977

**Duval Community Resource Centers** – Adults and their families can receive health, parenting, employment, education, Veterans services and information. Support groups for grandparents, teens, ACCESS site. Funded by Family Support Services of North Florida - $647,834

**Gainesville Community Resource Centers** – (See description above.) Funded by Partnership for Strong Families - $118,854.

**D.A.D.** – Dad All Day fatherhood training program. Funded by Family Support Services of North Florida - $121,387.

**Healthy Families** – Supplemental contract through Big Bend Community Based Care - $185,256.

**Healthy Families** – Supplemental contract through CBC of Seminole. $33,859.

**Kids Central Inc.** – Support for local Early Learning Coalition’s Care Seat Program, the Children’s Alliance and Sumter County 211 Helpline. $90,000.

**Brevard Family Partnership** – Information and awareness materials and advertising campaigns, including car seats, child care, support for 211 Brevard, Safe Sleep workshops, groups and family therapy and coaching. $751,583.

**Kids at Hope** - Kids at Hope is a nationally renowned belief system, supported by a cultural strategy and then enhanced by programs, that when adopted by adults in an entire community profoundly shapes the future of children and reduces risk areas. Adults are trained by a Facilitator that "All Children Are Capable of Success - No Exceptions!" They are then given tools to identify the talents, skills, goals, and dreams of children while providing opportunities for success. Funded by United for Families - $1,300.

**Eckerd Community Alternatives** – Prevention and Strengthening Families literature, Protective Factors handouts are distributed at numerous local expos and resource fairs. Center-based activities include tutoring, parenting skills, assistance in accessing services. In-home services include child abuse & neglect prevention services & activities, assessing strength &
needs of the family & developing a plan for service, parenting skills education/support, linkages to resources/supports. $454,727.

**The Identity Group** – Prevention advertising funded by Children’s Network of SW FL. $122,000.

**Our Kids** - Community based primary prevention services that are provided to families before abuse or neglect occurs and are not time limited. These services include: Respite/Crisis care, early developmental screening to assess children’s needs and to assist in obtaining specific services to meet their needs, Mentoring, tutoring and health education for youth, Center-based activities (informal interactions in drop-in centers, parent support groups), Parenting skills training, Counseling and home visiting activities. $706,756.

**Supplementary Services / Rehabilitative (encompasses DCF’s Secondary & Tertiary Prevention):**

**STEPS** – Family Preservation program that provides services and resources to help strengthen, educate and rebuild families. Funded by Family Support Services of North Florida – 3,549,553

**Integrative Practice Team** – Multidisciplinary counseling and supports for victims of domestic violence. Funded by Family Support Services of North Florida - $78,802.

**FAST** – Family Team Approach to strengthen families and ensure children remain safe through intensive in-home services such as parenting, anger management, substance abuse and domestic violence counseling. Funded by Family Support Services of North Florida - $1,908,546.

**Lakeview Center/Families First Network CBC** - Direct Service provision, case coordination, resource development, referral for Family Support, Preservation, Reunification. Wraparound services provided through multiple community providers. $3,972,756.

**Boys Town, Habilitative Services of N. Florida, Life Management Center and DISC Village** – variety of in-home intervention and diversion services for at risk families, including parenting training, budgeting, anger management, substance abuse, domestic violence and homemaking counseling. Referrals from CPIs or community. Funded by Big Bend Community Based Care - $2,133,518.

**Partnership for Strong Families** – Through a variety of contracts with local providers, PSF offers: substance abuse, anger management, mental health, batterers’ intervention, domestic violence, infant mental health, sexual aggression, family, couples, teen, group and individual counseling, in home paraprofessional services, homemaker services, psychiatric evaluations and assessments. $1,780,457.

**St. Johns Board of County Commissioners** – Through contracts with local providers, St. Johnson BCC provides education and awareness materials for public events, Active Parenting
training materials, Family Support, Substance Abuse counseling/therapy, Client Support (rent, utilities, etc), Intensive Family Intervention, and Substance Abuse counseling/therapy. $263,770.

**Community Partnership for Children** – Intervention and Prevention services provided by Children’s Home Society, Neighbor to Family and House Next Door. $1,639,202.

**Kids Central, Inc.** – Through a variety of contracts with local and university partners, KCI provides the following services: After School Programs, Child Care Subsidization, Summer Programs, Parenting Program, Baby Sleep Basics Program, Family Team Coaching and Conferencing, Neighborhood Project Evaluations, Referral Program, Substance Abuse counseling, Crisis Response Team. $4,037,460.

**Community Based Care of Central Florida** – through a variety of contracts with Healthy Families, Harbor House Orange, Help Now Osceola, Devereux, Camelot, and the local Children’s Advocacy Center, CBCCF provides diversion and prevention services to at-risk families in need. $2,548,567.

**Healthy Start** - Teen Pregnancy Prevention Services providing education, training, and developing social marketing campaigns to promote awareness on teen pregnancy prevention and teen birth rates and resources available to support agencies, parents and teens in the prevention of teen pregnancies. Funded by Heartland for Children - $70,776.

**Planned Parenthood** - Empower individuals to make responsible decisions about their health and future by providing comprehensive health care services and education programs addressing family planning, reproductive health, human sexuality, and family life. Funded by Heartland for Children - $19,064.

**Devereux Early Childhood Initiative** - develop and implement a Foster Care Model specifically designed to meet the needs of foster care children, their families, and case workers. The Provider will also help establish a Prevention Training Center for the Care and Treatment of Young Children that will deliver resilience training and technical assistance. Funded by Heartland for Children - $109,059.

**Champion for Children Foundation** - The program is designed to promote, develop, and implement early intervention and abuse prevention programs and services for families, to preserve and strengthen families, and prevent further disruption and conflict for children due to abuse, abandonment, or neglect. Funded by Heartland for Children - $156,954.

**Prevention Services Program** - Devereux Foundation provides services through facilitation, education, engagement, and coordination strategies; identifies, enhances, develops prevention resources, and engages the broader community in prevention and support for families. Coordinates and conducts the GAP Project: a program/workshop for relative/non-relative caregivers, Teens, and Reunified Families to connect them to the programs and services in the
community in order to help stabilize/maintain the relative/non-relative placement, the teen’s living situation, or the family being reunified. Funded by Heartland for Children - $142,622.

**Brevard Family Partnership** – Through a variety of contracts, BFP provides Family and Individual Counseling, Parenting Education, Child mentoring, Behavior Management and Substance Abuse Treatment services, Substance Abuse Evaluations, Mental Health Services, Domestic Violence Advocacy, Transitional Housing, Rent/Utility Assistance, Parent Training and Support, Mentoring & Coaching for families, Parenting assessments, psychiatric evaluations, Therapeutic Supervised Visitation and in-home Para-Professional services - $1,671,942

**CBC of Seminole** – Through a variety of local contracts, flex funds for counseling and medical services and other prevention, diversion and intervention services are provided to stabilize families in crisis or at risk. $1,078,678.

**Safe Families Program** - in-home services to families with children who are at risk for abuse or neglect, referred by DCF protective investigation staff which do not result in a subsequent services case. Eligible families are those who are experiencing problems in child rearing and for parents with infants under two years of age, or pregnant women who seek services voluntarily. Service delivery is a minimum of 12 week for active services and 12 weeks for follow-up services, up to one year. Funded by United for Families - $286,263

**Eckerd Community Alternatives** – Through a variety of local contracts, ECA assists families with parenting and marriage skills, family budgeting, stress management, nutrition training, child development training, MH or SA services, in-home counseling, assistance in addressing domestic violence, assessment, linkage to appropriate/available services, counseling, monitoring & evaluation. $1,406,002.

**Sarasota Y** – Through a variety of contracts, the Y provides an array of prevention, diversion and/or intervention service types to help prevent re-abuse or mitigate the need for children and families to enter deeper into the child welfare system. $657,825.

**HKI (now ECA Hillsborough)** – through a variety of contracts, services ranging from summer camps, assistance with utility payments and tutoring to in-home crisis intervention, mental health counseling and therapeutic services are provided to stabilize families and prevent removal of children. $1,662,070.

**Children’s Network of SW FL** – through a variety of contracts with local providers, Children’s Network funds Teen Outreach, Nurturing Parents, Early Intervention Collaborative and other Diversion and Prevention programs in addition to Applied Behavior Analysis services and Healthy Families. $1,686,869.

**CFC Palm Beach**– CFC provides services to drug-addicted newborns and babies through the Kids in Distress program, sexual abuse counseling through Chrysalis and Multidisciplinary Assessment Team staffings to assess the needs of children who have allegedly been involved
in cases of child-on child sexual abuse and making recommendations regarding those cases through Boys Town and the Parent Child Center. $802,492.

**ChildNet Broward** - The primary funder of prevention and diversion services for children in Broward County is the Children’s Services Council, which invested more than $10 million in FY 10-11. For FY 11-12, ChildNet funded the Kids in Distress program for drug addicted newborns and sexual abuse counseling services through Chrysalis. $79,992.

**Our Kids** - Our Kids sub-contracts with specialty providers such as (1) parents as parents programs, (2) community mental health centers, (3) safe at home programs, and (4) high risk new born services. Services include, but are not limited to: Family support, preservation, reunification services to children and families in the area of mostly single-head households and weak families, Life skills and personal development training programs for youth in neighborhoods with higher incidence of child abuse and neglect, teen pregnancy and educational failure, Youth cooking classes, leadership development activities and computer skills training, Certified parenting courses to court-ordered and voluntary cases, Family support and preservation services via “grandparents as parents” support groups, Family support and preservation services to prevent the removal from the home or repeat risk of abuse or neglect. $5,339,673.

**Transition / Exit Services (encompasses DCF’s Family Reunification)**

**Family Intervention Team (FIT)** is an in-home family preservation service delivered by a trained professional to ensure the safety of children and to help stabilize the family structure. The major goal of FIT is to maintain the child in the home with his/her family while ensuring the immediate and long-term protection of the child’s permanency, safety, and well-being. FIT provides services to prevent the recurrence of abuse, neglect, or abandonment and support reunification. Funded by Heartland for Children through contracts with Winter Haven Hospital, Gulf Coast Community Care and Youth and Families Alternatives. $1,756,881.

**Brevard Family Partnership** – Post-reunification services to families to ensure placement stability include: mentoring, Certified Behavior Analysis, Functional Family Therapy, Rent/Utility Assistance and Targeted Case Management.

**Gulf Coast Jewish Family Services** - Referrals from CPI of families whose children are at risk of out-of-home placement or judicial action due to the occurrence or reoccurrence of child abuse, neglect or abandonment. Includes services to high risk families whose children are at imminent risk of emergency shelter unless an immediate, intensive intervention occurs. Funded by Eckerd Community Alternatives – $1,234,374.
Chapter 2
Collaborative Activities and Initiatives

Overview of Collaborative Partners, Activities and Initiatives
Across Child Welfare

- As previously noted in Chapter One, Florida’s child welfare system engages in a high degree of collaboration. All child welfare systems involve many stakeholders and partners, and Florida is no exception. In developing policies and programs, the Department of Children and Families collaborates with other state and local agencies, tribal representatives, foster parents, relative caregivers, foster youth, service providers, Children’s Legal Services, the Office of Court Improvement, child advocates, the Legislature and other stakeholders to maximize families’ opportunities for success on a regular basis. 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.

- However, Florida is unique in that it contracts for the delivery of most of the child welfare core services and initiates new services through Community-Based Care Lead Agencies. For the child welfare system to function optimally, this requires a high degree of ongoing collaboration. 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.

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

- Local agencies and external stakeholders provided input into this Annual Progress and Services Report. 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. One such collaborative project, Best Practices Model for Child Support in Dependency Cases, involved the Department of Revenue’s Child Support Enforcement division, Children’s Legal Services, Circuits, and the Office of State Court Administrator.

- The Best Practices Model for Child Support in Dependency Cases provided guidance on issues related to child support in dependency proceedings so that Florida’s children receive the financial support they need. According to the principles of unified family court as described in re Report of Family Court Steering Committee, 794 So.2d 518 (Fla. 2001), the best practice is to handle the child support matter before the same judge hearing the dependency case to avoid conflicting orders and multiple court appearances by the parties, as well as to increase efficiency and wisely utilize court resources. Three judicial circuits have implemented this best practice model.

- Through collaboration with Community Alliances, Community-Based Care Lead Agencies learned about new programs and ways to support families and children in each community. The Alliances were catalysts for information sharing opportunities and were provided a unique opportunity for hands-on involvement in local systems of care.

- Community-Based Care Lead Agencies reached out to the faith-based community. For example, Churches in Partnership was a new initiative in Pinellas County wherein a child protective investigator was paired with a church in the community, which assisted in ensuring that the basic provisions of a family, such as clothing, food, furniture, special medical equipment, etc., were met.

**Ongoing Collaborative Activities and Initiatives**

**Florida’s Emergency and Disaster Plans for Child Welfare**

- The Department of Children and Families has a statewide Continuity of Operations Plan (COOP) including a section for “Child Welfare Disaster Plans.” The responsibility of all governmental agencies is to be responsive to its citizens, especially in times of emergency/disaster. The Department of Children and Families is responsible for all the vulnerable children and adults who the courts...
have placed in its care. This requires the Department’s Emergency/Disaster Plan to contain elements such as: staff education; evacuation plan development and updates for caregivers of children under care or supervision of the Department of Children and Families; staff phone trees; alternate operations locations; responding to varied expected and unexpected threats; servicing displaced staff, etc.

2011 - 2012 Update

- Thankfully, 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 previous reporting year is still 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.

Accomplishments

- After the Hurricanes of 2004 and 2005, Florida's state agencies began to develop more comprehensive disaster plans. On May 2006, the Department of Children and Families published the Continuity of Operations (COOP) Plan. The plan establishes policy and guidance to ensure the execution of mission essential functions in various emergency situations, to include natural disasters, accidents, technological emergencies and military or terrorist related incidents. The COOP integrates the various programs under the Department of Children and Families. Along with the integrated COOP plan, each Community-Based Care Lead Agency has a disaster preparedness plan to address child welfare specific activities throughout the state in such emergency.
  
  - 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
The case manager will explore with the family expected duration of interruption, alternative service providers, transportation considerations, etc.

In addition, 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.

On May 25, 2012, the Department collaborated with the State Emergency Response Team (SERT) and FEMA to conduct a statewide exercise that included program office and regional staff. The purpose of the exercise was to explore areas that are often overlooked in plans and give CBCs an opportunity to raise questions and issues through their contract managers. DCF. A mock "Hurricane Windy" was used to review DCF specific preparation, response and recovery activities. In addition, participants discussed Food for Florida (FFF) and
technology updates. Full scale FFF site was conducted on the morning of May 26, followed by debriefing.

Collaboration

• Local and National Coordination
  ♦ The Florida ICPC continues to work directly with central ICPC offices in other states to send and receive information and documents, as customary. If the central ICPC office in another state is unable to communicate, ICPC will work with the child welfare program office equivalent in that state as well as the American Public Human Services Association to identify alternate means of communication.

Program Support

• The Department of Children and Families’ leadership and Community-Based Care Lead Agencies provide up-to-date information and communications at times of potential disaster as well as follow-up to any emergency situation. Support can range from “ready” conference calls to deployment of additional staff to impacted areas.

• The Florida ICPC, located in Tallahassee, also plays a key role during times of emergency. In this ever mobile society, services are provided for many children for whom family members reside in other states. There are more than a thousand Florida dependent children placed with parents, relatives and other caregivers in sister states at any given time, as well as more than a thousand children placed in Florida who come to us from other state’s child welfare systems. The ICPC serves as the central point of contact for state-to-state communications regarding the welfare of these children.

• The ICPC Disaster Preparation and Response Plan (DPRP) aims to provide case managers who have responsibility for children placed in other states or who are providing services to children from other states a single point of contact for communications. The primary point of contact at the Florida ICPC is the ICPC Administrator.

Future Plans

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.
Tribal Consultation

The Indian Child Welfare Act (ICWA) requirements are codified in Florida Statutes and are found in Florida Administrative Code and Operating Procedures. A statewide Indian Child Welfare Act Manager and Tribal Liaison works directly with eight Regional Indian Child Welfare Act Specialists in Florida, with designated liaisons from three federally recognized tribes in Florida and Alabama, with ICWA managers in other states and tribes, and with the Bureau of Indian Affairs. The statewide ICWA Manager is in communication with a national group of statewide ICWA managers who meet by conference call and online website via a collaboration sponsored by the Child Welfare League of America.

Florida Administrative Code requires that child protective investigators make a determination of eligibility for the protection of the Indian Child Welfare Act at the initiation of each investigation. Standardized electronic forms, written policy, procedural guidance, training documents and instructional videos are posted online. Child protective investigators, Case managers and legal staff are required to enter electronic documentation of ICWA eligibility and compliance in the state’s SACWIS system.

2011-2012 Update

The Department has continued negotiations with the Seminole Tribe of Florida toward a state-to-nation agreement that will enable the Seminole Tribe to assume full responsibility for child protective investigations and case management services on their six reservations in Florida. Work on the proposed agreement has included:

- Meetings of designated subgroups to develop specific parts of the overall agreement, e.g., child protective investigation, case management, and data management.
- Continued negotiations with the Seminole Tribe toward a state-to-nation agreement.
- Continuation of the statewide work group established in August 2010 to assist and support the Seminole Tribe of Florida in their work toward establishing a tribal court and other collaborative child welfare initiatives.
- Continued to involve Florida’s federal tribal representatives in the annual Court Improvement Summit, statewide committees and other training opportunities, especially co-training opportunities with Department of Children and Families and tribal staff.
- Continued tracking data on ICWA compliance through SACWIS functionalities and quality assurance monitoring activities to determine causes in identified areas of need and to improve compliance through the development of a standing ICWA data report.
- Provided technical assistance, as requested, to the field and tribes.
• Held regularly scheduled statewide ICWA conference calls for tribal representatives and representatives from other state agencies, such as the Office of Court Improvement, in addition to the Regional ICWA Specialists.

• Continued contact with other tribal associations and groups in the state who wish to participate in technical assistance and initiatives that support families and protect children and to develop collaborative training opportunities. (CFSP Goal # 2; Benchmark 1: Developing a Family Centered Practice Framework, QIP Goal 1, Strategy A, Action Step 1).

Collaboration

• Ongoing interaction with the Seminole, Miccosukee and Creek tribes has enhanced effective communications and more active participation in activities that support ICWA practice and policy. Future collaboration will include an increased emphasis on prevention and in-home family support services.

• As required, the Department provided the Seminole Tribe of Florida, Poarch Band of Creek Indian and the Miccosukee Tribe of Indians of Florida a copy of the 2011 Annual Progress and Services Report. The ICWA specialist shares information on a regular basis with the tribes via electronic mail or telephone.

• Communications during the reporting year included email and telephone conversations with the Seminole Tribe Family Services Department; the Poarch Band of Creek Indians in Atmore, Alabama (while the Poarch Band of Creek are not a federal tribe with reservations located in Florida, their reservation is very close to the Florida-Alabama border); and with the Miccosukee Tribe of Indians of Florida. Subjects of communications with the tribes included the Seminole Tribe’s work toward a tribal court and other child welfare initiatives, resolution of concerns and issues involving eligibility and services to tribal children and youth, improving compliance with ICWA policy, and developing training opportunities. All three tribes receive email invitations to the monthly ICWA Specialists conference calls, with accompanying attachments and links.

• Chafee funds are designated for children in out-of-home care and, in compliance with ICWA, the Department is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. If tribal children do, however, enter licensed foster care they are entitled to any and all benefits and funding for which any child, tribal or not, is eligible. Access to Chafee funding is consistent with any child in out-of-home care, including Subsidized Living benefits upon aging out of care and receiving services from age 18-23. In the Department’s work with the Seminole and Miccosukee tribes, access to various forms of federal funding has been discussed and neither tribe has expressed an interest in receiving federal funds at this time.
Program Support

The following data has been extracted from *Florida Safe Families Network (as of 12/31/2012)*:

**The data effective October 1, 2011:**

- The number of children in Out-of-Home Care with race of American Indian/Alaskan Native (regardless of other races): 107
  - Of the 107 children referenced above, the number who have an identified Tribe 1: 104
  - Of the 110 children referenced above, the number who have an identified Tribe 2: 17
- The number of children in Out-of-Home Care identified as ICWA Eligible: 62
  - Of the 62 children referenced above, the number placed in an ICWA compliant placement: 42

**The data effective September 30, 2012:**

- The number of children in Out-of-Home Care with race of American Indian/Alaskan Native (regardless of other races): 107
  - Of the 107 children referenced above, the number who have at least one tribal affiliation is: 107
  - Of the 107 children referenced above, the number who have at least two tribal affiliations: 13
- The number of children in Out-of-Home Care identified as ICWA Eligible: 56
  - Of those 56 children referenced above, number who are placed in an ICWA compliant placement: 41

The data reflects that the numbers of children identified as American Indian/Alaskan Native by race did not change dramatically during this reporting period. The numbers of children identified as eligible for the protections of the Indian Child Welfare Act dropped from 62 to 56; however, the percentage of ICWA compliant placements increased, starting the year at 68% and ending the year at 73%.

Florida’s FSFN system supports accurate identification and tracking of children eligible for the protections of ICWA. The effectiveness and accuracy of data related to ICWA compliance have improve as staff become more proficient in utilizing the system. Some ICWA elements are text fields and are reviewed as a part of the quality assurance process as opposed to access by numeric data extract.
In addition to the Adoption and Foster Care Analysis and Reporting System (AFCARS) elements for race and ethnicity, the child’s eligibility for the protections of the Indian Child Welfare Act are captured on FSFN’s basic person management screen. Additional fields in FSFN electronically document the following:

- An adult or child’s tribal affiliation (there are two data fields available in the event the person has an affiliation with more than one tribe)
- Whether or not the child’s placement is in compliance with the mandates of the Act (if the child is documented as ICWA eligible, this field becomes a required response)
- Documentation of efforts made to determine ICWA eligibility and prevent removal or a noncompliant placement
- Documentation that the mandated Placement Preferences have been explored
- Documentation of participation in case planning
- Documentation when a case involves tribal representation and action
- Documentation when a case is closed to transfer to tribal jurisdiction

Future Plans

Projections for the next reporting period include:

- Finalize negotiations with the Seminole Tribe of Florida toward a state-to-nation agreement;
- Continue the statewide work group to assist and support the Seminole Tribe of Florida in their work toward establishing a tribal court and other collaborative child welfare initiatives.
- Continue the state-tribal technical assistance collaboration, i.e., training and consultations to be co-facilitated by Department and tribal staff.
- Encourage participation of all three tribes (the Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida and the Poarch Band of Creek Indians) in policy development and technical assistance activities.
- Continue to involve Florida’s federal tribal representatives in the annual Dependency Summit, statewide committees and other training opportunities, especially co-training opportunities with Department and tribal staff.
- Analyze tracking of data on ICWA compliance through FSFN and quality assurance monitoring activities to determine causes in identified areas of need and to improve compliance through the use of a standing ICWA data report.
- Provide technical assistance, as requested by the field and the tribes.
- Share this year’s Annual Progress and Services Report.
• Continue the monthly statewide ICWA/tribal collaboration conference calls, ensuring that the calls include tribal representatives and representatives from other state agencies in addition to the Regional ICWA Specialists.

• Continue establishing contact with other tribal associations and groups in the state who wish to participate in training and initiatives that support families and protect children and to develop collaborative training opportunities.
Health Care Services
2011 - 2012 Update

- The Child Welfare Specialty Plan, Overview and Development Guide have been updated to outline the general requirements for medical homes for children served by the Child Welfare System.

- Medical homes are responsible for comprehensive, coordinated, and continuous care. In this family-centered delivery system, the primary care provider partners with the community based care agency, the family, and/or youth, and other support persons to coordinate and facilitate care in order to help the individual navigate the complexities of the health care system and coordinate their needs with child welfare services.

- Medical homes must have accessibility 24 hours a day, seven days a week.

- Medical homes must be trained on trauma informed care.

- Medical homes must provide comprehensive care by qualified practitioners trained in providing services to children in the child welfare system.

- Medical homes must keep up-to-date information on patients' procedures, tests, medications, etc., that are prescribed through the medical home or other specialty providers.

- Medical homes must access evidence-based clinical protocols that specifically address the needs of children with special health care needs who have experienced abuse and neglect.

Accomplishments

- On February 29, 2012, the Department offered a free teleconference/webinar entitled, “Focusing on Well-Being: Developing a Protective Factors Framework for Youth in Care; this webinar expounded on the impact of trauma on brain development, and discussed how child welfare agencies and their partners can use this information to define and improve the overall well-being needs of youth in foster care.

- A statewide memorandum and federal guidance document was disseminated to the regions regarding the provisions and new requirements associated with the recently enacted federal Child Services Improvement and Innovation Act (Public Law 112-34). An implementation plan was developed by the Child Welfare Program Office; as a result, three technical assistance webinars were presented by the Office of Child Welfare specialists.
The Department is near completion of privatizing the local management of Department funded Substance Abuse and Mental Health programs through not-for-profit organizations called Managing Entities (ME).

The expectations for the coordination and integration between Substance Abuse and Mental Health and Managing Entities are outlined in the respective contracts between the Department and the MEs and CBC Lead Agencies.

**Future Plans**

- Continue to work toward the creation of an integrated system of services, to better serve the needs of families; thus making resources available through multiple programs rather than just the CBC Lead Agency.

**Consultations with Physicians and other Medical Professionals**

**2011-2012 Update**

- Work leading to integration of medical and behavioral health care is ongoing. The Department of Children and Families continues to address key issues associated with oversight and coordination of health care for children in foster care. These issues include close coordination with Medicaid, Children’s Medical Services, and Substance Abuse and Mental Health, as well as implementation of the plan in local areas.

- Practices are compared against a list of core components to determine the various mechanisms that local areas have established to arrange for and coordinate health care. Onsite visits address medical, behavioral, developmental, and dental care. Additionally, the Department of Children and Families has established an Integration of Services initiative that addresses integration of medical and behavioral health care and domestic violence within the Family Centered Practice Framework. The Integration of Services Steering Committee is led by the Department of Children and Families Assistant Secretaries, the Chief Operating Officers of community associations for mental health, substance abuse, domestic violence and the Florida Coalition for Children (child welfare). Exchange of health care information remains a challenge.

**Psychotropic Medication Oversight in Florida**

The Florida Department of Children and Families has made positive efforts to address the overutilization of psychotropic medications in foster care. Pursuant to
the Child and Family Services Improvement and Innovation Act, the Department’s protocols for the appropriate use and monitoring of psychotropic medications include:

- Section 39.407, Florida Statutes, provides statutory requirements for the medical, psychiatric, and psychological examination and treatment of child and physical, mental, or substance abuse examination of person with or requesting child custody.

- Florida Administrative Code (65C-35) - Psychotropic Medication for Children in Out-of-Home Care includes the following provisions and requirements:
  - Requires the prescribing physician to assess the child for brain injury, and modified the Medical Report form to document this.
  - Requires the caregiver to monitor and report adverse side effects.
  - Clarifies the circumstances surrounding emergency administration of medication.
  - Requires physicians to use a standardized Medical Report form.
  - Requires a child's assent or non-assent to be documented.
  - Clarifies that foster parents cannot provide express and informed consent.
  - Prohibits use as a chemical restraint.
  - Requires the caregiver to maintain medication logs.

- Children and Families Operating Procedure (CFOP) 155/10/175-40. This operating procedure provides guidance for the integration of mental health, substance abuse, and developmental disabilities services for children in out-of-home care.

- The Department contracts with the University of Florida, Department of Psychiatry to provide Pre-Consent review for all children in out-of-home care under eleven (11) years of age who are found to be in need of two (2) or more psychotropic medications. This review is completed by University of Florida physicians or child welfare providers may contract with local physicians. This is a consultation and not a second opinion. If the community-based care agency does not obtain a pre-consent review, a second opinion from a licensed child psychiatrist is required in Community-Based Care Lead Agency contracts.

- The Department contracts with the University of Florida, Department of Psychiatry to provide a MedConsult Line that makes available the latest psychiatric medical information. This includes indicated uses and practices,
Black Box Warnings, on or off label use, and precautions such as EKGS, lab work, etc. The line is used by caregivers, judges, GALs, and caseworkers.

The Department produces weekly data reports from the Florida Safe Families Network to track psychotropic medications. Reports are produced as an aggregate summary report and individual client-level listing file that is posted for regions and Community-Based Care Lead Agencies monthly. Psychotropic medication Macro Summary Reports ("Psychotropic Summary Spreadsheet.xls") and the current and historical Detailed Summary Reports are available to via the Gabriel Myers web-site at: http://www.dcf.state.fl.us/initiatives/GMWorkgroup/reports.asp

- The Office of Court Improvement oversees the Psychotherapeutic Medication Subcommittee of the Steering Committee on Families and Children in the Court of the Supreme Court of Florida which has compiled a resource guide to help judges have a better understanding of psychotropic medications and their interaction with other drugs and with mental health disorders.

The Agency for Health Care Administration (AHCA) provides additional oversight through:

- Pediatric Medication Guidelines for Children that are updated every other year. The Pediatric Medication Guidelines were last updated January 2011 (except for the one on self-injurious behaviors because no new information was available).

- Contracting for the Medicaid Drug Therapy Management Program for Behavioral Health (USF) which develops evidence based guidelines, reviewed every two years, for the use of psychotropic medications for children. The guidelines were last updated 2010.

- Requiring prior authorization, completed by board certified child psychiatrists at USF, before prescribing an antipsychotic for a child under 6 years old and for the proposed use of an antipsychotic dose above the maximum recommended dose (in USF guidelines) for children 6-17 years old (prior to Medicaid reimbursement).

- Requiring forms attesting that the physician has ensured that caregivers provided express and informed consent must accompany prescriptions for psychotropic medication for children 12 and under. Stimulants and medication prescribed for seizure disorders are not included.

- Contracting with the University of South Florida to provide a consultation line for pediatricians seeking best practice advice for psychotropic medications.
2011-2012 Update

Final protocols were developed with the University of South to provide analysis of anti-psychotic medication utilization for children in out-of-home care. The first report will be generated in 2012/2013.

The Department was unable to amend the contract with the University of Florida for clinical reviews due to funding.

The desk guide for child protective investigators is still under development. The guide is to serve as a ready reference for staff when providing oversight for children.

The Department was invited to join as an ongoing guest at the annual Expert Panel for review of the Florida Child/Adolescent Best Practice Medication Guidelines. The goal of the panel of national and Florida experts in Child and Adolescent Psychiatry is to update the Children and Adolescents Medication Guidelines for the treatment of ADHD, Bipolar Disorder, Chronic Impulsive Aggression, Depression, Disruptive Behavior, and Obsessive Compulsive Disorder. This panel also adds new guidelines as needed.

Future Plans

The Department will continue to work with the Agency for Health Care Administration to improve oversight activities.

The Department’s CQI reviews protocols will be amended to increase the number of files reviewed for psychotropic medications in an effort to address practice issues and provide feedback for ongoing improvement.

Quarterly reports will be generated in collaboration with the University of South Florida for children on antipsychotic medication prescribed to children in out-of-home care. This information will be used by Department regions as an additional tool to ensure the appropriate and safe administration of medications.

The Child Protection Transformation Advisory Board

- Florida has maintained a multidisciplinary task force since the initial Children’s Justice Act award. The task force format established in July 2007 by former Secretary of the Department of Children and Families, Bob Butterworth, began examining child protection issues that were brought to light during media coverage of the Courtney Clark missing child case. The task force was re-established and renamed the “Task Force on Fostering Success” in December 2008 under then Secretary George Sheldon. With extensive public comments and analysis of current case practice, the panel continued to recommend...
administrative, policy, legislative, education, and training efforts to be undertaken to ensure the safety and success of Florida's children. A transition of the task force membership occurred as a result of the 2011 leadership change within the Governor's Office and Department of Children and Families. The Child Protection Improvement Advisory Board was established. Please see the section: Other Collaborative Initiatives within this chapter for additional information.

- The Child Protection Transformation Advisory Board serves as a task force and was established by Secretary Wilkins in June 2011 to provide independent, expert observation and monitoring of the goals of the transformation project. Representation includes, the legislature, judicial branch, sheriff offices, community-based care lead agencies, child advocates, medical authorities, the philanthropic community, attorneys, sister agency experts and a foster/adoptive parent. Comprised of a broad array of authorities on children's issues, they convene quarterly to review the project and offer consultation on progress made. Information about the Board, their activities and upcoming meetings can be found on the DCF website.

- The Task Force on Fostering Success and the Child Protection Transformation Advisory Board have merged and will operate as the Child Protection Transformation Advisory Board. For a more in-depth discussion regarding the Advisory Board please refer to the Additional Collaborative Projects section below.

**Juvenile Justice Transfers**

The number of children active as a child welfare case who were in a Department of Juvenile Justice facility or shelter at any time during FFY 2011-2012 was 1,005. 
(Source: FSFN ad hoc report run 1/18/13)

**Additional Collaborative Projects**

**Child Protection Transformation Project**

The Secretary of the Department created a dedicated team of DCF professionals in order to further support the efforts of DCF Operations and the Office of Child Welfare in their continued work with a wide variety of child protection professionals to lay the foundation for a Business Practice Redesign and the technology to support it. The project team has continued to seek input from Child Protective Investigators (CPI), CPI Supervisors, Domestic Violence partners, Substance Abuse and Mental Health partners, Child Protection Teams, Children’s Legal Services, Law Enforcement, and Community-Based Care agencies.
During the time period of October 2011-September 2012, several collaborative initiatives took place as part of the Child Protection Transformation Project.

- The Child Protection Advisory Board met quarterly during this time period and discussed the various DCF’s initiatives and progress of the Child Protection Transformation Project. The meeting materials and meeting minutes for these public meetings are available at: [http://www.dcf.state.fl.us/initiatives/protectingchildren/CPTAB/](http://www.dcf.state.fl.us/initiatives/protectingchildren/CPTAB/)

- DCF worked collaboratively with the National Resource Center for Child Protective Services and the Children’s Research Center to integrate the best practices for safety and risk into our practice model.

- The Hotline Business Process Workshop was conducted on July 16th-17th of 2012. During this workshop, several attendees from the Hotline, Sheriff’s Offices, and Regional Child Protective Investigations discussed current policy and practice and these will change under the Florida Safety Decision Making Methodology.

- The Child Protective Investigations Business process workshop was conducted on June 6th and 7th of 2012. During this workshop several attendees from Child Protective Investigations, Sheriff’s Offices, Substance Abuse and Mental Health, Florida Coalition Against Domestic Violence, Community Based Care agencies, General Counsel, Ounce of Prevention, Children’s Legal Services, ACTION for Child Protection and Children’s Research Center discussed current practice and policy and how these will change through Transformation, as a result of the Florida Safety Decision Making Methodology.

- In the Summer of 2012, DCF invited all Community Based Care agencies and providers to participate in several joint sessions with ACTION for Child Protection and the Children’s Research Network to discuss the national models for the Safety Framework and the Structured Decision Making® assessments. The agencies heard the core tenets of each model and provided their informed recommendations for the Safety Decision Making Methodology. After these work sessions were conducted, a core group of Community Based Care representatives worked jointly with the Department to further discuss the new practice model. The Ongoing Services Business Practice Workshop was conducted on July 10-12th of 2012 and had participation of stakeholders from Substance Abuse and Mental Health, Community Based Care and Provider organizations, Children’s Legal Services, General Counsel, Child Protective Investigations, and child welfare leadership.
• In February 2012, several Child Protective Investigations work sites were trained on, and tested the new business processes. These included Navarre, Miami, and the Pinellas Sheriff’s Office.

• In August 2012, DCF formed a Statewide Implementation Team to plan and advise on the Safety Decision Making Methodology rollout in Florida. The Implementation team meets monthly and is comprised of DCF central office child welfare leadership, project leadership, Sheriff’s Offices, Community Based Care agencies, and DCF Regional Implementation Champions.

• In August of 2012, the IBM Florida Safe Families Network (FSFN) Child Protection Transformation contract started to design and implement technology enhancements to support the Florida Safety Decision Making Methodology. In October, the business requirements commenced with representation from Child Protective Investigations, Children’s Legal Services, Community Based Care agencies, Hotline, and Child Welfare leadership. In January 2013 the design sessions started with 40 stakeholders representing all the child welfare stakeholders.
Child Protection Transformation Advisory Board (CPTAB)

The Department, under the direction of Secretary David Wilkins, established the Child Protection Improvement Advisory Board in 2011. Secretary Wilkins charged the advisory board to assess the quality of child protective investigations and training, identify systemic gaps in the protection of children at risk for abuse, neglect and exploitation, and provide recommendations to transform the Department’s child safety practices into a world class child welfare system. In addition, Secretary Wilkins charged the board to create a defined fiscal and legislative agenda for the 2012 legislative session to effect the recommended improvements. Finally, the advisory board was charged to integrate community partners into the transformational process. For more information, please visit http://www.dcf.state.fl.us/initiatives/protectingchildren/CPTAB/index.shtml and http://www.dcf.state.fl.us/initiatives/Barahona/index.shtml

2011-2012 Update

The CPTAB convened four quarterly statewide meetings held around the state as listed below:

- December 15, 2011  Jacksonville, Florida
- March 14, 2012    Orlando, Florida
- June 15, 2012     Tampa, Florida
- September 5, 2012 Orlando, Florida

Meeting materials and agendas can be found at: http://www.dcf.state.fl.us/initiatives/protectingchildren/CPTAB/meetings.shtml

Subcommittees also participated in various conference calls and work group meetings.

Accomplishments

As a result of the advisory board’s early recommendations, the Department has realized during the reporting period the following:

The Department of Children and Families reached a halfway point in 2012 on a long-term Child Protection Transformation project. The goal is to transform Florida’s child welfare system of care by introducing a new safety assessment process called the Safety Decision Making Methodology, professionalizing our workforce and enhancing technology. Under the new methodology, the Abuse Hotline, child protective investigations and case management services are working together in a more integrated way. This has allowed us to gather complete information, conduct higher quality investigations, and better ensure the child’s safety and family’s success. Appropriate practices have been put in place to allow for flexibility to deal with the unique challenges associated with each child and family. Technology has also been aligned to support the work. The right strategies and solutions are in place to achieve lasting child safety, permanency and well-being.
Abuse Hotline: From Call Center to Command Center

In 2012, the Florida Abuse Hotline transitioned to an integrated Command Center. One of the major changes has been an overall improvement of the quality of information provided to investigators. In addition, technology enhancements were made to the Florida Safe Families Network (FSFN), telephone and workforce management systems.

Major goals of the Hotline transformation were:

- Increase accuracy and quality of information for child protective investigators
- Improve accessibility for customers and mandated reporters
- Implement improved web reporting system. See FloridaAbuseHotline.com
- Automate background screening

Chapter 39 Changes Make Child Protection Proactive

During the 2012 Legislative Session, Chapter 39 of the Florida Statutes saw a major change that shifted the focus of child protection from reactive and risk-based to proactive and safety-based.

Using this model, our investigators have found that families are more receptive to help, and that joint solutions are being developed on behalf of a child.

Families report that under the new approach, they are being asked questions that best address the family dynamics and set the stage for identifying needs that will keep a child safe. Judges and attorneys across the state report that a focus on safety can better target services for a family to prevent removals and achieve earlier reunifications.

It is expected that the new model will prevent families from needing multiple interventions to address abuse and neglect. In addition, fewer children may experience out-of-home care while parents engage in services.

Improvements in Child Protective Investigations

With support from the Florida Legislature last year, DCF was able to increase the base salary for child protective investigators and supervisors. DCF also established 75 entry-level positions for child protective investigators who can learn the job and assist current child protective investigators with their workloads. As a result of these efforts, and additional professionalization efforts, DCF realized a reduced CPI Turnover rate from 36% in 2011 to 23% in 2012.
Future Plans

During past few years, the board has assisted the Department in the accomplishment of several key initiatives and helped provide input by identifying problem areas and planning out solutions. The Child Protection Transformation Board will be drawing to a conclusion in the Spring of 2013 as the attainment of our goals our partnership has reached its conclusion successfully.

Family Centered Practice Innovation Sites

The Child and Family Services Review (CFSR) conducted in 2008 found that Florida needed improvement in most measures related to child well-being, including family functioning. As a corrective action measure, Florida stakeholders developed an over-arching practice model known as "Florida's Family Centered Practice Model." Three circuits/Community-Based Care Lead Agencies volunteered to be demonstration sites for implementation of the practice model (Circuit 1, Circuits 3/8 and Circuit 11). These "Innovation Sites" agreed to have their implementation work chronicled and to participate in a cross-site evaluation which was directed and supported by Casey Family Programs and conducted by the Ounce of Prevention Fund of Florida.

2011-2012 Update

Second year evaluation activities were conducted and completed by the Ounce of Prevention Fund, Inc. The evaluation included quantitative and qualitative data collection methods. These methods included a Web-based survey of child welfare staff working with families at each innovation site, 20 case file reviews (6 to 7 at each innovation site), interviews with staff who served the families in each case, focus groups with child welfare staff, interviews with families served in each site, and interviews with dependency court judges, Children Legal Services attorneys, and Guardian ad Litem volunteers. Based on Florida’s Framework for Family Centered Practice and research literature, six constructs were developed for measuring Family Centered Practice implementation: (1) Family Inclusion, Accommodation, and Participation, (2) Family Engagement, (3) Flexible, Adaptable and Individualized Services, (4) Strength and Needs Based, (5) Family Empowerment and Autonomy, and (6) Family Bonding and Strengthening. A “mixed methods” approach was used to compare and triangulate findings across innovation sites and staff positions.
Accomplishments

The final brief and executive summary (companion 4-pager brief) for the 2010-2011 Family Centered Practice Evaluation in Three Innovation Sites was submitted to the department on 3.12.12. These documents are attached. The evaluation concluded that “Despite a variety of challenges, progress is being made toward implementing Family Centered Practice at the three innovation sites. Key staff implementing Family Centered Practice in the child welfare system noted a more coordinated working relationship between investigators and case management agencies and facilitation of quality casework. They reported a more positive community perception of the Department of Children and Families, and supported a shift in broader community beliefs and values toward preserving families while keeping children safe.”

The full Family Centered Practice Evaluation Brief is available at http://www.ounce.org/pdfs/FL_FCP_Brief_2.pdf with additional information located at http://www.ounce.org/pdfs/FL_FCP_Brief_Phase2.pdf

Collaboration

The Ounce of Prevention, Casey Family Programs, the three Innovation Sites and the Department have continued through-out the life of this innovation site effort to collaborate in:

- All evaluation design activities for year one and two.
- Regular conference calls to discuss design efforts, evaluation findings and reports.
- Presentations at national and state conferences.
- The Department and Community-Based Care Lead Agency’s quality assurance managers have continued to utilize the new Quality Services Review process approach to evaluate progress and challenges at the community level with the implementation of Family Centered Practices.

Program Support

The Web-based survey conducted by the Ounce at the end of the evaluation period solicited responses appropriate for measuring and developing benchmarks for Family Centered Practice based on knowledge, implementation activities and techniques, and satisfaction from a wide range of child welfare staff working with families at each innovation site. Survey responses in 2011 indicate that a high percentage of staff in the three innovation sites:
• Know what Family Centered Practice is (95.8% for Case Managers, 94.4% for CPIs)
• Are confident that they use Family Centered Practice (88.4% for Case Managers and 80.3% for CPIs)
• Believe that families benefit from Family Centered Practice (92.7% for Case Managers and 85.9% for CPIs)
• Believe that Family Centered Practice improves their ability to achieve goals, especially those related to family preservation (83.3%), child safety (79.2%), family reunification (78.7%) and child well-being (77.8%).

When respondents were asked to identify the best example of Family Centered Practice in their circuit or county, family team conferencing was mentioned across all three innovation sites. Among the case managers responding in the survey, 76 percent indicated that they had participated in at least one family team conference. Still, staff identified several logistical challenges to scheduling family team conferences including dispersed geographic locations, heavy caseloads, and differing schedules, as well as barriers to successful family team conferences that included unprepared families, unclear goals, and inadequate facilitation.

Future Plans

The department will incorporate the family centered practice model in a number of initiatives as follows:

1. The model will be incorporated as core skills required in the new Florida Decision Making Methodology (FSDMM).
2. The model will be used as a basis for the development of a Supervisory Case Consultation and Coaching model.
3. The practice model will be incorporated into a Request for Proposals that will be prepared by the department to seek vendors to develop an In-Service curriculum for all staff to implement the new FSDMM and to re-design all curriculum for pre-service programs.

The Office of Court Improvement

The agency and the courts continue to collaborate on a variety of projects and initiatives. Representatives from the Office of Child Welfare and the Court Improvement Project continue to meet every third Tuesday of each month. For the past year or so, representatives from the Department of Education, Children's Legal Services, and the Statewide Guardian ad Litem Program have also participated in these meetings. These "joint meetings" serve as an open forum to share information, coordinate initiatives, troubleshoot, and discuss pending legislation. During the reporting year, the following issues were addressed: review of the court system's new visitation protocols, information sharing between the agency and the
Department of Education, AFCARS review and findings, systemic barriers to achieving permanency for youth, 2012 Dependency Summit, and children in court.

The Department of Children and Families has a strong history of collaborating with the court system to address the legal aspects of child welfare and the needs of children and families. The Court Improvement Program continues to be a partner for summit planning, cross-training, policy review, and data sharing. In addition, the Department of Children and Families and the Office of Court Improvement have continued meeting jointly on a monthly basis. These meetings have provided a forum for planning for shared events such as conferences or technical assistance, sharing information on joint projects, and identification of potential problems and solutions. Please refer to the section below regarding an overview of Court Improvement Program's initiatives (and related collaboration) during the reporting period.

**Florida Dependency Court Improvement Program (CIP)**

**2011-2012 Update:**

**Benchbook:**
The 2011 Dependency Benchbook is being edited and updated to continually improve upon the information provided, update statutory and rule changes, and include the latest promising practices. In 2012, a multidisciplinary visitation workgroup, which was chaired by Judge Lynn Tepper (6th Judicial Circuit), revised the family time/visitation protocols from the 2011 Dependency Benchbook. The protocols were updated to include new promising practices related to how children spend time with parents and caregivers in the dependency system. The revised practices are designed to create productive time spent together as a family, enhance the well-being of children in the dependency system, and promote quicker permanency for children. Circuit-level trainings on the revised protocols began in 2012 and are continuing through 2013.

**Accomplishments:**

- **Model Courts:**
  CIP launched the Model Courts Project in early 2011, and model court activities have been ongoing. The mission of Florida’s statewide Model Courts Project is to improve safety, permanency, and well-being outcomes for children involved in Florida’s court system. Judges hearing cases involving child abuse and neglect will employ cutting edge court practices and provide off-the-bench judicial leadership to build strong, community partnerships. The state’s court improvement program in the Office of the State Court Administrator supports the project by facilitating judicial networking and educational opportunities, providing liaisons to
work directly with individual jurisdictions, and linking judges to national technical assistance resources.

The project envisions Florida as a national model for Family Centered Practice consistent with mandates outlined in the Child and Family Services Review. Judges and magistrates promote the stability, physical safety, and emotional well-being of children involved in court, so children will be safe, have a permanent place to live, and thrive in stable and permanent homes.

Florida’s Model Courts Project is currently made up of 43 judges and magistrates representing 17 of Florida’s 20 judicial circuits. Model courts strive to achieve better outcomes for children in the dependency system by improving court practice through judicially-led system reform. To achieve this goal, model court judges and magistrates must be leaders of system reform and promising practice implementation. Model court judges and magistrates implement the practices contained in the 2011 Dependency Benchbook, build collaborative partnerships, and communicate with their model court liaisons from the Office of Court Improvement on a regular basis.

As a result of spearheading the Model Courts Project, CIP staff have coordinated numerous local training events throughout the state.

- October 11, 2011: Judge Walker held a seminar for the 2nd Judicial Circuit which included training on the ABA child safety guide, education, visitation, and model courts.
- October 21, 2011: Consultants with the ABA conducted a “next-level training” on the ABA child safety guide in the 20th Circuit for 100 participants including judges, CPIs, case managers, GALs, and stakeholders.
- November 28, 2011: A panel of members from Florida Youth SHINE conducted a presentation on children in court for Magistrate Wilkov and the 8th Judicial Circuit.
- January 18–19, 2012: Consultants with the ABA conducted a focus group meeting with the 20th Circuit model court judges and child welfare partners. The meeting consisted of planning strategies for implementation of the ABA child safety guide. The partners developed benchmarks for implementation of the 6 questions from the guide.
- January 27, 2012: Judge Lynn Tepper, 6th Judicial Circuit, and Dr. Mimi Graham, Director of the Florida State University Center for Prevention & Early Intervention Policy, conducted a three-hour presentation on family time visitation for Judge David Gooding and the 4th Judicial Circuit child welfare partners. Model court judges Daniel Dawson (9th Judicial Circuit) and Terrance Ketchel (4th Judicial Circuit) also attended this presentation.
February 21–22, 2012: Model court teams from circuits 6, 12, and 13 attended a two-and-a-half day overview of the ABA child safety guide in Tampa.

February 23, 2012: Judge Gooding and Dr. Mimi Graham conducted a presentation on the importance of family time visitation for Judge Harvey Kornstein and 100 attendees from the 10th Judicial Circuit.

March 2, 2012: Judge Tepper and Dr. Mimi Graham conducted a three hour presentation on family time visitation for Judge Schack and the 19th Judicial Circuit child welfare partners.

March 9, 2012: Judge Tepper and Dr. Mimi Graham conducted two separate three hour presentations on family time visitation for the model court judges and the 20th Judicial Circuit stakeholders.

March 13–14, 2012: Model court teams from the 4th, 5th, and 7th judicial circuits attended a two-and-a-half day overview of the ABA child safety guide in St. Augustine.

March 15, 2012: ABA Consultants conducted a one-day implementation training on the ABA child safety guide for Judge Kroll and her 15th Judicial Circuit team.

March 29–30, 2012: The Spring Model Courts All-sites meeting took place in Jacksonville, FL. The 28 model court judges and magistrates in attendance participated in a timeline event in which they listed all of the model court activities they have engaged in since the “kickoff” in January 2011. Judges and magistrates engaged in information sharing, problem solving, and various ways they are implementing promising practices from the 2011 Dependency Benchbook. Updates were provided for the group on the following topics: legislation, case plan overhaul, implementation of the ABA child safety guide, the statewide family time/visitation workgroup, and the 2011 Dependency Benchbook. Participants also viewed a demonstration on the Florida Dependency Court Information System (FDCIS).

April 2–4, 2012: Consultants with the ABA conducted a case review and meeting with the 20th circuit model court team to discuss progress on the benchmarks set for implementation of the safety guide during the January 2012 meeting.

April 13, 2012: Leslie Allen, Licensed Clinical Social Worker (LCSW), conducted a family time visitation presentation for Judge Alexander’s 7th Judicial Circuit FLAG meeting.

April 14, 2012: Leslie Allen, LCSW, conducted a family time visitation presentation for the 4th Judicial Circuit foster parent association.
May 8, 2012: Judge Lynn Tepper, 6th Judicial Circuit, and Dr. Mimi Graham, Director of the Florida State University Center for Prevention & Early Intervention Policy, conducted a three hour presentation on family time visitation for Judge Walker and the 2nd Judicial Circuit stakeholders.

June 22, 2012: Teresa Kosier, a national trainer who specializes in the areas of mediation, negotiation, crisis intervention, and conflict management, conducted a training on TPR mediation for judges, court staff, and child welfare partners in the 5th, 8th, and 12th judicial circuits.

August 31, 2012: Judge Lynn Tepper, 6th Judicial Circuit, and Dr. Mimi Graham, Director of the Florida State University Center for Prevention & Early Intervention Policy, conducted a three hour presentation on family time visitation for the judges and stakeholders in the 1st Judicial Circuit.

September 5, 2012: CIP staff planned and coordinated a model courts all-sites meeting that was held in conjunction with Florida’s annual dependency summit. The meeting addressed issues including: the updated family time/visitation protocols, children in court, new DCF performance measures, and an update on DCF’s safety framework changes. The meeting was attended by 47 judges and magistrates.

September 5–7, 2012: Florida’s CIP sent teams from every circuit to Florida’s 2012 Child Protection Summit in Orlando. Approximately 55 judges, 40 magistrates, 25 court staff, 9 OSCA/CIP staff, and 15 faculty were sent to the conference by Florida’s CIP.

Collaboration:
- Ongoing collaboration and participation with various multidisciplinary groups:
  - Monthly meetings with DCF/courts/guardian ad litem/Department of Education
  - Child and Family Services Review Workgroup
  - Dependency Summit Planning Committee
  - Governor’s Advisory Board on Permanency and Prevention
  - Independent Living Services Advisory Council
  - Interagency Educational Workgroup
  - Region IV Child Welfare Collaboration Initiative
  - Trauma-Informed Care Workgroup
  - Child Abuse Death Review Committee
  - Tribal-State Workgroup

- 2012 Statewide Child Protection Summit:
  CIP staff assisted agency staff in planning and executing the 2012 Child Protection Summit. CIP staff coordinated judicial course offerings for the summit.
The CIP grants supported 203 court attendees to attend this event (55 judges, 40 magistrates, and 25 court staff attended the conference).

Program Support

- Legislation and Case Law:
  CIP attorneys monitored legislation related to dependency and termination of parental rights during the 2012 legislative session. When necessary, the attorneys seek judicial input in analyzing legislation as well as watch or attend legislative committee meetings. The attorneys assist the state court’s director of community and intergovernmental relations as requested.

  On a monthly basis, CIP attorneys reviewed and summarized case law and distributed updates to judges and magistrates to keep them informed on the latest legal developments.

- National Events:
  CIP staff participated in and sent judges to national training events:

  - Two CIP staff attended the Court Improvement Program Meeting in Washington, D.C. on June 28–29, 2012.
  - CIP staff provided funding for three model court judges to attend the NCJFCJ’s Annual Conference in Las Vegas, NV on March 21-24, 2012. The conference focused on a wide range of juvenile and family law topics including child abuse and neglect, trauma, custody and visitation, high conflict divorce, juvenile justice, domestic violence, and substance abuse.
  - CIP staff provided funding for three model court team members (one judge and two court staff) from the 15th Judicial Circuit to attend the Association of Family and Conciliation Courts (AFCC) Annual Conference in Chicago on June 5–9, 2012. This conference was structured around the topic of brain science and the role of attachment in childhood development.
  - CIP staff provided funding for six model court judges to attend the Child Abuse and Neglect Institute in Reno, NV on June 11-15, 2012. This week-long training program brings together national and local faculty to teach on core topics including hearing practice, child development, substance abuse, and cutting-edge court improvement developments.
  - CIP staff provided funding for five model court judges to attend NCJFCJ’s 75th Annual Conference in New Orleans, LA on July 15-18, 2012. This conference covered issues such as: child abuse and neglect, trauma, custody and visitation, judicial leadership, juvenile justice, domestic violence, drug courts, and substance abuse.
The 2012 Statewide Child Protection Summit
2011 - 2012 Update

In addition to the local trainings, Florida held its statewide annual Child Protection Summit in September 2012. The summit focused on improving the investigation, prosecution, and judicial handling of cases of child abuse and neglect. The theme of the 2012 summit was *Realizing Change* and convened over 2,200 professionals from around the state including judges, child protection investigators, doctors, therapists, foster parents, child advocates, law enforcement, case managers, and staff from private and non-profit agencies.

**Accomplishments**

The Department of Children and Families uses Children’s Justice Act grant funds to provide scholarships to ensure broad attendance. During the 2012 summit, over 600 scholarships were offered to youth, foster parents, frontline staff (case management and investigations), child protection team, juvenile justice, legal, mental health, disabilities and medical providers.

Obtained approval to offer Continuing Education Requirements (CEU) for legal staff participating in the Dependency Summit.

**Collaboration**

As with prior summits, this summit featured “community planning sessions.” Discussions focused on the types of services that are needed within a community to which families can be directed. The overall goal for the community sessions was to bring community partners together in order to creatively problem solve. In addition to local community planning sessions, there were mega sessions, workshops, and plenary sessions that provided diverse training opportunities for child welfare professionals.

The training content developed for the 2012 summit was established by an interdisciplinary panel including representatives from a variety of stakeholder groups in Florida including: Florida Coalition Against Domestic Violence, Department of Juvenile Justice, Statewide Guardian ad Litem Program, Task Force on Fostering Success, Florida Alcohol and Drug Abuse Association (FADAA), Department of Health Child Protection Teams, Florida Coalition for Children, Adult Mental Health Program, Children's Mental Health Program, Substance Abuse & Mental Health Programs, Florida Abuse Hotline, Big Bend Community-Based Care, Children's Legal Services, the former Family Services of Metro Orlando, Office of Court Improvement, Department of Education, Florida's Children First!, Domestic Violence Program, Regional Conflict Counsel, Florida’s YouthSHINE, Circuit Judges, Citrus
County Sheriff’s Office, Executive Office of the Governor, Agency for Workforce Innovation, Foster Parent Association, and Agency for Persons with Disabilities.

Program Support
The Dependency Summit provides support and technical assistance to 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. The Dependency Summit symbolizes the major commitment the Department of Children and Families and its partners have toward full collaboration and sharing on topics that are critical to safety, permanency, and well-being.

As previously mentioned, over 600 scholarships were offered to youth, foster parents, frontline staff (case management and investigations), child protection team, juvenile justice, legal, mental health, disabilities and medical providers.

Future Plans
- Future plans include continuing the annual Summit in September 2013.

The Performance Measures Workgroup
- In FFY 2011-2012, the Performance Measures Workgroup has continued to provide guidance to the Department on quantitative and qualitative data reports on several fronts. Reports aimed at driving practice improvement by ranking the performance of Lead Agencies and Department services areas were created. These “Scorecards.” published monthly, have focused attention on critical areas of safety and well-being, and have yielded positive results. In addition, a tool for tracking educational outcomes in areas such as school placement stability, performance, attendance and extracurricular activities was deployed. This information is gathered by caseworkers each month, for all school age children in foster care, and the data is stored in FSFN. Concurrent with this activity the Department has begun working with the state Department of Education on a large project aimed at developing a common data structure for information gathered by local school districts on children in foster care. When complete, this will set the table for regular and consistent reporting on critical education outcomes to be provided by local school districts.

DCF/Local School District Data Sharing Project
Since the Waiver was implemented, as part of its effort to measure and improve well-being, DCF has convened a workgroup charged with improving the educational outcomes for children in foster care. Members of this workgroup developed the Everybody’s a Teacher public awareness campaign and the MyJumpVault document storage application that allows important documents to be imaged, archived and retrieved by children during and after foster care. The Education Workgroup and
DCF sought to obtain student-level data on children in foster care, and encountered two significant barriers at the outset. The first was that the Family Educational Rights and Privacy Act (FERPA) limited DCF’s access to this data to aggregate summary data only, and the second was that such data, not being captured in real-time by Florida’s Department of Education (DOE), meant that there were significant lags in data availability even at this aggregate level.

In order to address these barriers, the workgroup and DOE worked together to develop a FERPA-compliant data sharing agreement, made modifications to FSFN to capture consent documentation obtained either via court order or a parent, and began working with our Congressional delegation to amend FERPA to explicitly exempt Child Welfare Agencies from the consent requirements associated with FERPA to make it easier for state education and child welfare agencies to exchange information.

In the interim, DCF obtain data from DOE on two cohorts of children for two consecutive state fiscal years. During the first year, almost without exception, among the measures examined, children in foster care were much more likely to have educational deficits and poor educational outcomes than students in the general population. For example, children in foster care were much more likely to:

- Have difficulty passing the Florida Comprehensive Assessment Test (FCAT-Florida’s high-stakes test required for high school graduation),
- To drop out, and
- To have changed schools at least once.

And among children who did change schools, children in foster care tended to move twice as often as the general population. The result was that children in foster care were much less likely to graduate with a standard diploma than their peers.

In the wake of these results, the Secretary added a measure related to high school graduation to the newly-developed CBC Scorecard. By the second year, there had been improvements on some of these measures. To maintain the focus on educational stability and well-being, the Secretary then adopted the K-12 Education Report Card, developed by one of the CBCs, which covers 9 key educational domains: school stability, attendance, performance, student involvement, parent involvement, ESE, graduation progress, behavior and mentoring. A measure combining performance and completion rate of the K-12 Education Report Card was recently added to the CBC Scorecard, to continue to place emphasis on educational well-being and normalcy.

Recently, the Education Workgroup has taken on the ambitious goal of exchanging electronic data directly with local school districts to allow education data to be stored in the Florida safe Families Network (FSFN - Florida’s SACWIS System) for tracking outcome performance and displayed in the application so that case managers will be
able to use this information in real-time to track individual student performance and respond with appropriate services. The workgroup has subdivided into three subgroups focusing on Pre-K, K-12, and Post-Secondary student populations. DCF is working closely with Florida’s Department of Education and has identified a number of data elements that local school districts report using a uniform statewide format that will be a valuable supplement to data already contained in FSFN. Several local school districts have expressed interest in sharing this data electronically with DCF and design of a uniform process for doing so is currently underway and scheduled for initial implementation in the Fall.

To this end, the K-12 subgroup has identified 20 key questions they are interested in obtaining data to answer. 17 of these have data elements we can obtain from local school districts using common codes reported to DOE. PCG and IBM will be assisting with 3 key deliverables related to this work:

- Identification of business requirements and algorithms for rendering this data into the answers to the 17 of 20 questions (and any new ones that arise)
- Developing a proposed structure for a submission and return file that can be shopped to local school districts who are ready to participate
- Facilitation of the design for a change request to identify what data elements to display and how in the education module.
Chapter 3
Program Support
Training & Quality Assurance

Training

Training Service Description

Title IV-E Foster Care and Title IV-E Adoption Assistance funds are used for child welfare pre-service training, in-service training, and foster and adoptive parent training.

2010-2011 Update

During this reporting period, the Department maintained a decentralized training system. Training funds are provided to each of the Department's six regions and contracted sheriff offices for the purchase and/or delivery of pre-service and in-service training for child protective investigators. Training funds are also allocated to the lead community based care agencies for the delivery of training for case managers. There are approximately 150 trainers statewide.

Contracted agencies (and the regions) 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 a bi-annual "In-Service Training Report" on February 15 and August 15 every year.

Updates to Training Plan

Please see the first Attachment provided directly at the end of this Chapter for new training activities during this reporting period, paid for with IV-E funds. The new courses are found highlighted in yellow.

Accomplishments

Please see the Attachment provided at the end of this Chapter for a full listing of local training activities during this reporting period.

In addition to the local trainings, Florida held its statewide annual Child Protection Summit in September 2012. The summit focused on improving the investigation, prosecution, and judicial handling of cases of child abuse and neglect. The theme of the 2012 summit was Realizing Change and convened over 2,200 professionals from...
around the state including judges, child protection investigators, doctors, therapists, foster parents, child advocates, law enforcement, case managers, and staff from private and non-profit agencies.

The Department of Children and Families uses Children’s Justice Act grant funds to provide scholarships to ensure broad attendance. During the 2012 summit, over 600 scholarships were offered to youth, foster parents, frontline staff (case management and investigations), child protection team, juvenile justice, legal, mental health, disabilities and medical providers.

As with prior summits, this summit featured “community planning sessions.” Discussions focused on the types of services that are needed within a community to which families can be directed. The overall goal for the community sessions was to bring community partners together in order to creatively problem solve. In addition to local community planning sessions, there were mega sessions, workshops, and plenary sessions that provided diverse training opportunities for child welfare professionals.

The training content developed for the 2012 summit was established by an interdisciplinary panel including representatives from a variety of stakeholder groups in Florida including: Florida Coalition Against Domestic Violence, Department of Juvenile Justice, Statewide Guardian ad Litem Program, Task Force on Fostering Success, Florida Alcohol and Drug Abuse Association (FADAA), Department of Health Child Protection Teams, Florida Coalition for Children, Adult Mental Health Program, Children's Mental Health Program, Substance Abuse & Mental Health Programs, Florida Abuse Hotline, Big Bend Community-Based Care, Children's Legal Services, the former Family Services of Metro Orlando, Office of Court Improvement, Department of Education, Florida's Children First!, Domestic Violence Program, Regional Conflict Counsel, Florida’s YouthSHINE, Circuit Judges, Citrus County Sheriff’s Office, Executive Office of the Governor, Agency for Workforce Innovation, Foster Parent Association, and Agency for Persons with Disabilities.

Expanding and strengthening training

During this reporting period, the Department’s Office of Child Welfare re-established and fully staffed its training unit. The new vision for the Department’s training system is captured below. To date, the following has been accomplished: the agency mission is well established; the training unit has finalized a new practice model which incorporates the safety framework; the policy unit is currently writing a new procedure manual to combine law, rule, and operating procedures; and, a vendor has been selected to develop new pre-service curriculum, which will include coaching curriculum for supervisors. Next, the training unit plans to establish a Statewide Child Welfare Professional Development Council. This council will determine a methodology for understanding training needs (using quality assurance findings, data, and a variety of
sources), prioritize the needs, and respond to the needs by developing the state’s next five-year training plan.

Collaboration

- Florida maintains a trainers’ peer network list-serve to share information among the approximately 150 trainers throughout the state.

- The Department of Children and Families continues to work with the Department of Juvenile Justice, Agency for Persons with Disabilities, Department of Health, Court Improvement Program, and the Department of Law Enforcement to provide local cross-training opportunities for law enforcement and related child protection staff.

- Staff from the Department’s central office training unit meet monthly with the Statewide Guardian ad Litem, the Department of Education, and the Court
Improvement Program. Training activities are discussed at each meeting.

**Program Support**

**Workforce Information**

Please refer to the attachment 1 in Chapter 1 entitled Child Welfare Workforce. Staffing to include Supervisor-to-worker ratios, caseload sizes, turnover and vacancy rates, education and experience, average salaries and race and ethnicity are displayed.

**Recruitment and selection**

Required certifications and degrees. Child protective investigators must have a Bachelor’s Degree from an accredited college or university (no specified field). Case managers must have a Bachelor’s Degree in Behavioral Sciences, Community Development, Criminology/Criminal Justice, Education, Health Science, Human Development, Human Sciences, Human Services, Law, Political Science, Public Administration, Psychology, Social Policy, Sociology, Social Work.

**Training for newly hired staff**

Please refer to the second attachment directly at the end of this chapter entitled, APSR Training Report.

**Selection of in-service training.**

*How skill development is measured for new staff.* Skill development for newly hired staff is measured through the certification process.

- Following completion of pre-service, a newly hired staff person has three levels of documented supervision prior to earning a child welfare certification:
- Field supervision: A qualified supervisor must observe the new hire interacting with children and/or families on six separate occasions. A maximum of two of the six observations can be in professional, office-based settings. The supervisor and applicant must meet after the observation for a case consultation.
- Individual supervision: Twenty hours of one-on-one supervision that must be in 15-minute increments (at a minimum).
- Group Supervision: Twenty hours of supervision with two or more staff at the same time.

*How skill development is measured for experienced staff?*

- Experienced staff must document a minimum of 20 continuing education hours each calendar year. This is required for certification renewal. In addition,
experienced child protective investigators receive standard department employee performance appraisals.

For additional information, please refer to the second attachment entitled Recruitment and Training directly at the end of this chapter.

**Turnover**

The Department factors retirements, dismissals lateral moves, promotions and resignations in its data analysis for turnover. The categories for SFY 2012 are listed below:

- Retirements: 10 statewide
- Dismissals: 25 statewide
- Lateral Moves: 412 statewide
- Promotions: 36 statewide
- Resignations: 225 statewide

The Department also reports creditable months of services as an average of 137 months of service for a Child Protective Investigator Supervisor and an average of 54 months of service for that of a Child Protective Investigator. Please review the attachment for additional information on specific turnover data.

**Support Services**

The Department continues its Quality Parenting Initiative (QPI). During the period October 1, 2011 through September 30, 2012, as part of the Quality Parenting Initiative (QPI), foster parents joined with agency staff in meetings and training sessions to problem solve these concerns. In early 2012, Secretary Wilkins appointed his wife, Tanya Wilkins, Child Advocate, Office of The Governor, to lead a workgroup named Fostering Florida's Future. This group of foster parents and staff from CBCs and DCF guided efforts to provide training and policy/practice guidance in the areas bulleted above. The following are the outcomes of the year's work of the Fostering Florida's Future effort. This work extends beyond training however each issue includes a training component for both foster parents and staff.

- Florida Administrative Code 65C-13 babysitting provisions were amended to support normalcy
- Foster parents teamed with Children's Legal Services to train other parents and staff about planned moves of children
- A checklist was developed for Children's Legal Services to ensure moves were conducted in a manner sensitive to the needs of the children and the families
- Case managers and their leadership were engaged in training sessions with foster parents to clarify roles and increase partnership/teamwork
♦ The home study process/format was redesigned with substantial input from foster parents and training sessions are planned for 2013
♦ The protocol for receiving/handling complaints about foster parents was modified to address concerns about insensitive and inappropriate agency responses and to ensure opportunities for professional development and skill building as foster parents develop and grow
♦ The procedures for abuse/neglect investigations were modified to address concerns about information sharing and law enforcement response
♦ The Department's foster care website was redesigned/modernized and promoted fostering through various media events, go to: www.fosteringflorida.com

• During this reporting period, the Department of Children and Families continued to contract with the University of South Florida’s Center for the Advancement of Child Welfare Practice (www.centerforchildwelfare.org). The Center continues to provide ready access to training and reference materials, reports, best practice links, and other supports. The primary objectives of the Center are:
  ♦ To ensure timely and consistent information and training to Florida's child welfare professionals emphasizing easy access 24 hours a day, seven days a week, resulting in one right answer accessible to all users statewide on demand;
  ♦ To link customers to resources, innovations, and evidence-based models and best practices throughout the country;
  ♦ To provide virtual meetings, live training and educational events, and online collaborative forums that facilitate communication and information sharing among Florida's child welfare professionals and related stakeholders such as foster parents, youth, and education professionals; and,
  ♦ To provide consistent and authoritative answers to frequently asked questions posed by the Center's customers, and to disseminate answers statewide in cooperation with the Office of Family Safety.

As of September 30, 2012 the Center had 5555 registered Florida users which reflect new and updated user information (during the period of October 1, 2011 through September 30, 2012). During this quarter, the site received a reorganization and complete refresh which eliminated duplication and increased links to outside sites. It maintained 36,495 average daily hits for a monthly total of 1,131,337 hits. The technology team has maintained web portal availability of 100% during this period. The Center staff responded to 239 requests for technical assistance from web portal users and complied with a “one business day” (except those with longer response criteria) response time for all requests with a 100% compliance rate. The knowledge library has over 20,000 documents, links or pages. The Knowledge Team and Technology Team has added 703 documents, links, and other resources to the knowledge library and Center home page. In addition 36 documents or pages were
updated or modified during this period. Quarterly overall customer satisfaction rating of the knowledge base library is consistently over 96%.

**Future Plans**

The training unit plans to establish a Statewide Child Welfare Professional Development Council. This council will determine a methodology for understanding training needs (using quality assurance findings, data, and a variety of sources), prioritize the needs, and respond to the needs by developing the state’s next five-year training plan.

**Federal Funding Training and Technical Assistance**

The Department of Children and Families continues to teach staff about major federal funding sources and the tasks to meet specific guidelines and eligibility requirements for ensuring continued funding for child welfare. The goal of the training and technical assistance is to help staff recognize that eligibility requirements are based on the provisions of the Florida Statutes and the Social Security Act, as amended and related enactments relevant to the tasks of promoting child safety, permanency and well-being. These requirements are synonymous with quality case management and documentation (CFSP Goal 2: Objective 3).

**2010 - 2011 Update**

- The Office of Child Welfare rolled out updates to the maintenance adoption subsidy training.

- Training and technical assistance promoted the use of various reports available in the Florida Safe Families Network (FSFN), Florida’s SACWIS system, to improve efficiency and productivity. Eligibility specialists, their supervisors and related staff were encouraged to use these reports to both manage and monitor their caseload. The reports show workload, deadlines and interface transactions.

**Accomplishments**

- Twelve webinars and 4 classroom-type training/technical assistance sessions were conducted with staff involved in eligibility determination for maintenance adoption subsidy. In each session, adoption case managers, Title IV-A child in care specialists, eligibility specialists and program administrators were brought together to discuss state and federal funding policies regarding maintenance adoption subsidy, and local implementation procedures. Particular emphasis was placed on the implementation of the applicable child provisions of the Fostering Connections Act (P.L. 110-351).
• The Department facilitated a session at its annual Dependency Summit on *Maximizing Financial Resources for Child Welfare: a Team Effort*. Sallie Bond, Office of Family Safety; Donna Eprifina, Chief Financial Officer, United for Families; Barney Ray, Financial Administrator; John H. Traphofner, Children’s Legal Services Quality Assurance; and Faye Franklin, Title IV-A Access Program Office, collaborated to underscore the need for a team approach in policy implementation for child welfare funding.

• The Department of Children and Families provided training and technical assistance on federal funding specific topics through monthly statewide revenue maximization conference calls, online training opportunities and answers to Frequently Asked Questions, posted on the website of the Florida Center for the Advancement of Child Welfare Practice.

**Collaboration**

As in the past, the Department of Children and Families continues to collaborate with the Department of Revenue, and the Agency for Health Care Administration to discuss implementation of the federal funding programs made available to states through Title IV of the Social Security Act. Training was provided through collaboration between the Department of Children and Families and Community-Based Care Lead Agencies.

**Program Support**

The Department of Children and Families embraced the cross-training concept by sharing and utilizing resources both internal and external to the Department of Children and Families. The child welfare system is interrelated and cross-training of all parts of the system was both an efficient and effective way to learn.

**Future Plans**

• Finish the updated federal funding training curriculum and roll out the Master Trust training.

• Continue to integrate federal funding training into the Family Centered Practice curriculum. The flexibility afforded by the Title IV-E Foster Care Waiver, the new SACWIS system and the Department of Children and Families’ focus on prevention provide the opportunity for such integration. In addition, cross-training opportunities will continue in the future.
Technical Assistance

- The National Resource Center for Adoptions (NRCA) is working with the Adoption Program Manager, the Miami-Dade County Community-Based Care Lead Agency, Our Kids, Inc., and adoption staff of the six case management agencies to implement a train the trainer training to address the quality of assessments and the home study process. There are also discussions regarding implementation and resources needed for post adoptions services. Results from this technical assistance work will be disseminated across the state. Additionally, the NRCA will be supporting training on the Department’s new Adoption Administrative Rule (65C-16) regarding post communication or contact, once the new rule is promulgated.

- The National Resource Center for Permanency and Family Connections continues to provide support to Circuit One on the development and implementation of a concurrent planning model. The goal is to initiate a concurrent planning pilot as part of a Model Court in Okaloosa County.

- The National Resource Center for Child Abuse Prevention (FRIENDS) continues to assist local prevention planning teams with information regarding the importance of parent leadership, evidenced-based programming, and outcome accountability.

Other Program Support

- The data unit currently provides technical assistance to CBCs, Regions, Leadership, other program offices, media, Legislature, etc. by way of recurring and on-demand ad hoc reporting, as well as analysis and interpretation of results and trends.
  - The data reporting unit is responsible for a number of activities, including:
    - Generating nearly regular reports and file exchanges ranging from weekly to annual production;
    - Ad hoc reporting on an as-needed basis for a variety of customers including agency leadership, the Legislature, the Governor’s Office, CBCs, Regional staff, researchers and the general public; and
    - Working closely with the Technology Unit (IT) to ensure FSFN, Florida’s SACWIS system, meets federal requirements, the business needs of case workers, investigators and other front-end users, and reporting needs of DCF to examine and improve overall child welfare system performance.

Regular production reports

The Data Reporting Unit currently produces over 100 production reports or file exchanges with other agencies. Stakeholders throughout the child welfare system from the federal to the local level depend on these reports to ensure that children receive the highest quality service from investigation through permanent placement with a forever family. These reports support functions that include:
• Program research and improvement;
• Agency Legislative Budget Request (LBR) development;
• Contract monitoring and negotiation;
• Compliance monitoring during QA reviews;
• External audits (OPPAGA, Auditor General, etc.);
• Inspector General investigations of alleged system misuse;
• Federally sponsored research;
• Grant applications;
• Legislative testimony; and
• Media reporting.

These reports range in frequency of production from weekly (for the Psychotropic Medications report which track both utilization and consent) to annually for a number of state and federally mandated legislative reports.

Some of the most popular reports allow for users to track performance over time in their particular jurisdiction (county, CBC, circuit, region), including
• A suite of excel pivot table reports referred to as “Spinners” that track historical performance on a number of services and outcomes;
• A per capita report on child maltreatment victimization rates; and
• A twice-monthly list of data elements that need to be updated or corrected in order to ensure our semi-annual federal AFCARS and NYTD files will be accepted.

Ad hoc requests

Averages of 15 to 20 ad hoc requests per month are processed. Average turnaround time for these has been running about 12 days, but many are completed much sooner if a sense of urgency exists.

FSFN Support

In addition to reporting, the data unit acts as a liaison between IT and the program office to ensure improvements and repairs to FSFN are appropriately researched, prioritized and implemented. This support is provided through
• Participation in change request design sessions.
• User Acceptance Testing (UAT) prior to implementation to ensure changes work as they were designed to.
• Participation on the team charged with prioritizing work on the FSFN application
• Approvals of access for new statewide users of FSFN.
• File validation to ensure federal extracts prepared by IT are compliant with federal requirements in order to avoid financial penalties.

**Other special initiatives underway**

- Transformation support
- IV-E Waiver Support and Evaluation Procurement Support
- Education workgroup support
- Data sharing agreement management and support

- Considerable program office support (personnel and resources) was committed to developing and supporting statewide plans for development and implementation of the safety decision making methodology during this timeframe, including:
  - facilitating the initial four-day CPI Transformation Project meeting attended by representative teams (CPS, DV, SAMH, CLS and CPT) from the six potential pilot sites to schedule and strategize local implementation efforts (Nov 2011);
  - facilitating the initial two-day implementation site visit with Miami to meet with local staff, conduct pre-work and provide technical assistance specific to how safety methodology would be implemented within their current structure/processes (January 2012);
  - organizing and provide technical support at the initial three-day Safety Decision Making Methodology training for Navarre site (February 2012);
  - organizing and providing technical support at the initial three-day Safety Decision Making Methodology training for Miami site (February 2012);
  - providing on-site technical assistance to Navarre site during pilot implementation week (March 2012);
  - organizing and providing technical support at the two-day 'Supervisory Consultation' training for implementation pilot sites (March 2012);
  - organizing and providing technical support at the initial three-day Safety Decision Making Methodology training for Pinellas Sheriff Office site (April 2012);
  - facilitating a pilot site transformation meeting to revisit needed changes in policy and procedures to support work effort and conduct statewide CPI supervisor meeting to inform 200 CPS supervisors about implementation efforts to date (June 2012); and,
  - providing on-site technical assistance to Navarre site to review use of family functioning assessment by CPIs and to support increased supervisor case consultation efforts (August 2012).
Anticipated Requests

Quality Assurance/Quality Assurance/Continuous Quality Improvement. The department is requesting technical assistance from the National Resource Center for Organizational Improvement to facilitate a review of Florida’s QA system and help develop an action plan to fully implement the federal approach to Continuous Quality Improvement. Florida has a unique system of care, with 25% of child protective investigations being completed by county sheriffs and 75% being completed by employees of the state. In addition, ongoing child welfare services are provided entirely by a network of privatized community-based providers. Within this structure, Florida has developed a highly collaborative QA model. Recently, Florida participated with 3 other states in pilot project to assess its QA system as part of a larger initiative to update the CFSR process. As a result of this process we believe there are areas of our QA process that could be strengthened or better integrated.

Improve Foster Parent Recruitment. Assistance has been requested to in developing foster home licensing and adoption counselors skill level regarding targeted recruitment for teens to ensure the right homes are licensed that will keep children in their home counties and out of group care.

Improve Staff Development and Training. Florida is requesting assistance in identifying training needs, planning based on the needs, and determining an adequate method for curriculum evaluation. A proposed methodology (with statewide council assistance) for assessing statewide and local training needs, given our unique and privatized child welfare system. Also, an analysis of the gathered information and data, and related recommendations for a long term training plan (again working in partnership with the statewide council).

Quality Assurance Review System

Quality Assurance/Quality Assurance/Continuous Quality Improvement. The Department's child welfare Quality Assurance (QA) system has evolved over the last few years, but remains closely aligned with the CFSR in measuring practice related to Safety, Permanency and Well-being as it has in the past. The state's QA framework is defined in the "Windows into Practice Guidelines" which is updated and refined annually. Currently, the six (6) Regions are required to review Quality of Practice Standards in child protective investigations and the 19 CBC lead agencies are required to review a specific number of case management cases each quarter using two protocols - Quality of Practice Standards and Quality Service Reviews. Data from all reviews are centrally collected and provide local and statewide views of child welfare practices. In 2013, the QA standards are being substantially revised and realigned to the Florida Safety Decision Making Methodology.
2010 – 2011 Update

- The state’s Quality Assurance system remained in place during this period, but included additional efforts to better use the data findings to inform quality improvement needs locally and statewide.

- Regional Quality Assurance/Continuous Quality Improvement (QA/CQI) staff continued to conduct quality assurance reviews of child protective investigations each quarter and provide immediate feedback to investigators and supervisors that encouraged skill and knowledge enhancement.

- CBCs continued to conduct Quality Service Reviews (QSRs) and reinstated the Quality of Practice Standards (QPS) reviews each quarter. The QSR “stories” are sent to the Office of Child Welfare and provide a wealth of information regarding service delivery to individual families.

- The QA/CQI web portal remained in place as the central data receiving system, collecting and managing data from all quality assurance reviews.

- Third-party evaluations were conducted on each CBC and the findings from the external reviewers helped inform CBCs strategic plans for quality improvement.

- Ongoing quarterly conference calls and on-site meetings continued during this period that included staffs from the Office of Child Welfare, regional QA/CQI, sheriffs’ office representatives, CBCs, and special guests. These calls and meetings help solidify strong and cooperative working relationships among the child welfare network statewide.

- QA/CQI began working with national experts and the Child Welfare Transformation Team to support planned changes in child protective investigations and case management as well as drafting QA/CQI fidelity tools for future implementation.

Accomplishments

- During the period from October 1, 2011 through September 30, 2012, the statewide Quality Assurance/Continuous Quality Improvement (QA/CQI) system continued to provide real-time practice performance data to local administrations and state leadership on a quarterly basis.
• The Department’s regional QA/CQI staffs conducted 925 reviews of recently closed child protective investigations in 20 judicial circuits and 24 reviews of open investigations in each of the six (6) regions. Both processes provided opportunities for direct service staff to learn and enhance their knowledge and skills; however, in reviewing open investigations, QA/CQI staffs actually interacted with investigators and supervisors in a coaching/mentoring mode to help improve practices for the long-term. It has been a highly successful model.

• From October 1, 2011 through June 30, 2012 each CBC was charged with completing a specific number of Quality Service Reviews (QSRs) that was based on population served. The required number of reviews ranged from four (4) per quarter, to eight (8) per quarter. This effort resulted in 324 QSRs being completed during this period. Data and QSR “stories” from each CBC are made available as is the statewide view for local and state leadership to use in management and service improvement efforts.

• A change in the QA/CQI system in relation to reviewing CBC case management practices was made in July 2012. Although QSRs provided a great deal of information about service delivery to individual families, the Department and CBCs needed additional data in which to assess performance overall. Therefore, in order to augment data collection, the QA/CQI system was adjusted to include reinstating the Quality of Practice Standards (QPS) reviews.

• CBCs continued to conduct two (2) QSRs that include extensive interviews with case participants, but they also conducted a specific number of QPS reviews. Again, the number of QPS reviews that were required each quarter ranged from 13 to 23 based on the size of the population served.

• From July 1, 2012 through September 30, 2012, CBCs conducted 56 QSRs and 601 QPS reviews. All of the QSR stories are on file for review and the data collected through QPS reviews is maintained by Central Office for dissemination as requested or necessary.

• In addition to the above quarterly reviews, from July 1, 2012 through September 30, 2012, the QA/CQI system included a special review of children in care who were prescribed psychotropic medications. Two-hundred additional reviews were conducted that focused solely on issues related to children on psychotropic medications.
• Also, during this period, the CBCs were required to undergo a third-party evaluation by an external party. They were given some flexibility in the process, but guidelines were provided as to who would qualify as an external evaluator. The findings from the third-party review are included in the CBCs Annual QA/CQI Plans that were completed by August 31, 2012.

• In addition, a special review was initiated in May 2012 to address concerns raised by foster parents in the state. Foster parents had voiced concerns about the way they are treated when a call to the Florida Abuse Hotline resulted in a child protective investigation. Many believed that processing these calls as a child protective investigation would have been more accurately treated as a Foster Care Referral as no abuse/neglect/abandonment had actually been alleged. The end results were that approximately one quarter of the cases reviewed should have been Foster Care Referrals and not investigations. And, referrals in some areas were being managed as investigations when they should not have been. This review has led to other initiatives to improve and support quality foster parent retention and recruitment.

• In September 2012, the Department was selected as one of four (4) states to participate in a CFSR pilot project. This began a process of self-assessment that continued into the new federal fiscal year.

• The Department successfully completed the CFSR Quality Improvement Plan on 12/22/2011.

Collaboration

• All of the accomplishments described above were achieved only through ongoing, effective, collaboration with a myriad of partners and teams. The Department continues to forge and nurture strong working relationships with the QA/CQI staffs from the regions, sheriffs’ offices, the CBCs, and the Florida Office of Court Improvement.

• The Department’s Office of Child Welfare QA/CQI unit continues as a central receiving center for QA/CQI related questions and answers which helps ensure inter rater reliability. An example might be when there is a question about interpreting a practice indicator up against what the reviewer is actually facing; the question or scenario can be vetted among the QA/CQI staffs and subsequently reach consensus as a result.
• In March 2012, the Department’s Office of Child Welfare QA/CQI unit planned, organized and facilitated a multi-tiered work shop with CBC and Regional staffs from around the state to make necessary changes to the statewide QA/CQI case management protocol. This included collaboration over processes as well as standards by which the system would measure practice. Known as the “Tweaking Workgroup” their input and feedback became the foundation for the changes made in the “Windows into Practice” guidelines issued for the state’s fiscal year 2012 -2013 which was implemented July 1, 2012.

• In June 2012 Department QA/CQI staff worked side-by-side with the Florida Center for Child Welfare to improve the web site by better organizing the information posted and eliminating duplication. This was a major work effect that involved collaboration with various staffs around the state including program specialists and the University of South Florida as the provider.

• In August 2012 Department QA/CQI staff brought together over 100 foster parents from around the state for a one-day meeting to discuss the results of a special review and to plan for future improvements needed from their perspectives. This meeting led to several initiatives to follow.

Program Support

• The Department’s Office of Child Welfare QA/CQI unit prepared for and facilitated statewide conference calls with regions, sheriffs’ offices and CBC QA/CQI units in February 2012, March 2012, May 2012 and July 2012. Various agenda items were discussed and updates provided.

• The Department’s Office of Child Welfare QA/CQI unit prepared for and facilitated on-site statewide meetings with regions, sheriffs’ offices and CBC QA/CQI units in January 2012, April 2012, May 2012 and August 2012. Agenda items were determined by field staffs, program office, Children’s Legal Services, QA/CQI updates, legislative updates, etc. Guest speakers were often invited to provide training. Meetings were consistently well-attended and deemed productive and inclusive.

• During this reporting period, the Department’s Office of Child Welfare QA/CQI unit also supported the Child Welfare Transformation Project by leading co-teams, providing subject matter expertise, and beginning the development of QA/CQI fidelity tools.
• FSFN continued to support QA/CQI by providing specific data for measuring performance, identifying random samples for review, uploading into web-portal and providing a range of statewide views down to the unit and/or worker views.

Future Plans

The Department’s future plans for the next reporting period of October 1, 2012 through September 30, 2013 include the following:

• continue conducting quarterly QA/CQI Managers meetings and conference calls;
• continue conducting Quality of Practice Standards QA/CQI reviews of child protective investigation cases in each circuit each quarter;
• begin transitioning sheriffs’ offices to conduct quarterly reviews in addition to the statutory requirement to conduct peer reviews;
• update the current Windows into Practice Guidelines pending changes that will occur once the child welfare transformation project is complete in which new guidelines will need to be developed;
• continue conducting QSRs and Quality of Practice Standards QA/CQI reviews of case management practices in each CBC each quarter;
• continue data collection and analysis on all QA/CQI review findings;
• continue working with the Children’s Bureau on the CFSR pilot project and corroborate with them in seeking solutions to any identified gaps;
• create new process that allows better collaboration and statewide review of information gathered by various monitoring entities (i.e, triangulate with Contract Oversight Unit, Contract Monitoring, Fiscal Monitoring, Policy, Training, Legal, etc.);
• develop new fidelity tools to correspond with Florida Safety Decision Making Methodology Transformation Project;
• ensure QA/CQI staffs are fully trained on the Florida Safety Decision Making Methodology Transformation Project;
• ensure QA/CQI staffs are fully trained and certified as QA reviewers on the new fidelity tools.
Florida’s Assessment of the QA/CQI System

QA activities are implemented through contracts with CBCs, the annual QA/CQI Plan; Windows into Practice Guidelines; monthly conference calls with regional Department QA managers, sheriff QA managers, and community based care QA managers; and quarterly meetings with Department QA managers, sheriff QA managers, and community based care QA managers.

Florida approaches CQI activities through standardized case reviews, weekly and monthly operations data reviews and scorecards, legal reviews by Children’s Legal Services, and annual contract oversight reviews. 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.

The state office is responsible for establishing CQI requirements, standards, and training. Regions and CBCs are required to develop quarterly schedules, to conduct case reviews for all cases identified in the sample each quarter, and to follow the Windows into Practice Guidelines for conducting reviews. All CQI managers for CBCs and regions participate in quarterly CQI meetings and periodic conference calls to address systemic issues and ensure statewide consistency to the CQI process. The Annual QA Plan outlines state requirements for CQI activities. An annual standards review “tweaking workgroup” is held to review and modify standards for CPI and case management services as needed. In addition, the Department address CQI through the following divisions:

- **Contract Oversight Unit:** There are designated staff at the state and regional level that are responsible for conducting contract monitoring annually at each CBC. The contract oversight unit focuses on requirements in state law and administrative code. There are designated contract managers for each CBC who are expected to take action when a CBC fails to fully implement CQI or contract oversight requirements within their area of responsibility or fails to take immediate action when issues are identified.

- **Children’s Legal Services (CLS):** is the Department's law firm representing the State of Florida in child welfare matters. CLS has one designated attorney responsible for QA activities. CLS has implemented a QA system that is tied to attorney performance through the monitoring of performance metrics that focus on the safety, permanency, and well-being of children.

- **Sheriffs:** The sheriffs were authorized by s. 39.3065(3)(d), Florida Statutes, to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Sheriffs have designated
QA positions responsible for daily oversight and peer reviews and use a QA tool approved by the Department.

- CBC Lead Agency Accreditation: The Department is requiring lead agencies to pursue accreditation through the Council on Accreditation (COA). To date many of the lead agencies have received accreditation or are in the process of becoming accredited. The COA accreditation process involves a detailed review and analysis of an organization or program’s administrative functions and service delivery practices.

1. Foundational Administrative Structure

The Department of Children and Families is located within the executive branch of Florida state government, and the Secretary of Department of Children and Families is responsible for all operations. The secretary is appointed by the governor. In 1999, the Florida legislature outsourced the provision of foster care and related services statewide to encourage communities and other stakeholders in the well-being of children to participate in assuring that children are safe and well-nurtured. Chapter 20 specifically states “the Department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.”

Additionally, Florida law requires that the Department, in consultation with the community-based care (CBC) lead agencies that are undertaking the outsourced projects, establish a quality assurance program for privatized services. The quality assurance program must be based on standards established by the Adoption and Safe Families Act as well as by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF).

The specific authority for the Florida CQI system is established in state law as follows: Section 20.19 (1) (b), F.S., requires that the Department develop a strategic plan for fulfilling its mission and establish a set of measurable goals, objectives, performance standards, and quality assurance requirements to ensure that the Department is accountable to the people of Florida.

- Section 39.201 (4)( b), F.S., requires that the Department monitor and evaluate the effectiveness of the Department’s program for reporting and investigating suspected abuse, abandonment, or neglect of children through the development and analysis of statistical and other information. Section 39.201 (4)(c), F.S., requires that the Department track critical steps in the
investigative process to ensure compliance with all requirements for any report of abuse, abandonment, or neglect.

- Section 39.301(6), F.S., requires that the Department of Health child protection team quality assurance program and the Department of Children and Family Services’ Family Safety Program Office quality assurance program collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program shall include a review of records in which there are no findings of abuse, abandonment, or neglect, and the findings of these reviews shall be included in each Department’s quality assurance reports.

- Section 39.3065 (3)(d), F.S. requires that the sheriff’s program performance evaluation shall be based on criteria mutually agreed upon by the respective sheriffs and the Department of Children and Family Services.

- Section 409.1671(2)(a), F.S., requires that the Department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations. Section 409.1671(4)(a), F.S., requires that the quality assurance program be based on standards established by the Adoption and Safe Families Act as well as by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or CARF—the Rehabilitation Accreditation Commission.

Uniform Standards: The Department has established a uniform set of standards for child protective investigations and case management that must be used in all reviews. These standards focus on child welfare practice and ensure CQI reviews assess critical standards that affect child safety, permanency and well-being of children.

The Department utilizes a standardized tool for child protective service QA reviews. The state conducts quarterly QA/CQI meetings and routine conference calls to ensure QA/CQI reviewers across the state interpret the standards and apply the process consistently. The state QA plan outlines the process to be used by for investigations and case management services reviews.

The state requires all CBC lead agencies to also use the Quality Service Review (QSR) process for qualitative case reviews. The in-depth case review findings from QSR results are to be combined with existing quantitative data (e.g., FSFN production reports) in order to provide meaning to the regularly reviewed performance data. QSR results are not intended to be generalizable to all open cases, but rather to learn and understand themes and patterns that may not be readily identified from regularly produced data on all open cases. The QSR Protocol
provides reviewers with a specific set of qualitative indicators to use when examining the status of the child and caregiver and analyzing the responsiveness and effectiveness of the core practice functions in the core practice model.

The CQI policy requires consistent data collection formats in addition to automated web based systems so that the Department can analyze data and identify trends statewide. The state established the methodology for case samples and provides for regional discretion in selecting special populations or topics for review. The Department requires all findings and ratings to be entered into the DCFQA web portal tool. This allows the Department to have immediate access to data and information.

Children’s Legal Services has implemented CQI activities that are tied to attorney performance reviews. This process follows a standardized set of legal metrics that all attorneys must adhere to.

CQI Personnel: Florida has designated the Chief of Quality Assurance to oversee child welfare QA activities and four QA/CQI specialists. The child welfare Data and Reporting Unit is overseen by a Data Administrator who supervises five data analysts. In addition, each region, CBC lead agency, and sheriffs have dedicated QA/CQI staff. Children’s Legal Services has a dedicated QA/CQI manager; the contract oversight unit has dedicated reviewers at the region level. Sheriffs have designated QA positions responsible for daily oversight and peer reviews. The sheriffs were authorized by s. 39.3065(3)(d), Florida Statutes, to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Designated positions are assigned to regions, sheriffs, and CBCs are included in the Annual Plan.

The Department has designated staff in each of the six regions for QA/CQI activities and sheriffs have designated QA positions responsible for daily oversight and peer reviews. The sheriffs 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. (This is applicable to six of the sixty-seven counties; Pasco, Pinellas, Manatee, Broward, Hillsborough, and Seminole). Florida Statutes requires that program performance evaluation be based on criteria mutually agreed upon by the respective sheriffs and the Department. Section 39.3065 (3)(d), the program performance evaluation is conducted by a team of peer reviewers from the respective sheriffs’ offices that perform child protective investigations and representatives from the department. Sheriffs are required by Grant Agreement to conduct annual program evaluation.

All CBCs have designated staff as QA reviewers and are required by contract to follow the uniform standards when conducting case reviews. Additionally, they must follow standards and sample sizes as outlined in the Windows into Practice
guidelines. The Guidelines are incorporated by reference into all community based care lead agency contracts.

Florida law requires that all state personnel have approved position descriptions. Agencies have the authority to set minimum requirements for positions. The state level chief position is required to demonstrate the abilities necessary to be highly responsible and dependable and to work independently with limited supervision. This work includes the ability to gather and analyze information, solve complex problems and concepts, and make decisions based on available information, mature judgment and the overall policy direction set by the legislature and the Department leadership. State level QA positions are highly responsible positions requiring knowledge of quality assurance systems and data management. Incumbents in these positions must demonstrate the ability to provide team leadership in the QA review processes including analysis of federal measures, technical assistance papers and other federal rules related to the CFSR process. Staff must also have the ability to analyze QA and system data and prepares reports for Department leadership.

Position descriptions for QA and Data positions at the state level and regions include the knowledge, skills, and abilities needed. Sheriffs are elected officials and have the authority to develop position descriptions within their organization.

Minimum Education: Other job-related requirements for this position: At the state level, a Bachelor’s Degree is required. Specific child welfare subject matter expertise gained through a minimum of five years of experience in the management and oversight of statewide QA systems. DCF Regional QA staff meet the above requirements although it may not be included in their position descriptions.

The Department has established a QA/CQI Unit and a Data Management Unit within the Office of Child Welfare. The Department has designated the “Chief of Quality Assurance/Continuous Quality Improvement” to oversee QA/CQI child welfare activities. The Department has designated a “Data Administrator” to oversee child welfare data reporting. Both positions are senior level positions within the Department.

The Department has allocated positions to each of the six DCF regions and funding to the CBCs and sheriffs for QA positions that are designated to be responsible for implementation QA/CQI activities at the region and circuit level. These are professional level staff that conduct reviews and analyze information.

The state level chief position is required to demonstrate the abilities to be highly responsible and dependable and to work independently with limited supervision. This work includes the ability to gather and analyze information, solve complex problems and concepts, and make decisions based on available information, mature
judgment and the overall policy direction set by the legislature and the Department leadership. This position must demonstrate advanced writing and analytical skills; demonstrate strong project management and organizational skills necessary to coordinate and manage projects involving multiple activities and entities; possess strong interpersonal skills demonstrated by the abilities to accept and give constructive feedback in a professional manner, facilitate and manage meetings, and effectively participate in meetings with Department leadership, state officials, and partners; demonstrate strong presentations skills - both public speaking and related document preparation and have the ability to clearly define practice and policy issues in child welfare and identify options for policy solutions through a collaborative process; ability to work as part of a team to solve complex problems.

State level QA positions are required to demonstrate the abilities to be highly responsible and dependable and to work independently with limited supervision and have the ability to gather and analyze information, solve complex problems and concepts, and make decisions based on available information, mature judgment and the overall policy direction set by the legislature and the Department leadership. Incumbents in state level QA positions must demonstrate strong project management and organizational skills necessary to coordinate and manage projects involving multiple activities and entities; possess strong interpersonal skills demonstrated by the abilities to accept and give constructive feedback in a professional manner, facilitate and manage meetings, and effectively participate in meetings with Department leadership, state officials, and partners; demonstrate strong presentations skills - both public speaking and related document preparation and have the ability to clearly define practice and policy issues in child welfare and identify options for policy solutions through a collaborative process; ability to work as part of a team to solve complex problems.

The minimum education is a Bachelor’s Degree. Specific expertise in data systems including Microsoft ACCESS and SPSS gained through a minimum of five years of experience with data and QA systems.

For Sheriffs, Florida Law requires program performance evaluation to be conducted by a team of peer reviewers from the respective sheriffs’ offices that perform child protective investigations and representatives from the department. DCF regional QA staff participate on Sheriff peer reviews.

Training and professional development: QA/CQI activities are conducted by designated staff at the Department, sheriffs, and CBC lead agency level. The state trains all staff who conduct QA/CQI activities. The Florida Child Welfare QA/CQI Model requires all QA reviewers (Department, CBC, and sheriffs) to undergo training specific to conducting QPS reviews and QSRs. To assure reviews and subsequent data collection are consistent, and to foster inter-rater reliability, all staff who conduct QA reviews must be “certified” as a QA reviewer. This requires reviewers participate
in a specialized training curriculum and pass a competency assessment. The purpose of the training is to ensure CQI staff have the analytical skills to conduct reviews consistently and with integrity across the state. The QA training was developed under the direction of the state office, to prepare regional and CBC-based QA staff to conduct quality reviews using uniform QA standards and review procedures. The following work plan was followed.

- **Conduct Audience Analysis.** This step identified the audience characteristics that need to be considered in designing an effective training program. The information is obtained through interviews with QA reviewers and supervisors and the project advisory team (a subset of the committee developing the standards and review procedures). Examples of information obtained are: data gathering skills (interviewing, case file review, observations, etc.); report writing skills; case work skills; current performance levels in doing reviews; common problem areas in conducting reviews and preparing reports; familiarity with the new QA standards and review process; and system issues that enhance/hinder performance.

- **Conduct Instructional Analysis.** This step clarified the goals and objectives of the program and identified the key knowledge, skills, and attitudes that would be included in the training.

- **Program Design.** This stage outlined the training program, including the training topics, their sequence, time allocation, training activities, and media. In this stage, the instructional designer worked with the project advisory team and other subject-matter experts (SMEs) to develop the outline for the training. Given the main goal of high inter-rater reliability, a strong emphasis was placed on using case example-based activities to provide skill practice to interpret and apply selected QA standards.

- **Program Development.** This stage converted the training outline to actual training materials: the Trainer’s Guide, Participant Guide, presenting media, and assessments. For this stage, the instructional designer worked with the SMEs to develop the training points, case examples, assessment scenarios, etc. The goal was to develop a "standardized" training program, with sufficient detail so that training could be conducted in a consistent manner throughout the state using a variety of trainers. The goal was to create actual skill application assessments in which the QA reviewer performed actual review steps/skills throughout the training and, at the end of training, completed a more traditional written assessment (e.g., multiple-choice, short answer, etc.).

Additionally, all CBC QA reviewers for the regions and CBCs have been trained by the Child Welfare Policy Group to conduct QSR reviews.
Due to issues of inter rater reliability, the state does not use stakeholders (foster parents, tribes, guardian ad litem, school personnel, judges, etc.) to conduct standardized reviews. However, for special reviews this may occur. For example, the Department recently trained foster parents from the Florida Foster Parent Association to help with a special QA review of foster parents. Prior to the review, they are trained in the QA tool and process.

CQI policies: Florida outlines requirements for QA/CQI activities in the annual quality management plan and the Windows into Practice Guidelines. The annual plan provides Department leadership a high level roadmap of the child welfare QA/CQI process. The Windows into Practice guidelines provide requirements for sample sizes, use of standards, report templates, and other information needed to ensure a statewide approach is implemented. Florida utilizes QA Standards for Case Management, QA Standards for Child Protective Investigations, and the Quality Services Review Protocol to ensure uniform application of case specific reviews.

CLS utilizes the requirements for performance outcomes as documented in their CQI Handbook. The contract oversight unit utilizes the Contract Oversight Operation Procedure to implement annual on-site reviews.

The state ensures consistent application through requirements in CBC lead agency contracts.

Sheriff Reviews: For each Sheriff's Office, 65 cases are reviewed annually by a team of QA reviewers consisting of the other 5 Sheriff's Offices peer reviewers and 2 DCF designated QA reviewers. These reviews are conducted between August and December each year. Although there are similarities, the tools are different that those used by the state QA reviewers. The peer reviews conducted by the sheriffs are guided the Peer Review Tool. To conduct the review they are required to pull a sample of cases received after January 1st which are closed prior to June 30th from which 65 cases are randomly chosen to represent 1/2 judicial cases and 1/2 non-judicial cases. Cases found in the sample that are transfer cases or which have OTI interviews of family members are excluded. The report of the 65 cases reviewed in each of the counties is shared with the other Sheriff's Offices and through their respective CPS administration within the Sheriff office. Information gathered during these peer reviews regarding procedures, service provision, forms and other relevant program improvements made during the past year are shared among the Sheriff's Office's team members to bring back to administration. Exit presentations are completed at each site summarizing the team's observations and areas for improvement with the site's determination of meeting attendees from their organization.
Requirements for data and analysis, case record review, and feedback and adjustment is included in the Windows into Practice guidelines. These guidelines are a requirement in all CBC lead agency contracts. The sheriffs are authorized by s. 39.3065(3)(d), F.S., to develop their own QA tool. The sheriff QA tool is approved by the Department.

**CPI Reviews:** After each CPI case review is completed, the reviewer must schedule a debriefing session to discuss review findings. The debriefing must always include the CPI and the CPI Supervisor. Others can be invited at the Regions’ discretion. Once the reviews are completed for each circuit, region QA staff will summarize the findings (circuit-wide) into four practice areas: conducting thorough assessments; observing and interviewing children, parents, others; determining maltreatments, family needs and services; and planning for safe investigation case closure. Circuit summaries should be submitted to the Office of Child Welfare no later than the 30th day of the 1st month of the new quarter. These requirements are documented in the Windows into Practice. Sheriffs conduct exit presentations are completed at each site summarizing the team’s observations and areas for improvement with the site’s determination of meeting attendees from their organization.

**Case Management Case Reviews:** Case management case reviews are conducted utilizing the QA/CQI Case Management Standards. Once all cases have been reviewed, CBC QA staff analyze the data collected and identify trends, effective practices, and areas of concern; synthesizing the information to demonstrate and discuss CBC practices and performance. Debriefings are held with a larger audience within each CBC and the process will vary. CBCs must submit an annual report to headquarters 30 days after the end of the fiscal year. At a minimum, the report must address findings and trends in the five practice areas: assessments; family engagement; service planning and provision; promoting case progress; and supervisory review and oversight.

**Quality Service Reviews:** In addition to case file reviews, QA reviewers are required to conduct a QSR review on a minimum of 2 cases each quarter. The QSR Protocol helps CBCs assess the effectiveness of their practices and the interventions provided to the families they serve. Because the QSRs are directly tied to the core components of individualized practice - engagement, assessment, planning, implementation, and results - each QSR measures the degree to which true individualized and participatory practice is occurring with each individual family being reviewed. QSR results and findings should be combined with existing quantitative data (e.g. FSFN production reports) in order to provide meaning to the regularly reviewed performance data. Simply stated, data speaks, but stories teach. QSR results are used to learn and understand themes and patterns that may not be readily identified from regularly produced data on all open cases.
For all reviews, if at any time the reviewer notes significant safety concerns, the QA manager must immediately report such findings to the agency responsible for action and resolution. The reviewer must document the RFA referral and subsequent actions in FSFN. These requirements are documented in the Windows into Practice.

Adjustments are made at the local level based on de-briefings and feedback provided by the QA reviewer. Improvements to practice are demonstrated through trend data.

The states policies, 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. New employees are made aware of the QA process through pre-service training. The Center acts as the learning center and repository for child welfare training, announcements of events and policies, etc.

The Department demonstrates implementation of QA/CQI processes through the designation of a QA/CQI and Data Reporting Unit and allocation of staff to support on-going activities; the allocation of QA positions to the six regions for QA/CQI activities at the local level; and contractual requirements with sheriff’s and CBCs. Standardized activities for qualitative data and information include: monthly and quarterly trend reports; score cards for CBCs and CPIs (including sheriffs); weekly key indicator reporting by leadership; and a variety of ad-hoc data reports that address targeted areas of concern. Standardized activities for qualitative case reviews include: Annual review planning; annual review of standards and processes; quarterly reviews for CPI (including sheriffs) and case management; quarterly and semi-annual reporting; quarterly training for QA reviewers; monthly conference calls with QA managers; quarterly meetings with QA managers; and state requirements for follow-up action the local area. There are standardized tools for child protective investigations and case management. Furthermore, the Department requires all data from targeted case reviews and QSRs to be entered into the Department’s web based tool. The sheriffs operated pursuant to Florida Statutes and Grant agreements with the Department and follow a standardized tool.

The quarterly meetings and routine conference calls with all QA managers for the CBCs, sheriffs, and Regions help guide standardized implementation of the QA/CQI process. (The Florida QA/CQI Plan and Windows, Practice Guidelines, and Quality Service Review Protocol outline implementation requirements. Sheriffs operate QA activities using standards approved by the Department.

The Florida QA/CQI Plan and Windows into Practice Guidelines outline implementation requirements. Completion of case reviews, QSRs, data reporting, and performance reporting document successful implementation.
2. Quality Data Collection, Analysis, and Dissemination

Quantitative data reports are critical to daily, weekly, and monthly management oversight. The department uses AFCARS and NCANDS data elements from FSFN in creating many of these reports. By using the data elements, and not the actual AFCARS and NCANDS extracts, the state is able to provide more detailed and real time reports. These reports have been designed to allow for viewing of data trends over time and comparison of the data across geographic areas. The reports allow the user to obtain a longitudinal view of information at the county, circuit, region, CBC, and statewide levels. Most reports have the capacity to display 24 months of information in a chart view, although many contain more than 24 months. It should be noted that the numbers in these reports may vary slightly from comparable reports available through the Florida Safe Families Network. This is due to the different run dates and slight adjustments to the report algorithms. The reports are available for download on the Florida Center for Child Welfare at: http://centerforchildwelfare.fmhi.usf.edu/DataReports/TrendReports.shtml

The accuracy of quantitative reports is critical to on-going assessment of Florida’s child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accuracy of data entered into in FSFN. A screen shot of tools is provided for the main page, topic papers, and guidebooks. The AFCARS corrective action plan provides detailed activities underway to address data integrity.

The Department utilizes child welfare quality assurance data and a set of quantitative data reports to monitor process and outcome measurement for children and families. Quality assurance qualitative data is compiled using the Quality of Practice Standards for Child Protective Investigations, the Quality of Practice Standards for Case Management, and the Quality Service Review Protocol. QA information is used by the regions and CBCs on a quarterly, semi-annual, and annual basis. QA data allows practitioners to gain a better understanding of the story behind the quantitative data. Both sets of data are used to improve practice. Additionally, QA staff has access to numerous quantitative trend reports and are able to download QA data into a CSV file for further sorting and analysis. The Department strives to ensure qualitative data is accurate through on-going review of all items and discussions on conference calls and in quarterly meetings. Qualitative standards have very tight rating guidelines but there is an element of professional judgment in each review.

The sheriffs are authorized by s. 39.3065(3)(d), Florida Statutes, to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. The standards used by sheriffs have been approved by the Department.
The Department utilizes a "Scorecard" targeted at measuring success of the child welfare system. The Scorecard is updated monthly and evaluates the lead agencies on 12 key measures to determine how well they are meeting the most critical needs of these at-risk children. The Scorecard is produced monthly. The Scorecard's indicators were selected, among the many indicators available, to provide balance among the goals of safety, family preservation, permanency, well-being, and cost. The CPI Scorecard is used to measure the standards of our child protective investigations across our regions. Additionally, on a weekly basis, the assistant secretary for operations sends a Weekly Key Indicators Report to the DCF regions and CBC lead agencies for an on-going look at performance on numerous key indicators related to the safety, permanency, and well-being. A weekly healthcare and education report is provided to regions and CBC lead agencies that to promote use of the healthcare and education tab in the state SACWIS system.

The state monitors information through the use of reports. The Weekly Key Indicator Report is sent to regional leadership weekly for follow up actions to improve practice.

Other trend reports are used in discussions with regional leadership.

The Department utilizes child welfare QA data and a set of quantitative data reports to monitor process and outcome measurement for children served in their homes. Qualitative data for child well-being data is compiled using the Quality of Practice Standards for Child Protective Investigations, the Quality of Practice Standards for Case Management, and the Quality Service Review Protocol. This information is used by the regions and CBCs on a quarterly, semi-annual, and annual basis. QA reports are reviewed and revised by the QA supervisor. Once a case review has been reviewed and approved in the web system it is locked and cannot be edited at the local level.

In addition to the qualitative data, there are two quantitative data reports (Child Investigation and Special Conditions Status Reports and Children Active and Receiving In-Home or Out-of-Home Services) in FSFN that are run daily and contain information that is useful to CPI and Child Protective Services case managers, supervisors, and program managers for monitoring process and case progress. To help cull out some of the most important case information, a data program has been developed that takes this report and distills out a series of exceptions that provide users with critical management information regarding children active in investigations or actively receiving services. The program is simple to install and can be run by anyone with access to these two reports in FSFN. No special programming or technical skills are necessary. The instructions and files needed to run these reports are available to staff on the Child Welfare intranet page. All reports are run from the FSFN live system. Errors are generally detected by regional or state level staff when reviewing data.
The accuracy of quantitative reports is critical to on-going assessment of Florida’s child welfare system. The Department has endures there are Topic Papers, User Guides, and Desktop Guides to ensure the accuracy of data entered into in FSFN. A screen shot of guides and tools is provided for the main page, topic papers, and guidebooks. The AFCARS corrective action plan provides detailed activities underway to address data integrity.

A variety of reports are completed for discussion with regional leadership. Reports are scheduled to run daily and are used by CPIs and sheriffs. The data available in these reports include:

**Children Active Receiving In-Home or Out-of-Home Services (CARS Daily)**
- Children not seen in 25 days or more
- Children whose photograph is overdue or due in less than 10 days
- Children who have had an attempted visit where the “reason not seen” is not documented
- Children who have a “reason not seen” documented but the attempted visit date is blank

**Child Investigation and Special Conditions Status Reports (CSA Daily)**
- Intakes not linked
- Investigations not commenced
- Investigations Open Between 25 and 30 Days
- Investigations Open Between 31 and 50 Days
- Investigations Commenced But Not Submitted
- Investigations Commenced After 24 Hours
- Investigations With Victims Not Seen
- Investigations With Victims Not Seen in 24 Hours
- Investigations Awaiting Supervisory Review
- Investigations Awaiting 2nd Party Review
- Investigations Open 40+ Days Without a Disposition Having Been Submitted
- Investigations Open Greater Than 50 Days
- Investigations Awaiting Supervisory Approval for Closure
- Investigations Closed With Case Status Open

Florida helps ensure the accuracy of data through a series of exception and management reports that are provided to lead agency and program staff on a regular basis. These reports include both summary data and detailed client and case data that allow the user to drill down and identify areas of concerns and take corrective action.
The weekly Psychotropic Medications List Errors report provides a listing of children prescribed psychotropic medications, with detail regarding whether or not proper consent has been obtained and documented in FSFN. Monthly, a report is produced that matches children in out-of-home care against Medicaid prescription reimbursement data for a three month period. The report is used by case managers as a tool for reviewing and improving the overall quality and accuracy of data in FSFN. The Department periodically sends memorandums to underscore the importance of data integrity in this area.

NYTD Exceptions is a monthly report listing data elements that are missing from the NYTD file that must be completed in order to avoid financial penalties.

The Eligibility Report Statewide provides monthly summary and list detail on the IV-E and TANF eligibility of children served.

The Department, in collaboration with the Children's Bureau, completed a review of Florida's AFCARS data in 2012. A final report regarding findings was received on August 2012 which documented that Florida achieved a "4" (the state fully meets AFCARS standards) on 17 of 22 General Requirements and 32 of 103 data elements. As a result of these findings, Florida completed and submitted its initial AFCARS Improvement Plan in September, 2012. There is a requirement to build an AFCARS exception screen into FSFN that will provide case managers with a view of any missing or inconsistent AFCARS data, as well as quick links from this screen directly to the piece of work that needs to be addressed.

The federal Data Quality Utility (DQU) and Data Compliance Utility (DCU) tools are used to assess the readiness of the file before each submission and identify areas to target for follow-up consultation. The state data profile is reviewed when submitted and shared with program office management. AFCARS Errors and Exceptions are identified through a bi-weekly report that provides detail on critical AFCARS data that is missing, appears inaccurate or has not been entered in a timely manner. CBCs use this report to review and make corrections to the data in FSFN where appropriate. A summary by CBC is sent to the field every other week.

The Department also runs the Timeliness database that calculates the timeliness of data entry on both removals and discharges. For every element included in the report a listing file is provided for records that need to be brought into compliance, highlighting what is missing on the row, as well as summary tabs for each of the individual elements. Frequency reports are run to see if the number of adoptions who are receiving a subsidy and the number of adoptions who show having a special need align. Once the report is finalized for submission, the full statewide report is split out so each CBC has an individual report with all of its records. The summary report, showing the results of each individual element included in the report, is sent to leadership and staff in the field. The CBC-specific listing files are
loaded to the DCF Web Portal where they can be retrieved by the field and cleaned up.

The accuracy of quantitative reports is critical to on-going assessment of Florida’s child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accuracy of data entered into in FSFN. An example is provided for Family Support Services. A screen shot of tools is provided for the main page, topic papers, and guidebooks.

The department completes a series of management reports on a regular basis to ensure regions and CBCs have current information to address current or emerging issues. The Weekly Key Indicator Report provides an on-going look at performance on numerous key indicators related to the safety, permanency, and well-being. This report is sent to the regions and CBCs each week with a brief analysis. The Assistant Secretary for Operations utilizes this report in weekly discussions with regional leadership.

- The Weekly Healthcare Report provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN.

- 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. The report helps case managers manage the psychotropic medication needs associated with children and management can track trend data for sudden changes in prescription practices.

- The CBC and CPI Scorecards are produced monthly for review and discussion by CBCs, regional leadership, and Department management to promote strategies for improvement. The Scorecard's indicators provide balance among the goals of safety, family preservation, permanency, well-being, and cost. CBCs and Regions are ranked and the Scorecards are published.

- The quarterly Federal Permanency Measures Report summarizes performance on the permanency measures that make up the four federal permanency composites at the state, circuit, region and lead agency level. This allows for detailed data analyses at the local level.
The Quarterly Child Fatality Report provides trend information for calendar years 2007-2011 for all child deaths reported to the Florida Abuse Hotline regardless of finding.

The Annual Independent Living Advisory Council Report and Annual Report on Oversight Activities and Outcome Measures outline trends for children in the independent living program. This report is widely disseminated for use at the local level to address practice issues.

Contract Oversight Unit conducts case file reviews and submits a report to management at least annually for each CBC. The review focuses on requirements in state law and administrative code.

There are designated contract managers for each CBC who are expected to take action when a CBC fails to fully implement CQI or contract oversight requirements within their area of responsibility or fails to take immediate action when issues are identified.

Sheriffs conduct peer reviews and report their findings during exit conferences and annually to the Governor and legislature.

For FY 2011/2012 the Department required each CBC to contract for an independent annual or multi-year evaluation of child welfare practice. These evaluations include quantitative and qualitative trend data and are shared with local community alliances for system improvement activities.

The Department also uses special reports to provide performance management, planning, reporting, query and analysis and enterprise information management from the FSFN system. Currently, there are over 300 standard management reports in Business Objects and over 5,000 ad hoc reports that have been programmed by users for day-to-day data analysis.

For CPI case reviews, region QA staff summarize the findings (circuit-wide) into four practice areas: Conducting Thorough Assessments; Observing and Interviewing Children, Parents, Others; Determining Maltreatments, Family Needs and Services; and Planning for Safe Investigation Case Closure. Data is available quarterly and reports and summarized quarterly or semi-annually.

In addition to the narrative analysis, the data findings are provided in excel format provided to the Office of Child Welfare, as an attachment to the summaries. Circuit summaries are submitted to the Office of Child Welfare no later than the 30th day of the 1st month of the new quarter. These summaries and data charts meet reporting requirements to the Office of Child Welfare.
One of the most influential ways the State integrates qualitative and quantitative data is in the Quality Service Review (QSR) process. This is a powerful self-evaluation process that helps the State and CBCs assess the effectiveness of practice and the interventions provided to the families they serve.

Because the QSRs are directly tied to the core components of individualized practice - engagement, assessment, planning, implementation, and results - each QSR measures the degree to which true individualized and participatory practice is occurring with each individual family being reviewed.

Once the QSR is completed, a debriefing is held with the supervisor and case managers to give feedback and make recommendations about the case. In addition, themes, strengths, and areas of improvement are shared with the partnership's governing body and/or self-evaluation work group. Finally, the review team writes a "family story" to document what is going well with the family and service delivery and practical steps for improving what is not going well. These stories can be aggregated for content analysis and be an excellent strategy for putting standing data reports in the FSFN into context.

QSRs are a robust supplement - not replacement - to the quantitative data historically used by administrators and supervisors to determine how their local systems of care are functioning. CBCs use the reviews in combination with other data to get a baseline measurement of practice and regularly complete QSRs to track progress and determine what training, local partnerships, and resources are needed for practice development and improvement.

The “family story” is the qualitative source of trends and practice issues and the data collected on 11 Child and Family Status Indicators and 10 Practice Performance Standards provide quantitative data of trends and practice issues. This information is rolled up annually for statewide and regional trends.

In addition to the above, the Department completes an annual report to the governor and legislature that speaks to the quality of case management services. The 2011 report was completed by the University of South Florida and assesses practice based on quantitative and qualitative data.

Sheriff’s final Peer Review report is sent through the administrative staff to the leadership who reports directly to the Sheriff. As for a second level of review of QA findings, initially, a supervisor reviews findings with the supervisors responsible for the investigations. The Division Captain is updated during a section meeting and trends and any improvements needed are addressed with staff through the training coordinator.
The purpose of Florida’s Child Welfare Quality Assurance (QA) Continuous Quality Improvement (CQI) system is to identify strengths in effective practices as well as areas that need further attention that are formalized in an ongoing plan for program improvement. Each CBC is required to develop/update their Quality Management Plans each year to ensure the above activities are included. The Florida Child Welfare QA/CQI Model provides uniform Quality of Practice Standards (QPS) for Child Protective Investigations and ongoing service provision by Case Management Organizations. In addition to conducting QPS reviews, Case Management Organizations also assess systemic factors and individual family stories through the Quality Service Review Protocol (QSR). Data collected through these protocols provides local administrations a “window into practice” in real-time and helps organizations to focus quality improvement efforts at both the local and state levels. Regions and CBCs are required to conduct analysis of QA findings on a quarterly basis (or more often if needed) and to provide feedback to operations and management staff in real-time QA reviewers must conduct debriefings with supervisors and other management level staff immediately following completion of case reviews so action can be taken as needed.

Qualitative data is collected by exploring 37 Quality of Practice Standards for Child Protective Investigations and 72 Quality of Practice Standards for Case Management on a quarterly basis. In addition, the Quality Service Review Protocol is used for Case Management and explores 11 Child and Parent Status Indicators and 10 Practice Performance Indicators using the Quality Services Review Protocol in the Web Portal. Regions are required to analyze and provide written reports with findings to regional leadership on QA findings of child protective Investigations each quarter. Once the QA reviews are completed, region QA staff summarize the findings into four practice areas: Conducting Thorough Assessments; Observing and Interviewing Children, Parents, Others; Determining Maltreatments, Family Needs and Services; and Planning for Safe Investigation Case Closure.

CBCs are required to provide written case summaries on the QSR case reviews each quarter and an annual report of case review findings and trends. All findings and data must be input into QA web-based tool no later than 10 days into the new quarter. The annual report must address findings and trends in the five practice areas: Assessments; Family Engagement; Service Planning and Provision; Promoting Case Progress; and Supervisory Review and Oversight.

Additionally, for FY 2011/2012 the Department required each CBC to contract for an independent annual or multi-year evaluation of child welfare practice and outcomes with third-party evaluators (in-state or out-of-state) from the private sector who have experience in child welfare, national child welfare organizations, or an accredited university.
At the state level, trend reports are developed to assess practice trends to identify areas needed for improvement.

Qualitative data is also collected by Children’s Legal Services (CLS) based on 36 measures of court related activity. Half of these measures are directly tied to individual employee performance evaluations. CLS provides a quarterly written review of QA/CQI activities and findings on a state, regional and circuit level and individual employee level.

There is not a formal process for sheriffs. However, as Florida moves to utilization of the Safety Decision Making Methodology, the sheriffs will be required to follow the same standards as Department staff.

CPI, case management, and CLS reviews are completed quarterly and provide trend data for each region and CBC. This information is used by local practitioners to improve practice.

The Department uses the Annual Progress and Services Report (APSR) to assess practice and establish goals and objectives for the following year.

The Department submits an annual report to the governor and legislature that speaks to the quality of case management services. The 2011 report was completed by the University of South Florida and assesses practice based on quantitative and qualitative data using data from the Department’s QA system and the SAWIS.

The 2012 independent 3rd party evaluations for each CBC are another method to compile qualitative and quantitative data for local system improvement.

In FY 2011/2012 the CBCs were required to contract for an independent annual or multi-year evaluation of child welfare practice and outcomes with third-party evaluators (in-state or out-of-state) from the private sector (including peer review) who have experience in child welfare, national child welfare organizations, or an accredited university. Evaluations are to include QSR data and other sources of child welfare data in the Florida Safe Families Network (FSFN) and accreditation reports, e.g., Council on Accreditation (COA) or Accreditation of Rehabilitation Facilities (CARF) for those Lead Agencies that are accredited. The annual evaluation was to be presented to the CBC Board of Directors and local Community Alliance or structured community forum for the development of a local System Improvement Plan (SIP). The purpose of the SIP is to establish program priorities, define specific action steps to achieve improvement, and establish goals for improvement. The SIP must be approved by the Community Alliance and/or CBC Board of Directors. Although the 3rd party evaluations were completed, the quality varies and some CBCs may not have presented the data and information to the local
alliances. The evaluations are currently under review.

Section 39.701 (2) (a) reads, "The court shall review the status of the child and shall hold a hearing as provided in this part at least every 6 months until the child reaches permanency status." Florida’s QA/CQI system assesses practice in this area utilizing the Quality of Practice Standards. Florida Statute section 39.621 (1) addresses the sense of urgency to establish permanency for children. In part, this section reads, "A permanency hearing must be held no later than 12 months after the date the child was removed from the home or within 30 days after a court determines that reasonable efforts to return a child to either parent are not required…" Florida’s QA/CQI system assesses performance utilizing the Quality Service Review Protocol that specifically assesses the degree to which, “Those involved (child, parents, caregivers, others) have confidence that the child is living with caregivers who will remain in this role until the child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.”

Florida Statute requires termination of parental rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA). Chapter 39.801 addresses everything from initial procedures to grounds for TPR all the way through the appeal process. CLS collects statewide data to track case plans, judicial and permanency reviews, TPR filings, AFCARS errors and appropriate goals for children in out-of-home care for more than 9 months and for more than 12 months.

Children’s Legal Services (CLS) represents the State in court for the protection and well-being of abused and neglected children. The effective and efficient performance of these duties is vital to the lives of many of Florida’s most vulnerable citizens. CLS currently tracks the filing and court approval of the written case plan and twelve month permanency hearings. Additionally, they provide notice of hearing to foster parents and caregivers pursuant to statute. Timely filing of case plans is required by statute and is part of daily CLS responsibilities. Children who have a goal of reunification beyond 12 months from removal are part of a report in FSFN used routinely by CLS attorneys and it is part of their performance metrics described below. The data is accessible to anyone in CLS and individual CLS supervising attorneys, managing attorneys and Regional Directors have regular meetings where the data is disseminated and discussed. The CLS quality improvement model has developed performance measures that align with the goals and objectives of safety, permanency, and well-being; efficiency; litigation skills and court room performance. To achieve continuous improvement, the measurements are tied to important policy processes and involve all levels of the organization. All levels, from front line staff, to statewide managers are accountable based on their individual and group performance. Each individual’s personal evaluation puts them on notice of the measures of quality and timeliness necessary to achieve satisfactory or commendable levels.
Using the personal evaluation process allows the quality improvement model to harness the effectiveness of tools employed by human resources including: individual performance improvement plans; mentoring; personal growth planning; performance bonuses and promotions. Children’s Legal Services believes that joining agency goals, objectives and measures with the human capital of our employees keeps effective and efficient delivery of legal services in sharp focus.

The Department’s QA/CQI system explores practice in these areas during QA reviews using the Quality of Practice Standards for Case Management and the Quality Service Review Protocol.

Quantitative data is run weekly, monthly, quarterly, and annually using the state’s SACWIS. The Department always utilizes the most current data and has the capability to run trend reports.

Quality assurance samples are pulled using the directions in the Windows into Practice for child protective investigations, the closed investigation cases for review must be randomly selected from the ”Child Investigations Closed within the Last 30 Days” report which is available in the FSFN report environment in the following location: Public Folders/Ad Hoc Shared Folder/Ad Hoc Misc/QA Reports/CPI. In addition to review of recently closed cases, the regions select one open investigation case for review each quarter. The open investigation case must be randomly selected from the FSFN Daily Report and be at least 20 days into the investigation, but no more than 30 days. The region may choose to select an open case within a specific circuit, or unit within the circuit, if deemed more effective in identifying local practice. For case management: As of the sample date, all children in open cases who are service recipients for at least one day during the selection period, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date, and who do not meet any of the discard criteria. This includes children who were receiving in-home services, who were in out-of-home care, or any combination of these during the period under review.

Florida law now requires that all child welfare professional in Florida be certified by a credentialing entity. The Florida Certification Board is currently the only certification entity approved to provide certification. The Child Welfare Certification Program is designed to recognize individuals who possess the knowledge and skills necessary to competently provide direct child welfare services under standard supervision. Certification is required for all direct service child welfare employees working for the Department; Sheriff’s Offices CBCs; and CBC-contracted provider agencies. Staff must earn and maintain Child Welfare Certification as a condition of employment (s. 402.40, F.S.). It takes the average employee approximately one year of training, supervision and on-the-job experience to "meet the minimum standards of performance in professional activities when measured against generally prevailing
peer performance." All applicants for certification must have a bachelor's degree in social work or a related area of study from an accredited college or university AND verification of successfully passing the Level 2 background screening. http://www.flcertificationboard.org/Certifications.cfm

The Florida Certification Board is required to track employees certified by the entity. The Department is in the process of transitioning from Skillnet, a statewide training tracking system, to the use of Florida's SACWIS system (FSFN) to capture training. The Department's information systems vendor, IBM, is hosting design team meetings to make refinements to the FSFN training screens for optimal use for collecting data. The department has prioritized and is working with the vendor to complete design required by the change request. This will transfer information related to tracking staff training from an ancillary system into FSFN, Florida's SACWIS system. Once complete the FSFN training module will allow the training administrator to create courses in the system for pre-service and in-service training, track training completed by employees at the course level, including CEU credits and whether the training is mandatory. There will also be dash-boarding functionality that will allow users to search for and display courses, view course details including their own history, schedule and launch training, and input appropriate course detail information. This functionality is expected to be available to users in the spring of 2013.

Although Florida currently has limited data, upon implementation of the new FSFN training tracking functionality, the Department will be able to run both statewide and local training reports. This will enable the Department to better address training needs in the future. By contractual agreement, the community-based care agencies currently report case manager training data by submitting semi-annual training reports. The Department recently created a standard semi-annual report template for use until the SACWIS training tracking system is completed. The new standardized template will greatly enhance the Department's ability to analyze the training data and make informed decisions and recommendations related to training.

Children’s Legal Services conducts quarterly training for new attorneys. The training is conducted over two and a half days and covers topics from the beginning of CLS involvement in a child protection case through adoption. Trial training skills are emphasized through mock hearing and trial settings. In addition to quarterly training for new attorneys, training on specific subject matters is provided throughout the year. Topics include evidence, appellate procedure, Interstate Compact on the Placement of Children, administration of psychotropic medication, drafting of pleadings, and use of the goal of Another Planned Permanent Living Arrangement.

Due to the Skillnet tracking system being replaced by changes to the state SACWIS for training tracking, there is not current data for child protective investigations. Data for CBCs is compiled semiannually.
The Department assesses service array through quality assurance reviews. The case worker’s ability to engage families in meaningful decisions about service options and support needs to access services will hinge on the local system of care’s service array and how services are accessed. The QA standards and the QSR protocol were developed to capture this information. Therefore, many of the QA standards are tied to service array.

The Department is also pursuing FSFN system to address findings related to SARR finding #14 and 16. These enhancements will allow for the tracking of all services paid for using state or federal dollars via FSFN, Florida’s SACWIS system. Service Types will be created by staff working in the financial module at each CBC and mapped to appropriate Service Categories to allow for uniform statewide reporting. This functionality is expected to be available to users in the spring of 2013.

Florida has submitted four federally compliant National Youth in Transition Database (NYTD) surveys (spring 2011, fall, 2011, spring, 2012, and fall 2012). All NYTD survey results are stratified to the local level and are made available to each of local community based care (CBC) lead-agencies through Five Points administered secure database log-on functionality. Review and analysis of the survey results is conducted at the CBC lead agency level so as to ensure that service structure for current and former foster care youth is being tailored to meet specific identified local needs. All NYTD data is compiled and made available to Department and CBC staff for review and assessment of service needs in their respective area of the state. The Department also produces the My Services Report for children 13-17. All reports are posted on the DCF internet site and data stratified by CBC is available via secure log in. http://www.myflfamilies.com/service-programs/independent-living

For children with disabilities, the Department works with the Agency for Persons with Disabilities (APD) to address service gaps and wait lists. On the 5th of each month, the DCF Child Welfare program office generates a list of all children currently in in-home or out-of-home care from the state SACWIS. This list is provided to APD so they can match the list to their data and identify whether the child is an APD "client" and the date the child became an APD "client." If a child is an APD client, it means the child has been referred to APD for services and may have been assessed and determined potentially eligible for APD services. APD returns the results to the DCF Child Welfare program office which separates the list by CBC and posts the Community Based Care Lead Agencies’ lists to Imaging Lite on the Web Portal. When this is completed, the DCF Child Welfare program office generates a prioritization list. The prioritization list selects all children from the file provided by APD who are listed as on the APD waitlist and have a permanency goal of reunification, adoption or permanent guardianship. Every three months the common list of FDCF and APD names is sent to the appropriate Community Based Care Lead Agencies with notes of particular interest (missing birthdates, or an alert for youth who will be turn 18 years old within the next six months). The Community
Based Care Lead Agencies are required to review the lists and report and discuss any additions, deletions or corrections to that list with the local APD office. If remedies to correct the list are not forthcoming locally, Tallahassee based liaisons from FDCF and APD will engage to facilitate the process.

Quality assurance samples are pulled using the directions in the Windows into Practice. For child protective investigations, the closed investigation cases for review must be randomly selected from the "Child Investigations Closed within the Last 30 Days" report which is available in the FSFN report environment in the following location: Public Folders/Ad Hoc Shared Folder/Ad Hoc Misc/QA Reports/CPI. In addition to review of recently closed cases, the regions will select one open investigation case for review each quarter. The open investigation case must be randomly selected from the FSFN Daily Report and be at least 20 days into the investigation, but no more than 30 days. The region may choose to select an open case within a specific circuit, or unit within the circuit, if deemed more effective in identifying local practice. For case management: As of the sample date, all children in open cases who were service recipients for at least one day during the selection period, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date, and who do not meet any of the discard criteria below. This includes children who were receiving in-home services, who were in out-of-home care, or any combination of these during the period under review.

A “white paper” was prepared for the Secretary in 2012 to lay the foundation for future work to address foster parent recruitment and retention. In June 2012 the Department kicked off a new foster parent initiative in collaboration with the community-based care agencies across the state, the Guardian ad Litem program, the Florida State Foster/Adoptive Parent Association, local associations and many more. The "Fostering Florida's Future" campaign focused on five key goals: Awareness Campaign—Fostering changes lives and helps children become successful adults; A Family for Every Child—Recruitment and retention of foster parents; Quality Parenting Initiative – Training and support for foster parents ; Letting Kids in Foster Care be Kids—Extracurricular activities, social media, time with friends; and Promising Futures – Attending school, graduating and pursuing further education. A new website was made available at www.fosteringflorida.com to highlight stories of successful foster parents and children in foster care or who have aged out of foster care. The goal is to recruit 1,200 new foster parents this year. Recruitment efforts will be centered at the 20 community-based care agencies that DCF contracts with throughout the state for prevention, foster care and adoption services. Using the model of the Quality Parenting Initiative, foster parents will know that they are partners in deciding what is in the best interest of the children in their care. Improved support of foster parents at every agency and every level will increase retention and recruitment.
Both the state and CBCs plan and implement recruitment/retention activities most often through the Quality Parenting Initiative. The state recruitment/retention activities are led by Child Advocate Tanya Wilkins and the Fostering Florida's Future Initiative. Individual CBCs assess system needs at the local level. Data is collected on the results of these activities including recruited families and retention of families. The Department generates a weekly report on foster parent recruitment. This report notes how many providers were licensed at the beginning of the year who were not licensed by the report run date (i.e.: number of providers who "dropped out").

Regarding "accurate data", data analysts use exploratory syntax which looks at a couple items to determine whether the data are internally consistency. The central office does not track recruitment plans.

Mrs. Wilkins has monthly meetings for “Fostering Florida’s Future” to address activities and data that supports efforts to address improvement. Three quality assurance reviews targeting recruitment and retention have been conducted over the past two years to identify areas that need improvement. These reports include address issues related to foster parent recruitment and retention.

Data reports and special QA reviews are completed in real time to address current issues and emerging trends.

3. Case Record Review Data and Process

For Child Protective Investigations, the State requires each Regional QA/CQI unit to conduct case record reviews of one recently closed investigations case from each investigations unit in each of the 20 circuits every quarter. (Approximately 200 reviews conducted each quarter.) In addition, Regions are required to review one open investigations case in the Region each quarter.

For each Sheriff's Office, 65 cases are reviewed annually by a team of QA reviewers consisting of the other 5 Sheriff's Offices peer reviewers and 2 DCF designated QA reviewers. These reviews are conducted between August and December each year. The peer reviews conducted by the sheriffs are guided the Peer Review Tool.

For case management, quality of practice reviews and QSRs should include, as much as possible, an equal share of In-Home service cases (non-judicial and judicial) and Out-of-Home service cases. After this initial stratification, the CBCs may choose to stratify their samples further if they need to focus their reviews in specific areas of local practice. Decisions to discard a randomly selected case from the sample list must be approved by the CBC QA manager, who must also document the basis for the decision as it relates to the discard criteria. CBCs may choose to draw additional cases for their own review purposes in any random, stratified or purposive manner. For example, if they want to do expanded reviews by
subcontractor or other factors, they may select more cases from the extract. However, they will not be used for statewide reporting.

In addition to the standardized case record reviews, CBCs are also conducting supplemental case record reviews in prescribed categories on a quarterly basis.

These reviews include the following targeted areas:

Quarter 1 – July 1 through September 30 Psychotropic Medications
Quarter 2 – October 1 through December 31 Independent Living
Quarter 3 – January 1 through March 31 Adoption
Quarter 4 – April 1 through June 30 Education

The schedule for quarterly reviews is outlined in the Annual QA/CQI Plan and in the Windows into Practice Guidelines. Quarterly reviews are conducted for CPI and Case Management following mandated minimum sampling guidelines. The quarterly reviews provide local administrations a “window into practice” in real-time and helps organizations to focus on quality improvement efforts at both the local and state levels. The reviews were established to be conducted on a quarterly basis to maintain standardization and allow for local processes to address CQI activities on an on-going basis.

The sheriffs were authorized by s. 39.3065(3)(d), Florida Statutes, to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Sheriffs currently conduct annual peer reviews.

The state CPI and Case Management standards were developed to align with the Child and Family Services items for Safety, Permanency, and Well-being. The standards address all key child welfare areas on a quarterly basis. The Sheriffs have adopted most of the Departments standards but there are differences.

Standardized case record reviews are done at the local level; Regions, Sheriffs, and CBCs also conduct special reviews at the request of leadership/local management. For child protective investigations, regional quality assurance staff conduct a qualitative review of one randomly selected recently closed case per CPI Unit in every circuit within the region, each quarter. In addition, each region will randomly select one case per region in which the investigation case is currently open.

The sheriffs pull a random sample but are currently not required to follow the Department’s protocols.

For both Child Protective Investigations and Case Management, the State has in standards for child protective investigations and case management. Each standard includes instructions and considerations and rating guidelines. The Department
utilizes the Windows into Practice Guidelines to provide instructions on conducting reviews. The uniform case record review instruments include the qualitative standard being measured, the requirement from which the standard is based, instructions and considerations for inter-rater reliability and rating criteria.

The sheriffs were authorized by s. 39.3065(3)(d), Florida Statutes, to develop their own quality assurance review system to assess the quality of work performed by child protective investigators. Sheriffs use a standardized QA tool and rating criteria approved by the Department.

Child Protective Investigation QA/CQI instruments reflect practice in all key child welfare practice areas to include: safety assessments, protective capacities, observing and interviewing children and family members, determining maltreatments, service needs, decision-making, planning for safe investigation case closure and supervisory oversight.

The Sheriffs have adopted most of the Departments standards listed above but there are differences.

Case Management QA/CQI instruments reflect practice in assessments, child safety, family engagement, teaming, service planning and provision, promoting case progress, permanency, planning for safe case closure and supervisory oversight.

Currently, the second level review is conducted by the region or CBC QA manager. Each Region and CBC has a designated QA/CQI Manager who is responsible for the second level review of all case record reviews and accuracy of the data collected by their individual reviewers.

When reviewers have finished their case review in the QA Portal, they mark the case as "completed". The QA Manager is then alerted within the portal that the case is pending a 2nd party review. The QA Manager reviews the completed case and if any changes/edits are to be made, the case is re-opened for the case reviewer to correct accordingly. This process continues until no further edits/changes are to be made and the QA Manager ultimately marks the case as "final reviewed". Once a case has been marked as "final reviewed", the case can no longer be re-opened or edited by the case reviewer or the QA Manager. The data from the final reviewed case will then be available in the reports users can download from the portal.

The Department addresses inter-rater reliability issues via monthly conference calls, quarterly meetings, and training as needed. The state office monitors QA data for inconsistencies. There is an ongoing FAQ list available for easy reference, quarterly meetings w/ QA/CQI Managers to discuss any inconsistencies, and daily interaction on an as-needed basis.
Sheriffs use a Peer Review model. The second level review varies among the different Sheriffs.

The central office QA Database Administrator routinely downloads reports to analyze and assess the data. Should there be any discrepancies found or if a user has contacted the Database Administrator to report an error found after the final review was completed, the Database Administrator then works with the computer programmer to make the appropriate code change to the data within the tables of the portal. The QA Database Administrator works directly with the regional and CBC QA managers to address data integrity issues. These activities are not currently outlined in formal policies and procedures.

Each quarter, the child welfare data office provides the QA/CQI central office an extract from the FSFN with a universe of all case management cases. The central office provides the CBCs with the extract for the month before the beginning of a new quarter. For example, a June extract is provided for quarter 1 reviews, July – September.

Sample extract: The extract will consist of all children who were service recipients during a defined selection period.

Sample Population: The sample population is as of the sample date, all children in open cases who were service recipients for at least one day during the selection period, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date, and who do not meet any of the discard criteria below. This includes children who were receiving in-home services, who were in out-of-home care, or any combination of these during the period under review. The following are specifically INCLUDED in the sample and do not constitute grounds for discard and replacement:

- Cases under out of county supervision will be INCLUDED in the sample population and assigned to the CBC of the primary worker.
- Cases under in-home supervision (non-judicial and judicial) and in out-of-home placements are INCLUDED in the sample population.
- Cases where Florida is the sending state on an Interstate Compact placement.

All children are assigned to a CBC’s sampling population based on the CBC assignment of the primary worker as of the sample date or the service recipient end date, whichever is earlier. Each quarter, the CBC QA manager will identify cases from the extract and assign their required number of QPS reviews. Two (2) cases from the sample will be identified for a Quality Services Review (QSR).
The sample for QPS and QSR reviews should include, as much as possible, an equal share of In-Home service cases (non-judicial and judicial) and Out-of-Home service cases. After this initial stratification, the CBCs may choose to stratify their samples further if they need to focus their reviews in specific areas of local practice. Decisions to discard a randomly selected case from the sample list must be approved by the CBC QA manager, who must also document the basis for the decision as it relates to the discard criteria.

CBCs may choose to draw additional cases for their own review purposes in any random, stratified or purposive manner. For example, if they want to do expanded reviews by subcontractor or other factors, they may select more cases from the extract. However, these extra cases should be properly identified as such in the QA web-based tool, and they will not be used for statewide reporting.

CBC QA managers must track the cases reviewed from quarter to quarter, discarding duplicate cases from subsequent samples, and conduct various data analyses. The CBC QA managers will ensure the list of cases selected for the QSR is unduplicated and make another random selection if the same case is identified for both review processes.

Each quarter, the child welfare data office provides the QA/CQI central office an extract from the FSFN with a universe of all case management cases. The central office provides the CBCs with the extract for the month before the beginning of a new quarter. For example, a June extract is provided for quarter 1 reviews, July – September.

- **Sample extract**: The extract will consist of all children who were service recipients during a defined selection period.

- **Sample Population**: The sample population is as of the sample date, all children in open cases who were service recipients for at least one day during the selection period, and who have been a service recipient for at least six (6) months as of the sample date or service recipient end date, and who do not meet any of the discard criteria below. This includes children who were receiving in-home services, who were in out-of-home care, or any combination of these during the period under review. For QSRs, the CBCs are required to always include at least one in-home case in their sample each quarter.

For Child Protective Investigations, the State requires each Regional QA/CQI unit to conduct case record reviews of one recently closed investigations case from each investigations unit in each of the 20 circuits every quarter. (Approximately 200 reviews conducted each quarter.) In addition, Regions are required to review one open investigations case in the Region each quarter. The closed investigation cases
for review must be randomly selected from the "Child Investigations Closed within the Last 30 Days" report which is available in the FSFN report environment in the following location: Public Folders/Ad Hoc Shared Folder/Ad Hoc Misc/QA Reports/CPI.

The number of cases required to undergo Quality of Practice Standards quarterly reviews is based on the CBCs child population; each CBC either completes 13, 18, or 23 Quality of Practice Standards reviews each quarter. In addition, all CBCs complete two QSRs each quarter. CBCs select an equal share of in-home and out-of-home care cases as much as possible and may stratify further is they need to focus their reviews in specific areas of local practice.

The Windows into Practice Guidelines provide specific direction to CBCs regarding deleting cases from the sample. In addition, the Quality Services Review Protocol in which interviews with case participants is an integral part of the process, provides direction on deleting cases as well.

Discard Criteria. Children that meet any of the following criteria should be dropped from the sample population and the next random order child considered for replacement in the final master list:

- Discard if the child has already been selected for review in this quarter.
- Discard if the child was in a case that was reviewed in any of the prior three (3) quarters within the fiscal year.
- Discard any sibling of a child included in the current sample OR in a case reviewed in any of the prior three (3) quarters.
- Discard if the child is in a case open only for continued adoption subsidy payments.
- Discard if the child was placed for the entire period under review in a locked juvenile facility or commitment program.
- Discard if child was a service recipient for less than 6 months as of the sample date or service recipient end date. This does NOT mean the child must have six CONSECUTIVE months of service.
- Discard if child is in a case where Florida is on the receiving side of Interstate Compact placement.
- Discard if the QSR case was closed prior to the review date and select another one that remains open.

The QSR Protocol requires interviews with the child, birth parent, caregiver, and caseworker or supervisor. QSRs are completed in two cases per CBC per quarter using the Quality Services Review Protocol. Instructions in the Protocol include advance notice to interviewees and preferred locations for interviews.
Written procedures for conducting interviews with families are provided in the QSR Protocol and Tool Kit. Detailed instructions are also available to reviewers via the Center, which includes tips on scheduling, interactive interviewing skills, and sample questions.

After each investigations case review is completed, the reviewer must schedule a debriefing session to discuss review findings. The debriefing must always include the CPI and the CPI Supervisor. Others can be invited at the Regions’ discretion. Debriefings should be conducted as soon as possible upon completing the review, preferably within 48 hours of completion. If there are any concerns or disputes over the findings, the QA reviewer and the supervisor are expected to resolve any differences within this debriefing setting. If they are unable to do so, the respective managers/administrators must be notified to assist in the resolution process.

For QSRs, once the review has been completed the team will conduct a debriefing with the case manager, supervisor and others as deemed appropriate. The debriefing is intended to tell-the-story about the child and family as learned from the file review and all of the interviews; and to discuss or clarify any gaps or address any additional questions. The debriefing also includes an opportunity to discuss what may be the most appropriate next steps to take in working with the family from the family’s perspective, the case manager’s perspective, and from the reviewers’ perspectives. The debriefing, at a minimum, should include information as to the strengths of the child and family and practice as well as the challenges.

For case management case reviews, after case reviews are completed, the reviewer should schedule a debriefing session to discuss review findings. The debriefing should always include case managers and the supervisors. Others can be invited at the QA Manager’s discretion.

There are two written caveats in the Quality Services Review Protocol that address the issue. “If any of the above parties cannot be interviewed, the reason must be documented in the case review instrument.” And, “A pre-school age child may just be observed by the reviewer.”

In order to conduct Quality Services Reviews QA/CQI Specialists must be trained on the Protocol. The training curriculum teaches reviewers to understand the Child and Family and the Practice Performance Indicators as well as how to conduct effective interviews and how to use the information gathered to score practice. In essence, the scoring process in the Quality Services Reviews centers on the information shared by all case participants as assessed by the interviewer/ reviewer.

Regions, Sheriffs’ Offices, and CBCs have written job descriptions for reviewers that include minimum requirements for education and experience. Although education requirements are not included in region and sheriff job descriptions, Florida law child
welfare professionals to possess the knowledge and skills necessary to competently provide direct child welfare services under standard supervision. The law requires certification for all direct service child welfare employees working for: the Department of Children and Families (DCF), Sheriff's Offices conducting Protective Investigations, Community-Based Care (CBC) Lead Agencies, or CBC-contracted provider agencies. These individuals must earn and maintain Child Welfare Certification as a condition of employment (s. 402.40, F.S.). Consistent with Florida Law, all applicants for certification must have a bachelor's degree in social work or a related area of study from an accredited college or university and verification of successfully passing the Level 2 background screening.

Since 2008 the Office of Child Welfare has provided quarterly training to staff who wish to be “certified” as QA reviewers in the Quality of Practice Standards Protocol. Over 200 people from around the state have received this training and passed the competency assessment. Although it has been modified through the years, the curriculum always includes training on the standards; the business-requirement(s) from which the standards are based; the instructions and considerations that are provided to help ensure inter-rater reliability; and rating criteria. The training provides opportunities to become familiar with and test inter-rater reliability with group participation.

This curriculum also presents discussion and group exercise on Ethical Guidelines which includes issues related to conflicts of interest.

The Quality Service Review curriculum includes training on interviewing as detailed above. In order to conduct Quality Services Reviews reviewers must be trained on the Protocol. The training curriculum teaches reviewers to understand the Child and Family and the Practice Performance Indicators as well as how to conduct effective interviews and how to use the information gathered to score practice. In essence, the scoring process in the Quality Services Reviews centers on what information the case participants (child, parent, provider, case manager, etc.) share with the interviewer.

All QA reviewers are required to attend Department sponsored quality assurance reviewer training and pass the competency test within six months of employment as a quality assurance reviewer. Until trained, reviewers shadow a trained and certified reviewer.

The State provides Ethical Guidelines that address potential conflicts of interests, but the State does not provide policy that directly prohibits reviewers from reviewing and rating, or participating in any QA on cases in which they had prior involvement. Windows into Practice does, however, specify that the CBC Manager must assign cases to certify reviewers employed by the CBC lead agency and not contracted case management organizations under contract with the CBC.
The State does not currently have a conflict of interest policy related to this area of practice.

4. Feedback and Adjustment

Internal and external stakeholders include, but are not be limited to: the child welfare network (i.e., dependent children and their families; policy and training specialists; operations and management administrations; law enforcement; Child Protection Teams; CLS; GALs; school systems; medical community, mental health community, substance abuse community, legislature, and the general population.

The Department defines external stakeholders as dependent children and their families; law enforcement; child protection teams; teachers and school personnel; mental health and substance abuse providers; GALs; the legislature; contract providers; the Seminole tribe, and the general public. Internal stakeholders include DCF employees (program specialists, general counsel, children’s legal services, child protective investigators, and DCF managers).

The Department organizes and displays qualitative and quantitative child welfare information to internal and external stakeholders via the Department’s website and the University of South Florida, Center for Child Welfare. These sites give stakeholders wide access to numerous reports concerning quality assurance reviews, routine data reports, score cards, performance measures http://www.dcf.state.fl.us/newsroom/docs/quickfacts.pdf; performance planning reports; http://www.myflfamilies.com/about-us/planning-performance-measures; and other quantitative and qualitative reports: http://centerforchildwelfare.fmhi.usf.edu/ad Litem (GAL), Department of Juvenile Justice (DJJ), Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), and Department of Education (DOE). These agreements range from manual monthly file exchanges to sophisticated interfaces with the FSFN that transmits automated electronic data. For example, the Department and the Office of the State Courts Administrator (OSCA) have entered into an Interagency Agreement to share data from and between the FSFN, interstate compact, the Florida Dependency Court Information System, and the Judicial Inquiry System. This data-sharing agreement facilitates the efficient performance of the statutory and constitutional duties of the court system, and is being further developed to inform the courts’ CQI initiatives. There are monthly meetings with the judiciary through the Court Improvement Process to discuss on-going and emerging child welfare issues. These meetings include representatives from the courts, Department of Education, and Guardian ad Litem.

In addition to the above, the Deputy Secretary for Operations sends a Weekly Key Indicators report to all Department leadership.
The Seminole, Poarch, and Miccosukee tribe have access to all internet sites. However, the Seminole tribe is more actively involved with the Department and participates in routine conference calls and at least one meeting annually at the Child Welfare Summit.

The department shares information through monthly VTCs with Regional Managing Directors, quarterly meetings with Regional Managing Directors, monthly conference calls with QA managers, monthly operations calls with the private sector, quarterly meetings with regional managers, quarterly meetings with QA managers, monthly conference calls with regional Family and Community Services Directors, and monthly meetings with the courts via the Court Improvement Program. These meetings and conference calls include discussions around data analysis, trend data, performance, and performance goals for child welfare. During these meetings and conference calls participants share promising practices that have made a positive impact on practice.

In addition, the Department disseminates a series of management reports on a regular basis to ensure regions and CBCs have current information to address current or emerging issues. The Weekly Key Indicator Report provides an on-going look at performance on numerous key indicators related to the safety, permanency, and well-being. This report is sent to the regions and CBCs each week with a brief analysis. The Assistant Secretary for Operations utilizes this report in weekly discussions with regional leadership.

The Weekly Healthcare Report provides a snapshot of the medical, dental and immunization information entered in FSFN for children in out of home care as of the date listed on the report. The data in this report comes from the Medical Profile and Medical History tabs in the Medical/Mental Health module of FSFN. 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.

The CBC and CPI Scorecards are produced monthly for review and discussion by CBCs, regional leadership, and Department management to promote strategies for improvement. The Scorecard's indicators provide balance among the goals of safety, family preservation, permanency, well-being, and cost. CBCs and Regions are ranked and the Scorecards are published.

The quarterly Federal Permanency Measures Report summarizes performance on the permanency measures that make up the four federal permanency composites at the state, circuit, region and lead agency level. This allows for detailed data analyses at the local level. The Quarterly Child Fatality Report provides trend
information for calendar years 2007-2011 for all child deaths reported to the Florida Abuse Hotline regardless of finding.

The Annual Independent Living Advisory Council Report and Annual Report on Oversight Activities and Outcome Measures outline trends for children in the independent living program. This report is widely disseminated for use at the local level to address practice issues.

Regions and CBCs have local processes in place whereby they use data to drive operations and management activities. At the state level, the agency head and leadership meets with regional leadership and CBC CEOs quarterly to discuss performance. Examples of trend reports include the Three-year comparison and adoption trends. The CBC contracts include performance requirements with minimum targets. These requirements underscore responsibilities of CBC leadership. At the regional level, the CPI Scorecard data is discussed weekly with leadership.

Child welfare information is accessible through the Departments’ internet site and the University of South Florida (USF) Center for Child Welfare internet site. The Department welcomes comments and suggestions for improving the accessibility of information on the website. If anyone uses assistive technology and the format interferes with someone’s ability to access information on the Department’s website, they are encouraged to notify the Department at webmaster@dcf.state.fl.us for assistance. The State contracts with the University of South Florida to operate the Florida’s Center for Child Welfare web site. This is an effective way to communicate child welfare information to anyone interested and includes every program component within the child welfare system. The Center web site was recently updated with an improved organization of information intended to make it more user friendly thereby encouraging more staff and stakeholders to take advantage of all of the information available to them. In November, 2012, USF reported 30,997 average daily “hits” and 1,266 unique “not duplicated” users contacted the Center during the same month. Each quarter USF facilitates a customer satisfaction survey to obtain feedback on the website. The Department and the Center for Child Welfare utilize Twitter, Facebook, U Tube, and a blog to provide varied, accessible communication methods for a variety of audiences. The Center sends out blast emails to all users when there are announcements or new information posted.

To reach a broader audience, the Department has established two websites: Fostering Florida’s Future http://www.fosteringflorida.com/ and Partners for Promise http://flpartnersforpromise.com/ Both of these communication methods encourage participation from stakeholders and communities. In addition, the Department has established a Facebook and Twitter account to communicate with the public.
There is currently no formal evaluation of these communication methods to
determine if they are reaching stakeholders, families, and youth. However, all sites
have a substantial number of “hits” each month.

Regions and CBCs are required to conduct analysis of QA findings on a quarterly
basis (or more often if needed) and to provide feedback to operations and
management staff in real-time. QA reviewers must conduct debriefings to provide
feedback to supervisors and other management level staff immediately following
completion of case reviews and QSRs.

At a higher level, the Office of the State Court Administration (court improvement
program), other child welfare stakeholders, and department staff meet monthly to
share information and troubleshoot problems. These ongoing meetings include staff from: guardian ad litem, Department of Education, DCF attorneys, and parent
attorneys. CIP staff also serve on a variety of multidisciplinary groups on an ongoing
basis, including the Trauma-informed Care Workgroup, the Interagency Educational
Workgroup, the Fostering Achievement Fellowship Program, the Tribal-State
Workgroup, the Statewide Independent Living Advisory Committee, the State Child
Abuse Death Review Committee, the Steering Committee on Families and Children in the Court, and the Florida Bar Rules of Court Procedure Committee. Information
and issues from these CIP partnerships are addressed at the monthly interagency
meetings. In addition, there is a monthly Dependency Court Improvement Panel
conference call among judges, OSCA, DCF, CBCs, and other stakeholders to
address dependency issues.

Feedback is incorporated through system wide practice change. For example, the
current “Transformation Project” will address substantial changes to the child welfare
system based on analysis of data and feedback from workgroups representing the
hotline, child protective investigations, sheriffs, and case management. This
process has been very collaborative with weekly and monthly meetings with field
staff and supervisors. As a result, the Department will make practice changes in
every area of child welfare.

Planning and adjustment for QA/CQI activities is completed each year through an
established workgroup known as the “Tweaking Workgroup”. QA managers from
the Regions and CBCs assess current QA/CQI processes and standards in order to
improve/refine them for the coming year. For example, in 2012 the “Tweaking
Workgroup” identified new QA/CQI activity that is now implemented throughout the
state. This activity requires supplemental reviews to be completed each quarter for
CBCs. Each CBC will review an additional 10 cases each quarter within in a
specified practice area.

In 2012, the Department launched a redesign project to permanently improve the
child welfare system. With support from the governor, legislature, and private
providers, the Department embarked upon a multiyear transformation project for child protection and community-based care services. There are weekly, monthly, and quarterly meetings with Department staff and stakeholders to plan system wide changes. Specific to QA/CQI, there is a Charter that guides activities and establishes the process and goals for development of QA/CQI fidelity tools for the new Safety Decision Making Methodology for the Hotline, CPI, and Case Management. This workgroup is developing and implementing a framework for ongoing evaluation of Florida’s child welfare system that uses new qualitative review tools and performance metrics to critically examine the quality of information gathering, assessments, safety planning, and service delivery. The new framework will include activities that will engage managers, staff, families and stakeholders; provide targeted, ongoing feedback on practice and outcomes; and include mechanisms for incorporating that feedback into improved practice.

Due to privatization in Florida, it is critical that CQI projects involve community stakeholders. For example, as a result of a QA review of residential group care the Department entered into a contract with the Annie E. Casey Foundation, to assess Florida’s use of residential group care. Provider organizations were brought in to review data and help plan further assessment activities. The Department worked with the Florida Coalition for Children to identify a small provider group who will work with the Department and Annie E. Casey on the development of survey tools.

In 2012, the Department began implementation of the Child Protection Transformation Project. QA/CQI data will be used to assess fidelity to the model in 2013. QA/CQI staff from the regions, CBCs, and Sheriffs is participating in all policy decisions related to implementation. For example, the Secretary has placed special emphasis on foster care recruitment and adoptions. The Secretary’s wife, Tanya Wilkins, leads this initiative as the chief advocate (an unpaid position appointed by the Governor). Mrs. Wilkins has monthly meeting with the state foster parent association and other key leadership to discuss initiatives and data and determine appropriate strategies for policy. The special QA review of foster parent investigations has led to policy change in the way reports to the Hotline are handled. The Department has completed a recent QA review of foster parent turnover and that information will be used by the regions and CBCs to address issues with foster parent recruitment and retention. A review is being planned to address practice related to transition planning when children are moved from one placement to another including home or a relative. This information will be used to set a baseline so that improvements in practice can be gauged.

Each year the Department works in collaboration with local DCF regions and CBCs to ensure data informs goals and strategies at the local level. CBCs are require to develop annual QA/CQI plans to address field practice. Regional DCF QA goal and strategies are incorporated into training and local staff meetings. Examples include
the group care project, emphasis on foster parent recruitment and adoptions, and investigations of foster parents.

Regional and CBC QA staff debrief their QA/CQI findings with field staff upon completing reviews which should result in improved field practices at the service delivery level. This practice has improved the understanding of case worker responsibilities. The Regional Managing Directors have tremendous responsibilities associated with local stakeholder collaboration. Child welfare quantitative and qualitative data is readily available for use in community meetings. This data can be presented by region, county, and judicial circuit and is very useful for local community planning activities.

QA data from the Quality of Practice Reviews and QSRs are used at the local level to inform practice changes. The exit debriefing process with CPIs, case managers, and supervisors changed in 2011 due to staff feeling like they were being “dinged” by QA reviewers. The new process focuses on guidance, mentoring and training for line staff and has had a positive impact on field staff.

The targeted special QA reviews help guide policy and training dialog when quantitative data and anecdotal stories raise issues of concern. Examples include the special QA review of foster parent investigations which led to policy change in the way reports to the Hotline are handled. The Department has completed a recent QA review of foster parent turnover and that information will be used by the regions and CBCs to address issues with foster parent recruitment and retention. A review is being planned to address practice related to transition planning when children are moved from one placement to another including home or a relative. This information will be used to set a baseline so that improvements in practice can be gauged.

The data informs the Department as to which areas of practice are in need of improvement and which areas are doing well both locally and from the statewide perspective. The QA/CQI annual “Tweaking Workgroup” provides a forum for discussions of improvements to the QA/CQI process. For the 2012-2103 review cycle several changes were made to clarify standards and ensure the standards were sufficient to address practice requirements.
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<tr>
<td>Model Approach to Partnerships in Parenting (MAPP)</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This is a 20 hour pre-service training required by the State of Florida. The focus is on parent preparation, education, and mutual selection. (Administrative code: 65C13.003 (1))</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agencies throughout Florida.</td>
<td>Short-term</td>
<td>Providers of this training are comprised of community-based care foster care counselors and licensed foster parents.</td>
<td>This course is a 30 hour course and is held periodically as needed across the state in multiple locations.</td>
<td>Foster parents and adoptive parents</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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.</td>
<td>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.</td>
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<td>Money Skills</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course will provide individuals ways to help children learn and develop good money skills through instruction and example.</td>
<td>Same as above</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and must hold a Masters or Ph.D.</td>
<td>This course is a 4 hour course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
<td>Same as above</td>
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<td>Emergency Preparedness</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course is designed to prepare individuals to be as knowledgeable as possible in what can be done to maximize the safety of our family and friends in an emergency.</td>
<td>Same as above</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and must hold a Masters or Ph.D.</td>
<td>This course is a 4 hour course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
<td>Same as above</td>
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<td>Anxiety, Depression, Bipolar Symptoms &amp; Disorders in Children &amp; Teens</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course is designed to help understand the nature of various mental illnesses and to discern symptoms in which to assist such children to reach their maximum potential</td>
<td>Same as above</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and must hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
<td>Same as above</td>
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<td>Psychiatric Disorders Found in Foster &amp; Adopted Children</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course is designed to provide information regarding psychological disorders that affect children in or previously in foster care, tools in which to assist such children to reach their maximum potential</td>
<td>Same as above</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and must hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 2 times</td>
<td>Foster parents and adoptive parents</td>
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### APSR Training Report: (2011-2012)

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<td><strong>The Bridge from Rage to Reason</strong> Foster Parent / Adoptive Parent Training</td>
<td>This course will explain why children rage, how brain function and trauma affect the brain and how to effectively manage explosive incidents. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 2 times</td>
<td>Foster parents and adoptive parents</td>
<td>Same as above</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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.</td>
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<td><strong>Difficult Children 101</strong> Foster Parent / Adoptive Parent Training</td>
<td>This course is designed to explain: how foster children feel and think, why foster children sometimes intentionally try to create crisis in their foster families on a regular basis, foster children and mixed emotions, natural resiliencies, and parenting skills and exercises</td>
<td>Same as above</td>
<td>Short-term</td>
<td>The trainers are professionals and hold advanced degrees. The group is: Foster Care and Adoptive Community (FCAC)</td>
<td>This course is a half day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
<td>Same as above</td>
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<td><strong>Through the Eyes of a Foster Child</strong> Foster Parent / Adoptive Parent Training</td>
<td>This course is an interactive course and will focus on why children lie and how to interact with a child to reduce the opportunity of lying.</td>
<td>Same as above</td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
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<td><strong>What I Really Needed! - Through The Eyes of a Foster Child Part II</strong> Foster Parent / Adoptive Parent Training</td>
<td>This course will focus on why there is a lack of trust in children who have been in out-of-home care and what can be done to work with and build a trusting relationship.</td>
<td>Same as above</td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
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<td>Teaching Independence &amp; Keeping Fragile Kids Safe</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course is designed to provide caregivers, social workers and educators information needed to assist with the independence of fragile children.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half-day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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.</td>
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<td>Dealing with Sexually Acting Out Behaviors</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course is designed for anyone dealing with a child who has been sexually abused or suspected thereof and helps to explain identify and help individuals sexually acting out.</td>
<td>Same as above</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
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<td>This course is a half-day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
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<td>Helping Your Child Become a Reader</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course includes reading and how-to activities for families with children from infancy through age 6.</td>
<td>Same as above</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half-day course and was offered 1 time</td>
<td>Foster parents and adoptive parents</td>
<td>Same as above</td>
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<td>Florida State Foster Adoptive Parent Association Annual Conference (FSFAPA)</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>FSFAPA Conference is held annually in Florida. The Association portion of these meetings is designed to connect all foster parents and to help them with any issues they may be facing. The hour specific training is designed to meet the 8 hour re-licensing requirement that is needed to remain licensed. This conference included multiple 2 hour sessions on various topics</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in conjunction with several other in-service training options. The setting was a classroom style within a conference setting with several other breakout rooms.</td>
<td>Short-term</td>
<td>This training activity was conducted by a Foster Care Specialist with a Community Based Care agency.</td>
<td>This conference included multiple 2 hour sessions over the course of 16 hours</td>
<td>Foster parents and adoptive parents</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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.</td>
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<td>Teaching Children About “The Birds &amp; The Bees</td>
<td>Foster Parent / Adoptive Parent Training</td>
<td>This course is designed to give caregivers in providing information to children regarding &quot;the facts of Life&quot; - human sexuality</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
<td>Short-term</td>
<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 2 times.</td>
<td>Foster parents and adoptive parents</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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.</td>
<td>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.</td>
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<td>Saying Hello and Good-Bye</td>
<td>Foster Parent Training</td>
<td>The course covers the following topics: preparing for the child's arrival, preparing old kids for the new kid, the adjustment phase, honeymoons and tests, first day of school, Maintaining the history, Preparing for the child's departure, Helping your kids say good-bye, and Packing belongings and memories.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training opportunity is conducted via the internet at <a href="http://www.fosterparents.com">www.fosterparents.com</a></td>
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<td>Courses are developed by professionals with extensive experience, and most hold a Masters or Ph.D.</td>
<td>This course is a half day course and was offered 2 times.</td>
<td>Foster parents</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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.</td>
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<td>FSFN Training Webinar</td>
<td>Inservice</td>
<td>This course is designed to give an overview and explanation of significant system changes in FSFN. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted via webinar</td>
<td>Long-term</td>
<td>This training activity was conducted by a Department of Children and Families (DCF) FSFN specialist. This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.</td>
<td>All child welfare who are FSFN users</td>
<td>$13.4 million ($7.7 Federal - to include Title IV-E - and $5.7 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 Supports eligibility group rate, Out of Home eligibility group rate, and Adoption Assistance eligibility group rate.</td>
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<td>Family Assessment Training</td>
<td>Inservice</td>
<td>This workshop is designed to address the need to create critical assessment that captures a snapshot of family functioning, tracks change and outlines of those tasks, and activities responsible for creating changed in the family. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer. The training activity was a half day training offered 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>The Five Protective Factors Webinar</td>
<td>Inservice</td>
<td>The webinar will introduce case managers to the five protective factors used in assessing parenting capacity in the population of abused and neglected children. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted via webinar</td>
<td>Long-term</td>
<td>The training activity was conducted by a child welfare professional. This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
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<td>Supervising for Excellence</td>
<td>Inservice</td>
<td>This supervisor training is required for all new supervisors in Florida’s Child Welfare system. Supervising for excellence offers participants an opportunity to learn the skills and information necessary to transition into effective leaders in their new supervisory roles. Participants will learn how to identify their leadership styles, build an effective team, give constructive feedback, and steer their team’s work towards achieving the goals and outcomes necessary to ensure safety, permanence, and well-being.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agencies throughout Florida.</td>
<td>Short-term</td>
<td>The training activity was conducted by Certified Supervising for Excellence trainers. This course is a 16-hour course and is held periodically as needed across the state in multiple locations.</td>
<td>Supervisors of child welfare workers. Same as above.</td>
<td>Same as above.</td>
<td>Same as above.</td>
<td>Same as above.</td>
</tr>
<tr>
<td>Building Connections</td>
<td>Inservice</td>
<td>This workshop will address best practice methods for engaging families and successful visitations for parents and children. Discussion around potential barriers and opportunities to use best practice methods regarding visitation and engagement will also be presented at this workshop.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer. This partial day training was offered 5 times.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers. Same as above.</td>
<td>Same as above.</td>
<td>Same as above.</td>
<td>Same as above.</td>
</tr>
<tr>
<td>Child Welfare, Race and Disparity Webinar</td>
<td>Inservice</td>
<td>Racial disparity in the child welfare system is an increasingly pressing problem for policymakers, practitioners, and advocates. The fact that Black children enter foster care at higher rates than White children and remain in care longer is well established—but not so well understood.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted via webinar by a panel of professionals in the area of this topic.</td>
<td>Long-term</td>
<td>This training activity was conducted via webinar by a panel of professionals in the area of this topic.</td>
<td>This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers. Same as above.</td>
<td>Same as above.</td>
<td>Same as above.</td>
</tr>
<tr>
<td>Winding Child Death Reviews Webinar</td>
<td>Inservice</td>
<td>This course is designed to help administrators understand the purpose and functions of child death review team; establish a review team or enhance already existing teams; help members understand their roles on the review team; and lastly identify prevention strategies to prevent child deaths.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted via webinar by professionals in the area of this topic.</td>
<td>Long-term</td>
<td>This training activity was conducted via webinar by professionals in the area of this topic.</td>
<td>This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers. Same as above.</td>
<td>Same as above.</td>
<td>Same as above.</td>
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<td>Course Title</td>
<td>Course Type: Inservice</td>
<td>Course Description</td>
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<tr>
<td>Critical Thinking and Assessment Workshop</td>
<td>Inservice</td>
<td>Critical Thinking and Assessment Workshop. You’ve answered the questions on your assessment – now what? This course is designed to address the issues of relevance, sufficiency and completeness.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigations; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>Child Advocacy Center Info Session</td>
<td>Inservice</td>
<td>This course is designed to provide detailed information on the Child Advocacy Center (CAC), a community-based child-focused center that facilitates a compassionate, multidisciplinary approach to prevention, identification, investigation, prosecution and treatment of child abuse.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a professional with the CAC.</td>
<td>This partial day training was offered 3 times.</td>
<td>Supervisors of child welfare workers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Father Engagement Webinar</td>
<td>Inservice</td>
<td>This course will provide an overview of the developmental, sociocultural issues, and impact of internalized oppression on the behavior and role of fathers. Additionally, effective strategies, program models, and resources to consider in working with men and boys will be provided.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted via webinar.</td>
<td>Long-term</td>
<td>This training activity was conducted by a professional in the area of this topic.</td>
<td>This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.</td>
<td>Child welfare professionals, including: case managers; protective investigations; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Bridges to Prosperity</td>
<td>Inservice</td>
<td>Coming to Partnership for Strong Families: In response to Catholic Charities USA’s goal to reduce poverty by 50% by 2020 and to better serve our clients, we are developing a program designed to look at the core issues surrounding poverty, its impact on the community and comprehensive solutions.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>Catholic Charities was the provider of this training activity.</td>
<td>This partial day course was offered 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigations; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<td>Social Security Training: Inservice</td>
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<td>Vicarious Trauma</td>
<td>Inservice</td>
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<td>Meeting the Developmental Needs of Infants and Toddlers in the Child Welfare system Webinar</td>
<td>Inservice</td>
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<td>Advance Practice Community Webinar</td>
<td>Inservice</td>
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</table>

**APSR Training Report: (2011-2012)**

**Social Security Training: Inservice**

This course introduced participants to the social security eligibility and requirements for children aging out of the foster care system.

**Description of the training activity addresses**

Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.

**Description of the setting / venue for the training activity**

This training was conducted in a classroom type setting at the community-based care agency.

**Indication of the duration category of the training activity**

Short-term

**Description of the provider of the training activity**

The training activity was conducted by certified child welfare trainer.

**Specification of the approximate number of days/hours of the training activity**

This partial day training was offered 2 times.

**Description of Audience**

Child welfare professionals, including: case managers; protective investigators; supervisors; and managers

**Description of estimated total cost**

Same as above

**Cost allocation methodology applied to training costs.**

Same as above

**Vicarious Trauma**

This workshop will address the cost child protection professionals pay for caring and working with abused and neglected children and families.

**Description of the training activity addresses**

Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.

**Description of the setting / venue for the training activity**

This training was conducted in a classroom type setting at the community-based care agency.

**Indication of the duration category of the training activity**

Short-term

**Description of the provider of the training activity**

The training activity was provided by a licensed mental health counselor.

**Specification of the approximate number of days/hours of the training activity**

This 2 hour course was offered 2 times.

**Description of Audience**

Child welfare professionals, including: case managers; protective investigators; supervisors; and managers

**Description of estimated total cost**

Same as above

**Cost allocation methodology applied to training costs.**

Same as above

**Meeting the Developmental Needs of Infants and Toddlers in the Child Welfare system Webinar**

This webinar will focus first on what young children, especially infants, experience in the child welfare system. It will also explore the impact of maltreatment on development and how early intervention can support development. Finally, it will point administrators and stakeholders to a framework for designing a developmental approach to caring for young children in the child welfare system and their families and provide a state perspective on how to get started.

**Description of the training activity addresses**

Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.

**Description of the setting / venue for the training activity**

This training activity was conducted via webinar.

**Indication of the duration category of the training activity**

Long-term

**Description of the provider of the training activity**

This training activity was conducted by a professional in the area of this topic.

**Specification of the approximate number of days/hours of the training activity**

This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.

**Description of Audience**

Child welfare professionals, including: case managers; protective investigators; supervisors; and managers

**Description of estimated total cost**

Same as above

**Cost allocation methodology applied to training costs.**

Same as above

**Advance Practice Community Webinar**

This presentation will discuss how FDCs interact with the juvenile dependency court and the unique aspects of its judicial proceedings.

**Description of the training activity addresses**

Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.

**Description of the setting / venue for the training activity**

This training activity was conducted via webinar.

**Indication of the duration category of the training activity**

Long-term

**Description of the provider of the training activity**

This training activity was conducted by a professional in the area of this topic.

**Specification of the approximate number of days/hours of the training activity**

This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7.

**Description of Audience**

Child welfare professionals, including: case managers; protective investigators; supervisors; and managers

**Description of estimated total cost**

Same as above

**Cost allocation methodology applied to training costs.**

Same as above
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<tr>
<td>Florida State-Wide Legislative Update Webinar</td>
<td>Inservice</td>
<td>Participants will receive an update to legislative changes made during the last session. Participants will engage in a question and answer session towards the end of the session.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted via webinar</td>
<td>Short-term</td>
<td>This training was conducted by the training director for Children's Legal Services.</td>
<td>This partial day training was conducted 1 time.</td>
<td>Child welfare professionals; including: case managers; protective investigations; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>Pre-Service Training</td>
<td>Pre-Service</td>
<td>This is a six week classroom training for new protective investigators, case managers, adoptive parent trainers, counselors, and foster care licensing staff. The course covers: child welfare standards, values and practice; legal overview; court preparation; family preservation, maltreatment and neglect; safety planning; effects of abuse/neglect on the developing child; human trafficking; assessments; removal and placement; case planning; adoption; ongoing assessments/permanency.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in classrooms around the state. Trainings are provided by regions, within the lead CBC agency, and contracted Sheriff's Offices.</td>
<td>Long-term</td>
<td>This training activity was provided by trainers who are certified by the university training academy (Florida International University). This course is a six week course and is provided periodically as needed across the state in multiple locations.</td>
<td>All new child welfare staff, including: case managers; protective investigations; adoptions counselors, foster care licensing staff.</td>
<td>The Department allocates approximately $11.4 million ($7.7 Federal - to include Title IV-E and $5.7 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.</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>CPT Overview</td>
<td>Inservice</td>
<td>This training provides an overview of the CPT program, the services they offer children/families, and how Counselors can make referrals for those services.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom setting within the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer.</td>
<td>This partial day training was provided 3 times.</td>
<td>Child welfare professionals; including: case managers; protective investigations; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>Missing Children</td>
<td>Inservice</td>
<td>Staff will become familiar with missing children and youth procedures to better protect vulnerable children and youth.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a Missing Child Specialist with the CBC.</td>
<td>This partial day training was provided 2 times.</td>
<td>Child welfare professionals; including: case managers; protective investigations; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
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<tr>
<td>APSR Training Report: (2011-2012)</td>
<td>FSFN Overview/Refresh Labs Inservice</td>
<td>Participants receive an overview of FSFN. Basic navigations skills are reviewed, including but not limited to searches, importing notes, and entering data fields. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was provided 6 times.</td>
<td>FSFN users</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
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</tr>
<tr>
<td>Basic Mediation Inservice</td>
<td>Staff will be exposed to many skills necessary to have a productive meeting with a diverse group of participants. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a nationally recognized court mediator</td>
<td>This 2 day training was offered 1 time</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; managers; attorneys; stakeholders; etc.</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Medical Foster Care Inservice</td>
<td>This course is intended to help attendees to understand what the MFC program is, know what clients MFC serves, how to make referrals to MFC, how MFC works in conjunction with placement and caseworkers, and how the recruitment of MFC parents takes place. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a medical foster parent social worker.</td>
<td>This partial day training was offered 4 times.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; managers and directors</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Bloodborne Pathogens Inservice</td>
<td>In order to minimize the risk of exposure to contagious and infectious diseases, KCJ must comply with health standards. It is important for all staff to have knowledge of ways to reduce the spread of illness in the workplace and while serving others in the community. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training activity was conducted via webinar.</td>
<td>Long-term</td>
<td>This training activity was conducted by a professional in the area of this topic.</td>
<td>This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
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<tr>
<td>Non-Abusive, Psychological, and Physical Intervention (NAPPI)</td>
<td>Inservice</td>
<td>This course focuses on employee safety. It is designed to train staff in methods of assessing, preventing, and managing behaviors.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by certified NAPPI trainers</td>
<td>This partial day training was conducted 7 times</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>Non-Abusive, Psychological, and Physical Intervention (NAPPI) for Foster Parents</td>
<td>Foster Parent Training</td>
<td>This course focuses on employee safety. It is designed to train staff in methods of assessing, preventing, and managing behaviors.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by certified NAPPI trainers</td>
<td>This partial day training was conducted 6 times</td>
<td>Foster parents</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>Family Violence</td>
<td>Inservice</td>
<td>Staff will learn the definition of Family Violence, review local statistics, and define the types of abuse. They will also learn who are mandatory reporters and review legal responsibilities. They will also learn about Safety Planning and learn about Local, State, and National Resources.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training was conducted by a Family Violence Prevention Coordinator for the Marion County Children’s Alliance</td>
<td>This partial day training was conducted 1 time</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Responding to Conflict Styles</td>
<td>Inservice</td>
<td>When working with customers, partners, or external stakeholders, a professional must be competent to engage others in a cooperative manner to resolve sensitive issues and place an agreeable plan into action. This training will prepare staff to conduct productive meetings with a diverse group of participants.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a nationally recognized court mediator</td>
<td>This partial day training was conducted 5 times</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
</tr>
<tr>
<td>Course Title</td>
<td>Course Type:</td>
<td>Course Description</td>
<td>Indication of the specifically</td>
<td>Description of the</td>
<td>Indication of the</td>
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<tr>
<td>Family Team Conferencing</td>
<td>Inservice</td>
<td>This course will have staff identify the professional values of teaming and relate FTC to Family Centered Practice (FCP). They will assess the systemic supports and hindrances to FTC and FCP. They will understand how families' resistance to change may be impacted through skilled interventions. They will also role play an actual Family Team Conference to understand the roles of each participant.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>this training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This partial day training was conducted 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Substance Abuse</td>
<td>Inservice</td>
<td>Staff will be presented with the signs and symptoms of addiction. They will also gain insight into the following topics: progression, disease concept, family dynamics, effects on families, barriers to recovery, recovery strategies, and the various treatment modalities for adults, adolescents and children.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>this training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This partial day training was conducted 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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</tr>
<tr>
<td>Family Finding Orientation</td>
<td>Inservice</td>
<td>Staff will learn the history and values of the Family Finding practice. Understand the six steps of the Family Finding practice. Experience the discovery phase of Family Finding. Learn to anticipate possible barriers and solutions in the practice.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>this training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This partial day training was conducted 14 times.</td>
<td>Community Based Care Directors, Case Managers, supervisors, child permanency and safety specialists.</td>
<td>Same as above</td>
<td>Same as above</td>
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</tr>
<tr>
<td>Mandatory Reporting</td>
<td>Inservice</td>
<td>This training will teach the participants how to initiate a report. It will also review the decision-making process and when to make a report and not.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>this training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This partial day training was offered 2 times.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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</tbody>
</table>
### Family Centered Practice: Opportunities for Success

**Course Title:** Inservice  
**Description:** This workshop will introduce the concepts of Family Centered Practice. It will work to firmly establish FCP as an important methodology for increasing every child’s and every family’s opportunities for success. It will prepare child welfare professionals to implement this practice with skill and confidence.  
**Training:** Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.  
**Duration:** Short-term  
**Setting:** The training activity was conducted by certified child welfare trainer  
**Description of Audience:** Child welfare professionals, including: case managers; protective investigators; supervisors; and managers  
**Total Cost:** Same as above  

### Psychotropic Medications

**Course Title:** Inservice  
**Description:** This training offers an update to the 2010 Legislative changes, an understanding of the issues that affect the laws regarding psych meds, a discussion about engaging youth in the process, and understanding the role of case managers and the importance of good documentation  
**Training:** Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.  
**Duration:** Short-term  
**Setting:** The training activity was conducted by certified child welfare trainer  
**Description of Audience:** Child welfare professionals, including: case managers; protective investigators; supervisors; and managers  
**Total Cost:** Same as above  

### Bridge out of Poverty

**Course Title:** Inservice  
**Description:** Bridges Out of Poverty is a starting point where one can develop accurate mental models of poverty, middle class and wealth. It is a new lens through which participants can view themselves, their clients and the community. This is an introduction into the Bridges Out of Poverty concepts for case managers, supervisors and providers.  
**Training:** Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.  
**Duration:** Short-term  
**Setting:** The training activity was conducted by certified child welfare trainer  
**Description of Audience:** Child welfare professionals, including: case managers; protective investigators; supervisors; and managers  
**Total Cost:** Same as above  

### Risk Assessment

**Course Title:** Inservice  
**Description:** This training is provided to improve the assessment skills of Family Care Managers working in the field. Participants will learn the definition of Assessment along with the most common Assessment Documents. Participants will also learn when Family Assessments and Risk Assessments are completed and the three levels of risk.  
**Training:** Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.  
**Duration:** Short-term  
**Setting:** The training activity was conducted by certified child welfare trainer  
**Description of Audience:** Child welfare professionals, including: case managers; protective investigators; supervisors; and managers  
**Total Cost:** Same as above
<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Type: PreService / InService (Specify if Foster or Adoptive Parent Training)</th>
<th>Course Description Brief one paragraph syllabus on the training activity</th>
<th>Indication of the specifically allowable Title IV-E administrative functions the training activity addresses</th>
<th>Description of the setting / venue for the training activity</th>
<th>Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)</th>
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<th>Cost allocation methodology applied to training costs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Abuse in Children &amp; Adolescents</td>
<td>Inservice</td>
<td>Identify and recognize the various types of trauma impacting our lives and the lives of the children and families we see.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by professionals with Kimberly’s Center for Child Protection.</td>
<td>This partial day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
<td></td>
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<tr>
<td>Visitation Coaching</td>
<td>Inservice</td>
<td>Understand the purpose and principles of visitation. Understand the correlation between visitation and reunification. How to prepare for different types of visits.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 4 times.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Mental Health Training</td>
<td>Inservice</td>
<td>Learn Common Mental Health Diagnosis in children and adults and therapeutic modalities. Learn Common de-escalation techniques and engagement strategies.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by a psychiatrist.</td>
<td>This partial day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers; protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Direct Care/Hard of Hearing</td>
<td>Inservice</td>
<td>Understand effective communication with customers who are deaf or hard of hearing. Understand the distinct cultural and identify needs.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted via online learning.</td>
<td>Long-term</td>
<td>This training activity was conducted by a professional in the area of this topic.</td>
<td>This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7</td>
<td>Case managers</td>
<td>Same as above</td>
<td>Same as above</td>
<td></td>
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<td>Course Title</td>
<td>Course Type: PreService / InService (Specify if Foster or Adoptive Parent Training)</td>
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<tr>
<td>Abusive Head Trauma Training</td>
<td>Inservice</td>
<td>Understand the definition of Abusive Head Trauma, review epidemiology of AHT and discuss components of the medical evaluation of suspected AHT.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a medical doctor.</td>
<td>This partial day training was conducted 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Family Group Decision Making</td>
<td>Inservice</td>
<td>Discover values underlying FGDM Practice and understand practitioners power in the system. Learn the purpose and process of FTC and the importance of Partnership Development.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted classroom style via conference presentation.</td>
<td>Short-term</td>
<td>This training activity was conducted by the Butler Institute.</td>
<td>This 2 day training was offered 2 times.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>ACCESS Florida Automated System Overview</td>
<td>Inservice</td>
<td>Understand the automated connection to economic Self-sufficiency web based application, review food stamp program, review temporary cash assistance and Medicaid.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted via online learning.</td>
<td>Long-term</td>
<td>This training activity was conducted by a professional in the area of this topic.</td>
<td>This training opportunity was conducted via the internet and is available for learners to participate from their personal computer 24/7</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Endless Dreams</td>
<td>Foster Parent Training</td>
<td>Increases awareness of the unique educational needs of youth in foster care and describes the implementation of policies, procedures and practices that improve educational success.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer.</td>
<td>This partial day training was offered 2 times.</td>
<td>Foster Parents</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Course Title</td>
<td>Course Type: PreService / InService (Specify if Foster or Adoptive Parent Training)</td>
<td>Course Description: Brief one-paragraph syllabus on the training activity</td>
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<tr>
<td>Separated Siblings</td>
<td>Inservice</td>
<td>Participants are challenged to promote the best interest of children while maintaining the longest family relationship, siblings.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 3 times.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Reactive Attachment Disorder</td>
<td>Inservice</td>
<td>Learn to differentiate insecure attachment, trauma within the attachment relationship and reactive attachment disorder. Helps to increase understanding of the child caregiver attachment process and the impact on child behavior. The training also describes how traumatic stress impacts young children and adolescents.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a child psychologist</td>
<td>This partial day training activity was offered 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Quality Service Review</td>
<td>Inservice</td>
<td>To be in compliance with the Department and Children and Families Quality Service Review, training provided participants a detailed overview to improve outcomes.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 7 times.</td>
<td>Case managers, supervisors, and management</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Co-Parenting</td>
<td>Inservice</td>
<td>Participants are encouraged to embrace the values of co-parenting to increase positive outcomes for our children's safety, permanency and well-being.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 2 times.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<td>Course Title</td>
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<td>The Family Assessment</td>
<td>Inservice</td>
<td>The Family Assessment is a critical tool to document family strengths, needs and recommendations. Participants will increase their assessment skills and understand the Family Assessment tool.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Courtroom Demeanor and Testimony</td>
<td>Inservice</td>
<td>This training reviews critical skills in preparing for the court, presenting facts of the case to the Judge, and providing effective testimony when questioned.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This partial day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
<td></td>
</tr>
<tr>
<td>Psychological Evaluations</td>
<td>Inservice</td>
<td>Participants understand why individuals are being referred to psychological evaluations even when there are no allegations pending. They will learn what evals can and cannot do.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was provided by a psychologist</td>
<td>This partial day training was offered 2 times.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
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</tr>
<tr>
<td>Creating Trauma Sensitive Learning Environments</td>
<td>Foster Parent Training</td>
<td>Participants will review the effects of Trauma as it relates to learning.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This activity was conducted by a doctor with experience in working with youth and trauma.</td>
<td>This partial day training was offered 1 time.</td>
<td>Foster Parents</td>
<td>Same as above</td>
<td>Same as above</td>
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<td>Course Title</td>
<td>Course Type: PreService / InService (Specify if Foster or Adaptive Parent Training)</td>
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<tr>
<td>Project Implementation Training</td>
<td>Inservice</td>
<td>Implementation Science has been embraced by Kids Central's leadership. This training reviews implementation and the effects of change on all areas of the system. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency. Short-term</td>
<td>This activity was conducted by Cathy Fischer</td>
<td>This partial day training was offered 1 time.</td>
<td>Community Based Care staff</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Trauma Training</td>
<td>Inservice</td>
<td>Attendees will learn how to recognize and respond to signs of trauma in children. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency. Short-term</td>
<td>This training activity was conducted by a trauma survivor who is also a post-trauma coach. Long-term</td>
<td>This partial day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
<td></td>
<td></td>
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<tr>
<td>Just In Time: Training for Foster Parents (includes multiple NEW training material for this year)</td>
<td>Foster Parent Training</td>
<td>The Just In Time Training was designed to connect foster parents with trainers who can readily answer their questions and give them a framework for dealing with challenges. Just in time means giving foster parents assistance when it is needed. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>These training opportunities are conducted via the internet and are available for learners to participate from their personal computer 24/7. Long-term</td>
<td>The trainers come from a variety of fields including: experienced foster/adoptive parents, clinicians and social workers from Florida, and national speakers arranged through the Quality Parenting Initiative and the Youth Law Center/Eckerd Family Foundation.</td>
<td>This training is available 24/7 to foster parents via the internet: <a href="http://www.qpiflorida.com">www.qpiflorida.com</a>. The trainings vary in duration depending on the topic.</td>
<td>Foster Parents</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Autism Spectrum Disorders</td>
<td>Inservice</td>
<td>A new wave of studies of infants and toddlers who develop autism has revealed a great deal of new knowledge, new challenges and new opportunities for advancing treatment and intervention for children and families impacted by, developmental disorders. Probably even more dramatically, advances in genetics research have brought to focus the importance of early development in our attempt to understand, and possible significantly attenuate, the instantiation of autism in the first 2 years of life. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training took place in a classroom setting. Short-term</td>
<td>This training activity was conducted by Partnership for Effective Programs for Students with Autism</td>
<td>This full-day training was offered 1 time.</td>
<td>Case Managers</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Course Title</td>
<td>Course Type: PreService / InService (Specify if Foster or Adoptive Parent Training)</td>
<td>Course Description: Brief one paragraph syllabus on the training activity</td>
<td>Indication of the specifically allowable Title IV-E administrative functions the training activity addresses</td>
<td>Description of the setting / venue for the training activity</td>
<td>Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)</td>
<td>Description of the provider of the training activity</td>
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<td>Description of Audience</td>
<td>Description of estimated total cost</td>
<td>Cost allocation methodology applied to training costs.</td>
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<tr>
<td>TANF – OSA – Statewide Revenue Maximization</td>
<td>Inservice</td>
<td>Processing TANF Eligibility, Medicaid eligibility and Title IV-E foster care eligibility through FSFN. (waiver and non-waiver)</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training took place in a classroom setting</td>
<td>Short-term</td>
<td>This training activity was offered by the Family and Community Services, Office of Child Welfare with DCF</td>
<td>This 2 day training was offered 1 time</td>
<td>Community Based Care staff</td>
<td>Same as above</td>
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<tr>
<td>Neglect: The Forgotten Danger to Children</td>
<td>Inservice</td>
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<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by a doctor with the Child Protection Team</td>
<td>This partial day training was offered 1 time</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
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<td>Psychotropic Medication Admin (2012)</td>
<td>Inservice</td>
<td>The participant will learn the guiding principles and the required forms needed for prescription and administration of psychotropic medications. The dependency case manager must ensure that progress identified in the plan is being made, must detect risk situations and emerging needs or problems, and must take steps to address them</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This 1 hour training was offered 1 time</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
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<td>Same as above</td>
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<td>Sednet 5th Annual Conference (2012)</td>
<td>Inservice</td>
<td>This session will include the use of multidisciplinary approaches to facilitate a better understanding of differential diagnosis, treatment, and wrap-around services for trauma spectrum disorder. The focus will be placed on understanding differential diagnosis of trauma spectrum disorders to leverage community services to optimize psychological and educational</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training activity was conducted in a conference setting with various workshops</td>
<td>Short-term</td>
<td>The training was provided by trainers with The Multiagency Network for Students with Emotional/Behavioral Disabilities</td>
<td>This full day training was offered 1 time</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
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<td>Course Title</td>
<td>Type</td>
<td>Course Description</td>
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<tr>
<td>Accessing Mental Health Services (2012)</td>
<td>Inservice</td>
<td>An overview of Florida’s Mental Health system for children and adults.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainer</td>
<td>This 2 hour course was offered 1 time</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
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<tr>
<td>Autism Health and Wellness: Sleep, Nutrition and Obesity (2012)</td>
<td>Inservice</td>
<td>Discuss Autism Health and Wellness, Nutrition, Obesity and Sleep</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by a medical doctor.</td>
<td>This 1 hour training was offered 1 time</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
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<tr>
<td>Trauma on the Brain: (2012)</td>
<td>Inservice</td>
<td>This course provided an overview of the effects of trauma on the brain.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted via online learning.</td>
<td>Long-term</td>
<td>This training activity was conducted by a professional in the area of this topic.</td>
<td>This 6 hour training was conducted via online learning and is available 24/7 on the Florida Center for the Advancement of Child Welfare Practice website</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
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<tr>
<td>Bipolar Disorder</td>
<td>Inservice</td>
<td>This course will provide an overview of assessment and treatment in children, teens, and adults.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>This training activity was conducted by Mental Health America of Northeast Florida</td>
<td>This full-day training was offered 1 time</td>
<td>Child welfare professionals, including: case managers, protective investigators; supervisors; and managers</td>
<td>Same as above</td>
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### APSR Training Report (2011-2012)

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<th>Course Title</th>
<th>Course Type: PreService / InService (Specify if Foster or Adoptive Parent Training)</th>
<th>Course Description Brief one paragraph syllabus on the training activity</th>
<th>Indication of the specifically allowable Title IV-E administrative functions the training activity addresses</th>
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<th>Description of Audience</th>
<th>Description of estimated total cost</th>
<th>Cost allocation methodology applied to training costs.</th>
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<tbody>
<tr>
<td>19th Annual &quot;Footsteps to the Future 2012&quot;</td>
<td>Inservice</td>
<td>Over the course of the conference, you will learn about executing program developments and share best practice information. You can attend workshops and discussions addressing the critical issues that affect your people, families and those that serve them as well as the actions that lead to results. I invite you to participate fully in the conference by attending sessions, taking notes, meeting new people and most of all having some fun. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training activity was conducted in a conference setting with various workshops. Short-term. This training activity was conducted by the Daniel Memorial Foundation. The 2-day conference was conducted 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators, supervisors; and managers</td>
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<tr>
<td>Creating Sexual Safety and Promoting Healing in Foster Care and Adoptions</td>
<td>Inservice</td>
<td>The participants will be able to briefly review data related to identification of children who have experienced the trauma of sexual abuse. To understand the effects of child sexual abuse, it’s psychological, neurological impact and its behavioral manifestations. Develop skills in generating risk reduction strategies thereby creating safe environments for the child. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training was conducted in a classroom type setting at the community-based care agency. Short-term. The training activity was conducted by certified child welfare trainer. This full-day training was offered 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators, supervisors; and managers</td>
<td>Same as above.</td>
<td>Same as above.</td>
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<tr>
<td>Human Trafficking</td>
<td>Inservice</td>
<td>This training focused on the ways people/children are used for sex and smugged into the country. The presentation discussed several local cases going on right now involving human trafficking as well as other Florida cases. There was a slide presentation as well to show the conditions that these people are living in and what a brothel looks like and what to look for if you suspect a home may be used as one. Talked about how organized human trafficking is. Handouts were provided as well. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training was conducted in a classroom type setting at the community-based care agency. Short-term. The training activity was conducted by certified child welfare trainer. This 3-hour training was conducted 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators, supervisors; and managers</td>
<td>Same as above.</td>
<td>Same as above.</td>
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<tr>
<td>Autism: A Language Disorder</td>
<td>Inservice</td>
<td>Autism is both a language as the key to understanding behaviors, attention, judgment and comprehension. A specific delineation between “rote” and “functional” training. Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training. This training was conducted in a classroom type setting at the community-based care agency. Short-term. This training activity was conducted by a doctor with Partnership for Effective Programs for Students with Autism. This 2-hour training was conducted 1 time.</td>
<td>Child welfare professionals, including: case managers, protective investigators, supervisors; and managers</td>
<td>Same as above.</td>
<td>Same as above.</td>
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</table>
The purpose of this presentation will be to educate on the adjustment of typical developing siblings that have a sibling with an Autism Spectrum Disorder diagnosis. A comprehensive review of recent research will be summarized to share and protective factors associated with challenges in adjustment. The broader autism phenotype is a genetic risk factor linked to adjustment.

Course Title | Course Type: Inservice | Description of the training activity | Indication of the duration category of the training activity | 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
---|---|---|---|---|---|---|---|---
Psychological Adjustment of Siblings of Children with Autism and Disabilities | Inservice | The purpose of this presentation will be to educate on the adjustment of typical developing siblings that have a sibling with an Autism Spectrum Disorder diagnosis. A comprehensive review of recent research will be summarized to share and protective factors associated with challenges in adjustment. The broader autism phenotype is a genetic risk factor linked to adjustment. | Short-term | This training activity was conducted by with Partnership for Effective Programs for Students with Autism | This 2 hour training was conducted 1 time | Child welfare professionals; including: case managers, protective investigations; supervisors; and managers | Same as above | Same as above
Partnership for Effective Programs for Students with Autism | Inservice | Bullying & Students on the Spectrum: This presentation will provide professionals and families with a better understanding of the bullying experiences which are common for kids on the Autism Spectrum. Additionally, tools for building resilience against bullying and for developing skills coping with bullying will also be discussed. | Short-term | This training activity was conducted by with Partnership for Effective Programs for Students with Autism | This 2 hour training was conducted 1 time | Child welfare professionals; including: case managers, protective investigations; supervisors; and managers | Same as above | Same as above
PSFAPA Annual Education Conference: Family Time Visitiation | Inservice | Family Time Visitation: Quality and quantity of visitation/parenting time increases the likelihood of permanency and the well being of the child. Research shows that frequent visitation promotes reunification by providing an opportunity to heal damaged or unhealthy relationships. | Short-term | Providers of this training are experience child welfare professionals | This full-day training was offered 1 time | Child welfare professionals, including: case managers, protective investigations; supervisors; and managers | Same as above | Same as above
Fostering Florida’s Future | Foster Parent | In 2012, DCYF and our partners launched a new initiative aimed at better retaining, recruiting and supporting foster parents and also providing more social and educational activities for our children in foster care. We unveiled a new-website at www.FosteringFlorida.com that gives information for potential foster parents and highlights successful stories of foster families and children in foster care across Florida. | Long-term | Information and education on this initiative is an ongoing effort | All child welfare and community partners | Same as above | Same as above
<table>
<thead>
<tr>
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<th>Course Type: PreService / InService (Specify if Foster or Adoptive Parent Training)</th>
<th>Course Description</th>
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<th>Cost allocation methodology applied to training costs.</th>
</tr>
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<tbody>
<tr>
<td>Title 12 Education Report Card</td>
<td>Inservice</td>
<td>Participants will understand the goal of improving the education outcomes as part of the dependency system’s child well-being focus. They will learn how to use the Education Report Card tool and how to upload the information electronically.</td>
<td>Title IV-E Foster Care and Title IV-E Adoption Assistance funds are both used for child welfare pre-service training, foster and adoptive parent training, and child welfare case management staff pre-service and in-service training.</td>
<td>This training was conducted in a classroom type setting at the community-based care agency.</td>
<td>Short-term</td>
<td>The training activity was conducted by certified child welfare trainers.</td>
<td>This 3-hour training was conducted multiple times around the state.</td>
<td>Case managers, child protective investigators, supervisors, and managers</td>
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**Code:**
- New Courses during reporting period
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1,574,929.44  1,286,373.82  923,519.91  1,599,751.06  5,384,574.23
## Title IV-E Foster Care, Title IV-E Adoption Assistance

### and Title IV-B Child Welfare Training

#### 10/1/2011 - 9/30/2012

<table>
<thead>
<tr>
<th>OCA</th>
<th>Purpose</th>
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<tr>
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<td></td>
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Costs are allocated to various fund sources based on the number of hours spent on training activities in the classroom. The costs associated with "classroom" are allocated between the number of DCF staff versus non-DCF staff trained and further allocated based on the curriculum taught (IV-E training vs. other training). The "IV-E training" is allocated to Foster Care and Adoption training while the "other training" is allocated to remaining programs based on a weighted number of child related reports indicated on the quarterly Abuse Hotline Report and the FSFN Out of Home Care, In Home Supports, and Adoption Assistance eligibility group rate and further allocated based on the FSFN Out of Home Care eligibility rate, In Home Support eligibility rate and the Adoption Assistance eligibility rate.

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Costs are directly charged to Title IV-E Adoption Assistance.

Revenue associated with Title IV-E Foster Care Grant.
Chapter 4

Promoting Safe and Stable Families
(PSSF) State Grant

The “Promoting Safe and Stable Families” program assists the Department in achieving CFSP Goal #3: Improve Service Array. To increase parents' confidence and competence in their parenting abilities and to afford children a safe, stable, and supportive family environment is a priority within Florida’s foster homes. The “Promoting Safe and Stable Families” program allows the Department to develop, expand, and operate coordinated programs of community-based services.

Florida supports the hypothesis 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:

- Prevent child maltreatment among families at risk through the provision of supportive family services;
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- Address the problems 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 closely with subcontracted providers to provide training and technical assistance related to funding criteria and rules, which results in collaborative and successful use of resources. See Chapter 1 for information regarding Recruitment Services.

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 communities throughout the state through its community-based care approach and specific contracts and partnerships with recognized experts in the fields of primary, secondary and tertiary prevention programs and strategies. The Department continues its renewed 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 strength-based approach, providing services that are accessible and expanding the array of available services. Please refer to Chapter 2 regarding discussion of three Innovation Sites.

**Family Preservation Services (27.04% of the FFY 2012 Grant)**

Florida continues to increase efforts towards families (including adoptive and extended families) at risk or in crisis, including:

- Information and referral to include substance abuse and domestic violence related services¹;
- Targeting services geographically in zip codes where there is a high volume of calls to the Hotline;
- Use of the Family Team Conferencing Model²; and
- Use of Wraparound services.³

**Family Support Services (24.90% of FFY 2012 Grant)**

Florida continues to increase efforts to provide caregivers with available supports in the community to promote the safety and well-being of children and families. There are numerous examples of extended family and non-relatives stepping forward, often at

---

¹ Activities that provide families with needed information about community and statewide services and agencies that provide specific services and if necessary, provide referral information.

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³ Diversion case management services to provide wraparound team facilitation, family advocacy, individual counseling and/or group counseling utilizing the Nurturing Parenting Curriculum.
some personal sacrifice, to provide home placements, transportation, mentoring, or other supports. There are many situations where it is clear that parents would be unable to fulfill the requirements of their case plan without support from 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;

- In-home parent training;

- In-home substance abuse counseling;

- Diversion Programs;\(^4\)

- The principle of Family Consultants;\(^5\)

- Family Team Conferencing;\(^6\)

- 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).

\(^4\) An example of a successful diversion program is Brevard Cares. Brevard Cares (Coordination, Advocacy, Resources, Education and Support Program) provides support to families and diverts from the child welfare system by providing services to families that are experiencing stress, and are in need of support. The CARES program provides wraparound services and Family Team Conferencing as well as provides referrals for counseling, mentoring flexible supports, financial assistance and links to natural community supports. Referrals are made by anyone in the community who knows of a family needing extra support and assistance and by Child Protective Investigators.

\(^5\) 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.

\(^6\) 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.
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 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 to obtain housing aids in gaining stable employment, further education to a better paying job, etc.

**Time-Limited Family Reunification Services (23.06% of the FFY 2012 Grant)**

Time-Limited Family Reunification Services are provided to a child removed from their home and placed in foster care and to the parents or primary caregivers. These services are designed to support the reunification of the child safely and appropriately within a 12-15 month period.

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

- Supervised visitation programs and parental coaching\(^7\);
- Family Assistance Support Team (FAST)\(^8\);
- Flexible Support Services\(^9\);
- Family team Conferencing\(^10\) with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families\(^11\);

---

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

\(^8\) Classroom and in-home education services provided to parents who will be or have been reunified with their children.

\(^9\) 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.

\(^10\) Prevention/Reunification Specialists facilitate meetings. These conferences are made available to families referred under the prevention referral process.

\(^11\) Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.
- Mentoring/Tutoring services\textsuperscript{12};
- Therapeutic child care services;
- Behavior Cares\textsuperscript{13};
- Transition centers\textsuperscript{14};
- Parent (adoptive, biological, caretaker, foster) education and training\textsuperscript{15} relationship skill building activities; and
- Quarterly permanency staffing on all children who are in out-of-home care placements.

**Adoption Promotion and Support Services (25.00\% of the FFY 2012 Grant)**

Adoption services and activities are designed to encourage more adoptions from the foster care system, when adoption promotes the best interests of children, and to support children and adoptive parents during the adoptive placement process and after finalization.

In Florida, *Adoption Promotion and Support Services* have encouraged the adoption of children from the foster care system when adoption promotes the best interests of the child. Pre- and post-adoptive services and activities have expedited the adoption process and supported adoptive families to prevent disruptions.

The adoption of foster children continues to be a state, as well as a local strength. In recent years, Florida has received federal bonuses for its adoption performance.

Examples of *Adoption Promotion* include:

- Child-specific or targeted population recruitment efforts;
- Quarterly matching events for children available for adoption and potential families;

\textsuperscript{12} 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.

\textsuperscript{13} 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.

\textsuperscript{14} 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.

\textsuperscript{15} 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.
• Heart Galleries\textsuperscript{16};
• Child Recruitment Biographies\textsuperscript{17};
• Launch of the “100 Longest waiting Teens” initiative;
• Use of Social Media;
• Media blitzes targeting severely medically fragile available children; and
• Town hall meetings and “Lunch and Learn” activities.

Examples of \textit{Support Services} include:
• Collaboration with Early Learning Coalitions;
• Home and school visitation with post-adoptive families and children;
• Adoptive parent support groups,\textsuperscript{18}
• Counseling referrals;
• Post-adoption specialists;
• Individual and family counseling for adopted children and/or family members (must be of 12 month duration or less);
• Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
• Ongoing parent education and training opportunities for adoptive families; and
• Follow-up support services and liaison to adoptive families\textsuperscript{19}.

\textbf{Community Facilitation and Innovative Practices}

\textsuperscript{16} In a southern area of the state, Heart Galleries are located in each of the 17 legislators' offices.

\textsuperscript{17} 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.

\textsuperscript{18} 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.

\textsuperscript{19} 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 case files for post adoption services rendered, and provides mini-trainings for staff and community service providers on post-adoptive services and related issues.
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 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.

- **Trauma Informed Care** – On a monthly basis, Child and Family Connections Clinical Department convenes the mental health providers in the community to discuss trauma-informed care practices and changes/occurrences in the Agency and with community providers, and to identify strengths and challenges with providing services to our families. During this reporting period, discussion included insurance issues, authorizations, new referral process, and the addition of Targeted Case Management for children on psychotropic medication. Child and Family Connections Clinical Specialists meet with providers at their agencies to encourage a personal relationship with staff and to offer assistance when necessary.

- **Strengthening Ties and Empowering Parents (STEPS)** helps healthy families in Duval and Nassau Counties avoid abuse and neglect. This program was partly underwritten by the Monique Burr Foundation for Children, Inc. STEPS offers activities through its service center network and community providers. One such provider is Cassat House, an outreach center giving families tools to build healthy homes, such as financial assistance, food stamps and parenting classes. In 2007, the outreach center opened with the goal of keeping kids out of foster care by empowering families. Officials chose the Cassat Avenue location because a high number of out-of-home placement referrals come from that area.

- **Personal Enrichment through Mental Health (PEMHS)** - Family Reunification Team is the primary reunification support program in Pinellas County that provides services to families in the process of reunifying with their children. The Family Reunification Team provides rapid, 24/7 onsite response, including family and individual counseling, anger management, behavior modification, parenting instruction, substance abuse and domestic violence services in order to support and stabilize the reunification process. Services are intensive, home based and are limited to 90 days.

- **Community Action Stops Abuse - CASA Peacemaker Program** hosts a program, The Elementary Peacemaker, which provides a newsletter for students to take home to their parents at each class presentation. The newsletter has a summary of the topic covered in class, resources on the topic and activities that parents can do with their children to help reinforce the
Students in both the Elementary and Middle School Peacemaker Program are also encouraged to talk with their parents about specific topics covered in class. Parents frequently email or call the Peacemakers for additional information. Additional handouts on specific topics such as internet safety, bullying, and sibling rivalry are provided to students to take home. Students are encouraged to have family meetings to discuss topics.

- **Foundation Village Neighborhood Family Center** focuses on supporting families and children in Clearwater. Information and referrals to local community resources have remained high due to lack of employment. More families are unaware of available community assistance because needing assistance for basic necessities is a new unexpected experience for them. Small donations of food for the area’s Food Bank are received and are provided to community members free of charge.

- **Hibiscus Children’s Center Diversion Case Management Services** model in Vero Beach is designed as an in-home diversionary program striving to offer targeted child welfare cases an alternative to court engagement through the provision of direct case management services and other support services while ensuring each child’s safety, well-being, and permanency. The goals of the Diversion Case Management Program are to: 1) reduce the number of families requiring court intervention, 2) reduce the number of children removed from their homes, 3) reduce the need for future intervention by the child welfare system, and 4) promote the likelihood of family stability. Diversion Case Managers conduct frequent home visits with the goal of engaging the family as a cooperative unit in order to increase communication, to reinforce bonds and to establish a strong support system. The Diversion Case Manager refers family members to appropriate interventions for their identified obstacles and monitors their progress through regular communication among all involved parties. Diversion Case Management cases are provided services for a duration no longer than six months and receive follow-up calls at 90 and 180 days after closure.
Administration (0% of the FFY 2012 Grant)

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

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

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<th>Estimated Award</th>
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<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Chapter 4

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² 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.
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- In-home parent training;
- In-home substance abuse counseling;
- Diversion Programs;⁴
- The principle of Family Consultants;⁵
- Family Team Conferencing;⁶
- 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).

⁴ An example of a successful diversion program is Brevard Cares. Brevard Cares (Coordination, Advocacy, Resources, Education and Support Program) provides support to families and diverts from the child welfare system by providing services to families that are experiencing stress, and are in need of support. The CARES program provides wraparound services and Family Team Conferencing as well as provides referrals for counseling, mentoring flexible supports, financial assistance and links to natural community supports. Referrals are made by anyone in the community who knows of a family needing extra support and assistance and by Child Protective Investigators.

Diversion case management services to secure wraparound services, in-home individual and family counseling, safety planning, family advocacy, and parenting education utilizing the Nurturing Parenting Curriculum.

⁵ 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.

⁶ 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.
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 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 to obtain housing aids in gaining stable employment, further education to a better paying job, etc.

**Time-Limited Family Reunification Services (23.06% of the FFY 2012 Grant)**

Time-Limited Family Reunification Services are provided to a child removed from their home and placed in foster care and to the parents or primary caregivers. These services are designed to support the reunification of the child safely and appropriately within a 12-15 month period.

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

- Supervised visitation programs and parental coaching\(^7\);
- Family Assistance Support Team (FAST)\(^8\);
- Flexible Support Services\(^9\);
- Family team Conferencing\(^10\) with all families prior to reunification, and just before post-placement supervision services are successfully terminated;
- Follow-up care to families\(^11\);

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

8 Classroom and in-home education services provided to parents who will be or have been reunified with their children.

9 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.

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

11 Activities include weekly home visits to discuss parenting and communication issues as well as specific strengths and challenges to the family.
• Mentoring/Tutoring services\(^{12}\);
• Therapeutic child care services;
• Behavior Cares\(^{13}\);
• Transition centers\(^{14}\);
• Parent (adoptive, biological, caretaker, foster) education and training\(^{15}\) relationship skill building activities; and
• Quarterly permanency staffing on all children who are in out-of-home care placements.

Adoption Promotion and Support Services (25.00% of the FFY 2012 Grant)

Adoption services and activities are designed to encourage more adoptions from the foster care system, when adoption promotes the best interests of children, and to support children and adoptive parents during the adoptive placement process and after finalization.

In Florida, Adoption Promotion and Support Services have encouraged the adoption of children from the foster care system when adoption promotes the best interests of the child. Pre- and post-adoptive services and activities have expedited the adoption process and supported adoptive families to prevent disruptions.

The adoption of foster children continues to be a state, as well as a local strength. In recent years, Florida has received federal bonuses for its adoption performance.

Examples of Adoption Promotion include:

• Child-specific or targeted population recruitment efforts;
• Quarterly matching events for children available for adoption and potential families;

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12 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.

13 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.

14 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.

15 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.
• Heart Galleries\textsuperscript{16};
• Child Recruitment Biographies\textsuperscript{17};
• Launch of the “100 Longest waiting Teens” initiative;
• Use of Social Media;
• Media blitzes targeting severely medically fragile available children; and
• Town hall meetings and “Lunch and Learn” activities.

Examples of \textit{Support Services} include:

• Collaboration with Early Learning Coalitions;
• Home and school visitation with post-adoptive families and children;
• Adoptive parent support groups\textsuperscript{18};
• Counseling referrals;
• Post-adoption specialists;
• Individual and family counseling for adopted children and/or family members (must be of 12 month duration or less);
• Adoption workshops/seminars for adopted children and their families and professionals on topics relevant to ongoing issues facing adoptive families;
• Ongoing parent education and training opportunities for adoptive families; and
• Follow-up support services and liaison to adoptive families\textsuperscript{19}.

\textbf{Community Facilitation and Innovative Practices}

\textsuperscript{16} In a southern area of the state, Heart Galleries are located in each of the 17 legislators’ offices.

\textsuperscript{17} 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.

\textsuperscript{18} 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.

\textsuperscript{19} 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 case files for post adoption services rendered, and provides mini-trainings for staff and community service providers on post-adoptive services and related issues.
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 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.

- **Trauma Informed Care** – On a monthly basis, Child and Family Connections Clinical Department convenes the mental health providers in the community to discuss trauma-informed care practices and changes/occurrences in the Agency and with community providers, and to identify strengths and challenges with providing services to our families. During this reporting period, discussion included insurance issues, authorizations, new referral process, and the addition of Targeted Case Management for children on psychotropic medication. Child and Family Connections Clinical Specialists meet with providers at their agencies to encourage a personal relationship with staff and to offer assistance when necessary.

- **Strengthening Ties and Empowering Parents (STEPS)** helps healthy families in Duval and Nassau Counties avoid abuse and neglect. This program was partly underwritten by the Monique Burr Foundation for Children, Inc. STEPS offers activities through its service center network and community providers. One such provider is Cassat House, an outreach center giving families tools to build healthy homes, such as financial assistance, food stamps and parenting classes. In 2007, the outreach center opened with the goal of keeping kids out of foster care by empowering families. Officials chose the Cassat Avenue location because a high number of out-of-home placement referrals come from that area.

- **Personal Enrichment through Mental Health (PEMHS) - Family Reunification Team** is the primary reunification support program in Pinellas County that provides services to families in the process of reunifying with their children. The Family Reunification Team provides rapid, 24/7 onsite response, including family and individual counseling, anger management, behavior modification, parenting instruction, substance abuse and domestic violence services in order to support and stabilize the reunification process. Services are intensive, home based and are limited to 90 days.

- **Community Action Stops Abuse - CASA Peacemaker Program** hosts a program, The Elementary Peacemaker, which provides a newsletter for students to take home to their parents at each class presentation. The newsletter has a summary of the topic covered in class, resources on the topic and activities that parents can do with their children to help reinforce the
presentation. Students in both the Elementary and Middle School Peacemaker Program are also encouraged to talk with their parents about specific topics covered in class. Parents frequently email or call the Peacemakers for additional information. Additional handouts on specific topics such as internet safety, bullying, and sibling rivalry are provided to students to take home. Students are encouraged to have family meetings to discuss topics.

- **Foundation Village Neighborhood Family Center** focuses on supporting families and children in Clearwater. Information and referrals to local community resources have remained high due to lack of employment. More families are unaware of available community assistance because needing assistance for basic necessities is a new unexpected experience for them. Small donations of food for the area's Food Bank are received and are provided to community members free of charge.

- **Hibiscus Children's Center Diversion Case Management Services** model in Vero Beach is designed as an in-home diversionary program striving to offer targeted child welfare cases an alternative to court engagement through the provision of direct case management services and other support services while ensuring each child’s safety, well-being, and permanency. The goals of the Diversion Case Management Program are to: 1) reduce the number of families requiring court intervention, 2) reduce the number of children removed from their homes, 3) reduce the need for future intervention by the child welfare system, and 4) promote the likelihood of family stability. Diversion Case Managers conduct frequent home visits with the goal of engaging the family as a cooperative unit in order to increase communication, to reinforce bonds and to establish a strong support system. The Diversion Case Manager refers family members to appropriate interventions for their identified obstacles and monitors their progress through regular communication among all involved parties. Diversion Case Management cases are provided services for a duration no longer than six months and receive follow-up calls at 90 and 180 days after closure.
Administration (0% of the FFY 2012 Grant)

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

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

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<thead>
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<th>FY 2012 Title IV-B Part II</th>
<th>Estimated Award</th>
<th>% of Est. Award</th>
<th>Actual Expend as of 9/30/12</th>
<th>% of Actual Expenditures</th>
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<td>Administration</td>
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<td><strong>100%</strong></td>
<td><strong>$11,353,028.42</strong></td>
<td><strong>100%</strong></td>
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Chapter 5

Child Abuse Prevention and Treatment Act (CAPTA) State Grant Application

This chapter serves as the application for Florida’s Child Abuse Prevention and Treatment Act (CAPTA) funding. There are two sections to this chapter:

(1) Current activities and accomplishments during the reporting period and
(2) The proposed plan for Federal Fiscal Year (FFY) 2013.

Each of these sections 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), 2011-2016.

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 Family Safety Program Office, continues to be the lead agency designated to administer the Child Abuse and Prevention and Treatment Act grant funds. The Family Safety Program Office is also the designated lead agency for the Community-Based Child Abuse Prevention (CBCAP) federal grant and the Children’s Justice Act (CJA) grant. This oversight affords technical assistance for the implementation of evidenced-based and other effective practices and for the development of systemic approaches to outcome improvement at both the state and local community levels.

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

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

OVERVIEW

The 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.

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.

2011-2012 Update

The FICCIT plays a very important role in the decision making process for the 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 2012.

By working with the FICCIT as a citizen review panel, the Department has established a stronger relationship with DOH and the needs of both the parents and the children with disabilities.

FICCIT participated in a strategic planning session to assess its effectiveness with its mission. As a result, committees were restructured and are proving to be the enhancements desired.

Collaboration

Representatives from the Department of Children and Families’ Family Safety Program Office and General Counsel have been working with the Agency for Health Care Administration and the Department of Health’s offices of Children’s Medical Services, Maternal and Child Health, Prevention and Intervention and Early Steps, to discuss the consent policy for Part C early intervention services as it pertains to foster children and Medicaid reimbursements.

Careful consideration is being given to case manager participation in the required Individualized Family Service plan (IFSP) for these services and the most appropriate individuals to be involved in the development of the IFSP from the child welfare perspective.

Program Support

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

CHILDREN’S JUSTICE ACT (CJA)

2011 - 2012 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.

- The Department, under the direction of the Secretary, David Wilkins, established the Child Protection Improvement Advisory Board in 2011. Secretary Wilkins charged the advisory board to assess the quality of child protective investigations and training, identify systemic gaps in the protection of children at risk for abuse, neglect and exploitation, and provide recommendations to transform the Department’s child safety practices into a world-class child welfare system. In addition, Secretary Wilkins charged the board to create a defined fiscal and legislative agenda for the 2012 legislative session to effect the recommended improvements. Finally, the advisory board was charged to integrate community partners into the transformational process. For more information please visit http://www.dcf.state.fl.us/initiatives/protectionchildren/CPTAB/index.shtml and http://www.dcf.state.fl.us/initiatives/Barahona/index.shtml

- The annual 2012 Child Protection Summit “Realizing Change” gathered together thousands of child welfare professionals from all over Florida for training, education and recognition of outstanding leadership in the field of child welfare. More than 2,200 individuals participated, including child protective investigators, case managers, substance abuse and mental health providers, doctors and practitioners, therapists, law enforcement, community organizations, judges, attorneys, advocates, foster parents and some of our youth in foster care, all sharing the same goal to strive for standards of excellence in providing services to our most vulnerable citizens. The Summit featured motivational plenary addresses, specialized workshops for professional development and local community planning sessions. Participants learned skills to enable families, engage communities, effect program improvements and empower front-line staff. Florida's annual statewide child welfare conference was an exciting opportunity for child welfare professionals to share best practices to protect children and strengthen families and strive for standards of excellence in service. Unique to this year’s program was a series of mega sessions with exciting new concepts like child brain development, foster care education initiatives and a child protection transformation assessment. These focus areas will help guide a smarter approach for ensuring child safety.

- Preservice Training for Florida Abuse Hotline Staff – The current nine week curriculum consists of the following: Orientation with Human Resources, Performance Expectations, Confidentiality / Security Awareness, Customer Service,
The North Florida Trauma-Informed Care Committee hosted its first large scale conference in March 2012, “Instilling Hope Through Trauma-Informed Care,” to strengthen how professionals and agencies provide services to youth and adults who have been victims of trauma, violence and abuse. Conference participants included social workers and counselors, licensed and certified professionals, teachers and guidance counselors, law enforcement and correctional officers, first responders and medical professionals, peer leaders and advocates. The conference is a call to action to stakeholders to become more informed about trauma and to shift perspective from providing traditional services to focusing on the individuals being served, the way they are served and each individual’s history. This approach provides interactions that help children and adults heal and foster hope and resilience. The Department continues to support the efforts and achievements of the Trauma-Informed Child Welfare initiatives.

The Florida State University (FSU) Institute for Family Violence Studies, Clearinghouse on Supervised Visitation is able, through the Children’s Justice Act grant, to provide comprehensive technical assistance to all of Florida’s supervised visitation programs. The Clearinghouse maintains a user-friendly website which hosts all of the training materials and other resources developed for supervised visitation programs. This material is also used by judges, child welfare staff, and other professionals who work with children and families. In addition, the Clearinghouse’s database on supervised visitation collects the data necessary to complete the State Access and Visitation Annual Data Report. The website link for the Clearinghouse is http://familyvio.csw.fsu.edu.

Child Protection Transformation Project – The Department transitioned from a concept of a re-design of child protective reporting and response and investigations processes to a fundamental transformation of the child welfare system during the reporting period. In December 2011, based upon assessment of child protection data and information gathered through interviews, review of policy and procedures,
observations recommendations were made by the Advisory Board to transform the child protection system.

Accomplishments

- Clearinghouse on Supervised Visitation - As of March 2012, the supervised visitation database housed at FSU held information on 17,466 cases and 69,749 clients, representing data entered since January 2005. These children, families, and cases include child abuse and neglect (dependency) cases, domestic violence cases, and divorce/separation or paternity cases involving custody disputes. In addition, the Clearinghouse developed and disseminated the Monthly EPress to all supervised visitation providers and associated entities including, but not limited to: judges, clerk of courts, and Community-Based Care Lead Agencies that included information on child abuse, children's health, legislation that affects children and parents, etc.

- The annual 2012 Child Protection Summit “Realizing Change” gathered together more than 2,200 individuals participated, including child protective investigators, case managers, substance abuse and mental health providers, doctors and practitioners, therapists, law enforcement, community organizations, judges, attorneys, advocates, foster parents and some of our youth in foster care, all sharing the same goal to strive for standards of excellence in providing services to our most vulnerable citizens. The Summit featured motivational plenary addresses, specialized workshops for professional development and local community planning sessions. Participants learned skills to enable families, engage communities, effect program improvements and empower front-line staff. Florida's annual statewide child welfare conference was an exciting opportunity for child welfare professionals to share best practices to protect children and strengthen families and strive for standards of excellence in service. Unique to this year’s program was a series of mega sessions with exciting new concepts like child brain development, foster care education initiatives and a child protection transformation assessment. These focus areas will help guide a smarter approach for ensuring child safety. Federal Children’s Justice Act grant funds were used to provide over 700 scholarships to child protective investigators and child welfare professionals. Preservice Training for Florida Abuse Hotline Staff - During the reporting period October 1, 2011 – September 30, 2012 sixty-eight (68) Florida Abuse Hotline staff have successfully completed the training.

- With input from the Advisory Board, recommendations and the launch of Child Protection Transformation, the Department has reported a reduced abandonment call
rate at the Hotline by 46 percent, a reduced wait time at the Hotline by 64 percent, a reduced child protective investigator caseload by 33 percent, and an increase in the child protective investigator workforce of over 100 new hires.

Collaboration

- In collaboration with the Department of Children and Families the preservice training for Florida Abuse Hotline Staff included guest speakers as appropriate (e.g. Inspector General, Quality Assurance and former Child Protective Investigators.)

- In collaboration with the Department of Children and Families the North Florida Trauma-Informed Care Committee partnered with a wide variety of social service networks within the North Florida area to provide a comprehensive overview of services and resources offered to help child welfare professionals find appropriate resources for families in need.

- Through the Advisory Board, and the Department of Children and Families leadership, the training content for the 2012 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.

The Advisory Board appointed three subcommittees made up of community stakeholders and child welfare professionals to explore and share best practices, review information gained through onsite observations, review documents, and review interviews with groups and individuals responsible for child protection. The three subcommittees were (1) case development, investigation and decision-making, (2) community information exchange, partnerships and collaboration, and (3) workforce development, accountability and processes.

- In collaboration with the Department of Children and Families the Clearinghouse on Supervised Visitation provided two conference call trainings made available to all supervised visitation centers and other service providers to participate on intervention models for parents and children on child safety issues including, but not limited to, swimming, safe sleep, protective factors, parental knowledge on child development, domestic violence, and child abuse. In addition, the Clearinghouse developed specific outcome measures for families utilizing supervised visitation services that included, but were not limited to, case specific information on substance abuse and criminal history to be incorporated into the existing database.
Program Support

- In partnership with Community-Based Care Lead Agencies and child protection professionals, the Child Protection Transformation Project includes solutions that, taken together, will create a world-class child protection system. The solutions fall into four categories: people, process, technology and legislation.

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (CBCAP)

2011-2012 Update

Florida received the Federal Community-Based Child Abuse Prevention Program (CBCAP) grant award of $1,384,136 based on Florida’s child population and matching funds through the state’s Tobacco Settlement Trust Fund. Close to $1 million of the allocated 2011-2012 funds supports continuation of prevention programs, such as a continuing contract with the Ounce of Prevention Fund of Florida, Inc. for activities related to the annual child abuse prevention campaign.

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

During the reporting period, funded programs provided direct services to more than 24,000 children, caregivers, and other family members. Education and training designed to prevent child abuse and family violence reached more than 10,000 children, parents, community members and professionals.

Because Florida focuses its activities and services to prevent child abuse and neglect at the community level, the needs of our multi-ethnic and multi-cultural communities, families and children are much more likely to be met.

Collaboration

While child abuse prevention and family support programs administered under the CBCAP funds primarily focus on promoting positive parenting, healthy family functioning and family self-sufficiency, a variety of service models are supported, including family resource centers, school/community partnerships, community centers, intensive home visiting, and school-based prevention services for children.
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 Child Welfare Program Office 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 three entities as Citizen Review Panels. Each of these meets the requirements of the Child Abuse Prevention and Treatment Act. The currently designated panels are:

- The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT);
- Independent Living Services Advisory Council; and,
- Florida Child Abuse Death Review Committee.

For additional information, activities, recommendations and the required Department responses of these three panels, please refer to their annual reports included as Attachments.

Please note that this year’s panel reports and applicable letters of response are resubmitted as they were published within the reporting period. Previously, the APSR reported on the most recent published reports and did not align with reporting period activities. In an attempt to better demonstrate the Department’s actions on recommendations made by the designated Citizens’ Review Panels, the Department will align the submission of reports within reporting period beginning in the next submission of the APSR in 2013.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

2011-2012 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 calendar year 2012, the FICCIT met on the following dates and locations:

- January 18-19, 2012, Tallahassee
- April 17 -18, 2012, Tallahassee
- June 12-13, 2012, Orlando
- October 16-17, 2012, Sarasota

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.

Accomplishments

• 95% of funding goes directly to services for Florida families
• By independent survey, 80% of families report that Early Intervention Services have helped both the child and family to grow.

Collaboration

FICCIT encourages the Department of Health to recognize parents coming forth and speaking to their personal experiences.
Florida Developmental Disabilities Council’s and FICCIT collaborated on a Request for Proposal (RFP) in order to collaborate on an evaluation component of services to disabled families and children.

Agency for Health Care Administration (ACHA) requests that any new initiatives be undertaken in collaboration with ACHA.

Please refer to the Annual Report in the Attachments section of this report for more examples of collaboration.

Program Support

Program Support is primarily provided by the Department of Children and Families, Child Welfare and Child Care Program Offices 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 2012 to the Department of Health, Children’s Medical Services, Early Steps Bureau as the lead agency for CAPTA, Part C. Please refer to the Annual Report in the Attachments section of this report.

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.

2011-2012 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

In the summer of 2012, the Secretary thanked the existing Council for its service and contributions to improving services for young people and explained he would be reconstituting a new Council. The new Council was appointed to focus on the priorities of Secretary Wilkins’ administration including education, medical and dental care, and
life skills. A new Director of Independent Living Services was appointed to oversee the Council activities and related work.

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 met periodically (approximately quarterly) during this period and issued reports for the periods ending December 31, 2011 and December 31, 2012. The Annual Report is the Council's primary work product. The Council assessed the effectiveness of the service delivery system and made recommendations for improvement.

Accomplishments

The Council continues to be a strong voice for youth and includes a diverse group of stakeholders to ensure various perspectives are heard. Under the leadership of Bob Garner, the ILSAC chairperson, the Council works closely with the Department and the community-based care agencies to improve service delivery.

During 2011-12, the Council spearheaded efforts to amend state statute regarding independent living services. Many members of the Council worked with legislators, their staff and stakeholders to promote the need for legislative change and support for improving foster care services for young people aged 18 to 21.

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.

For additional information, please see refer to Chapters 1 and 6 of this report.
The Florida Child Abuse Death Review Committee

This citizens' committee was established by the Florida Legislature in 1999 under s. 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.

2011-12 Update

- Reviewed the case records and child death reports of 126 children whose deaths were confirmed to have been from verified child abuse or neglect during calendar year 2011. 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.

- Submitted the annual State Child Abuse Death Review Committee report to the Governor, President of the Senate, and Speaker of the House on December 31, 2012.

- 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.

- Articulated recommendations for legislative action, including expansion of child death review to include all child deaths reported to the Florida Abuse Hotline and recommended targeted prevention campaigns specific to drowning in residential pools and bath tubs.
Accomplishments

- In 2012, the Department reached out to a subset of the Child Abuse Death Review Committee to study approximately 200 child deaths that were closed as no indicators or not substantiated. This opportunity enabled professionals involved in prevention efforts to be exposed to the greater population of child death investigations that do not result in a finding of verified child abuse or neglect.

- During this reporting period, the Executive Office of the Governor, Children’s Cabinet established a workgroup to analyze the various child death data bases utilized by government agencies. The purpose of the exercise was to gain an understanding of the role and scope of activities related to studying child deaths in Florida and to avoid duplication of child death review processes.

- The Child Abuse Death Review Committee’s findings revealed that an alarming number of swimming pool drowning --- 84% --- occurred because children were able to easily wander outdoors with free access to pools. Despite a caretaker’s awareness on the need for installation of various security mechanisms, investigations reveals that many time sliding doors were left open; locks not engaged and sensors or alarms either turned off or inoperable. This in-depth analysis led to the recommendation that statewide and local efforts should focus on a targeted drowning prevention campaign specifically about the assumption that deaths are preventable when the various security devices in homes are properly and consistently utilized.

Collaboration

- The State Committee developed a consensus among the medical, law enforcement, child abuse prevention, advocacy, domestic violence, mental health, prosecution and other key stakeholders to expand the scope of child death reviews. This was made possible through the previously mentioned Governor’s Children’s Cabinet workgroup focusing on interagency collaboration.

- The State Committee established a collaborative working relationship with The National Center for the Review and Prevention of Child Deaths and received a letter of recognition and support from the Executive Director.
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.

TRAINING

Please note training activities, products and events are also described under other sections of this chapter and in Chapter Three of this report.

2010 - 2011 Update

- During the reporting period of October 1, 2011 through September 30, 2012, the Office of Child Welfare continued to be responsible for the establishment of statewide training policy and the provision of technical assistance.

- The Department maintained a decentralized training system. Training funds are provided to each of the Department’s six regions and contracted sheriff offices for the purchase and/or delivery of pre-service and in-service training for child protective investigators. Training funds are also allocated to the lead community based care agencies for the delivery of training for case managers.

- Child welfare staff continues to earn certification through the state’s third party credentialing entity, as established by the 2011 legislature.

Accomplishments

Please refer to Chapter 3, Training and Technical Assistance. An attachment describing new pre and in-service courses has been included.

Collaboration

- The Office of Child Welfare maintains a trainers’ list-serve for information sharing among the 150 trainers.

- The Department of Children and Families continues to work with the Department of Juvenile Justice, Department of Health, Agency for Persons with Disabilities, Department of Law Enforcement, and the Court Improvement Program to provide local cross-training opportunities.
Program Support

- During this reporting period, the Department of Children and Families continued its partnership with the University of South Florida’s “Center for the Advancement of Child Welfare Practice.” The Center continues to provide ready access to training and reference materials, reports, “promising practice” links, and other supports of excellence in child welfare practice. The primary objectives of the Center are:
  - To ensure timely and consistent information and training to Florida's child welfare professionals emphasizing easy access 24 hours a day, seven days a week, resulting in one right answer accessible to all users statewide on demand.
  - To link customers to resources, innovations, and evidence-based models and best practices throughout the country.
  - To provide virtual meetings, live training and educational events, and online collaborative forums that facilitate communication and information sharing among Florida's child welfare professionals and related stakeholders such as foster parents, youth, and education professionals.
  - To provide consistent and authoritative answers to frequently asked questions posed by the Center’s customers, and to disseminate answers statewide in cooperation with the Office of Family Safety.

CAPTA Fatality and Near Fatality Public Disclosure Policy

Please refer to s. 39.202, F.S., entitled “Confidentiality of Reports and Records in Cases of Child Abuse or Neglect,” s. 39.2021, F.S., entitled "Release of Confidential Information", s. 39.00145, F.S., entitled “Records Concerning Children,” Chapter 119, F.S., entitled “Public Records” and CFOP 15-12 entitled “Procedures for Releasing Selected Information Pertaining to a Report of Abuse, Neglect, Exploitation or Abandonment of a Child or Adult.” These statutes and policy provide the authority and procedures for releasing information in cases of a fatality or serious bodily injury due to abuse, neglect, exploitation or abandonment of a child.

Activities and Accomplishments Related to State Plan Program Service Areas: 42 U.S.C. 5106a

The second requirement of the CAPTA grant is to address Florida’s three program areas in its state plan. Each of these program areas underpins and is integrated with the Quality Improvement Plan (QIP) and the Children and Families Services Review (CFSR), so cross referencing has been provided where applicable. The goals, objectives and benchmarks of the QIP and CFSR are outlined and updated in Chapter 7 of this report.
In addition to the three state plan program areas, strides in other program areas are briefly described.

(1) INTAKE, ASSESSMENT, SCREENING, AND INVESTIGATION OF REPORTS OF ABUSE AND NEGLECT

The Department’s Child Protection Transformation Project continued throughout this reporting period. Most activity involved finalizing the new safety assessment process known as the “Florida Decision Making Methodology (FSDMM)”, professionalizing the workforce, and designing technology enhancements. Significant technological changes were made to support staff at the Florida Abuse Hotline. The major tasks and projects accomplished during this timeframe are described below.

During the 2012 Legislative Session, Chapter 39 of the Florida Statutes was changed significantly to shift the focus of child protection from a reactive and risk-based approach to a proactive and safety-based approach, taking Florida’s existing family centered practice model to deeper level of implementation. The Florida intake process is expected to use more specific and effective screening criteria to determine which reports to “screen in.” Eventually, all investigators and case managers will be using FSDMM to identify which insufficient parental protective capacities need to be augmented to either keep the children safe in the home while open to case management services or which protective capacities need to be developed to ensure successful and timely reunifications. It is expected that the new model will prevent families from needing multiple interventions to address re-maltreatment and that fewer children may experience out-of-home care while parents engage in services.

In the area of professionalization of the child protection workforce the Department, with support from the Florida Legislature, was able to increase the base salary for child protective investigators and supervisors. This should help decrease the significant turnover rate. The legislature also funded 20 new field supervisor positions. These positions were earmarked to provide field-based “hands-on” training and consultation for child protective investigative staff.

Another major activity accomplished during this reporting period was the transition of Florida’s Abuse Hotline intake process from the traditional call-in center to an integrated Command Center with a heightened focus on providing child protective investigators with quality information on the family prior to commencement of the investigation. Technology enhancements were made to the Florida Safe Families Network (SACWIS system). Enhancements were also made to the telephone and workforce management systems to increase accessibility and ease of reporting. Also, an improved web reporting system was deployed. A final gain for investigators in the field was the
introduction of an automated background screening system to speed up both exigent and planned placement screening requirements.

Following is a list of the major phases of the implementation activities accomplished to date during 2012 and discussed above.
<table>
<thead>
<tr>
<th>Abuse Hotline Transformation</th>
<th>2012</th>
<th>Child Protection Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Vendor Selected</td>
<td>January</td>
<td>Started Florida Safety Decision Making Methodology Test</td>
</tr>
<tr>
<td>Statement of Work Finalized</td>
<td>February</td>
<td>Legislation Passed</td>
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<tr>
<td></td>
<td>March</td>
<td>System Integration Work</td>
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<tr>
<td>Project Launch</td>
<td>April</td>
<td>Concluded Florida Safety Decision Making Methodology Test</td>
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<tr>
<td>Identify System Needs</td>
<td>May</td>
<td>Implemented New CPI Career Ladder</td>
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<tr>
<td></td>
<td>June</td>
<td>Requirements Complete</td>
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<tr>
<td></td>
<td>July</td>
<td>August</td>
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<tr>
<td>Requirements Complete</td>
<td>July</td>
<td>Design Complete</td>
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<tr>
<td></td>
<td>August</td>
<td>September</td>
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<tr>
<td></td>
<td></td>
<td>Multi-agency Implementation Team Established</td>
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</tbody>
</table>

**Information and Data**

“Child Protective Investigative Trend Reports” remain available through The Center’s web site to facilitate quality improvement efforts. These reports are separate from the data reports contained in the Florida Safe Families Network (FSFN) and are intended to be an additional source of useful information. Commonly referred to as “Spinner Reports,” this system provides program staff and stakeholders with access to investigation data trend elements on a state, region or circuit level basis (up to 24 months). Available charts include, for example, data on the percent of investigations containing a specific type of maltreatment (burns, medical neglect, etc.) or type of finding (verified or no indications, etc.) (QIP, Goal 4, Strategy A).

**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 are able to be transferred between the assessment and investigative tracts (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 Prevention Referrals

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 “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 such prevention referral activities and will continue to closely monitor the effects.
Criminal Background Checks in Florida

The Command Center at the Florida Hotline was created on November 16th, 2012 to provide accountability, consistency, timeliness, and efficiency for criminal history, juvenile delinquency, and criminal justice system record check processes for DCF protective investigations and relative/non-relative placements.

As the first state to implement the Adam Walsh Child Protection and Safety Act of 2006, Florida is authorized to search the National Crime Information Center (NCIC) for subjects of the abuse report purpose of child protective investigations.

The Command Center completes criminal history checks for investigations to include subjects of the investigation for both child and adult abuse reports, and also other adult household members and children in the household 12 years or older. The CIU also completes criminal history checks for emergency and planned placements of children in our child welfare system.

The type of checks performed and data sources that are accessed by Command Center staff for investigations or placements is determined and based on the program requesting the information as well as the purpose of the request (investigations or placements). The Florida Hotline Command Center 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 Case 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 (Appriss)** – Jail databases for current incarcerations, associated charges, and booking images.

Following review of criminal history record information, the Florida Abuse Hotline Command Center provides Community-Based Care (CBC) case managers with
preliminary placement recommendations for potential caregivers who may provide an emergency placement for a child requiring removal from his or her current placement. 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 Command Center’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.

Florida Administrative Code, 65C-16.007 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, according to 65C-13.009, F.A.C. Other statutory requirements regarding foster parents still remain part of Section 435.045, F.S.

Florida and National criminal history information for the purpose of adoption and/or foster care licensing is 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.
(3) CASE MANAGEMENT, INCLUDING ONGOING CASE MONITORING, AND DELIVERY OF SERVICES AND TREATMENT PROVIDED TO CHILDREN AND THEIR FAMILIES.

2011 – 2012 Update:

- Family Centered Practice principles have continued to guide Florida’s casework with families. A plan for continuing to support and promote the implementation of Family Centered Practice at the local level is in place and is a part of this report. For more information, regarding Family Centered Practice, please refer to the Training section found in Chapter 3.

- The Quality Parenting Initiative has shaped foster parent recruitment, retention, education and support in Florida during this period. Significant work with foster and adoptive parents in Florida supported the concept of normalcy for youth in care, enhanced the spirit of partnering and teamwork and initiated the development of a new statewide pre-service training curriculum. For more information, regarding the Quality Parenting Initiative, please refer to the Foster Parent Requirement section found in Chapter 1.

- Trauma Informed Care continues to be at the forefront of practice in Florida.
  ♦ The children’s mental health program office contracted with the Center for Child and Family Health to provide statewide training and technical assistance on the assessment, diagnosis and treatment of children with trauma, attachment difficulties and reactive attachment disorder. Training sessions were scheduled in every region, targeting key stakeholders for participation. These training sessions were held throughout 2011 and were completed in early 2012. The Center also conducted sessions at the Dependency Summit tailored to the needs children, youth and families served by child welfare. In addition, the Center conducted a training institute for mental health counselors and a meeting/breakout session with select key stakeholders.
  ♦ An Interagency Trauma-Informed Care Workgroup was formed and continues to meet on a quarterly basis. Within the Department, membership on the statewide workgroup includes staff from Adult, Facility, and Children’s Mental Health, Substance Abuse, Family Safety, Adult Protective Services, Domestic Violence, and Refugee Services. In addition to information shared at the quarterly meetings, approximately 100 individuals from various agencies and organizations throughout the state participate on an email list. The email list enables the sharing of resources, and information about training and best practices to be disseminated easily. Local Trauma Informed Care Workgroups are also active throughout the state.
• Work to improve permanency for Florida children through innovative approaches toward the goal of Another Permanent Planned Living Arrangement (APPLA) progressed with continuation of the Permanency Roundtable Project, the Video Project with Bob Lewis and a new initiative in Circuits 3 and 8 that replicates the “Cold Case Project” in Georgia. For additional information regarding APPLA, please refer to Chapter 1.

• The use, monitoring and oversight of psychotropic medications for children in care in Florida has remained of paramount importance and an area of intense focus through increased regulation, training and data tracking. For additional information, please refer to Chapter 2.

• The Remote Data Capture (RDC) technology continued to expand functionality to improve case management capacity and features. This technology supports the electronic capture of case information gathered onsite during child-case worker visits in a format that can be directly uploaded into FSFN from the field. Enhancements and modifications included added capacity to document data on active adult participants, better display and documentation of demographics, case plan goals and future hearing dates and a new narrative text field for case manager comments.

Accomplishments:

• The Subcommittee on Safe Families, a part of the Task Force on Fostering Success, completed statewide implementation of significant practice reform in the areas of data and technology, family centered practice, prevention, training initiatives, child death reviews and post adoption services.

• Enhancements to Florida’s SACWIS system, the Florida Safe Families Network (FSFN), improved the effectiveness and timeliness of internal electronic notifications and subsequent staff response to new reports involving children under the case management services of the Department or in post adoption cases. Modifications to the automated messaging functionality in FSFN increased the efficiency of the intake and child protective investigations system based notification of new intakes and investigations involving providers and participants in cases under active supervision. The system changes are designed to ensure timely transfer of critical information and appropriate response by those assigned and associated with the cases. The enhancements also addressed new reports and investigations on post adoptive placements so the appropriate staff are notified and respond to service needs. New language, functionality and protocols (among other changes) direct staff to review the allegations and actions associated with the new intake and investigation referenced in FSFN and to contact the local investigations office. The protocol is
intended to ensure that staff, first, familiarize themselves with the new information and that appropriate communication and collaboration take place between investigations and case management staff on cases involving foster care, post adoptions and open case management.

- FSFN implemented a document imaging, or scanning, functionality to ensure the electronic storage of critical, hard copy, case materials in the SACWIS system. The scanning capacity is intended to increase documentation, visibility and accessibility of key documents that support staff access to information necessary to ensure child safety, permanency and well-being. Scanning increases the visibility of documents to support more informed decision making, creates immediate access to vital medical and mental health records, facilitates meeting educational needs (assuring a seamless academic process) and ensures timely availability of information when children move between jurisdictions.

Collaboration:

- The Department of Children and Families and the Department of Juvenile Justice, in conjunction with Georgetown University, continued implementation the Crossover Youth Practice Model (CYPM) throughout the state of Florida. The CYPM has been implemented in Judicial Circuit 10. Circuits 4 and 7 are currently in the implementation process. Staff from Circuit 10 supported circuits 4 and 7 by sharing overall lessons they learned during their implementation phase. Staff from both departments participated in the train-the-trainer portion of this project and in facilitating sections of the model.

- The Quality Parenting Initiative has collaborated with multiple statewide agencies and organizations including the Guardian ad Litem Program, Youth Law Center and the Eckerd family Foundation to support foster and adoptive parent initiatives in Florida.

Program Support:

- Technical assistance efforts through monthly statewide calls and webinars remain an ongoing forum to update case managers, supervisors, and other child welfare professionals about policy changes, new initiatives, share best practices, and provide guidance as needed.

- Onsite technical assistance to the field is provided by program office staff as requested by the regions.
(4) ENHANCING THE GENERAL CHILD PROTECTIVE SYSTEM BY DEVELOPING, IMPROVING, AND IMPLEMENTING RISK AND SAFETY ASSESSMENT TOOLS AND PROTOCOLS

Substantial work has been completed during 2012 to finalize the Department’s new safety decision making methodology. This methodology establishes first, and foremost, that assessment and consideration of safety is inherently different from risk classification. The new methodology will be implemented throughout 2013. Below is a description of FSDMM.

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 serious harm will result without prompt intervention on the part of the investigator.

Most child protective investigations do not involve present danger but a more insidious form of maltreatment defined as impending danger. Impending danger is characterized as a child 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 new safety framework includes ten defined danger threats and one undefined “other” threat for a total of 11 threats overall. Here is a list of new 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 personal 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, child disciplining, and behavior management.

The assessment protocol will require identification of any present danger at first contact or assessment of impending danger during the completion of the family functioning assessment. This determination will then require the initiation of safety actions fully described and detailed in a safety plan, and agreed upon by the investigator, safety providers, and the family. 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 ongoing case management services.
The assessment protocol will also require that prior to closure of the investigation, a risk assessment is completed on all families. This assessment will facilitate the investigator determining which families with safe children, but receiving a high risk score, might benefit from voluntary Family Support or other prevention services to reduce the risk of maltreatment in the future. 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.

(5) DEVELOPING AND UPDATING SYSTEMS OF TECHNOLOGY THAT SUPPORT THE PROGRAM AND TRACK REPORTS OF CHILD ABUSE AND NEGLECT FROM INTAKE THROUGH FINAL DISPOSITION AND ALLOW INTERSTATE AND INTRASTATE INFORMATION EXCHANGE.

Prevention/Diversion Tracking in FSFN

With the Title IV-E Demonstration Waiver, Florida has had strong flexibility to create an strong array of prevention and diversion services. However, prior to July 1, 2012 there has not been a consistent, statewide method for tracking information on the children and families served. When a new report alleging maltreatment is received, or a new services case opened, the history of what was learned about the family and what interventions were provided has not been available.

A FSFN Case is always opened during an investigation and that record remains in FSFN; however in the past the case would only “remain open” in FSFN for children and families that required traditionally defined “case management.” There was no consistency for documentation of secondary prevention services provided. Although functionality is available within FSFN to accommodate each CBC’s unique service array by allowing each CBC to create and maintain “Service Types” multiple other ancillary information systems have been developed. The Services module in FSFN is currently utilized only when a system generated payment is required. There are thousands of closed case records in FSFN that do not contain any information about other types of secondary prevention services provided with Title IV-E Demonstration Waiver funds or Promoting Safe and Stable Families (PSSF) federal funds.

2011-2012 Update

A design team of DCF and CBC representative was organized in September of 2011 to establish requirements for a new screen in FSFN to capture secondary prevention information. During the month of November 2011, five CBC Lead Agencies volunteered to participate in a pilot project to use the new screen in FSFN. The pilots tested draft definitions and the new FSFN functionality. It was learned during the pilot that many children are receiving services that are secondary prevention in nature, intended to
strengthen family protective capacities through the provision of family support services. The new screen in FSFN, with modifications recommended by pilot sites, was deemed a dependable method for capturing information on these family support services. It was also learned in the pilot sites that there are at least an equal number of children receiving in-home protective interventions. These children and their families were tracked in ancillary data systems were not entered in FSFN.

**Accomplishments**

The Child Welfare and Community Services Office provided leadership and support to facilitate the design, development and eventual implementation of new FSFN functionality and policy for recording “Family Support” (secondary prevention) services. As a result of the pilot, it was also determined that there needed to be more policy clarification as to FSFN cases involving protective interventions, and those cases that were secondary prevention. Throughout the course of this implementation, leadership continued to evaluate the feedback from pilot agencies and other CBC and Provider leadership. The following actions were taken with respect to implementation of the pilot-tested FSFN technology solution

1) FSFN change request to do the following:
   a. Rename the new Secondary Prevention screen to “Family Support”
   b. Remove the edit limiting use of this page and allow documentation of any child, regardless of maltreatment finding.
   c. Remove the automated messages indicating ineligibility for Prevention when findings are documented.
   d. Remove the requirement to document a Risk Factors summary, this will remain optional.
   e. Add reference values for Assignment Types, Job Class and Case Type to support identification of Prevention and Diversion Cases.

2) Develop Statewide Implementation Strategy that includes:
   a. Lead Agency Specific Organizational Readiness Activities and Support
   b. Training Support
   c. Statewide Policy Guidance Workbook

The following chart was designed to provide a visual representation of the two types of cases that might be recorded in FSFN (secondary prevention and protective intervention).

Two webinars were provided to explain the planning and implementation requirements and just prior to roll-out, to explain the use of the new functionality. For further information, please refer to the Family Support subtitle found at:  
http://centerforchildwelfare.fmhi.usf.edu/FSFN/FSFNTraining.shtml
Collaboration

There were five Lead Agencies who worked diligently over the six-week Phase I implementation timeframe to evaluate the business process and the existing technology to establish a set of recommendations that should be evaluated prior to moving forward with statewide implementation to document all children served in FSFN. The agencies collaborated in the development of implementation recommendations. In addition, the Florida Coalition Families and Children sponsored monthly calls to learn information about the pilot, their recommendations, and used their monthly calls as a continuing forum to raise issues and questions about the implementation scheduled to occur on July 1, 2012.

Program Support

The functionality was introduced on October 24, 2011 and the agencies initiated their implementation activities guided by their local agencies. During the first phase of implementation, there were a total of 1,436 new children added into the FSFN system. Based on the current functionality and definitions, 714 (49.7%) of these children were documented as Secondary Prevention and 722 (50.3%) were documented as receiving Diversion services.

Florida Safe Families Network (FSFN)

Florida Safe Families Network (FSFN) is the Department’s automated child welfare case management system, replacing HomeSafenet. The state’s automated information system, HomeSafenet, met its purpose of identification of the status, demographic characteristics, location, and goals for the placement of every child in foster care. This legacy system was replaced in August 2007.

Compared to the legacy system, FSFN currently provides enhanced functionality for intake, case management, and data reporting activities. The activities include individualized decision support tools, a single automated case record that follows a child who moves from one agency or provider to another; immediate access to the child’s service, medical, and mental health history; tools for supervisory and management casework review; and improved data interpretation and accuracy of management reports.

During Federal FY 2010 – 2011, the Department of Children and Families released 11 new builds (R2c09 – R2c19) into production containing with 46 change requests and 173 incidents.
The Department focused on enhancements to the system. These enhancements included system improvements in the areas of medical and mental health; quality assurance, and licensing.

Additional modifications to eligibility determination screens included:
- Improvements to pre-filling of data on the templates
- Enhancements to allow the adoption subsidy to be $0.00
- Improvements to the communication capabilities of the CBC Revenue Maximization worker to the Child In Care worker
- Enhancements to notify caseworkers, adoption workers or others assigned to a case when new abuse calls are received at the hotline for a child or provider already in the system
- Improvements to the quality assurance functionality that will help achieve SACWIS certification
- Inclusion of the National Youth in Transition Database (NYTD)
- Modifications to the Business Objects Enterprise (BOE) reporting environment

The Department of Children and Families continued to collaborate with its contracted child welfare service providers to complete the full transition to FSFN which included the financial implementation and continued to collaborate with all stakeholders on system improvements and defining build content to better reflect activities from intake to closing case management services. For more information regarding the accomplishments of the SACWIS project, please refer to Chapter 1.

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.

(6) DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING

During this reporting period, the Department's Office of Child Welfare re-established and fully staffed its training unit. The new vision for the Department’s training system is captured below. To date, the following has been accomplished: the agency mission is well established; the training unit has finalized a new practice model which incorporates the safety framework; the policy unit is currently writing a new procedure manual to combine law, rule, and operating procedures; and, a vendor has been selected to develop new pre-service curriculum, which will include coaching curriculum for supervisors. Next, the training unit plans to establish a Statewide Child Welfare Professional Development Council. This council will determine a methodology for understanding training needs (using quality assurance findings, data, and a variety of sources), prioritize the needs, and respond to the needs by developing the state’s next five-year training plan.

Please refer to a more in-depth description of training activities provided in Chapter 3 of this report.

(8) DEVELOPING AND FACILITATING RESEARCH-BASED STRATEGIES FOR TRAINING INDIVIDUALS MANDATED TO REPORT CHILD ABUSE OR NEGLECT

Florida law states that any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, neglected or is the victim of childhood sexual abuse must report such knowledge or suspicion to the Florida Abuse Hotline. Everyone is considered a mandatory reporter. The following describes reporter-related training initiatives 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 within 90 days of employment in the child care industry. The introductory child care training is divided into two parts. Part I includes the identification and reporting of child abuse and neglect. Annual in-service training
requirements include child abuse, working with children with disabilities, and community, health, and social service resources.

- **Teachers.** During this reporting period, the Department, in collaboration with the Florida Department of Education, developed an e-learning course for teachers, *Identifying and Reporting Child Abuse and Neglect.* This one hour course is available online and features two quick-reference guides, one that describes how to make a report and one that provides a thorough listing of the signs of abuse and neglect.

- **Public.** In August 2012, the Department executed a contract with a vendor to purchase a statewide public awareness campaign and educational initiative for the prevention of child abuse. The vendor has purchased billboards, developed curriculum, and hosts a website that details how to recognize and report abuse (see http://dontmissthesigns.org/).

**(11) DEVELOPING AND DELivering INFORMATION TO IMPROVE PUBLIC EDUCATION RELATING TO THE ROLE AND RESPONSIBILITIES OF THE CHILD PROTECTION SYSTEM AND THE NATURE AND BASIS FOR REPORTING SUSPECTED INCIDENTS OF CHILD ABUSE AND NEGLECT**

The Florida Abuse Hotline supports each circuit with training material concerning mandated reporter information upon request.

The Florida Abuse Hotline provides on-site community support and training around the guidelines and procedures for identifying suspected child maltreatment and reporting requirements. This training is provided throughout the state. In addition, the Florida Abuse Hotline is working on facilitating “live” webinars to staff around the state. These “live” webinars allow individuals around the state to access training from their desktop computers and 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
The 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.

(14) SUPPORTING AND ENHANCING COLLABORATION AMONG PUBLIC HEALTH AGENCIES, THE CHILD PROTECTION SYSTEM, AND PRIVATE COMMUNITY-BASED PROGRAMS TO PROVIDE CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT SERVICES (INCLUDING LINKAGES WITH EDUCATION SYSTEMS) AND TO ADDRESS THE HEALTH NEEDS, INCLUDING MENTAL HEALTH NEEDS, OF CHILDREN IDENTIFIED AS ABUSED OR NEGLECTED, INCLUDING SUPPORTING PROMPT, COMPREHENSIVE HEALTH AND DEVELOPMENTAL EVALUATIONS FOR CHILDREN WHO ARE THE SUBJECT OF SUBSTANTIATED CHILD MALTREATMENT REPORTS

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 accomplishes 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. The requirements of Fostering Connections are clear that the state must develop a plan, in conjunction with the Medicaid office, which will adequately address the needs of these children.

Trauma Informed Care
The Department established an Advisory Team which is comprised of membership from multiple agencies, including the Family Safety Program Office. 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 Family Safety 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 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. 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. 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 QIP Goal 1: Strengthen policy and improve practice to ensure safety of children remains a priority as it directly links to the prevention goal as stated in the five-year Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015. Prevention Goal 1 is to reduce by June 30, 2010 the child abuse rate from the fiscal year 2007-2008 statewide rate of 10.94 per 1,000 children.

The central focus of the Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 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 Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015 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](http://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](http://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.


With the assistance of the Department of Children and Families, the Office of Adoption and Child Protection 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.

The five year CAPTA plan supports the activities outlined in Florida’s Quality Improvement Plan (QIP), and based on the second round CFSR results; the Department’s Strategic Plan, and the agency’s Long Range Program Plan for Fiscal Years 2012-2013 through 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.
Another stated goal of the Child and Families Services Plan is to improve Service Array and utilization of prevention and diversion programs. Specifically, the objective is to reduce the number of out-of-home placements to focus on in-home services, prevention and diversion referrals. Strategies are to:

- Conduct gap analysis of prevention service needs;
- Increase the number of safety plans implemented;
- Increase the use of family support and family preservation services; and,
- Increase diversion referrals through use of ARS and other diversion program.

Continuing an initiative started in 2009, the Family Safety Program office commissioned Florida State University, the Center for Prevention and Early Intervention Policy, to develop of advanced child welfare training curricula for child welfare professionals in four content areas: health, mental health, substance abuse and domestic violence. Training content was guided by input from an advisory panel of experts internal and external to DCF in the major content areas. For each content area, information was provided on important child and family dynamics and impacts, screening and assessment, case planning considerations, and integrating interventions. A fifth training session in the series focused on the need and skills for highly integrated team work to plan interventions using case scenarios and structured group activities. Six regional train-the-trainer training sessions were provided around the state February through June.

Family Centered Practice

The development of an overarching model of practice was a core improvement strategy in Florida’s Quality Improvement Plan (QIP, Goal 1: Develop and Phase-In Family Centered Practice) to address the second round CFSR results for child well-being. The “Family Centered Practice Model” will eventually undergird all child welfare rules, policy, training, quality assurance and contract requirements. To develop the model, a competitive process was undertaken to select three catchment areas that would serve as “innovation sites” for assisting the Department with this endeavor. The sites selected were Circuit 1, Circuits 3/8, and Circuit 11. The three innovation sites with input from Florida stakeholders and some national organizations developed consensus on a written document that defines the system values, principles and core components. This document was disseminated to regional and circuit directors, protective investigations staff, and community based care agency directors and staff.

At the 2011 Dependency Summit, information on Family Centered Practice was provided to members of the judiciary in collaboration with the Office of State Courts Administration, Office of Court Improvement. Bench card for nine specific types of
dependency hearings have been implemented which incorporates family centered practice principles. These bench cards were a major component of the revised dependency bench book finalized in September, 2010.

With financial and technical support from Casey Family Programs, an evaluation design for measuring family centered practice, implementation efforts and results of innovation site work continues. Other collaborative work thus far by the innovation sites and DCF includes the identification of basic casework practice activities and attributes that reflect the model components of engaging families, building and leading collaborative teams, assessing children and families, case planning and tracking/adapting case plans.

Information and resources about Family Centered Practice has been posted on the Florida Center for the Advancement of Child Welfare Practice site at: http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx

The new FSDMM safety information framework guides what we need to learn about children and families in order to assess child safety. The transformation project determined early on in its work that here are critical family-centered investigative practices that are needed to know how to conduct investigative practices to assess child and family dynamics and to set the stage for meaningful family involvement and accountability for change. The transformation project resulted in the following activities to reinforce the expectation that the family centered practice model would remain the core foundation for practice:

1) Updating of the practice model components to integrate the new safety framework. (See updated model below.)
CORE TENETS OF FLORIDA’S PRACTICE MODEL

Protect the vulnerable, promote strong families, and advance family resiliency.

WHAT WE WILL ACCOMPLISH

Build rapport and trust with the family and other persons who support the family as the six information standards are explored (see back). Empower the family by seeking information as to its strengths, resources, and family solutions. Demonstrate respect for the family as they exist in their social network, community, and culture.

Identify formal and informal partners who have the knowledge and information needed about the family and/or family conditions. Provide team leadership and facilitation to achieve optimum communication, clear roles and responsibilities, and accountability.

Gather information consistently, from the family and other team members, throughout the course of all interventions to update the six information standards (see back). Update information as underlying issues, including trauma, are identified and the family situation changes.

Assess information gathered for sufficiency. Identify unsupported observations or unverified statements. Reconcile information inconsistencies. All team members have a shared understanding of the information and how it should inform interventions.

Develop and implement short-term actions to supplement caregiver capacities to keep child safe in the home or in care. For a child in temporary care, identify when parent progress will be sufficient to return the child with an in-home safety plan.

Work with the child, family, and other team members to identify appropriate interventions and the supports necessary to build parent protective capacities. Seek to identify what will need to happen in order for the family and its support network to succeed with maintaining changes over the long term.

Provide linkages to services and help the family navigate formal systems. Troubleshoot and advocate for access when barriers exist. Modify safety actions and case plans as needs change. Support the
child and the family with transitions, including alternative permanency options when reunification will not occur.

2) Disseminated the updated practice model at the annual, statewide child protection summit, “Realizing Change” September 5-6, 2012.

The updated family centered practice model will be the foundation for any future training initiatives related to child protection and/or in service training related to FSDMM. Specifically, the following is expected:

1) The family centered practice model will be incorporated into any procurement documents for the development of FSDMM training and the re-design of child protection pre-service training.
2) The practice model will be incorporated into the new procedure manual that the department will develop in the coming year.
3) The practice model will be the basis for a supervisory case consultation coaching model to be developed and supervisory case consultation curriculum.

PROPOSED PLAN FOR FFY 2013

The Proposed Plan section outlines initiatives already begun that will continue through the next funding cycle (2013) and adds new activities for promoting the safety and well-being of Florida’s children. Part C, the Children’s Justice Act, Community-Based Child Abuse Prevention Program, Citizen Review Panels, and training ongoing and additional efforts are outlined, as well as, the three program areas of intake, case management and technology included in Florida’s current plan.

In previous chapters of this report the sections under each program area, Future Plans, are also part of the 2013 plan.

The proposed plan for 2013 includes activities, products and events described for the reporting period that have continued year-to-date and will continue and be improved upon. The implementation of recommendations from the Children and Families Services Review addressed though Florida’s the Quality Improvement Plan is the essence of the plan for 2013. Many of the recommendations from external citizen work groups, councils and task forces will also be the focus of much future work on behalf of children and families.
Future Plans in the Required Elements

PART C

The Eligibility Criteria Workgroup will continue to convene for on-going review of the existing interagency agreement for access to Early Steps to assess for necessary revisions at the statewide and local levels. Increased collaboration with the Department of Health’s Early Steps will also occur to ensure access for child victims.

CHILDREN’S JUSTICE ACT (CJA)

The Department will remain committed to implementing the various initiatives already supported through its CJA funding as the CJA is an ongoing federal block grant.

Future Plans include:

- The 2013 Child Protection Summit – This Summit is seen as the most significant force in driving practice and policy improvement by convening the broadest array of child protection and family services stakeholders and offering a multi-day, multi-track series of workshops and networking and learning opportunities.

- Child-on-Child Sexual Abuse and Children with Sexual Behavior Problems Strategy Implementation - developing a training curriculum on COC Sexual Abuse and Children who Exhibit Inappropriate Sexual Behavior. The target audience is comprised of Child Protective Investigators (CPI) and CPI supervisors.

  The curriculum will be developed using a skill-based learning model, comprised of the following: (1) In-depth skill building for child protective investigators with a focus on investigating COC sexual abuse; (2) Comprehensive skill building to ensure effective identification, investigation, and intervention of child on child sexual abuse for all child welfare professionals; (3) Identification of services necessary for treatment with a focus on identifying what is currently in place and education on service intervention that is effective when working with child victims and child perpetrators of sexual abuse; and (4) Distinguishing between inappropriate child sexual behavior and “normal” child sexual behavior.

- Trauma-Informed Child Welfare Strategy Implementation – providing consultant services for training, policy development, and statewide implementation of Trauma Informed Care Child Welfare Strategy to include improvement in the handing of child abuse and neglect cases in a manner that limits additional trauma to the child victim and the child's family. Planning will include a statewide implementation plan for
policy development and training to include trauma informed approaches to service delivery. Consultant services will be used to help identify and implement some of the following steps to begin the transformation to a trauma informed child welfare system:

- Development of child protection policies and procedures to reflect practice approaches
- Development of Training Curriculum (Trainer guide, participant guide, handouts)
- Develop trauma screening for children
- Provide ongoing staff training and education in trauma informed care
- Improve and target staff hiring practices

- Provide Child Protection Training for cases of children who are involved in human trafficking. This project will improve child welfare practice related to the investigations of and prosecution of cases of child sexual abuse and exploitation. Funds will be used for consultant services and instructional design work.
  - Development of child protection policies and procedures to reflect practice approaches.
  - Development of Training Curriculum (Trainer guide, participant guide, handouts)
  - Development of standardized assessment tools.
  - Provision of on-going training for child protection staff.

- Child Fatality Reviews. This project will improve the assessment and investigation of cases of suspected child abuse related fatalities and suspected child neglect related fatalities. Funds will be used for consultant services and instructional design work.
  - Development of child protection policies and procedures to reflect practice approaches.
  - Development of Training Curriculum (Trainer guide, participant guide, handouts)
- Development of standardized review tools.
- Provision of ongoing training for child protection staff have added to the $30,000 already designated in the project list for Trauma-Informed Child Welfare Strategy Implementation.

- Lauren’s Kids – a statewide public awareness campaign, launched as a result of a law passed during the 2012 legislative session mandating the reporting of child abuse. “Lauren’s Kids” has the support of Florida’s Governor and is beginning to receive nationwide attention.

COMMUNITY-BASED CHILD ABUSE PREVENTION PROGRAM (CBCAP)

The CBCAP network will continue to assess technical assistance needs to address training on the protective factors statewide and identify ways to aid the parents of special needs children, as well as continue its prevention efforts.

CITIZEN REVIEW PANELS

Future plans for each of the three designated citizen review panels are described below.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT)

The FICCIT Council will continue to meet and 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 their families.

FICCIT has made it a priority to ensure that interagency agreements at the local levels are in place and effective.

The Independent Living Services Advisory Council

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 primary goal for the Council for 2012 is the passage and implementation of Senate Bill 434/House Bill 417. The Florida Legislature convenes in January 2012 and
concludes in March 2012. More information about the outcome of this session and this specific legislation is available at: http://www.flsenate.gov/Session/Bill/2012/0434

For additional information, please see refer to Chapters 1 and 6 of this report.

The Florida Child Abuse Death Review Committee

The Florida Child Abuse Death Review Committee will continue to function as an independent review board, administratively supported through the Department of Health. The Department of Children and Families will continue to explore additional assignments and uses of the review committee that are deemed relevant to state and local child death prevention efforts.

TRAINING

The Department’s future plans for the next reporting period include the following:

- holding the annual Dependency Summit in September 2013
- finalizing the rule that establishes a process for curriculum review
- building capacity for training the new Florida Safety Decision Making Methodology
- executing a contract for new pre-service curriculum
- continuing with the University of Florida’s Center for Child Welfare clearinghouse website
- designing and deploying a new training tracking system in SACWIS
- continuing the statewide peer network of trainers
- beginning to establish a new council to assist with the state’s five year training plan, the Statewide Child Welfare Professional Development Council

Future Plans for the State Plan Program Service Areas

Many of the future plans under these three service areas are imbedded within earlier chapters.

(1) INTAKE, ASSESSMENT, SCREENING, AND INVESTIGATION OF REPORTS OF ABUSE AND NEGLECT

For future plans discussion regarding investigation of reports portion of this criterion, please refer to criterion (4) ENHANCING THE GENERAL CHILD PROTECTIVE SYSTEM BY DEVELOPING, IMPROVING, AND IMPLEMENTING RISK AND SAFETY ASSESSMENT TOOLS AND PROTOCOLS
(3) CASE MANAGEMENT, INCLUDING ONGOING CASE MONITORING, AND DELIVERY OF SERVICES AND TREATMENT PROVIDED TO CHILDREN AND THEIR FAMILIES.

- Continue to expand the Crossover Youth Practice Model and further develop this approach by utilizing the three Florida CYPM sites to build capacity through the development of peer-mentoring and technical assistance.

- Continue the Remote Data Capture technology initiative to expand functionality to include other case management and investigations features. This technology remains under development and will continue to be refined and to expand.

- Maintain diligent oversight and tracking of the administering of psychotropic medications to children in care in Florida.

- Enhance the Family Centered Practice and Trauma Informed Care as case practice models in Florida.

- Improve permanency outcomes for children via the APPLA permanency goal projects will continue.

- Continue the Camp Sib and Florida Youth Leadership Academy Programs.

(4) ENHANCING THE GENERAL CHILD PROTECTIVE SYSTEM BY DEVELOPING, IMPROVING, AND IMPLEMENTING RISK AND SAFETY ASSESSMENT TOOLS AND PROTOCOLS

Future plans involve continuation or completion of projects currently underway – the implementation of the safety decision making methodology.

- Develop “in-service” curriculum on the new safety framework to be used to train investigation staff already on the job.

- Develop safety framework “pre-service” curriculum for newly hired staff after the statewide implementation date. The new curriculum, in addition to the obvious changes around safety decision making, will emphasize the family’s right to self-determination, the use of least intrusive interventions, and increased training in the area of conversational dialoging and motivational interview to successfully engage the family.

- Develop a series of e-Learning modules on major components of the safety decision making methodology to be accessed over the Department’s intranet including, but not limited to: information collection and information domains to inform safety assessment and safety management; definitions of foundational concepts in the new safety framework such as present and impending danger, vulnerable child, parental protective capacity, safe and unsafe; importance of establishing informational
standards such as information sufficiency, information validation and information reconciliation to adequately inform safety decisions; and development and use of safety plans.

- Complete the ‘Child Protective Investigations’ chapter of the Child Welfare Procedure Manual which is an integrated work for all policies, directives and procedures, and codified administrative rules and statutory requirements related to investigative practices in the state of Florida.

- Promulgate a revised Chapter 65C-29, Florida Administrative Code relating to Child Protective Investigations. The purpose of the rule revision will be to align the rule with recent statutory and policy changes, to include but not be limited to:
  1. definitions for new terminology and concepts representative of the new safety framework (for example, “household member”);
  2. codification of screening criteria for the Florida Abuse Hotline for determination of what constitutes a danger threat; and
  3. new procedures for child protective investigators regarding safety planning, completion of the family functioning assessment, case transfer for case management services, and completion of a standardized actuarial-based risk assessment.

- Updating of operating procedure CFOP 175-28, the Department’s “Child Maltreatment Index” which establishes maltreatment types, investigative findings, factors to assess for each respective maltreatment, and documentation to support a specific finding of a maltreatment.

(5) DEVELOPING AND UPDATING SYSTEMS OF TECHNOLOGY THAT SUPPORT THE PROGRAM AND TRACK REPORTS OF CHILD ABUSE AND NEGLECT FROM INTAKE THROUGH FINAL DISPOSITION AND ALLOW INTERSTATE AND INTRASTATE INFORMATION EXCHANGE.

The new functionality will continue to be used to record and track the number of children who are receiving Family Support services. As a new procedure manual is developed to reflect the new FSDMM, there will be a new policy section dedicated to Family Support. The risk tool that is a component of FSDMM will be used by many CBCs to prioritize family support services for safe children whose family has a high risk score. In addition, the department will work with the CBCs to establish outcome measures related to these prevention services.

(6) DEVELOPING, STRENGTHENING, AND FACILITATING TRAINING

The training unit plans to establish a Statewide Child Welfare Professional Development Council. This council will determine a methodology for understanding training needs (using quality assurance findings, data, and a variety of sources), prioritize the needs,
and respond to the needs by developing the state’s next five-year training plan. Please refer to the graphic on the next page.

**Florida Child Welfare Professional Development System**

*Improved safety, permanency and well-being outcomes for children and families.*

---

**DEVELOPING AND FACILITATING RESEARCH-BASED STRATEGIES FOR TRAINING INDIVIDUALS MANDATED TO REPORT CHILD ABUSE OR NEGLECT**

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 and ask questions and participate remotely.

Lauren’s Kids – a statewide public awareness campaign, launched as a result of a law passed during the 2012 legislative session mandating the reporting of child abuse. “Lauren’s Kids” has the support of Florida’s Governor and is beginning to receive nationwide attention.
(11) DEVELOPING AND DELIVERING INFORMATION TO IMPROVE PUBLIC EDUCATION RELATING TO THE ROLE AND RESPONSIBILITIES OF THE CHILD PROTECTION SYSTEM AND THE NATURE AND BASIS FOR REPORTING SUSPECTED INCIDENTS OF CHILD ABUSE AND NEGLECT

The Florida Department of Children and Families has embarked upon a multi-year Child Protection Transformation project. The vision is to transform Florida’s Child Welfare system of care by introducing a new Safety Decision-Making Methodology, professionalizing our workforce and enhancing our technology.

Child Protection Transformation centers on a major SYSTEM reform. As mentioned, there are four areas of major effort all of which are interrelated and highly interdependent.

The four areas include: Professionalization and Training (workforce, hiring, performance management, organization), Technology (system enhancements and associated efficiencies to be gained from technology solutions), Compliance (rules, laws, SACWIS, contracts, etc. – consistency across programs) and as the foundation of all of the above there is a major practice reform from Hotline through CM to better ensure our agency’s system of care and improve child safety decision-making through analysis, consistent application of law, code, training and policy with the main goal to improved child safety outcomes across the spectrum of child welfare services.

Professionalization/Training: will change the hiring practices for new investigators and improve the training system for new and current investigators to ensure that qualified, trained investigators and working the most critical, complex cases. A new career lattice will also provide increases in pay for those investigators with more experience. Field Specialists

Technology: Incorporate updated technology from the beginning of the case at the abuse hotline to the end with case management. These updates will provide integrated information from all contacts with the family and can include data from law enforcement, the school system, juvenile justice, Guardian ad litem, health care and more.

Safety Decision Making: System of safety management
Core: Across the continuum from Hotline through CM there will be changes to the overall Business Processes which includes: Decision Support tools, Policy and Practice, Quality Assurance/Continuous Quality Improvement, Performance Management, Training, and Technology supports. These work stream efforts are strongly underway for the Hotline and Investigations programs and the work has recently been initiated with the CM program.

The Florida Abuse Hotline supports each circuit with training material concerning mandated reporter information upon request. 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 and ask questions and participate remotely.

(14) SUPPORTING AND ENHANCING COLLABORATION AMONG PUBLIC HEALTH AGENCIES, THE CHILD PROTECTION SYSTEM, AND PRIVATE COMMUNITY-BASED PROGRAMS TO PROVIDE CHILD ABUSE AND NEGLECT PREVENTION AND TREATMENT SERVICES (INCLUDING LINKAGES WITH EDUCATION SYSTEMS) AND TO ADDRESS THE HEALTH NEEDS, INCLUDING MENTAL HEALTH NEEDS, OF CHILDREN IDENTIFIED AS ABUSED OR NEGLECTED, INCLUDING SUPPORTING PROMPT, COMPREHENSIVE HEALTH AND DEVELOPMENTAL EVALUATIONS FOR CHILDREN WHO ARE THE SUBJECT OF SUBSTANTIATED CHILD MALTREATMENT REPORTS

The Performance Measures Workgroup will continue to provide guidance to the Department on quantitative and qualitative data reports on several fronts. Reports aimed at driving practice improvement by ranking the performance of Lead Agencies and Department services areas will continue. These “Scorecards.” published monthly, focus attention on critical areas of safety and well-being.
Additional Child Abuse Prevention and Treatment Act State Plan Requirements

CAPTA Agency Identifying Information:

- **Lead agency contact information:**
  
  Florida Department of Children and Families  
  Office of Child Welfare  
  1317 Winewood Boulevard  
  Tallahassee, Florida 32399-0700

- **CAPTA Lead Agency Coordinator:** (State Liaison Officer)
  
  Cameo Bryant  
  Child Welfare Program Office  
  State and Federal Program Policy  
  Office (850) 717-4674  
  Email: cameo_bryant@DCF.state.fl.us
1. The number of children who were reported to the State during the year as abused or neglected.

312,184 calls during State Fiscal Year 2011-2012 concerning 228,111 children (Source: DCF Quickfacts, January 2013)

2. Of the number of children described in paragraph (1), the number with respect to whom such reports were—

substantiated; 34,805 (Source: DCF 2012 Investigation Spinner Reports)

unsubstantiated; or 145,111 (Source: DCF 2012 Investigation Spinner Reports) (Note: Florida’s count for Unsubstantiated includes no indication findings and Not Substantiated)

determined to be false. average = 35.6 per year. Actual conviction rates are a much smaller subset of the above numbers spanning a range from 1 to 7 or so a year. (Source: DCF ad hoc report)

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) 2011-2012 there were 18,230 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, 2013)

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) 2011-2012 there were 53,035 unduplicated victims, with 32,853 receiving services (13,096 receiving in-home services and 19,757 receiving out of home care services). (Source: DCF Quickfacts, January, 2013)
c) the number that were removed from their families during the year by disposition of the case.

During the Federal Fiscal Year (SFY) 2011-2012 there were 14,744 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.

99,416. The number of families impacted by Community-Based Prevention of Child Abuse and Neglect program (CBCAP) grant. (Source: Florida NCANDS FFY 2012)

5. The number of deaths in the State during the year resulting from child abuse or neglect.

130. This number reflects the number of children who died as a result in calendar year 2011. (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 2012, none were in foster care. (Source: Florida Child Death Review Team and Florida NCANDS FFY 2012)

7. The number of child protective services workers responsible for the intake and screening of reports filed in the previous year.

195. This number is comprised of Hotline staff which includes 174 counselors and 21 supervisors. (Source: Florida NCANDS FFY 2012)

8. The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

9 hours from time report received to time report commenced (Source: Florida NCANDS FFY 2012)
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.

9 hours from 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 2012)

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.

1,667. 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 2012)

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: 3,514
The number of children receiving family preservation services: 6,465
(Source: Florida NCANDS FFY 2012)

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 2012, the Program was appointed to 34,734 children.

The average number of out of court contacts between such individuals and children.

The Guardian ad Litem Program Standards of Operation, Standard 1.0 requires each child be visited 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 the annual report.*

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, 2012 was 1,005. 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, as hoc report, January 8, 2013)*

15. The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

*This information is not readily available in Florida’s SACWIS system. The State is currently transforming the child protective services system which includes enhancements to SACWIS. These data points have been submitted as a change request.*

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: 639,934 (Source: Florida Department of Health, Charts report: Births (Count) by Year of Birth by County of Residence (Mother) Births=Resident, 2010, 2011 and 2012, provisional)*

*The number of children referred in State Fiscal Year (SFY) 2011-2012 in SFY 2011-2012: 27,213 (Source: Florida Interagency Coordinating Council for Infants and Toddlers)*
Child Protective Service Workforce Data

- Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;

  In terms of qualifications, each position has an established set of specifications (qualifications and educational requirements) identified by the Department as requirements to perform the respective role. Career progression from entry-level on requires obtaining the minimum required qualifications and demonstrated performance that meets the Department's minimum performance requirements. Please refer to the attachments provided for the various job positions within the State’s personnel classification system.

- Data on the education, qualifications, and training of such personnel;

<table>
<thead>
<tr>
<th>Educational Degrees</th>
<th>Experience</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Supervisors Average # yrs Child Welfare experience</td>
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<tr>
<td>BSW Title IV E BSW (Stipend) MSW</td>
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FFY 2011-2012 Annual Progress and Services Report  213
Florida Department of Children and Families
Chapter 5
• Demographic information of the child protective service personnel; and

Please refer to the attachments provided directly at the end of this Chapter.

• 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: 27 minutes
  Average number of cases per child protective service worker: 15.5
  Average number of intake counselor per intake supervisor: 1:9
  Average number of cases per child protective service worker: 15.5
  Average number of child protective service workers per child protective service supervisor: 5.6
### Number of Staff

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<thead>
<tr>
<th>Region Code (lvl2)</th>
<th>Total EMP FTE</th>
<th>Total</th>
<th>Child Protective Investigator</th>
<th>Total</th>
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<tr>
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<td>31 - NW</td>
<td>23</td>
<td>31 - NW</td>
<td>119</td>
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<tr>
<td>32 - NE</td>
<td>32 - NE</td>
<td>43</td>
<td>32 - NE</td>
<td>207</td>
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<tr>
<td>33 - SC</td>
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<td><strong>Grand Total</strong></td>
<td><strong>187</strong></td>
<td><strong>Grand Total</strong></td>
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### Average Salary

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### Degree in Social Work

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<td>6</td>
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<td>35 - SER</td>
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<td>2</td>
<td>4</td>
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<tr>
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### Ceditable Months of Service

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### EEO Information

#### Race

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<th>Hispanic or Latino</th>
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<td><strong>16</strong></td>
<td><strong>95</strong></td>
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#### Ethnicity

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<tr>
<td><strong>Grand Total</strong></td>
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NOTE: Effective July 1, 2002, the State of Florida adopted a broadband classification system. These classification and compensation plans in conjunction with the new broadband system should be used for the purpose of classifying and compensating positions in the Career Service, Selected Exempt Service or Senior Management Service. To find out more about the Florida's Broadband Classification System, please access: broadband classification and compensation program

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.

http://oas.state.fl.us/apps/cspec/www_cspec.cspec.display?p_plan=08&p_code=5962

6/27/2011
• 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: 07/01/2001
History: 04/22/1988
NOTE: Effective July 1, 2002, the State of Florida adopted a broadband classification system. These classification and compensation plans in conjunction with the new broadband system should be used for the purpose of classifying and compensating positions in the Career Service, Selected Exempt Service or Senior Management Service. To find out more about the Florida's Broadband Classification System, please access: broadband classification and compensation program.

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
1story: 06/30/1999
08/01/1987

NOTE: Effective July 1, 2002, the State of Florida adopted a broadband classification system. These classification and compensation plans in conjunction with the new broadband system should be used for the purpose of classifying and compensating positions in the Career Service, Selected Exempt Service or Senior Management Service. To find out more about the Florida's Broadband Classification System, please access: broadband classification and compensation program

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.

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6/27/2011
- 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.

SPECIAL NOTE

Applicants who have not completed the training and passed the Written Assessment will be considered for appointment in agency trainee status. Successful completion of the field based performance assessment is required during the probationary period.

EFFECTIVE: 05/10/2002
NOTE: Effective July 1, 2002, the State of Florida adopted a broadband classification system. These classification and compensation plans in conjunction with the new broadband system should be used for the purpose of classifying and compensating positions in the Career Service, Selected Exempt Service or Senior Management Service. To find out more about the Florida's Broadband Classification System, please access: broadband classification and compensation program

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.

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6/27/2011
• 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

SPECIAL NOTE

Attainment of a passing score on the basic skills Introduction to Child Protection Written Assessment is required. Applicants who have not completed the training and passed the Written Assessment will be considered for appointment in agency trainee status. Successful completion of the field based performance assessment is required.

Effective: 05/10/2002
Chapter 6

Chafee Foster Care Independence Program and Chafee Education and Training Voucher (ETV) Program

The federally funded Chafee Foster Care Independence Program (CFCIP) and the Chafee Educational and Training Voucher Program help ensure youth are engaged in decision making related to their transition to adult life. This includes involvement in becoming economically self-sufficient and achieving desired educational and career goals. Services and supports include education, training, housing assistance, counseling, and other services. In addition, the state of Florida provides funds through the Department of Children and Families to supplement the federal grants and required match to assist youth in reaching their educational and employment goals. Florida’s comprehensive program of independent living services is a priority for the Department of Children and Families. The following pages describe activities to date for the period beginning October 1, 2011 through the present and plans for Federal Fiscal Year (FFY) 2013.

PROGRAM SERVICES OVERVIEW

- Florida has continued to receive funding provided through the federal Chafee Road to Independence Grant and Chafee Education and Training Voucher Grant. Florida matches both grants through general revenue funding.

- Independent Living services, designed towards the child’s age while in foster care, were provided. Such services include life skills training, educational field trips, employment skill building, job shadowing, and conferences for the younger teens, while services for older teens are more focused on banking and budgeting classes, parenting classes, time management and organizational classes, as well as enhanced employability skills, job shadowing, and job placement through initiatives throughout the state including Operation Full Employment. Independent Living services such as mentoring, tutoring, therapy and psychological counseling are available to all children while in foster care. These services are funded through a web of federal grants, general revenue dollars, and national, state, and community private funds. Independent life skills assessments for teens to help them prepare for leaving foster care were required.

- Independent Living services for young adults transitioning from foster care were provided through:
♦ Aftercare Support Services - Services available to assist eligible young adults who were formerly in foster care in their efforts to continue to develop the skills and abilities necessary for independent living.

♦ Direct and/or indirect payments may be made to and/or on behalf of the young adult for expenditures such as:
  - Mentoring and tutoring.
  - Mental health services and substance abuse counseling.
  - Life skills classes, including credit management and preventive health activities.
  - Parenting classes.
  - Job skills training.
  - Counselor consultations.
  - Room and board costs, such as housing, food, utilities, and rental deposits.

♦ Transitional Support Services - Services are available to eligible young adults who are former foster children, if they demonstrate that the services are critical to their own efforts to achieve self-sufficiency and to develop a personal support system. In addition, these services are available to help eligible students who are former foster children to receive the educational and vocational training needed, on a part-time basis, to achieve independence.

Direct and/or indirect payments may be made to and/or on behalf of the young adult for expenditures such as:
  - Educationally related expenses, such as tutoring, summer school, and/or school supplies.
  - Graduation expenses, such as class rings, graduation invitations, yearbook, cap and gown, and/or senior portraits.
  - Educational incentives, such as club fees, luggage and backpacks for graduating youths, calculators, activity fees, tuition, vocational fees, equipment and supplies, including specialized equipment (per the Americans with Disabilities Act of 1990) for youth with disabilities which includes talking computers, wrist watches, stipends for note takers during class, and other items and services needed, due to the disability, in order to attend school.
  - Employment service fees.
  - Tools for vocational purposes.
  - Personal hygiene items.
  - Clothing and supplies for job interviews.
Transportation expenses.

Start-up costs, such as household items.

Child care.

Room and board costs, such as housing, food, utilities, and rental deposits.

Road-to-Independence Program - This program is intended to help eligible students who are former foster children to receive the educational and vocational training needed, on a full time basis, to achieve independence. Direct and/or indirect payments may be made to and/or on behalf of the young adult for expenditures such as:

- The cost of room and board.
- Educationally related expenses, such as tutoring, summer school, and/or school supplies.
- Graduation expenses, such as class rings, graduation invitations, yearbook, cap and gown, and/or senior portraits.
- Educational incentives, such as club fees, luggage and backpacks for graduating youths, calculators, activity fees, tuition, vocational fees, equipment and supplies, including specialized equipment (per the Americans with Disabilities Act of 1990) for youth with disabilities which includes talking computers, wrist watches, stipends for note takers during class, and other items and services needed, due to the disability, in order to attend school.

PROGRAM DESCRIPTION

Chaffee Foster Care to Independence

- The Chafee Program mandates are contained in Section 409.1451(1-3), Florida Statutes. In addition to Florida law, the Department of Children and Families references the federal policy documents, best practice materials, and consultation with stakeholders and the National Resource Center for Youth Development to implement the Chafee program. The program requirements specified in Florida law for youth ages 13 - 17 include:

  - life skills assessments;
  - service array of life skills classes, educational support, employment training, counseling and support services; and
  - educational and career goal setting starting at age 13;
  - annual independent living staffings for youth ages 13 –14 (specifies youth involvement);
♦ independent living staffings every six months for youth ages 15 - 17 (specifies youth involvement);
♦ special judicial review specific to transition within 90 days after the 17th birthday and at 17 years, 6 months;
♦ removal of the age of disability before the age of 18 in order to open a bank account; and
♦ expansion of Medicaid benefits to all youth exiting licensed care until age 21.

The program requirements specified in Florida law for youth ages 18 - 22 include:
♦ the Road to Independence Program;
♦ Transitional Support Services;
♦ Aftercare Support Services;
♦ tuition and fee exemptions;
♦ Medicaid for youth exiting foster care until age 21;
♦ extended court jurisdiction until age 19 for youth that submit a petition to the court;
♦ youth exiting foster care are eligible to remain in their foster homes or another licensed home arranged by the Department of Children and Families after reaching age 18;
  o requires the Department of Children and Families to advertise the Road-to-Independence program to specific parties including the youth in care and those involved in education and guidance;
  o case management services as requested; and
  o expansion of Medicaid benefits to all youth exiting licensed care until age 21.

• Based on eligibility, youth exiting foster care in Florida may receive services until their 23rd birthday. This includes an “open door” policy where youth who have reached age 18 years of age may receive services and return for additional services if needed after initial termination. The continuum of services for these youth includes:
  ♦ Aftercare Services for youth who were formerly in foster care to help them continue to develop the skills and abilities necessary for independent living. This includes but is not limited to mentoring and tutoring, mental health services and substance abuse counseling, life skills classes, (including credit management and preventive health activities), parenting classes, job and career skills training, counselor consultations, temporary financial assistance, and financial literacy skills training.
♦ Road-to-Independence Program to help former foster children receive educational and vocational training. The program requires attendance in secondary or postsecondary education and provides a financial award based on the living and educational costs of each participant.

♦ Transitional Support Services for youth who have a plan for self-sufficiency. Services include but are not limited to financial, housing, counseling, employment, education, mental health, disability, and other services. Services are intended to provide short term funds or other services that are critical to the young adult becoming self-sufficient. These services may continue only as long as the young adult demonstrates that the services are critical to his or her efforts for self-sufficiency.

Accomplishments
Specific accomplishments in each of the seven purpose areas are described below:

1. Help youth transition to self-sufficiency;

   • On any given day there are an estimated 2,300 teens between the ages of 13-17 residing in Florida licensed out-of-home care placements and an additional 5,000 former foster care young adults who are eligible to receive Independent Living Services.

   • Contained within Section 409.1451, Florida Statues are specific requirements for Florida to provide comprehensive supports and services to foster care teens and young adults that have aged out of the foster care system in an effort to facilitate their transition towards self-sufficiency. The most current available numbers for the State Fiscal Year (SFY) 2011-12 show that Florida expended $49,039,158 in support of Independent Living Services for current and former foster youth. The general breakdown of funding sources for SFY 2011-12 is listed below.

     o Federal Allocation for Independent Living (IL) Services $ 8,181,242
     o Allocated State General Revenue for IL Services $21,295,170
     **Total Allocated for IL Services** $29,476,721

     o Community Based Care Carryover $6,504,452
     o Community Based Care Other Sources $13,057,985
     **Total Spent from Additional Sources on IL Services** $19,562,437

     **Total Spent on IL Services** $49,039,158

   • Florida remains committed to funding Independent Living Services at a level that exceeds that of the allocated funds in support of current and former foster care youth as they make the transition towards self-sufficiency.
2. Help youth receive the education, training, and services necessary to obtain employment;

- Florida aggressively surveys its current teen and former foster care populations on a routine basis. The Fall 2012 My Services Survey results for teens that are currently residing in the foster care system indicate that 85% of the 375 surveyed 17 year olds stated that they knew how to get a job, including interviewing skills, completing a job application, and writing a resume. 49% indicated that they had been told about youth employment programs in their area. 45% indicated that they were currently getting job experience through volunteering while 54% indicated that they were learning job skills and independence and earning extra money through activities such as baby sitting, mowing lawns, cleaning yards and other activities.

- Florida’s community-based care service providers continue to work locally with a variety of job training and support programs in an effort to improve employment opportunities for current and former care youth. Examples of this local collaboration include coordination of employment efforts with Florida’s Workforce, Inc. On any given day the Florida Workforce, Inc. data system has over 500 job leads and Florida Workforce has operated several local summer employment initiatives that are designed to assist current and former foster care youth secure employment.

- Florida remains supportive to educational and training efforts associated with employment. Through its locally based community based care lead agencies, Florida will continue to provide these critical services while partnering with outside groups and agencies in an effort to ensure that current and former foster care youth have the necessary skills and opportunities to access jobs.

3. Help youth prepare for and enter post-secondary training and educational institutions;

- Section 409.1451, Florida Statues has extensive requirements associated with educational planning and preparation for post-secondary educational opportunities for youth currently residing in the foster care system. A review of available data sources indicates that a number of former foster care youth are being placed into a position to take advantage of available post-secondary training and educational opportunities.

- Florida offers extensive financial assistance to former foster care youth who have aged out of the foster care system through the Florida Road to Independence Program (s. 409.1451, F. S.). Enacted in 2002, the Road-to-Independence (RTI) Program provides educational stipend payments to young adults who have aged out of foster care/subsidized independent living, or, who
after reaching the age of 16, were adopted from foster care or placed with a court-approved dependency guardian in those cases where the youth spent a minimum of 6 months in foster care immediately preceding such placement or adoption. Former foster care youth that are attending on a full–time basis (part-time for students with a documented educational disability) a certified adult education program, a Florida eligible vocational training/certification program, Florida two year community college, or Florida four year postsecondary institution are eligible to receive a needs-based educational stipend that cannot exceed $1,256 per month.

• Florida Statewide Automated Child Welfare Information System (SACWIS) data indicates that 78.6% of young adults who have aged out of foster care will initially be determined to be eligible and receive some level of RTI payments in support of their educational efforts.

• The most recent available information from the Florida Department of Education and State University System of Florida, Board of Governors data indicates that for the SFY 2010-11 Florida’s two and four year colleges registered 3,235 full-time former foster care youth under the state’s tuition wavier program (see Exemptions and Waivers in The Florida College System at http://www.fldoe.org/cc/osas/evaluations/pdf/FYI2012-02Exemptions.pdf and Fee and Wavier Summary at http://www.flbog.edu/resources/factbooks/factbooks.php).

• Finally, the Fall 2012 Florida National Youth in Transition Database survey results indicated that 4% of the 1,821 respondents between the ages of 18-22 stated that they had already completed an Associates or Bachelor degree program.

• Florida remains committed to preparing current and former foster care youth for post-secondary educational opportunities.

4. Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;

• Section 409.1451, Florida Statues requires that older foster care youth be provided with the opportunity to interact with mentors. The Florida Guardian Ad Litem program has been instrumental with matching volunteers with foster care youth in need of mentoring services. Additionally, statewide use of the principles associated with the Casey Family Program Permanency Roundtable Innovation has helped allow for young adults residing in the foster care system to locate, develop and securing permanent connections outside of those that are provided by the foster care system.
• The Fall 2012 Florida National Youth in Transition survey results shows that 83% of the 1,812 respondents between the ages of 18-22 indicated that they had a relationship that is trusting, supportive and unconditional relationship with at least one adult who will always be there for them.

• The Department is currently evaluating potential changes to statute that may help to better define the requirements associated with foster care mentoring in an effort to improve the recruitment and use of this type of resource.

5. Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;

- Section 409.1451, Florida Statues and Florida Administrative Rule 65C-31 establish clear requirements that young adults that have aged out of the foster care system shall receive access to financial, housing, counseling, employment, education and other appropriate supports and services that are designed to facilitate their transition towards self-sufficiency.

  o Aftercare Support Services

  These services are designed to provide young adults that have aged out of the foster care system with access to the skills and abilities necessary for independent living. In addition, young adults are eligible to receive cash assistance for housing, electric, water, gas, sewer service, food, and any other provisions permitted. Services provided under this are subject to ongoing review by the case manager and if it is determined that services are no longer critical to the young adult's own efforts to achieve self-sufficiency and to develop a personal support system, they can be terminated.

  Expenditures for the SFY 2011-12 for this area were $628,794.

  o Transitional Support Services

  In addition to aftercare referrals, cash assistance or the Road-to-Independence Program young adults that have aged out of the foster care system may apply for Transistional Support Services so long as they can demonstrate that these additional services are critical to their own efforts to achieve self-sufficiency and develop a personal support system. The case manager and young adult requesting transitional support services prepare a transition plan that outlines the types of services being provided by the department and the types of activities that the young adult will
complete in order to achieve self-sufficiency. These plans are reviewed a minimum of every three months and if the young adult intends to re-apply for services they are adjusted accordingly and based on the young adult’s needs at the time of review and reapplication.

Expenditures for the SFY 2011-12 for this area were $5,208,321.

- Road-to-Independence (RTI)

The Road-to-Independence educational stipend program is designed to provide young adults that have aged out of the foster care system that are enrolled full-time (part-time allowed for those with a diagnosed disability) in an certified adult education class, vocational/certification program, or Florida post-secondary educational institution with direct monthly financial support payments that shall not exceed the monthly equivalent of what they would have earned had they worked an average of 40 hours per week at the federal minimum wage. Annual payments for both high school and post-secondary institutions are established by completion of a needs assessment that is based on the students expected cost of attendance and total income from employment and/or other sources. Eligibility for continued participation in the RTI program is conducted on an annual basis through reviews that are required to be conducted within 90 days of the young adults birthday and continued eligibility within the program is determined by evaluating if a young adult is maintaining appropriate academic progress as required by their particular educational institution.

Expenditures for the SFY 2011-12 in this area were $29,858,300.

Florida remains commited to delivering a full range of Independent Living Services to young adults that have aged out of the foster care system while taking steps to ensure that these participants recognize and accept personal responsibility for their transition into adulthood.

6. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care; and

- Florida has an extensive history of providing educational waivers and assistance to former foster care youth. Section 1009.25 (c) and (d), F. S. currently authorizes:

  - (c) A student who is or was at the time he or she reached 18 years of age in the custody of the Department of Children and Family Services or who, after spending at least 6 months in the custody of the department after reaching 16 years of age, was placed in a guardianship by the court. Such
exemption includes fees associated with enrollment in career-preparatory instruction. The exemption remains valid until the student reaches 28 years of age.

- (d) A student who is or was at the time he or she reached 18 years of age in the custody of a relative under s. 39.5085 or who was adopted from the Department of Children and Family Services after May 5, 1997. Such exemption includes fees associated with enrollment in career-preparatory instruction. The exemption remains valid until the student reaches 28 years of age.

- The Fall 2012 survey data of the 375 17-year old teenagers that were currently residing in the foster care system indicates that 83% responded that they had discussed eligibility requirements related to the tuition waiver with their caseworker.

- The most recent available information from the State University System of Florida, Board of Governors data indicates that for the SFY 2010-11 1,040 former foster care youth and 184 adopted foster care youth used the tuition and fee waiver program at one of Florida’s four year public universities (see Fee and Waiver Summary at http://www.flibog.edu/resources/factbooks/factbooks.php)

- The most recent available data from the Florida Department of Education data indicates that for the SFY 2010-11 1,434 former foster care youth, 153 former relative caregiver youth, and 424 adopted foster care youth used the tuition and fee waiver program at one of Florida’s (see Exemptions and Waivers in The Florida College System at http://www.fldoe.org/cc/osas/evaluations/pdf/FY12012-02Exemptions.pdf)

- Florida plans to continue to provide former foster care youth with access to one of the most generous tuition waiver programs in the country.

7. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

- Both sections 1009.25 and 409.1451, F.S. contain language that ensures that youth who, after attaining 16 years of age, who have left the foster care for kinship guardianship or adoption are considered eligible for educational tuition waivers as well as all Independent Living Services.

- Florida is committed to continuing to deliver Independent Living Services to those youth who after attaining 16 years of age have left the foster care system for kinship guardianship or adoption.
Future Plans
Careful attention is given by youth, advocates, community-based care lead agencies and the Department to these purpose areas. Annually, the Department and its partners examine the need for revisions to policy and law regarding these above-mentioned purpose areas.

Support Training
All Florida training activities conducted in support of the goals and objectives of Florida’s Chafee Foster Care Independence (CFCIP) to help foster parents, relative guardians, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living are managed and delivered by locally based community-based care lead agency service providers. These agencies have integrated these types of activities into their standardized training regimen so that Case Managers/Family Care Counselors, Adoption Case Managers, Independent Living Case Managers, as well as other staff within the social service system consistently receive on-going training that focuses on the needs of all children within the foster care system with a special focus on those teens likely to age out of the foster care system.

Additional training activities for foster care parents are conducted on an ongoing basis and these activities include training in support of Family Team Conferencing and statewide support of the Quality Parenting Initiative (QPI).

Florida is in the process of reevaluating performance metric and measures at the secondary and post-secondary levels. Data modifications to the Statewide Automated Child Welfare Information System in support of development are tentatively scheduled to begin in the Fall of 2013.

Educational and Training Voucher Program (ETV)
Florida has already implemented robust statutory requirements related to post-secondary educational opportunities for former foster care youth. Section 1009.25(2)(c), F.S. makes all youth in foster care at age 18 or those youth who spent at least 6 months in foster care after their 16th birthday and were then placed in guardianship by the court, eligible for a tuition and fee waiver at any Florida public post-secondary educational institution. Over the course of the SFY, 3,235 former foster care youth received a Florida public post-secondary educational institution tuition and fee waiver.

Additionally, Florida has established the Road-to-Independence Program (s.1409.1451, F.S.). The Road-to-Independence Program is intended to help former foster youth eligible receive the necessary financial support that they need to continue on with post-
secondary educational opportunities. The amount of the award is based on the living and educational needs of the young adult and may not exceed the amount of earnings that the student would have been eligible to earn had they been working 40-hours per week at a federal minimum wage job. RTI eligibility is limited to young adults who have:

♦ Spent a minimum of six months in foster care prior to reaching age 18.
♦ Are currently Florida residents.
♦ On their 18th birthday were a dependent child that was living in licensed foster care or in subsidized independent living, or after reaching the age of 16, was adopted from foster care or placed with a court-approved dependency guardian that spent a minimum of 6 months in foster care immediately preceding such placement or adoption.
♦ On an annual basis can demonstrate continued financial need while also maintaining sufficient academic progress as defined by their academic institution.

All program eligibly determinations, administration of funds, and training are managed and delivered by Florida’s 18 community based-care lead agency service providers. Florida Department of Children and Families staff are available to provide technical assistance as needed.

Of all former foster care youth, 79% are defined as eligible for RTI payments upon aging out of the foster care system and in May of 2012 2,132 former foster care youth received an RTI stipend payment in support of continuing their education.

Given the amount of post-secondary educational benefits that are already available to the state’s former foster care youth there are no current plans to expand Florida’s post-secondary educational assistance program. Florida is however examining potential statutory changes to the Road-to-Independence (RTI) program in an effort to improve RTI recipient accountability. Some of the changes being examined include:

♦ Requiring that RTI recipients demonstrate a sufficient level of maturity and financial literacy before they are allowed to receive RTI payments directly. Otherwise, RTI payments will be sent to a recipient’s educational institution, landlord, and utility in an effort to ensure that the recipient’s educational and living expenses are in fact being paid.

♦ Require that RTI recipients who are identified as struggling academically be required to participate in academic tutoring as a condition of maintaining eligibility within the RTI program in an effort to prevent former foster care young adults from being placed on academic probation, falling behind in their studies, or being asked to leave school due to academic issues.
2011-2012 Update

• The Educational and Training Vouchers Program (ETV) makes financial resources available to meet the postsecondary education and training needs of youth aging out of foster care and enrolled in a qualified post-secondary education program. The program provides vouchers of up to $5,000 per year per youth to support their costs of attending schools for higher education. The Department of Children and Families is the program administrator and works in collaboration with other entities to provide this program to eligible youth. The Department of Children and Families contracts with Community-Based Care Lead Agencies to provide child protective services, including independent living services, in the state’s 67 counties.

• All program eligibly determinations, administration of funds, and training are managed and delivered by Florida’s 18 community based-care lead agency service providers.

Support

• Florida Department of Children and Families staff are available to provide technical assistance as needed.

Accomplishments

• Florida has already implemented robust statutory requirements related to post-secondary educational opportunities for former foster care youth. Section 1009.25(2)(c), F.S. makes all youth in foster care at age 18 or those youth who spent at least 6 months in foster care after their 16th birthday and were then placed in guardianship by the court eligible for a tuition and fee waiver at any Florida public post-secondary educational institution. Over the course of the SFY 2011-12 3,271 former foster care youth received a Florida public post-secondary educational institution tuition and fee waiver.

• Additionally, Florida has established the Road-to-Independence Program (s. 1409.1451, F. S.). The Road-to-Independence (RTI) Program is intended to help former foster youth receive the necessary financial support that they need to continue on with post-secondary educational opportunities. The amount of the award is based on the living and educational needs of the young adult and may not exceed the amount of earnings that the student would have been eligible to earn had they been working 40-hours per week at a federal minimum wage job. RTI eligibility is limited to young adults who have;

  ♦ Spent a minimum of six months in foster care prior to reaching age 18.
  ♦ Are currently Florida residents.
  ♦ On their 18th birthday were a dependent child, who was living in licensed foster care or in subsidized independent living, or after reaching the age of
16, was adopted from foster care or placed with a court-approved dependency guardian that spent a minimum of 6 months in foster care immediately preceding such placement or adoption.

• On an annual basis can demonstrate continued financial need while also maintaining sufficient academic progress as defined by their academic institution.

• 79% of all former foster care youth are defined as eligible for RTI payments upon aging out of the foster care system and in January of 2013 2,091 former foster care youth received an RTI stipend payment in support of continuing their education.

ETV Data

<table>
<thead>
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<th>Final Number: <strong>2011-2012 School Year</strong> (July 1, 2011 to June 30, 2012)</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
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<td>1109</td>
<td>575</td>
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<table>
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<th><strong>2012-2013 School Year</strong> (July 1, 2012 to June 30, 2013)</th>
<th>Total ETVs Awarded</th>
<th>Number of New ETVs</th>
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</thead>
<tbody>
<tr>
<td>1374 (Estimates)</td>
<td>541 – 550 (Estimates)</td>
<td></td>
</tr>
</tbody>
</table>

Future Plans

• Given the amount of post-secondary educational benefits that are already available to the state’s former foster care youth there are no current plans to expand Florida’s post-secondary educational assistance program. Florida is however examining potential statutory changes to the Road-to-Independence (RTI) program in an effort to improve RTI recipient accountability. Some of the changes being examined include:

♦ Requiring that RTI recipients demonstrate a sufficient level of maturity and financial literacy before they are allowed to receive RTI payments directly. Otherwise, RTI payments will be sent to a recipient’s educational institution, landlord, and utility in an effort to ensure that the recipient’s educational and living expenses are in fact being paid for.

♦ Require that RTI recipients who are identified as struggling academically be required to participate in academic tutoring as a condition of maintaining eligibility within the RTI program in an effort to prevent former foster care young adults from being placed on academic probation, falling
behind in their studies, or being asked to level school due to academic issues.

- Florida remains committed to strengthening its post-secondary educational assistance program efforts to achieve the purpose of the ETV program. Progress towards improved outcomes and a more comprehensive, coordinated, effective child and family services continuum is evident in the strategies in place. The ETV funds are primarily used for the eligible youth attending post-secondary institutions on a full time basis through the RTI Program; however eligible youth attending post-secondary institutions on a part time basis, receive ETV through Transitional Support Services. The monthly award is based on the living and educational needs of the young adult with a maximum award based on federal minimum wage. In addition to youth exiting foster care at 18 being eligible for the RTI Program, the Florida Statutes currently allow youth exiting foster care at ages 16 and 17, to adoption or permanent guardianship, eligible for the RTI Program.

Collaboration

Independent Living Services Advisory Council (ILSAC)

- Mandated by Florida Statute, the ILSAC consists of representatives from a wide variety of agencies and organizations. Representation includes Department of Education, Agency for Workforce Innovation, Florida Network for Youth, Department of Juvenile Justice, the Office of Homelessness, Housing Authority, the Department of Children and Families, youth, foster parents, business community, Guardians ad Litem, providers of transitional living services, foster parents, and other child advocacy organizations.

- The purpose of the ILSAC has been to assess the Independent Living Program and services and make recommendations to the Department of Children and Families and the Florida Legislature for improvement. Rather than operating as a part of the Department of Children and Families, the ILSAC’s external leadership has created the independent group specified in law that is committed to improving services for adolescents in foster care.

- The ILSAC has been in existence since October 2002. This has created an environment in which the Department of Children and Families has been able to collaborate and maintain contacts with people from other agencies. The Department of Children and Families’ headquarters’ staff have been involved in workgroups with workforce organizations, children, and adult mental health groups.

- The ILSAC provides the forum and the framework for collaboration at many levels, including extensive involvement in this year’s Independent Living Redesign to be presented to the Legislature this session. Representatives of virtually all disciplines and resources needed by youth in foster care or formerly in foster care serve on the ILSAC. They are the central “force” for change and support in Florida. The annual
Program Support

- All Department of Children and Families independent living services are delivered by locally based Community-Based Care Lead Agencies. The Department of Children and Families provides general support related to training, technical assistance, and by providing opportunities for youth and other stakeholders voices to be heard. Throughout the year, youth representatives visit the Department of Children and Families’ Secretary and senior leadership to provide input and recommendations regarding legislation, program design, and program improvements. In addition, the Department of Children and Families and its Community-Based Care Lead Agencies remain committed to finding internal employment opportunities for former foster care youth.

- The Department of Children and Families provided and/or arranged training related to youth and young adults in many ways. During the reporting period the Department of Children and Families conducted monthly training/technical assistance calls with all of Community-Based Care Lead Agency Independent Living Coordinators. At the Dependency Summit in September, 2012 and the National Faith Based Symposium in October, 2012, presentations were delivered outlining Independent Living service delivery best practices.

- In early 2012 the Department of Children and Families compiled a report as required by state law summarizing oversight activities of the Independent Living Program. This report is distributed to the executive and legislative branches of government. This report provides reviewers with a summary of the various means of assessing the effectiveness of the implementation of Florida’s service delivery system.

- Throughout 2011-2012, the Department of Children and Families’ Contract Oversight Unit performed case reviews of randomly selected eligible youth and young adults that were receiving independent living services to determine if all requirements related Florida Statute and Florida Administrative Code were being met. Additionally, the Department of Children and Families’ Fiscal Oversight Unit provided ongoing technical assistance to Community-Based Care Lead Agencies and Department of Children and Families contract managers in an effort to promote early identification of any potential fiscal issues related to the delivery of independent living services.
Accomplishments Year-to-Date (YTD) 2012 and Plans for 2013

1. Coordination of services with other state and federal agencies

Housing

Accomplished YTD
The Department reorganized the Independent Living Advisory Council with the objective of developing improved Independent Living services through a concentrated focus on developing better outcomes. As a part of this effort the Department reviewed the viability of extending foster care to age 21 so as to ensure that housing stability is available to all former foster care young adults up to the age of 21.

Plans for 2013
• The Department of Children and Families will continue to partner with the Independent Living Services Advisory Council to evaluate and implement the extension of foster care to age 21 pending legislative approval.

School-to-work

Accomplished YTD

• Workforce Florida continued to maintain a seat on the Independent Living Services Advisory Council in an effort to promote cross agency communication on effective strategies for overcoming potential barriers and to develop cross agency solutions to employment of current and former foster care youth.

Plans for 2013
• The Department of Children and Families will continue to partner with workforce agencies on expanding employment options for youth.

Transitional Living and OJJDP

Accomplished YTD

• Both the Department of Children and Families and the Florida Department of Juvenile Justice continue to work collaboratively on improving services to crossover youth. Both agencies have been working with Georgetown University to improve the overall quality of services delivered to children known to both the child welfare and
juvenile justice system though the implementation of the Crossover Youth Practice model in the counties of Volusia and Duval.

- Quality Assurance and Contract Reviews are conducted on an ongoing basis so as to ensure that contracted service providers are meeting all requirements associated with the personalized transition living plan include those relating to the health care needs of youth aging out of foster care and others as prescribed in the Fostering Connections to Success and Increasing Adoptions Act of 2008.

**Plans for 2013**

- Continue to integrate the Crossover Youth Practice Model across the state.

**Disabled Youth**

**Accomplished YTD**

- In collaboration with the advocacy group, Florida’s Children First!, the Department of Children and Families continues to provide a template specifically designed for teens to structure the delivery of services for disabled foster care youth. The Department of Children and Families also continues to meet with the Agency for Persons with Disabilities to encourage cooperation to attain shared commitment and responsibility for these youth through a multidisciplinary team approach to ensure that the needs of disabled youth are being met.

**Plans for 2013**

- The Department of Children and Families will continue to partner with the Agency for Persons with Disabilities, advocates, and Community-Based Care Lead Agencies to increase awareness and availability of services for disabled youth.

**Abstinence**

**Accomplished YTD**

- Florida’s abstinence program is administered by the Department of Health, please go to: http://www.greattowait.com/ for additional information.

**Plans for 2013**

- The Department of Children and Families will continue to partner with the Departments of Health and Education for this particular service.

**2. Training Goal and Objectives re: Needs of Adolescents**
Accomplished YTD

• The Department of Children and Families continued its efforts to place emphasis on the importance that a teen’s time in foster care be as normal an experience as possible. The agency convened a workgroup that analyzed what the term “normalcy” means within the foster care system. When combined with the Department of Children and Families commitment to implement key components from the Quality Parenting Initiative the contracted Community-Based Care Lead Agencies continued to move towards an environment where caregivers have the ability to say yes to opportunities for teens that are residing in the foster care system.

• The Department of Children and Families, through a contract with Connected By 25, continued to conduct online surveys associated with the National Youth in Transition Database (NYDT) and submitted federally compliant data.

• The Department of Children and Families’ Contract Oversight Unit monitors each Community-Based Care Lead Agency and conducts reviews of compliance requirements of federal/state law and rule specific to independent living and services to teens in care. Their reports are widely circulated and are designed to provide a general overview of program performance, educate stakeholders, and identify potential gaps in services. An outline of the Contract Oversight Unit tools is available at: http://ewas.dcf.state.fl.us/asc/cou/cbc.asp.

• The Department of Children and Families continued to conduct monthly training/effective practice conference calls with all Community-Based Care Lead Agency Independent Living Coordinators and any other interested parties serving teens in foster care.

Plans for 2013

• The Department of Children and Families is examining the best means by which to distribute online National Youth in Transition Database (NYDT) results to ensure that local service providers are reviewing results to effectively address any identified service gap.

3. Trust Fund Program

N/A

4. Youth Participation in State Agency Efforts

• Through direct participation on Florida’s Children and Youth Cabinet’s Youth Commission current and former foster care youth were given the opportunity to develop and advocate on a variety of issues that directly impact state agency efforts such as the CFSR/PIP process and the agency improvement planning efforts.
• Florida YouthSHINE continued to engage current and former foster care youth across the state of Florida. The eleven chapters held numerous local meetings and have partnered with, or served as, representatives on local Youth Advisory/Advocacy Boards.

• The Florida Youth Leadership Academy V met in the spring of 2012. Youth participated in the program which 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.

• Current and former foster care youth continued to provide leadership and advocacy for all children currently residing within the foster care system through legislative testimony, meetings, etc.

5. Medicaid Expansion

Accomplished YTD

• The Department of Children and Families continues to ensure that older youth in foster care and young adults between 18 and 21 years of age who have exited foster care have health insurance and a medical home.

• Youth and young adults are required to have an active transition plan that will help them transition to independent living. Case managers and the youth, as appropriate, must be part of the team creating the plan. At a minimum, the plan includes specific individualized options regarding housing, health insurance, education, local opportunities for mentors and support services, work force supports, and employment services.

• Florida utilizes Medicaid options to provide Medicaid coverage to all youth exiting foster care up to age 21.

Plans for 2013

• Florida plans to use Fostering Connections options to provide Medicaid coverage up to age 21 to a larger group of young adults formerly in foster care, guardianship or adoptive placement.

• Provisions contained with the Affordable Care Act would require that Medicaid is available to former foster care youth up to the age of 26. The Department is currently evaluating processes that will allow for Florida to implement this portion of the act.
6. Tribal Consultation to Achieve Benefits for Native American Youth

Accomplished YTD

- Chafee funds are designated for children in out-of-home care and, in compliance with ICWA, the Department of Children and Families is making every effort to ensure that children are placed within their tribal families and not in licensed foster care. If tribal children do, however, enter licensed foster care, they are entitled to any and all benefits and funding for which any child, tribal or not, is eligible. Access to Chafee funding is consistent with any child in out-of-home care, including Subsidized Living benefits upon aging out of care and receiving services from age 18-23. In the Department’s work with the Seminole and Miccosukee tribes, access to various forms of federal funding has been discussed and neither tribe has expressed an interest in receiving federal funds at this time.

- See Chapter 2, Pages 66 – 70.

- To date, the tribes continue to choose not to access Chafee funds through the Department of Children and Families.

Plans for 2013

- The Department of Children and Families will continue to reach out and partner with the tribes as they (the tribes) request.


Accomplished YTD

- The Department of Children and Families through a contract with Connected by 25 successfully submitted compliant National Youth in Transition Database (NYDT) survey data for the 2011-12 survey period.

Plans for 2013

- The Department of Children and Families, Independent Living Services Advisory Council (ILSAC), Connect by 25, Community-Based Care Lead Agencies and other interested parties continue to examine survey results in an effort to fully understand how to best serve former foster care youth.

- Continued technical assistance in the form of meetings and conference calls related to implementation of NYTD has occurred and will continue to occur.
Chapter 7
Health Care Services Plan Update

Health Care

The Health Care Plan continues to be enhanced through the work on improving the Child Health Check-Up; updating the elements of the Comprehensive Behavioral Health Assessment (CBHA) with the Agency for Health Care Administration (AHCA); movement toward a Trauma Informed System; establishment of a medical home (primary care provider) for foster children; access to a statewide immunization registry; review of the practice and policies surrounding the use of psychotropic medication for children in care, and educating and informing youth in foster care about the importance of having a health care power of attorney, health care proxy, or other similar document.

Chapter 65C-28.003, Florida Administrative Code (F.A.C.), requires that children served in out of home care have a right to the medical care that they need and that it is the caregiver’s or case manager’s responsibility to ensure that they receive that medical care. Outlined in the rule are provisions regarding medical evaluation and treatment, which includes that every child entering out-of-home care must have a child health check-up (Early Periodic Screening, Diagnosis and Treatment (EPSDT) within 72 hours of removal from the home, as well as expectations for follow-up treatment, including physical, dental, and vision examinations, in accord with the Medicaid schedule. Also included in this section of the rule is information outlining who has the authority to provide consent for medical evaluation or treatment and who is responsible for payment for medical services. Additionally, incorporated are directions regarding initial and expressed informed consent for treatment for services for ordinary or extraordinary services, as well as establishment of the authority for the court to order such treatment if deemed necessary and appropriate to do so. On-going health care and treatment provision expectations are required and outlined in detail in Florida Administrative Code 59G-4, “Medicaid Services.”

Future Plans

The Department will continue to refer all children eligible for Children’s Medical Services to the program. The advantages of this strategy is that Children’s Medical Services is able to provide more comprehensive medical care for children in their program and provide health care coordination for all children. Also, the children may remain with Children’s Medical Services after they return home or are adopted, thus providing for more continuity of care and support for the families in raising children with special challenges.
Mental Health Care

The Department’s substance abuse and mental health services for children and families are focused on engaging families in the treatment process. Training and other supports are made available to families as a component of a comprehensive treatment approach. Substance abuse prevention evidence-based programs are provided to families with children at risk of developing a substance abuse problem. The Family Strengthening program is the most frequently used evidence-based program in substance abuse prevention.

Pregnant women are a priority population for funds appropriated through the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT). Provider contracts require that these women are served as a priority population. Department staff monitors waiting lists and ensures that women are in treatment within 24 hours of contact with the provider agency.

The Department’s Children’s Mental Health unit worked with AHCA to ensure that the Comprehensive Children and Adolescent Strengths and Needs Assessment (CANS-C) is included in the next version of the Medicaid Community Behavioral Health Handbook as an option for completing the Comprehensive Behavioral Health Assessment. The CANS-C also includes questions related to trauma in order to ensure that the Assessment both evaluates youth’s exposure to trauma and approaches youth in a trauma-informed way.

Future Plans

The Department remains committed to continue its current efforts to advise and train professionals in trauma informed care. Building on the training that has occurred across the state, the Department is considering a universal trauma screening approach. Department staff is currently reviewing the latest draft of the Safety Decision Making Methodology tools to determine if there are adequate prompts for learning about the child’s exposure to traumatic events and the presence of symptoms. Staff members are working to integrate questions into the safety tool and other assessment tools as needed.

In addition, the Department has allocated $30,000 from the Children’s Justice Act grant to continue offering training and technical assistance related to trauma and the practice of screening for trauma. The Department also proposes to continue developing the Continuum of Care for the Child Welfare Professional: Prevention and Intervention Points with Corresponding Services for Vicarious Trauma. This continuum was developed by a multidisciplinary workgroup in 2011 and highlights a variety of interventions, both personal and organizational-driven interventions that can alleviate the effects of trauma on child welfare staff.
Chapter 7
Health Care Services Plan Update

Schedules for Initial and Follow-Up Health Screenings

Integration of services across child welfare, mental health, substance abuse, and domestic violence areas has been a major focus of the Department of Children and Families and its community partners.

Section 39.407, Florida Statutes, authorized the Department to provide medical screenings and follow up treatment for children removed from their homes and maintained in out-of-home placements. The Department utilized two health care screening/assessments processes to accomplish this, the Child Health Check-up (EPSDT) and the Comprehensive Behavioral Health Assessment (CBHA). These assessments provided recommendations for further medical, dental, and behavioral health treatment the child may need.

Future Plans

The Department will continue its work with Children’s Medical Services, Medicaid, Community-Based Care Lead Agencies, and Department of Children and Families regional and local offices to determine the most efficient and effective means to ensure that children benefit from the Children’s Medical Services program for children with special needs. The Department of Children and Families also intends to continue efforts to expand coordination of care with Federally Qualified Health Care Centers. At least one local area is considering developing an agreement for these Centers to provide screenings for children coming into care without an established primary care provider.

Future Plans

The Department will continue to work with Medicaid and others to establish linkages to electronic medical information. The Agency for Health Care Administration (AHCA) has a Health Exchange project underway to develop the capacity for electronic medical records in Florida. The Department of Children and Families has representatives that are working with the AHCA on this project.

Coordination of eligibility determination for Medicaid will continue to be a focus of the Department and the Community-Based Care agencies. Through onsite visits, it has been determined that some dependency case managers and child protection investigators have access to Medicaid information on the child’s current Medicaid status and provider, while others do not. The Department’s Office of Child Welfare will address this issue with ACCESS and the local areas.
Chapter 7
Health Care Services Plan Update

The Department plans to work with at least one Community-Based Care Lead Agency to develop a small pilot on health care information exchange. If successful, the pilot could be replicated with other agencies around the state.

Sharing Medical Information, Including Updates

The Florida Children’s Cabinet, comprised of agency heads for all of the child-serving agencies across the state (Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Workforce Innovation, Agency for Health Care Administration, Department of Health and Agency for Persons with Disabilities), Florida’s Chief Child Advocate and Children and Youth Cabinet Chairman Department of Children and Families Secretary David Wilkins, have also recognized the need to make available data more readily accessible. In so doing, the Children’s Cabinet has adopted as one of its strategic initiatives a plan to integrate long-standing hierarchical agency-specific data-systems, which maintain and archive a variety of client-specific information, so that information about mutually-served clients can be more easily accessed and maintained and utilized for the coordination of services to children and youth.

Future Plans

The Children’s Cabinet continues to explore strategies to develop software packages that can access free-standing agency data systems and query for available information pertaining to the needs of children served by multiple agencies.

Steps to Ensure Continuity of Health Services

One of the main focuses of the Health Care and Health Care Management Plan is the emphasis on continuity of care. The plan requires that the Department and the Community Based Care Lead Agencies develop mechanisms to ensure that the physician providing the 72-hour (EPSDT) screening receives as much health care information as possible about the child. The plan also requires that a procedure be developed that ensures that the results of the screenings are appropriately distributed to family members, caregivers, and case managers.

Future Plans

The department intends to work closely with Medicaid to ensure that the needs for continuity of health care is addressed in the Medicaid managed care Health Plans and that Medicaid staff are prepared to assist children as they transition from one Health Plan to another. It is also important for the Medical Health Plans to provide coordinated services for the entire family when possible. The Department will work with Medicaid to
address access and continuity of care for both the parents and the children. Additionally, the Department is revisiting case planning activities to ensure that practice holistically addresses physical, social/emotional, and developmental needs of children.

**Protocols for the Appropriate Use and Monitoring of Psychotropic Medications**

Most children served by the child welfare system in Florida are Medicaid eligible. For the children who are not Medicaid eligible, services are provided by other third party insurance or through other funding sources available to the CBC lead agencies. In addition to the requirement for a detailed Comprehensive Behavioral Health Assessment for all children coming into shelter care, the Department has also developed a Psychotherapeutic Medication Consultation Line program. Part of this program is a mandatory pre-consent consultation for all children prescribed a psychotherapeutic medication between the ages of birth through five years of age. This service is currently provided through a contract with the Department of Psychiatry at the University of Florida. The Department had planned for clinical review, but was unable to amend the contract with the University of Florida for inclusion due to funding. Additional funding opportunities will be continued to be explored.

Florida has developed Evidence-Based Medication Drug Guidelines for Children with input from physician researchers. The guidelines are updated biennially. The Agency for Health Care Administration, the state Medicaid agency, contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to develop the evidence based guidelines for the use of psychotropic medications for children.

Final protocols were developed with the University of South Florida to provide analysis of anti-psychotic medication utilization for children in out-of-home care. The first report will be generated in during SFY 2012-2013.

The Department was invited to join as an ongoing guest at the annual Expert Panel for review of the Florida Child/Adolescent Best Practice Medication Guidelines. The goal of the panel of national and Florida experts in Child and Adolescent Psychiatry is to update the Children and Adolescents’ Medication Guidelines for the treatment of ADHD, Bipolar Disorder, Chronic Impulsive Aggression, Depression, Disruptive Behavior, and Obsessive Compulsive Disorder. This panel also adds new guidelines as needed.

The desk guide for child protective investigators and case managers is still under development. The guide is to serve as a ready reference for staff when providing oversight for children.
Chapter 7
Health Care Services Plan Update

The Department has made some adjustments to the State’s Health Care Oversight and Coordination Plan specific to psychotropic medications to be consistent with results of the “Because Minds Matter Summit” and to align with the ACYF-CM-IM-12-03, addressing the oversight of the use of psychotropic medications. Please refer to the revised plan found located directly at the end of this chapter.

Future Plans

The Department will continue to work with the Agency for Health Care Administration to improve oversight activities.

The Department’s CQI review protocols will be amended to increase the number of files reviewed for psychotropic medications in an effort to address practice issues and provide feedback for ongoing improvement.

Quarterly reports will be generated in collaboration with the University of South Florida for children on antipsychotic medication prescribed to children in out-of-home care. This information will be used by Department regions as an additional tool to ensure the appropriate and safe administration of medications.

Florida Pediatric Psychiatry Consult Hotline

The Florida Pediatric Psychiatry Hotline, a network of regional children’s mental health consultation teams is designed to help primary care clinicians meet the needs of children with psychiatric conditions. The goals of the program are to provide consultation about psychotropic medications for children with psychiatric illness and promote a primary care clinician’s and child psychiatrist’s collaborative relationship. The service is:

- Free
- Limited to consultation about medications.
- Duration of the call is limited to a maximum of 15 minutes per telephone consultation.
- A trained administrative person schedules appointment times for the child psychiatrist to connect with the primary care clinician. The goal is to schedule a telephone appointment within 24 hours of receiving the initial request for consultation during non-holiday weekdays.
- Information shared is limited to the patient’s age, gender, weight, and other information that might be relevant to a discussion of medications. No patient names or other unique identifying information will be shared during the consultation.
- The calls will be answered in real time on non-holiday weekdays between 8:30 am and 4:30 pm.
- The service is closed during the week of Christmas and holidays.
Chapter 7
Health Care Services Plan Update

- The service is limited to clinicians who have registered as potential consumers of the helpline.

The Department consults with the state Medicaid agency, physicians at the University of South Florida, and physicians at the University of Florida on issues related to psychotropic medications.

Consultation with Medical and Non-Medical Professionals

Work leading to integration of medical and behavioral health care is ongoing. The Department of Children and Families continues to address key issues associated with oversight and coordination of health care for children in foster care. These issues include close coordination with Medicaid, Children’s Medical Services, and Substance Abuse and Mental Health, as well as implementation of the plan in local areas.

Practices are compared against a list of core components to determine the various mechanisms that local areas have established to arrange for and coordinate health care. Onsite visits address medical, behavioral, developmental, and dental care. Additionally, the Department of Children and Families has established an Integration of Services initiative that addresses integration of medical and behavioral health care and domestic violence within the Family Centered Practice Framework. The Integration of Services Steering Committee is led by the Department of Children and Families Assistant Secretaries, the Chief Operating Officers of community associations for mental health, substance abuse, domestic violence and the Florida Coalition for Children (child welfare).

Health Care for Transitioning Youth

The Department of Children and Families continues to ensure that older youth in foster care and young adults between 18 and 21 years of age who have exited foster care have health insurance and a medical home.

Youth and young adults are required to have an active transition plan that will help them transition to independent living. Case managers and the youth, as appropriate, must be part of the team creating the plan. At a minimum, the plan includes specific individualized options regarding housing, health insurance, education, local opportunities for mentors and support services, work force supports, and employment services.

Florida utilizes Medicaid options to provide Medicaid coverage to all youth exiting foster care up to age 21.
Chapter 7
Health Care Services Plan Update

Quality Assurance and Contract Reviews are conducted so as to ensure that both federal regulations and Florida’s statutory requirements are being met.

Future Plans
Florida plans to use Fostering Connections options to provide Medicaid coverage up to age 21 to a larger group of young adults formerly in foster care, guardianship or adoptive placement.

Medicaid reform is scheduled for the next legislative session and Florida’s child advocates will be watching closely to protect benefits for youth. Florida’s SACWIS and Medicaid technical staff are developing reports to ensure that as many youth as possible access this service from age 18 through 21.

The Department of Children and Families and its contracted providers are working to implement the provisions of the Patient Protection and Affordable Care Act (P.L. 111-148). Youth receiving independent living services and/or education and training vouchers and those who are aging out of foster care will have information and education about the importance of having a health care power of attorney or health care proxy and the option to execute such a document.

Trauma Informed Care

Currently, each of the Department’s twenty circuits have established local Interagency Trauma Informed Workgroups and have developed plans for improving responsiveness to children and adults who may have experienced trauma. The workgroups include mental health provider staff, Department of Children and Families staff, mental health consumers, family members, and other stakeholders in the mental health and child welfare systems.

Please see the Attachment provided of trainings for local trauma-related training activities during this reporting period.

In addition to the local training events, two trauma-related workshops were held at the 2012 Dependency Summit:

- “Creating Sexual Safety and Promoting Healing in Adoption and Foster Care,” presented by Professor Wayne Duehn from the University of Texas

- “Toward Trauma-Informed Care: Meeting the Needs of Young Children,” presented by Professor Neil Boris from the Tulane University School of Medicine
Chapter 7
Health Care Services Plan Update

The Department continues to participate in the Interagency Trauma-Informed Care Workgroup. The group includes approximately 100 individuals from various agencies and organizations throughout the state.

Within the Department, membership on the statewide workgroup includes staff from the Mental Health and Substance Abuse Program Office, Office of Child Welfare, Adult Protective Services, Domestic Violence Program, and Refugee Services. Other agencies involved include the Department of Health, Agency for Health Care Administration, Department of Education, Agency for Persons with Disabilities, and the Department of Juvenile Justice. The workgroup meets quarterly.

The Department continues to offer and support training opportunities to enhance staff knowledge.

Future Plans

As indicated previously, the Department proposes to continue developing the Continuum of Care for the Child Welfare Professional: Prevention and Intervention Points with Corresponding Services for Vicarious Trauma (see attachment). This continuum was developed by a multidisciplinary workgroup in 2011 and highlights a variety of interventions, both personal and organizational-driven interventions, which can alleviate the effects of trauma on child welfare staff.

A new understanding of the trauma all children undergo when they are involved in any child welfare system has been recognized and progress has been made in developing and implementing a trauma informed system of care in Florida, including the health care providers who work with our children. A Trauma Informed System recognizes the impact of trauma on staff and those they serve; it provides respect, information, collaboration, hope, and works to identify and change policy or procedure that has the potential to be traumatizing.

To that end, the Department established an Interagency Trauma-Informed Care Workgroup, comprised of members from multiple agencies, including families, and continues to meet on a quarterly basis. The focus of this workgroup 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 workgroup has developed a vision statement, disseminated information within respective agencies and organizations, has included language requiring a trauma-informed approach in contracts and policies, and has sponsored a variety of trainings for communities and agency partners, including dependency judges.
Currently, each of the Department’s twenty circuits have established local Interagency Trauma Informed Workgroups and have developed plans for improving their system responsiveness to children and adults served who may have experienced trauma. Representatives from the Family Safety and Mental Health Program Offices serve on the core team of staff who are reviewing and assessing the plans submitted.

Within the Department, membership on the statewide workgroup includes staff from Adult, Facility, and Children’s Mental Health, Substance Abuse, Family Safety, Adult Protective Services, Domestic Violence, and Refugee Services. In addition to information shared at the quarterly meetings, approximately 100 individuals from various agencies and organizations throughout the state participate on an email list serve. The email list enables the sharing of resources, and information about training and best practices to be disseminated easily and in a timely manner. Local Trauma Informed Care Workgroups are also active throughout the state.

The pending Title IV-E waiver reauthorization will enable the Department to focus our approach on aspects of well-being that are crucial to child and family development. The reauthorization will allow us to maintain the positive momentum we have established, and build capacity, consistency and systems integration approaches to improve well-being outcomes through the use of trauma-informed evidence based and promising practices.
Psychotropic Medication for Children in Out-of-Home Care

Annual Oversight and Monitoring Plan 2012/2013

Andrea M. Tulloch, Esq.
Director, Office of Child Welfare

Eleese Davis
Chief of QA/CQI
LAW – RULE - POLICY

- S. 409.912(51), F.S. , The agency may not pay for psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child’s parent or legal guardian. The physician shall document the consent in the child’s medical record and provide the pharmacy with a signed attestation of this documentation with the prescription. The express and informed consent or court authorization for a prescription of psychotropic medication for a child in the custody of the Department of Children and Family Services shall be obtained pursuant to s. 39.407.

- s. 39.407, F.S. Medical, psychiatric, and psychological examination and treatment of child; physical, mental, or substance abuse examination of person with or requesting child custody.

- 65C-35 Psychotropic Medication for Children in Out-of-Home Care

- CFOP 155-10 / 175/40 / 178-98 Services for Children with Mental Health and any Co-occurring Substance Abuse or Developmental Disability Treatment Needs in Out-of-Home Care Placement

ASSESSMENT, MONITORING, AND OVERSIGHT ACTIVITIES

Guidelines for the Use of Psychotropic Medication for Children in Out-of-Home Care
Florida has developed Evidence-based Medication Drug Guidelines for Children with input from physician researchers. The guidelines are updated biennially. The Agency for Health Care Administration, the state Medicaid agency, contracts with the University of South Florida for the Medicaid Drug Therapy Management Program for Behavioral Health to develop the evidence based guidelines for the use of psychotropic medications for children.

Comprehensive Behavioral Health Assessment (CBHA).
The CBHA referral guidelines are contained in the current edition of the Medicaid Community Mental Health Services Coverage and Limitations Handbook, which is incorporated by reference in Rule 59G-4.080, F.A.C. The Handbook provides guidelines for providing the CBHA to children ages zero through five and six through seventeen. A child must be referred for a CBHA:

a) When a child is in shelter status, the Case Manager or Child Protective Investigator (CPI), as appropriate, must refer the child for a CBHA if this assessment was not conducted prior to case transfer; or
b) If a child is already in out-of-home care and is exhibiting emotional or behavioral issues that might result, or may have already resulted, in the child losing his or her placement, the Case Manager may refer the child for a CBHA to assist in determining services that would allow the child to maintain his or her placement. This may be done if a CBHA has not been conducted on the child within the past year; and
c) The child has been determined to be Medicaid enrolled. If the child is not Medicaid enrolled, the CPI or Case manager must take all steps necessary to ensure the child becomes enrolled as soon as possible, including assisting the child’s caregiver to establish enrollment.

The case manager must refer the child and family for all services identified through a CBHA. The Case manager has the primary responsibility throughout the case for coordinating, managing, and monitoring all aspects of the child’s care and treatment. The mental health service needs identified through the CBHA will be considered when developing the child’s case plan. The planned services must be implemented within thirty days of identification of the need. If services are not initiated within thirty days, the Case manager must document reasons in the case file as to why services were not initiated. The Case manager must ensure that the services begin as soon as possible. If the child is also served by the Department of Juvenile Justice (DJJ), the CPI or Case manager must document attempts to coordinate planning and service delivery with DJJ staff.
When service needs are identified, children must be referred whenever possible to community mental health providers who are enrolled as Medicaid providers. When the Case manager determines that a Behavioral Health Multidisciplinary Team is needed due to the significant behavior issues of the child, the Case manager must convene a meeting of the team. The team must:
   a) Review all referrals for services to ensure that the child and family receive essential services to assist them in meeting the permanency goals as well as ensuring the child’s safety and well-being;
   b) Provide recommendations for changes in the case plan. This information is to be placed into the Judicial Review Social Study Report (JRSSR) at least three weeks prior to each judicial review.

Express and Informed Consent
Florida Administrative Code 65C-35 defines “Express and Informed Consent” to mean the voluntary written consent from a competent person who has received full, accurate, and sufficient information and explanation about a child’s medical condition, medication, and treatment to enable the person to make a knowledgeable decision without being subjected to any deceit or coercion. Express and informed consent for the administration of psychotropic medication may only be given by a parent whose rights have not been terminated, or a legal guardian of the child. Sufficient explanation includes but is not limited to the following information, provided and explained in plain language by the prescribing physician to the consent giver: the medication, reason for prescribing it, and its purpose or intended results; side effects, risks, and contraindications, including effects of stopping the medication; method for administering the medication, and dosage range when applicable; potential drug interactions; alternative treatments; and the behavioral health or other services used to complement the use of medication, when applicable.

If express and informed consent is not obtained, the dependency court judge must authorize the prescription. The Office of Court Improvement oversees the Psychotherapeutic Medication Subcommittee of the Steering Committee on Families and Children in the Court of the Supreme Court of Florida which has compiled a resource guide to help judges have a better understanding of psychotropic medications and their interaction with other drugs and with mental health disorders.

Assent for Psychotropic Medication Management from Youth
Florida Administrative Code 65C-35 defines “Assent” to mean a process by which a provider of medical services helps the patient achieve a developmentally appropriate awareness of the nature of his or her condition; informs the patient of what can be expected with tests and treatment; makes a clinical assessment of the patient’s understanding of the situation and the factors influencing how he or she is responding; and solicits an expression of the patient’s willingness to accept the proposed care.

The prescribing physician must discuss the proposed course of treatment with the child, in developmentally appropriate language the child can understand. The physician must explain the risks and benefits of the prescribed medication to the child. The physician will discuss the medication proposed, the reason for the medication, and the signs or symptoms to report to caregivers. Information discussed with the child shall include:
   a) Alternative treatment options;
   b) The method of administering the medication;
   c) An explanation of the nature and purpose of the treatment;
   d) The recognized side effects, risks and contraindications of the medication;
   e) Drug-interaction precautions;
   f) Possible side effects of stopping the medication;
   g) How treatment will be monitored; and
   h) The physician’s plan to reduce and/or eliminate ongoing administration of the medication.

The prescribing physician must ascertain the child’s position with regard to the medication and consider whether to revise the recommendation based on the child’s input. The child’s position must be noted in the Medical Report. It is the physician’s responsibility to inform the child as clearly as possible and as fully as is appropriate.
However, the child’s failure to understand or assent to treatment is not, by itself, sufficient to prevent the administration of a prescribed medication. Likewise, the child’s assent to the treatment is not a substitute for express and informed consent by a parent or legal guardian or a court order. Children are more likely to be successful in treatment if they fully understand and participate in treatment decisions.

If a child of sufficient age, understanding, and maturity declines to assent to the psychotropic medication, the dependency case manager or child protective investigator will request that Children’s Legal Services request an attorney be appointed for the child.

Whenever the child requests the discontinuation of the psychotropic medication, and the prescribing physician refuses to order the discontinuation, the dependency case manager or child protective investigator will request that Children’s Legal Services request an attorney be appointed for the child. Children’s Legal Services will notice all parties and file a motion with the court presenting the child’s concerns, the physician’s recommendation, and any other relevant information, pursuant to Section 39.407(3) (d), F.S.

**QA/CQI Oversight of Children on High Dose or Multiple Antipsychotics**

Child Welfare QA/CQI is working with USF to conduct quarterly data matches of children in out-of-home care on psychotropic medications. The University of South Florida has a contract with the Agency for Health Care Administration (AHCA) to provide analysis of anti-psychotic medication utilization. AHCA provides USF with Medicaid pharmacy data and USF, which has developed clinical utilization protocols, provides critical information back to AHCA about patients being prescribed potentially unsafe combinations or high dosages of anti-psychotic medications. USF is currently limited to anti-psychotic medications only. The process is:

1. DCF will send list of all children in out-of-home care to USF each quarter.
2. USF will match these children against a medication utilization file they receive from AHCA. The match will be on the child’s Medicaid # provided by DCF.
3. USF will provide to DCF a list of the children who matched and:
   a. have been prescribed anti-psychotic medications at dosage levels that are above what is recommended for the child’s age, or
   b. have been prescribed 2 or more anti-psychotic medications for at least 60 days.
4. DCF will provide the list of children to the QA specialist for the CBC. The file itself contains detail on the children and prescribing physicians that met the criteria for inclusion on this list, and an explanation of the records and the issues. The QA specialist must ensure that requirements in 39.407, F.S., Chapter 65C-35, F.A.C. and CFOP 175-40, as well as contractual requirements for administration and monitoring of psychotropic medications, are being followed.

4. The QA specialist will provide the list to the CBC and:
   a. Request a copy of the Medical Report completed and signed by the treating physician, pursuant of s.39.407, F.S., which documents the necessity of these medications at the prescribed dosage and/or for the prescribed length of time, or
   b. If a Medical Report has not been completed, request that one be completed and submitted within 14 days or
      i. Request a copy of the pre-consent review completed by UF, the second party review which approves the necessity of these medications at the prescribed dosage and/or for the prescribed length of time, or
      ii. If a pre-consent or second party review has not been completed, request that one be completed and submitted within 14 days.

**Contract Management Oversight**

The Contract Oversight Unit has designated staff who are responsible for conducting contract monitoring annually at each CBC. The contract oversight unit focuses on requirements in state law and administrative code. There are designated contract managers for each CBC who are expected to take action when a CBC fails to fully implement
CQI or contract oversight requirements within their area of responsibility or fails to take immediate action when issues are identified. A review of psychotropic medications assesses compliance in four areas:

1. **Taking a Child into custody who is already taking psychotropic Medications.** When a child entering into care on or after September 13, 2010 was already prescribed psychotropic medication:
   a. Was the child evaluated by a physician to determine whether it is appropriate to continue the medication?
   b. Did the physician evaluation take place on time, meaning within 28 days of removal or no later than the arraignment hearing on the petition for dependence, whichever occurs first?
   c. Was a new parental informed consent or court order obtained in order to continue the child on the prescribed medication?

2. **Authority to Administer Psychotropic Medications to Children in Out-of-Home Care Placements**
   a. Psychotropic medications may be administered in advance of a court order or parental authorization under two circumstances: EITHER the prescribing physician certifies delay could cause harm OR the child is in a hospital, CSU, or psychiatric residential treatment.
   b. Was emergency administration limited to these circumstances?
   c. IF the prescribing physician certifies delay could cause significant harm to the child, was this certification in writing on the Medical Report form?
   d. IF the child is in a hospital, CSU, or psychiatric residential treatment, did the dependency case manager assist the physician obtaining express and informed consent or submit a completed medical report to CLS in time for a motion to be filed within 3 business days of beginning the medication?
   d. If express and informed consent was not obtained immediately, did the dependency case manager obtain a completed copy of the medical report and provide it to children’s legal services in time for a motion to be filed within 3 business days of beginning the medication?

3. **Express and Informed Consent for Med Administration.**
   a. Has the provider obtained written express and informed consent for the administration of psychotropic medication from a parent whose rights have not been terminated or a legal guardian of the child?
   b. Was this consent obtained prior to the medication being provided?
   c. Was a signed medical report completed by the prescribing physician?
   d. Did the dependency case manager make the following minimum efforts to enable the prescribing physician to obtain express and informed consent from the child’s parent or legal guardian: attempt to invite the parent to the doctor’s appointment and offer them transportation if necessary; attempt to contact the parent as soon as possible upon learning of the recommendation for psychotropic medication and provide specific information to them on how to contact the physician; and facilitate transportation arrangements to appointment if necessary.

4. **Court Order for Med Administration.**
   a. Did the CBC seek court approval to administer psychotropic medications when the parent or legal guardian rights have been terminated, the parent/legal guardian refuses to participate in the child’s treatment, the parent/legal guardian decline to approve administration of psychotropic medications, or the parent or legal guardian’s location or identity is unknown or cannot reasonably be ascertained?
   b. Was court authorization obtained before the psychotropic medication was administered to child?
   c. When a court order is required to obtain authorization to administer psychotropic medication, did the prescribing physician complete and sign the Medical Report form CF-FSP 5339?
d. Is the CF-FSP 5339 Medical Report form fully completed?

e. Has the physician added information to the CF-FSP 5339 report to show whether or not this med will supplement or replace any other currently prescribed medications or treatments?

f. When a court order is required to obtain authorization to administer psychotropic medication and the physician used his or her own report format, or if the CF-FSP 5339 is incomplete, did the prescribing physician report contain the following components?

g. Did the dependency case manager obtain the completed Medical Report from the prescribing physician?

h. Did the dependency case manager submit the Medical Report from the prescribing physician and other documentation within 3 business days of receiving it to Children’s Legal Services, with a request for court authorization to administer the prescribed medication?

i. When the court authorized the provision of psychotropic medication, did the dependency case manager continue to try to involve the parent in the child’s ongoing medical treatment

PreConsent Review and MedConsult Line – Funded by DCF child welfare and SAMH

1. PreConsent Review: Children 10 and under on 2 or more psychotropic medications

The Department contracts with the University of Florida, Department of Psychiatry to provide Pre-Consent review for all children in out-of-home care less than eleven (11) years of age who are found to be in need of two (2) or more psychotropic medications. This review is completed by the University of Florida physicians and is a consultation, not a second opinion. If the community-based agency does not obtain a pre-consent review, a second opinion from a licensed child psychiatrist is required in CBC contracts.

The PreConsent provides a mandatory pre-consent review process (per CFOP 175-98) for all psychotropic medications prescribed to children between the ages of birth through ten (10) years who are in out-of-home care. A pre-consent review is required when a prescribing practitioner is initiating a psychotropic medication treatment plan, when a proposed dosage change exceeds the previously anticipated range as specified in the child’s psychotropic medication treatment plan, when a new psychotropic medication treatment plan is to be initiated, or when a child is receiving psychotropic medication at the time of removal from their home. Statute does not require that prescribing practitioners are free to either follow the consult line professionals’ recommendations. Family Safety policy CFOP 175-98 contains detailed information regarding the process.

A copy of the feedback is faxed to the prescribing practitioner and the child’s child welfare case manager.

2. MedConsult Line

The MedConsult line at the University of Florida has been available for caregivers and decision makers for children and youth involved in the dependency system since 2003. Callers may schedule a call with one of the Board Certified Psychiatrists to discuss Psychotropic Medication Resources and suggested medication treatment by calling 1-866-453-2266. This service is not a second opinion, but is designed to help callers make informed decisions about medication. The MedConsult line provides callers an opportunity to gain additional information about psychotropic medication from board certified child psychiatrists. The service is designed to provide callers with sufficient information to assist in giving express and informed consent for proposed medication for children in out-of-home care or enrolled in Behavioral Health Network (BNET). Use of the service is voluntary for all requesting parties. Parents and children involved in the dependency system or enrolled in BNET, case managers, Court personnel, Guardian ad litem (GALs), Attorney ad litem (AALs), and CLS attorneys may use this service. Program assistants gather basic demographic information when callers contact the MedConsult line and arrange a time for UF physicians to contact the caller. The information provided by the MedConsult physicians is not considered to be a second opinion.
This service makes available the latest psychiatric medical information. This includes indicated uses and practices, Black Box Warnings, on or off label use, and precautions such as EKGs, lab work, etc. The line is used by caregivers, judges, GALs, and caseworkers.

**Child Welfare Weekly Monitoring Reports**

The Psychotropic Medications Detailed Summary Report that is run each week providing a variety of information about kids in our care who receive psychotropic medications. The report is posted to public folders monthly, along with the supplementary Macro Summary Report (which shows the history of certain key counts) and the listing files. The Psychotropic Medications Listing report is posted to our web-portal for each CBC to securely access their list of children on psychotropic medications. There are two reports

1. The psychotropic medication Macro Summary Report ("Psychotropic Summary Spreadsheet.xls") and the current and historical Detailed Summary Reports are available to anyone via web-site at: http://eww/fsp/?dir=repository/Family%20Safety%20Document%20Repository/Data+Reporting

**Client Level Medication Administration and Monitoring by Foster Parents.**

Florida Administrative Code requires that psychotropic medications be administered only by the child’s caregivers. Children who are age and developmentally appropriate must be given the choice to self-administer medication under the supervision of the caregiver or school personnel. Children assessed as appropriate to self-administer medication must be educated on the following:

a) The method of administering the medication;

b) The recognized side effects, risks and contraindications of the medication;

c) Drug-interaction precautions;

d) Possible side effects of stopping the medication; and

e) How medication administration will be supervised by the caregiver.

The dependency case manager or other designee will attend medication reviews as requested by the prescribing physician and/or agency.

The monitoring of the use of psychotropic medication provided to children will be a joint responsibility among the prescribing physician, caregiver, dependency case manager or child protective investigator, and the supervisor. The dependency case manager or child protective investigator is responsible for implementing the medication plan developed by the prescribing physician. The dependency case manager or child protective investigator will arrange for any additional medical evaluations and laboratory tests required. All information will be added to the child’s Resource Record. Results of evaluations and tests will be reported to Children’s Legal Services, all parties, and the prescribing physician.

Any person with information that calls into question the child’s health and safety, including but not limited to the signs or symptoms of side effects or adverse reactions to the medication, shall immediately bring that information to the attention of the prescribing physician and child protective investigator’s or dependency case manager’s supervisor, and emergency services arranged as appropriate to protect the child’s safety and wellbeing. This information shall be provided to Children’s Legal Services, the court, and all parties within three (3) business days of the reported concerns.

The dependency case manager or child protective investigator, the supervisor, and the caregiver have joint responsibility to assure the physician’s directions and intent as documented in the completed Medical Report and Medication Treatment Plan are implemented. The Department or its contracted service providers will develop locally approved medication logs for documenting the administration of psychotropic medications and any side effects or adverse reactions.

Dependency case manager supervisors and child protective investigator supervisors shall provide on-going review and oversight of children prescribed psychotropic medications.
Child Welfare Quality Assurance
The Department’s quality assurance staff will monitor practice related to psychotropic medication through item number 67.

67.0 Children prescribed a psychotropic medication are closely monitored by the case manager to ensure his/her safety and well-being. *(applicable to out-of-home cases-life of case)*

67.1 The case management organization involved the child and the parents/legal guardian in the decision making process by facilitating contacts with physicians for treatment planning.

67.2 The case manager provided the prescribing physician all pertinent medical information known to the agency at the time.

67.3 The case manager documented coordination with other treatments for behavioral and non-psychotropic medical interventions.

67.4 The case manager documented routine monitoring of Medication Administration Records to ensure the caregiver was administering the medication correctly and prescriptions were refilled on time.

67.5 If the focus child is under eleven (11) years of age and prescribed two (2) or more psychotropic medications, a pre-consent review is completed by a second party child psychiatrist or a child psychiatrist at the University of Florida via the UF pre-consent review process.

67.6 The parent or guardian consented to treatment of the court authorized treatment and the Medical Report was provided to the court to guide in decision making.

Florid Safe Families Network (FSFN) Case Entry
There is a place to enter this information in the Medication Information page. See screenshot below. The "Dosage," "Reason for Medication," and "Instructions/Additional Comments" sections are all free form text fields where notes specific to the medication can be written.
Prior Authorization Protocols for Children and Adolescents – Funded by state Medicaid Agency

The Agency for Health Care Administration requires a prior authorization review process with a clinical review or second medical opinion by a child and adolescent psychiatrist from the University of South Florida (USF) prior to reimbursement of an antipsychotic prescribed to a child or adolescent that is included in any of the categories below. The reviewing psychiatrist also provides comments and recommendations for the prescriber including safety monitoring recommendations such as metabolic labs and Tardive Dyskinesia screens. Prior authorization is required for the following:

1. Antipsychotic Medication
   a) Any antipsychotic lacking an FDA indication or acceptable evidence-base for safety and efficacy for children age <18 years
   b) Any two antipsychotics (different pharmacologic agents) that exceed 60 days of therapy (to allow for cross titration); age 6 to <13 years of age
   c) Any two antipsychotics (different pharmacologic agents) that exceed 60 days of therapy (to allow for cross titration); age 13 to <18 years of age (target date August 2012)
   d) Antipsychotic Prescribed for Preschool Children <6 years of age
      Medicaid requires a prior authorization for anti-psychotics for children under the age of six years. The prior authorization request form is located on the AHCA website at: http://ahca.myflorida.com/Medicaid/Prescribed_Drug.
   e) HIGH DOSE Antipsychotic Prior Authorization Expansion
      Antipsychotic prescriptions for children less than 18 years of age require a prior authorization review when the dose exceeds high dose limits established by the Medicaid Drug Therapy Management Program for Behavioral Health. Doses exceeding those found on the high dose table will be reviewed by a child psychiatrist. The high dose limits were determined by an expert panel of child and adolescent psychiatrists in July 2008, and are updated regularly to reflect the most current standard of care. The high dose table is available for review at this Web link: http://medicaidmentalhealth.org/files/Guidelines/high_dosing_table_guide_children2010101502436982.pdf The following situation is excluded and will continue to be reimbursed without requiring a prior authorization review:
      - Antipsychotics that appear on the high dose table linked above,
      - AND are currently included on the Preferred Drug List (PDL),
      - AND are prescribed at or below the limit found on the high dose table.

      Non-PDL antipsychotics and some of the PDL antipsychotics that are not on the high dose table will still require a prior authorization review for children age 6 through 17 years.

      IMPORTANT: Early refills may result in false HIGH DOSE (HD) denials. To prevent false HD denials, claims must be submitted on or after the 27th day following the previous paid claim.

      Note: All prescriptions for antipsychotics, at all doses, for children less than 6 years will continue to require a prior authorization review by a child psychiatrist.

2. Sedative/Hypnotic and Benzodiazepine Age Limits
   Effective March 21, 2011, age limits as approved by the Food and Drug Administration will be applied to the Sedative/Hypnotics and benzodiazepines listed below. Claims for recipients younger than the specified age limits will deny for “Product/Service Not Covered For Patient Age”.


- Ambien (Zolpidem), Halcion (triazolam), Restoril (temazepam), Rozerem (Ramelteon), Lunesta (Eszopiclone), Sonata (Zaleplon) – Age 18
- Dalmane (Flurazepam) - Age 15
- Librium (Chlordiazepoxide), Serax (Oxazepam) - Age 6
- Tranxene (Clorazepate) - Age 9
- Xanax (Alprazolam) - Age 7
- Xanax XR (Alprazolam XR) – Age 18

The prior authorization process is available for those requests for recipients who are younger than the age limits above. Prior Authorization is also required when dose and/or dispense quantities of any Sedative/Hypnotic or benzodiazepine exceeding Medicaid Fee-for-Service plan dosage or quantity limitations.

For claims related to an age limit the medical provider may fax a prior authorization (PA) request on a Miscellaneous PA Request form to the Agency for Health Care Administration (AHCA) at (850) 922-0685. For claims related to plan dosage or quantity limitations the PA may be faxed to (877)614-1078. Forms can be downloaded from http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/paforms.shtml.

3. Anti-Depressants for Children Under Six

Effective October 24, 2012, Medicaid will require a prior authorization for anti-depressants prescribed to children under the age of six years. The prior authorization request form will be posted on the Agency for Health Care Administration (AHCA) website prior to October 24, 2012. You may access the form by visiting the AHCA website.

Florida Pediatric Psychiatry Consult Hotline - Funded by state Medicaid Agency

The Florida Pediatric Psychiatry Hotline, a network of regional children’s mental health consultation teams is designed to help primary care clinicians meet the needs of children with psychiatric conditions. The goals of the program are to provide consultation about psychotropic medications for children with psychiatric illness and promote a primary care clinicians and child psychiatrist’s collaborative relationship. The service is:
- Free
- Limited to consultation about medications.
- Duration of the call is limited to a maximum of 15 minutes per telephone consultation.
- A trained administrative person schedules appointment times for the child psychiatrist to connect with the primary care clinician. The goal is to schedule a telephone appointment within 24 hours of receiving the initial request for consultation during non-holiday weekdays.
- Information shared is limited to the patient’s age, gender, weight, and other information that might be relevant to a discussion of medications. No patient names or other unique identifying information will be shared during the consultation.
- The calls will be answered in real time on non-holiday weekdays between 8:30 am and 4:30 pm.
- The service is closed during the week of Christmas and holidays.
- The service is limited to clinicians who have registered as potential consumers of the helpline.

Currently there are three consultation hotlines:
1. AHCA areas 1, 2, 3a, and 3b team is located at the University of Florida Division of Child and Adolescent Psychiatry in Gainesville, 1-877-506-2720
2. AHCA areas 4, 5, 6, 7, and 8 is located at the University of South Florida Division of Child and Adolescent Psychiatry in the Department of Pediatrics, Rothman Center for Neuropsychiatry in St. Petersburg, 1-866-487-9507
3. AHCA area 11 is located at Florida International University, 1-877-486-3783
This service is administered by the Florida Medicaid Drug Therapy Management Program for Behavioral Health located at the Florida Mental Health Institute (FMHI) at the University of South Florida. The call line serves prescribing clinicians who have questions about the medical care of children and adolescents with psychiatric needs. To find out more about this new program, click on the link provided below: Florida Pediatric Psychiatric Hotline

Links to this and other behavioral health medication management resources are available on the main Medicaid Pharmacy Services Web page at:
http://ahca.myflorida.com/Medicaid/Prescribed_Drug/index.shtml

Medicaid Pharmacy Requirements

Pursuant to statute 409.912(51) The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child’s parent or legal guardian. The physician shall document the consent in the child’s medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

Florida Statute 394.492(3) “Child” means a person from birth until the person’s 13th birthday.

Psychotropic (Psychotherapeutic) Medications include antipsychotics, antidepressants, anti-anxiety medications, and mood stabilizers. Anticonvulsants and ADHD medications (stimulants and non-stimulants) are not included at this time. The generic names of those medications subject to the informed consent are listed below. Chlordiazepoxide, diazepam, lorazepam, and midazolam have been removed from the list.

<table>
<thead>
<tr>
<th>Alprazolam</th>
<th>Droperidol</th>
<th>Modafinil</th>
<th>Temazepam</th>
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<tr>
<td>Amitriptyline</td>
<td>Duloxetine</td>
<td>Molindone</td>
<td>Thioridazine</td>
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<td>Amobarbital</td>
<td>Escitalopram</td>
<td>Nefazodone</td>
<td>Thiothixene</td>
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<tr>
<td>Amoxapine</td>
<td>Estazolam</td>
<td>Nortriptyline</td>
<td>Tranylcypromine</td>
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<tr>
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<td>Eszopiclone</td>
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<td>Eutretro</td>
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<td>Triazolam</td>
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<td>Fluoxetine</td>
<td>Paliperidone</td>
<td>Trifluoperazine</td>
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<td>Fluphenazine</td>
<td>Paroxetine</td>
<td>Trimipramine</td>
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<td>Flurazepam</td>
<td>Perphenazine</td>
<td>Venlafaxine</td>
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<td>Fluvoxamine</td>
<td>Phenerazine</td>
<td>Vilazodone</td>
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<td>Iloperidone</td>
<td>Protriptyline</td>
<td>Ziprasidone</td>
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<td>Imipramine</td>
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<td>Lithium</td>
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<tr>
<td>Doxepin</td>
<td>Mirtazapine</td>
<td>Sodium Oxybate</td>
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Effective September 1, 2011, the Agency for Health Care Administration, Bureau of Pharmacy Services implemented the following directive:

1. The prescriber must complete either the Medicaid “Informed Consent for Psychotherapeutic Medication” attestation form; the Department of Children and Families CF1630, or CF FSP 5339 form(page 8 only); the Department of Juvenile Justice Consent Form (page 3 only), or provide the court order for the
medication. By accepting a variety of consent forms, the Medicaid Program is providing flexibility with respect to acceptable documentation. Dispensing pharmacists are encouraged to use good judgment, especially in the early phases of implementation, to work with families and prescribers to provide care to children AND obtain the necessary documentation to fulfill the legislative intent of the statute.

2. The completed form must be presented to the pharmacy with every new prescription for a psychotherapeutic medication. Prescription refills where the original script was filled prior to September 1st will not be denied. However, pharmacies may not add refills to old prescriptions to circumvent the need for an updated informed consent form.

3. In order for a prescription claim for a psychotherapeutic medication to pay, the pharmacy must enter the medical certification code “2” to certify that the consent form has been filed with the prescription. This process is similar to the pre-existing family planning “6” and dialysis “8” code requirements.

4. The completed form must be filed with the prescription (hardcopy or imaged) in the pharmacy and held for audit purposes, for a minimum of five years.

5. Every new prescription will require a new informed consent form. “NEW” means every time a new prescription number is assigned, and includes all new prescriptions including same drug / same dose prescriptions for continuing therapy.

6. Prescriptions may be phoned in or emailed for these medications, when the child is less than 13. However, the pharmacist will need to obtain a completed consent form from the prescriber via fax, mail or from the guardian, prior to dispensing.

7. If a prescription with remaining refills is transferred to another pharmacy, the consent form should be transferred to the new pharmacy, along with the prescription, to facilitate claim processing. Otherwise the receiving pharmacy should obtain a new consent form.

8. The informed consent forms do not replace prior authorization requirements for non-PDL medications or prior authorized antipsychotics for children and adolescents from 0 through 17 years of age.

9. Medicaid HMOs have been directed to implement the policy, but may choose to operationalize it in a different manner from Medicaid fee-for-service. They may require something other than a medical certification code.

Link to the forms: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/med_resource.shtml

Analysis of Pharmacy Claims by the Medicaid Drug Therapy Management Program Funded by state Medicaid Agency

In response to this growth in expenditures and to concerns about the quality of prescribing of psychotherapeutic medications the Florida Legislature created the Medicaid Drug Therapy Management Program (MDTMP) for Behavioral Health. The MDTMP is operated by the Florida Mental Health Institute at the University of South Florida under contract with the Agency for Health Care Administration, the State Medicaid Authority. National experts, Florida physicians, the Agency for Health Care Administration, and DCF staff meet each year to update medication guidelines. These experts update the guidelines for adults and children on alternate years. The guidelines and other resources, including High Dosing Tables for Children, are available at http://medicaidmentalhealth.org/. The goals of the MDTMP as articulated in Chapter 409.912 Florida Statutes are the following:

1) improve the quality of care and behavioral health drug prescribing practices based on best practices guidelines;
2) improve patient adherence;
3) reduce clinical risk; and
4) lower costs.
The Medicaid Drug Therapy Management Program for Behavioral Health includes the development of Florida specific best practice guidelines and their dissemination through a variety of methods created and implemented by the prescriber community. These treatment guidelines will represent a consensus of the prescriber community and will reflect the best available scientific information. MDTMP also includes a claims review process and educational mailings to inform physicians of prescribing behavior that may be worth reviewing. The mailings, containing patient-specific prescription information and clinical considerations, are designed to reduce the frequency of practices that are inconsistent with the guidelines.

Based on these guidelines, a series of unusual psychotherapeutic medication indicators (UPMIs) are identified and applied as filters to analyze pharmacy claims. The analyses identifies

1) prescriptions that appear inconsistent with the guidelines,
2) the patients who filled these prescriptions and
3) the prescribers whose prescriptions frequently trigger the indicators.

Beginning in July 2012, DCF will share data with the Medicaid Drug Therapy Management Program for additional oversight reporting. Reports will be provided quarterly for children prescribed psychotropic medication while in out-of-home care. The report will:

1) identify for local management the children that received prescriptions that are high risk in the judgment of the expert panels and
2) provide the prescribers that are involved in high risk medication practices and whether more than one professional is involved overall utilization of the different classes of medications in total and by age group and by DCF area.

These professionals are targeted for interventions designed to reduce the numbers of their prescriptions that trigger UPMI and monitored over time for possible follow up interventions of increasing frequency and intensity. These separate steps are described below.

1. **Unusual Psychotherapeutic Medication Indicators**

   In addition to the formulation of evidence-based psychotherapeutic treatment guidelines the expert panels defined several “unusual psychotherapeutic medication indicators” derived from the guidelines. The UPMI are data filters that identify prescribing behaviors which are either not supported by evidence and/or produce marginal benefits and/or increased risks, and therefore should be relatively rare and warrant greater scrutiny. Prescriptions that trigger these indicators represent potential opportunities for improving care. The unusual psychotherapeutic medication indicators developed and used in the analysis of child prescriptions are listed below.

   1. **Children Ages 6-17:** Four or more agents for 90 or more days (single prescriber)
   2. **Children Ages 0 - 5:** One or more antipsychotics/antidepressants (single prescriber)
   3. **Children Ages 0 - 4:** One or more stimulant/atomoxetine (single prescriber)
   4. **Children Ages 6 - 17:** Two or more antipsychotics for greater than 45 days (single prescriber)
   5. **Children Ages 6 - 17:** Use of high dose of drugs
2. **Analysis of Claims**
   The UPMIs are used in the quarterly analysis of Medicaid pharmacy claims data to identify children whose prescriptions trigger a UPMI and the associated prescribing clinicians. Prescribers are ranked based on their number of prescriptions that trigger the indicators and tracked over subsequent quarters to assess any changes in their prescribing behavior.

4. **Interventions with Prescribers**
   Prescribers whose prescriptions trigger a UPMI receive one or more interventions designed to make their prescribing patterns more consistent with the evidence based guidelines. Listed below are the primary interventions ranked from low to high intensity.

   1. **Guideline dissemination to prescribers** – broad-based educational events with medical societies and other stakeholders focusing on best practices.
   2. **Letters mailed to prescribers** - letters with patient detail identifying the unusual psychotherapeutic medication indicators their prescriptions triggered and enclosing summaries of literature explaining why the practice is considered “unusual”. Examples of these summaries can be found at fmedicaidb.fmhi.usf.edu. The letter asks the prescriber to review the prescriptions in the light of the evidence based literature and to make changes as appropriate. If the prescriber has questions or finds that the patient-specific information is not accurate, a secured fax-back form is provided. The prescriber can also access a secured website and request a consultation with a consultant psychiatrist.
   3. **Academic detailing** – face-to-face meetings between program pharmacists and prescribers reviewing the UPMIs they triggered and the research suggesting the practice should be reconsidered. Detailing also includes reviews of the medical records of selected patients whose prescriptions triggered the UPMI. The goals of academic detailing are to provide face-to-face education and to increase the Program’s understanding of the prescriber’s practice.
   4. **Psychiatric consultation** - visits by a board certified psychiatrist who reviews the prescriber’s status compared to their peers with regard to UMPI. The care of specific patients was discussed and medical records reviewed. When appropriate the consultant informs the prescriber that a recommendation will be made to the Program to consider referring the clinician for possible regulatory action.

Prescribers whose patients rarely trigger UPMI “receive” only broad based non-targeted interventions while those whose prescriptions frequently trigger UPMI continued to receive targeted interventions of increasing intensity until their patterns changed. The analysis of pharmacy claims and the application of individualized prescriber interventions occur every quarter and are based on the most recent prescribing patterns of the professionals involved.

**Performance Measures for Children in Statewide Inpatient Psychiatric Program (SIPP)**

Medication Errors: A medication error occurs when a child receives an incorrect drug, drug dose, dosage form, quantity, route, concentration, or rate of administration. These errors may result in some form of variance in the desired treatment or outcome. If not, these errors are referred to as “near misses” (sources: Technical Workgroup to the NASMHPD President’s Task Force on Performance Indicators, 2000; Joseph Lallanilla and staff at Baycare Behavioral Health’s SIPP).

a. **Medication Prescribing and Transcribing Errors**

   **Definition:** A medication prescribing error is a failure in the written or oral medication prescribing that has the potential to lead to harm to the patient. A medication prescribing error occurs when there is an incorrect selection of drug, drug dose, dosage form, quantity, route, concentration, rate of administration, or
instructions for use of a drug product ordered or authorized by a physician or other legitimate prescriber (source: Technical Workgroup to the NASMHPD President’s Task Force on Performance Indicators, 2000).

Types of Errors Included: (1) incorrect medication prescribed, (2) incorrect formulation, dose, concentration, or quantity prescribed, (3) incorrect route, timing, frequency, or duration of administration prescribed, (4) medication prescribed to the wrong child, (5) failure to identify significant drug interactions, allergies, or existing drug therapies, (6) discrepancy between verbal/telephone prescription order placed by the physician and written prescription order taken by the nurse (transcription error).

Description: The annual number and rate of reported medication prescribing errors for children enrolled in SIPP.

Calculation: Rate = (Annual number of reported medication prescribing errors/annual number of SIPP bed days)*1000.

Additional Information: We use 1000 rather than 100 because there are relatively few incidents as compared to the number of bed days – this calculation gives us a rate of incidents per 1000 bed days. Figures will be calculated overall and/or by provider.

b. Medication Administration Errors

Definition: A medication administration error occurs when there is an incorrect selection and administration of a drug, drug dose, dosage form, quantity, route, concentration, rate of administration, or instructions for use of a drug product ordered or authorized by physician or other legitimate prescriber (source: Technical Workgroup to the NASMHPD President’s Task Force on Performance Indicators, 2000).

Types of Errors Included: (1) incorrect medication administered, (2) incorrect dose, concentration, or quantity administered (including skipped doses), (3) incorrect route of administration (e.g., pill instead of a shot), (4) medication administered to the wrong child.

Description: The annual number and rate of reported medication administration errors for children enrolled in SIPP.

Calculation: Rate = (Annual number of reported medication administration errors/annual number of SIPP bed days)*1000.

Additional Information: We use 1000 rather than 100 because there are relatively few incidents as compared to the number of bed days – this calculation gives us a rate of incidents per 1000 bed days. Figures will be calculated overall and/or by provider.

Psychotropic Medications at Discharge: We propose to examine the same psychotropic medications and categories that are used by AHCA Pharmacy Services and listed in the USF Behavioral Health contract and the December 2011 GAO report (see p. 45): ADHD Drugs, Anti-Anxiety Drugs, Antidepressants, Antipsychotics, Sedative-Hypnotics, and Mood Stabilizers.

a. Number of children on psychotropic medications at discharge by provider

Description: The annual number and percentage of SIPP clients on any psychotropic medication at discharge overall and by provider.

Calculation: Percentage = (Annual number of SIPP clients on at least one psychotropic medication at discharge/Annual number of children discharged)*100.

Additional Information: Dose changes and multiple strengths of the same agent do not count towards total number, but multiple prescriptions for medications within the same category (i.e. 2 antidepressants) do count towards total number.
b. Number of children on five or more psychotropic medications at discharge
   **Description:** The annual number and percentage of SIPP clients on 5 or more psychotropics at discharge overall and by provider.
   **Calculation:** Percentage = (Annual number of SIPP clients on 5 or more psychotropics at discharge/Annual number of children discharged on 1 or more psychotropics)*100.
   **Additional Information:** Dose changes and multiple strengths of the same agent do not count towards total number, but multiple prescriptions for medications within the same category do count towards total number.

c. Number of children on two or more antipsychotics at discharge by provider
   **Description:** The annual number and percentage of SIPP clients on 2 or more antipsychotics at discharge overall and by provider.
   **Calculation:** Percentage = (Annual number of SIPP clients on 2 or more antipsychotics at discharge/Annual number of children discharged on 1 or more antipsychotics)*100.
   **Additional Information:** Dose changes and multiple strengths of the same agent do not count towards total number, but multiple prescriptions for different antipsychotic medications do count towards total number.
Chapter 8
Statewide Goals, Objectives, and Strategies
2010 - 2014

This report supports the activities outlined in Florida’s Quality Improvement Plan (Florida’s Program Improvement Plan as required by the federal Child and Family Services Review /CFSR process), and based on the second round CFSR results; the Department of Children and Families’ Strategic Plan 2010 - 2014¹ developed under former Secretary George Sheldon, and the Department of Children and Families Long-Range Program Plan for Fiscal Years 2009 - 2010 through 2013 – 2014², as well as a number of other meaningful reform efforts.

Goal 1
Strengthen Policy and Improve Practice to Ensure Safety of Children

Initiatives such as the Task Force on Fostering Success, enhancements to SACWIS, along with the Title IV-E Demonstration Waiver, enhance the Department of Children and Families’ progress towards achieving this goal. The Department of Children and Families completed the following objectives for this goal:

Objective 1: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for child abuse or neglect in foster care. By June 30, 2011, the state’s objective is to reach the QIP target for improvement in the data indicator for child abuse or neglect in foster care. (QIP, Goal 2, Strategy A)

APSR FFY 2009
• Objective 1 was achieved. Florida and the Children’s Bureau reached consensus on the state’s level of improvement specific to the national standards. At the time of the second round CFSR, Florida did not meet the two national standards for safety, or two of the four permanency composites. Since then, Florida has met the

¹ http://www.dcf.state.fl.us/opengov/docs/strategicIntent.pdf
improvement goals for one of the two safety standards and the two permanency standards. The remaining national standard for safety is on recurrence of maltreatment. Florida subsequently achieved the level of improvement for this standard as indicated in the Florida Data Profile - 2009, issued March 23, 2010.

Objective 2: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for absence of recurrence of maltreatment. By June 30, 2011, the state’s objective is to reach the QIP target for improvement in the data indicator for absence of recurrence of maltreatment. (QIP, Goal 2, Strategy A)

APSR FFY 2009

- **Objective 2 was achieved.** Florida and the Children’s Bureau concur with the baseline and improvement target for absence of recurrence of maltreatment. Florida’s baseline is 98.66% from FFY 2008; the improvement goal is 98.76%. Florida met the improvement goal as indicated in the Florida Data Profile - 2009, issued March 23, 2010.

Objective 3: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a statistically significant target for improvement in services to families to protect children in their home and prevent removal or re-entry. By June 30, 2011, the state’s objective is to achieve or exceed the QIP target for improvement in services to families to protect children in their home and prevent removal or re-entry. (QIP, Goal 2, Strategy A, CFSR Item 3)

APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

APSR FFY 2010

- **Objective 3 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for
services to families to protect children in their home and prevent removal or re-entry. This item was measured separately for case management and child protective services. For case management: baseline is 80.1% from July - December 2008; the improvement goal is 82.3% and Florida exceeded this goal in June 2009 (84.3%). For child protective investigation: baseline is 84.9%, the improvement goal is 90.9%, and Florida exceeded this improvement goal in December 2009 (91.8%).

Objective 4: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a statistically significant target for improvement in risk assessment and safety management. By June 30, 2011, the state’s objective is to reach the QIP target for improvement in services to families to protect children in risk assessment and safety management. (QIP, Goal 2, Strategy A, CFSR Item 4)

APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

APSR FFY 2010

- **Objective 4 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for risk assessment and safety management. This item was measured separately for case management and child protective services. For case management: baseline is 67.2% from July - December 2008; the improvement goal is 70.2%, and Florida exceeded this improvement goal in June 2009 (72%). For child protective investigation: baseline is 59.7% from July - December 2008; the improvement goal is 62.5%, and Florida exceeded this improvement goal in June 2009 (63%).

Objective 5: By the end of the five year period covered in this plan, the Department of Children and Families will build upon the interim progress toward meeting or exceeding any national standards or targets set in the Long Range Program Plan.
APSR FFY 2009
Florida has met the improvement goals for the national standards as reported above. Additionally, Florida continued to focus and improve performance in the areas of safe reduction of children in out-of-home care, placement stability, and safe and permanent homes for the longest waiting teens.

APSR FFY 2010
• Florida has met the improvement goals for the national standards and CFSR items related to safety as reported above.

APSR FFY 2011
• Florida continues to move towards the goal of exceeding national standards or targets set in the Long Range Program Plan.

Benchmarks:
• By June 30, 2009, the Department of Children and Families will reconstitute the Task Force on Fostering Success to address ongoing issues. Ongoing progress will establish further benchmarks. (Strategic Direction 2009 - 2011)

APSR FFY 2009
• Completed. The Task Force on Fostering Success was convened on an ongoing basis under the leadership of former Department of Children and Families Secretary and Florida Attorney General Butterworth, and Department of Children and Families Secretary George Sheldon. It includes representatives from the Governor’s Office, judiciary and legal/law enforcement, community stakeholders, Department of Children and Families managers, youth, adoptive parents, and national experts, among others. A dedicated subcommittee regularly assesses progress on the Quality Improvement Plan and provides communication to the Task Force. Please refer to: Chapter 1 update on The Task Force on Fostering Success.

• By September 30, 2009, the safety plan and assessment features in FSFN will be implemented and a consistent approach to the assessment of safety, risk, protective capacity and family strengths will be in practice. (QIP, Goal 2, Strategy A, Action Step 1)
**APSR FFY 2009**

- **Completed.** Florida’s FSFN system includes several automated safety planning and assessment tools for protective investigators and case managers. Online training guides and modules are readily available to workers. Data reports for supervision and monitoring of worker completion of safety assessments are also available through FSFN. Details are available in Chapter 1, Intervention/Investigation and SACWIS sections.

- By September 30, 2009, the Department of Children and Families will develop and distribute requirements for maintaining certified second party reviewers. (QIP, Goal 2, Strategy A, Action Step 2)

**APSR FFY 2009**

- **Completed.** A memo, distributed to the field on January 20, 2009, detailed the credentialing requirements for second party reviews. *Please refer to: Chapter 1, Intervention/Investigation section.*

- By September 30, 2009, the Department of Children and Families will develop curriculum and provide train-the-trainer sessions on supervisory discussion for local in-service training of supervisors. (QIP, Goal 2, Strategy A, Action Steps 4 and 5)

**APSR FFY 2009**

- **Completed.** The supervisory discussion guides are in their second edition, and are an integral part of the child welfare quality assurance and supervisory practice model. The 2009 statewide guidelines for conducting Quality Assurance reviews describe the requirements for use of the supervisory discussion guides. Introductory statewide sessions (field staff and train-the-trainer) on supervisory discussion were provided in 2008, and posted online for in-service training purposes. Train-the-trainer materials were also provided online. Revisions to the guides have been made, and an update memo reinforcing the need for training was issued September 4, 2009. Please refer to Chapter 3: Child Welfare Training and Quality Assurance sections for details.

- By December 31, 2009, the Department of Children and Families will deliver in-service training on “2nd Party Reviews.” (QIP, Goal 2, Strategy A, Action Step 3)
APSR FFY 2009

- **Completed.** The Department of Children and Families prepared training materials and conducted in-service training online, as outlined in a memo to the field April 17, 2009. This memo also reinforced requirements for the process and reviewer certification.

- By March 31, 2010, the Department of Children and Families will deliver training on domestic violence topics at regional or statewide training events. (QIP, Goal 2, Strategy A, Action Step 6)

APSR FFY 2009

- Update will be provided in 2011 Annual Progress and Services Report

APSR FFY 2010

- **Completed.** The Department of Children and Families provided training related to domestic violence during its 2010 Regional Trainings (January and June) and 2010 Dependency Summit. The Department of Children and Families also continues to contract with David Mandel to provide “Safe and Together Training” around the state and added to its variety of web-based training knowledge library available via The Center for the Advancement of Child Welfare Practice, including topics related to domestic violence.

- By June 30, 2011, The Department of Children and Families will increase the availability of and access to in-home intervention and support so that more children can remain safely in their homes. (Strategic Direction 2009 - 2011)

APSR FFY 2009

- Florida’s flexible funding demonstration has targeted (1) Title IV-E eligible and non-Title IV-E eligible children ages 0 -18 who are currently receiving in-home child welfare services or who were in out-of-home placement, and (2) all families who entered the child welfare system with a report of alleged child maltreatment. The Title IV-E funds are used to expand the array of community-based services and programs available in Florida. Examples include intensive early intervention services; one time payments for goods or services that help divert children from out-of-home placement (e.g., rental assistance and child care); enhanced training for child welfare staff and
supervisors; improved needs assessment practices; and long term supports to prevent placement recidivism.

**APSR FFY 2010**

- In September 2010, the United States Department of Health and Human Services’ Administration for Children and Families (ACF) approved a 10 month extension of Florida’s Waiver demonstration until July 31, 2012.

**APSR FFY 2011**

- **Completed:** The Title IV-E waiver extension remains in effect and provides supports to reduce removal episodes and maintaining children safely in their own homes.

**APSR FFY 2009**

- Florida concluded the ARS pilot in October 2008 with a final report issued in February 2009. This final report showed the benefits of an Alternative Response model while showing the need for additional modifications based upon the lessons learned from each of the pilot sites.

**APSR FFY 2010**

- **Completed:** As noted above, Florida’s Alternative Response Pilot ended in February 2009. Federal Children’s Justice Act grant funds were used to support the pilot. A Florida Senate Children and Families Subcommittee Interim Project was completed in 2010 that explored the use of Alternative Response as a potential legislative issue which has been proposed during the 2011 Legislative Session. At this time, no further actions have been taken on possible expansion of Alternative Response as the Department of Children and Families is awaiting the outcome of the 2011 Legislative Session.

- By December 31, 2011, the Department of Children and Families will implement and revise protocols as recommended by the Fostering Success Task Force (formerly
the Task Force on Child Protection) enhancing the reporting and recovery of children identified to be missing.

**APSR FFY 2009**

- During the prior reporting period, the regional criminal justice coordinators were fully integrated into the child welfare system. We continued to drive the number of children missing downward from 339 in October 2008 to 265 children as of September 30, 2009.

**APSR FFY 2010**

- **Completed.** During this reporting period, an average of 242 children were categorized as missing on any given day with approximately 84% of these children being teenage runaways.

- Additionally, on a regular basis, senior management and leadership will use the data and quality assurance reports to monitor the performance in reducing the recurrence of abuse or neglect and the repeated maltreatment of children in foster care. (QIP, Goal 4, Strategy A)

**APSR FFY 2009**

- Program leaders and selected Department of Children and Families managers at least monthly review performance data and improvement efforts. Additionally, performance data is available online as well as summarized in various presentations.

- Please refer to Chapter 3, Quality Assurance and Accomplishments and Program Support sections.

**APSR FFY 2010**

- Program leaders and selected Department of Children and Families managers at least monthly review performance data and improvement efforts. Executive leadership regularly visits each circuit and discusses status of performance and improvement. Additionally, performance data is available online as well as summarized in various presentations.

- Please refer to Chapter 3, Quality Assurance and Accomplishments and Program Support sections.
APSР FFY 2011

- Program leaders and selected Department of Children and Families Regional Directors and mid-level managers continue to review performance data on a routine basis and seek ways to improve practice. Executive leadership regularly visits each circuit and discusses status of performance and improvement. Additionally, performance data is available online as well as summarized in various presentations.
- Please refer to Chapter 3, Quality Assurance and Accomplishments and Program Support sections.

Goal 2
Develop and Phase-In Family Centered Practice

Additional efforts and discussion regarding Family Centered Practice can be found in the following sections:
- Foster Care and Another Planned Permanent Living Arrangements (APPLA)
- The Task Force on Fostering Success
- Foster And Adoptive Parent Recruitment
- Title IV-E Waiver
- SACWIS
- Licensing
- Chafee Foster Care (Chapter 6)

The Department of Children and Families has set the following objectives for this goal:

Objective 1: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for timeliness and permanency of reunification. By June 30, 2011, the state’s objective is to reach the QIP target for statewide improvement of the proportion of children who exited to reunification and did so within 12 months of the latest removal. (QIP, Goal 1, Strategy E)
Objective 1 was achieved. Florida and the Children’s Bureau reached consensus on the national standards. At the time of the second round CFSR, Florida did not meet the two national standards for safety, or two of the four permanency composites. Since then, Florida has met the two safety standards and the remaining two permanency standards.

Objective 2: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a statistically significant target for improvement in the data indicator for placement stability. By June 30, 2011, the state’s objective is to reach the QIP target to increase the percentage of children who have two or fewer foster care placements in the first year of their latest removal. (QIP, Goal 1, Strategy D)

Objective 2 was achieved. Florida and the Children’s Bureau concur with the baseline and improvement target for the data indicator for placement stability. Florida’s baseline is 88.1. For the 12 month period ending March 31, 2007; the improvement goal is 90.7. Florida met the improvement goal in FFY 2007.

Objective 3: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve the establishment of appropriate permanency goals. By June 30, 2011, the State’s objective is to reach the statewide target on the establishment of appropriate permanency goals. (QIP, Goal 1, Strategy E, CFSR Item 7)
APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

APSR FFY 2010

- Florida and the Children’s Bureau continued to negotiate the baseline and improvement level for permanency goals for children during FFY 2009 - 2010. Technical measurement factors were resolved and the Children’s Bureau approved the baseline and expected level of achievement in December 2010.

APSR FFY 2011

- Agreement was reached between the Children’s Bureau and the Department of Children and Families to use quality assurance scores to measure improvement for children with the APPLA goal. Ongoing focus on practices related to the APPLA performance measure continued during this reporting period as it remained the only measure left unmet to successfully complete Florida’s QIP. Quality assurance reviews indicate that Florida continues to make significant process in achieving performance target.

APSR FFY 2012

- Objective 3 was achieved. Florida and the Children’s Bureau concur with the baseline and improvement target. The baseline period was reset to July 2010 - December 2010, the first six month period in which the modified review criteria was in place. With this change, Florida’s new baseline was 75% and the target 77.2%. Florida met the improvement goal in FFY 2011 (April 2011 through September 2011).

Objective 4: By the end of the five year period covered in this plan, the Department of Children and Families will build upon the interim progress toward meeting or exceeding any national standards or targets set in the Long Range Program Plan.
APSR FFY 2009

- Florida and the Children’s Bureau reached consensus on the national standards. At the time of the second round CFSR, Florida did not meet the two national standards for safety, or two of the four permanency composites. Since then, Florida has met the two safety standards and the remaining two permanency standards.

APSR FFY 2010

- **Objective 4 was achieved.** Florida and the Children’s Bureau reached consensus on the national standards. At the time of the second round CFSR, Florida did not meet the two national standards for safety, or two of the four permanency composites. Prior to approval of the Program Improvement Plan, Florida’s data profile indicated the expected level of achievement on all national standards except Absence of Maltreatment in Foster Care. The expected level of achievement on this final national standard was met in March 2010 (see Goal 1, Objective 1).

Objective 5: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve caseworker visits with child. By June 30, 2011, the State’s objective is to reach the statewide target on caseworker visits with child. (QIP, Goal 3, Strategy A, CFSR Item 19)

APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

APSR FFY 2010

- **Objective 5 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for caseworker visits with child. The baseline is 53.4% from July - December 2008; the improvement goal is 55.5% and Florida exceeded this goal in June 2009 (56.2%).
Objective 6: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve caseworker visits with parents. By June 30, 2011, the State’s objective is to reach the statewide target on caseworker visits with parents. (QIP, Goal 3, Strategy A, CFSR Item 20)

APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

APSR FFY 2010

- **Objective 6 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for caseworker visits with parents. The baseline is 35.6% from July - December 2008; the improvement goal is 38.1% and Florida exceeded this goal in June 2009 (41.5%).

Benchmarks:

1. Developing a Family Centered Practice Framework

- By September 30, 2009, the Department of Children and Families will develop and disseminate a policy statement on Family Centered Practice Framework. (QIP, Goal 1, Strategy A, Action Step 1)

APSR FFY 2009

- Draft Framework was provided to the Innovation Sites at the kickoff meeting (August 27, concurrent with Dependency Summit), and via follow-up email from Program Director September 29, 2009. Innovation Sites have assisted with refining the Framework and policy during initial implementation.

APSR FFY 2010

- Florida’s Family Centered Practice Framework was finalized and disseminated statewide in August 2010. Florida’s Family Centered Practice Framework was developed in partnership with a variety of
stakeholders, including its three CFSR-PIP Innovation Sites, state and Community-Based Care Lead Agency leadership, in consultation with national experts, including Casey Family Programs, and under the direction of the Child and Family Services Review subgroup of the Secretary’s Task Force on Fostering Success.

In addition, Florida has completed significant training related to Family Centered Practice, including the development and implementation of the Family Centered Practice Training Series, a week of intensive in-service training that is still being utilized by a variety of local community-based care providers. Modification of the standardized pre-service curriculum will include the Family Centered Practice Framework. Florida continues to work with its three Innovation Sites and developed and implemented a third party evaluation of those sites. Review activities were completed by the Ounce of Prevention Fund, Inc., with funding support provided by Casey Family Programs. Information regarding Florida’s Family Centered Practice Framework is available on the Center for the Advancement of Child Welfare Practice’s webpage: http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx

- Please refer to Chapter 5: CAPTA, Additional Activities and Accomplishments in Program Areas not Included in the State Plan: Family Centered Practice Initiatives.
2. Implementing Family Centered Practice in Innovation Sites

- By September 30, 2009, the Department of Children and Families will select three innovation sites. (QIP, Goal 1, Strategy B, Action Step 1)

APSR FFY 2009

- In May 2009, areas interested in becoming Innovation Sites submitted letters of interest. The proposals were reviewed by a subcommittee of the Task Force on Fostering Success and Department of Children and Families management. The recommendations were then approved by the Secretary and letters announcing the sites were distributed on July 29, 2009. The three Innovation Sites are Circuit 11 (Miami-Dade County), Circuit 1 (Escambia County) and Circuit 3 (Alachua County).

- Please refer to Chapter 2: Ongoing Collaboration section, Innovation Sites.

APSR FFY 2010

- Completed. Three Innovation Sites selected (Miami-Dade County, Pensacola and Gainesville) and Innovation Site activities underway and continuing to present day. Each Innovation Site has developed a local leadership team, implemented a variety of training and technical assistance initiatives, and is participating in a third party evaluation. Innovation Sites received Children’s Justice Act grant funds to support child welfare improvement strategies and have been meeting via monthly conference calls and quarterly in-person meetings. A detailed update regarding the Innovation Sites is available in Chapter 2.

- Please refer to Chapter 2: Ongoing Collaboration section, Innovation Sites.

- By September 30, 2009, the Department of Children and Families will provide leadership development training on Family Centered Practice for the Innovation Sites. (QIP, Goal 1, Strategy B, Action Step 2)

APSR FFY 2009

- Department of Children and Families leadership, and particularly the Innovation Site leaders, received information about Family Centered Practice during August 2009, at meetings concurrent with the Dependency Summit. Paul Vincent, a national expert, was a key resource and provided some historic background. A series of training events on the topic with a broad audience (including leaders, as well
as trainers and practitioners) also occurred during February, July, and August 2009.

- Please refer to Chapter 3: Child Welfare Training section, Accomplishments; Chapter 3: Quality Assurance section; and Chapter 2: Ongoing Collaboration section, Office of Court Improvement.

**APSR FFY 2010**

- **Completed.** Significant training has been made available regarding Family Centered Practice. Content has included the development of a Family Centered Practice Training Series, an intensive in-service curricula, a variety of Regional Training opportunities focusing on Family Centered Practice and Family Engagement, a dedicated “track” on Family Centered Practice during the 2010 Dependency Summit and a number of related web-based trainings available through the Center’s webpage. In 2009, then Secretary George Sheldon also developed a downloadable web message for viewing on the importance of Family Centered Practice that was publically available on the Department of Children and Families’ webpage. All Regions/Circuits were required to develop Diversion/Family Preservation Service Protocols that defined systemically how prevention/diversion services were being delivered at the local level by the Department of Children and Families and respective Community-Based Care Lead Agencies. Accordingly, principles of Family Centered Practice were woven into these protocols, as well as, the standard Community-Based Care Lead Agency contract template. As a result, discussion of Family Centered Practice initiatives is a standing review item during the Assistant Secretary for Operations regular circuit site visits and reviews.

In addition, Casey Family Programs facilitated two day long forums and a strategic planning session specifically for the leadership of the Innovation Sites in April 2010. Each Innovation Site’s leadership team participated in this forum and the working papers from this forum established the foundation for the subsequent Innovation Site third party evaluation. Included in this forum were representatives from the child welfare systems of Utah and Idaho, two states that also had implemented Family Centered Practice Frameworks.

- Please refer to Chapter 2: Additional Collaboration section, Innovation Sites.
• By December 31, 2009, the Department of Children and Families will develop and deliver in-service training on Family Centered Practice for investigators, caseworkers, supervisors, managers, and legal services in the Innovation Sites. (QIP, Goal 1, Strategy B, Action Step 3)

APSR FFY 2009

• Completed in 2009 - 2010. Several sessions on Family Centered Practice approaches and applications were offered at the 2009 Dependency Summit in August 2009. A series of train-the-trainer sessions across the state were offered September and October 2009, and all materials posted for statewide use. Family Centered Practice philosophy and techniques have been integrated into the core curriculum for child welfare staff, including those in the Innovation Sites.

• Please refer to Chapter 3: Child Welfare Training section; and Accomplishments. And Chapter 3: Quality Assurance Section.

APSR FFY 2010

• Completed. Florida has completed significant training related to Family Centered Practice, including the development and implementation of the Family Centered Practice Training Series, a week of intensive in-service training that is still being utilized by a variety of local community-based care providers. Modification of the standardized pre-service curriculum will include the Family Centered Practice Framework. Florida continues to work with its three Innovation Sites and developed and implemented a third party evaluation of those Sites in which the review activities were completed by the Ounce of Prevention Fund, Inc., with funding support provided by Casey Family Programs. Information regarding Florida’s Family Centered Practice Framework is available on the Center for the Advancement of Child Welfare Practice’s webpage: http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx

In addition, the Innovation Sites have also offered a variety of local training for their staff on Family Centered Practice. Innovation Sites are utilizing the Family Centered Practice Training Series (Pensacola and Miami), have engaged national expertise (Pensacola, Gainesville and Miami) and are developing their own training initiatives. Gainesville was awarded a federal grant that specifically supports the implementation, evaluation and comparison of several family teaming models (Family Team Conferencing and Family Group Decision
Making) and is also implementing a Solutions-Based Casework model locally.

- Please refer to Chapter 2: Additional Collaboration section, Innovation Sites.

- By December 31, 2009, the Department of Children and Families will provide training on Family Centered Practice for caregivers and service providers. (QIP, Goal 1, Strategy B, Action Step 4)

APSR FFY 2009

- **Completed in 2009 - 2010.** Community-Based Care Lead Agencies use materials as posted to the Center for their subcontracted providers and licensed caregivers. Various local events at the Innovation Sites have addressed Family Centered Practice for audiences including caregivers/foster parents and service providers; for example, presentations at the Annual Families First Network Conference in 2009 by Jerry Milner, Janyce Fenton of the NRC-FCPPP and Joanne Brown, NCWRC/Legal. Various technical assistance efforts, such as the Youth Law Center and Eckerd Project, are also providing training and related information on family engagement.

- Please refer to Chapter 3: Child Welfare Training section, and Accomplishments.

APSR FFY 2010

- **Completed.** Florida has completed significant training related to Family Centered Practice, including the development and implementation of the Family Centered Practice Training Series, a week of intensive in-service training that is still utilized by a variety of local community-based care providers. Modification of the standardized pre-service curriculum will include the Family Centered Practice Framework. Florida continues to work with its three Innovation Sites and developed and implemented a third party evaluation of those Sites in which the review activities were completed by the Ounce of Prevention Fund, Inc., with funding support provided by Casey Family Programs. Information regarding Florida’s Family Centered Practice Framework is available on the Center for the Advancement of Child Welfare Practice’s webpage: http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx
• Please refer to Chapter 3: Child Welfare Training section, and Accomplishments; Chapter 5: CAPTA, Additional Activities and Accomplishments in Program Areas not Included in the State Plan: Family Centered Practice Initiatives.

• By March 31, 2010, the Department of Children and Families will review progress on Family Centered Practice in the Innovation Sites and modify as appropriate. (QIP, Goal 1, Strategy B, Action Step 5)

APSR FFY 2009

• Update will be provided in 2011 Annual Progress and Services Report

APSR FFY 2010

• Completed. The Department of Children and Families reviewed progress of the Innovation Sites through a third party contracted evaluation. As a condition for volunteering to be an Innovation Site for implementing the practice model, these Innovation Sites agreed to have their implementation work chronicled and to participate in a cross-site evaluation. The Ounce of Prevention Fund, Inc. was the contracted evaluator for the three Innovation Sites with both funding and leadership for the evaluation provided by Casey Family Programs. The evaluation used a “mixed methods” approach to develop findings about the quality and consistency of Family Centered Practice in the CFSR-QIP Innovation Sites. Included in the evaluation are Site specific chronicles that highlight the unique strategies developed within each of the three Innovation Sites for advancing Family Centered Practice at the local level. The intent of the evaluation and chronicles were to provide “lessons learned” from the Sites and to share the experiences of the Sites with other Community-Based Care Lead Agencies who are also undertaking a variety of their own local initiatives to implement Family Centered Practice within their respective communities. First year Innovation Site activities were commenced in 2010 and continue through the reporting period. Innovation Site evaluation activities are planned to continue through 2011.

• Please refer to Chapter 5: CAPTA, Additional Activities and Accomplishments in Program Areas not Included in the State Plan: Family Centered Practice Initiatives.
- By June 30, 2010, the Department of Children and Families will establish a plan to phase-in Family Centered Practice Framework statewide. (QIP, Goal 1, Strategy B, Action Step 8)

**APSR FFY 2009**
- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**
- **In Progress.** The plan to establish phase-in of a statewide Family Centered Practice Framework was deferred to a later reporting period in Florida’s CFSR-QIP as findings from the third party evaluation described above are to be included in the phase-in plan. With the first year evaluation concluding in December 2010, with the report due in early 2011, Florida will develop its phase-in plan based upon lessons learned through the evaluation.

**APSR FFY 2011**
- **Completed.** The Department’s Plan for implementation of Family Centered Practice was finalized in December 2010.

3. **Improving and Expanding Family Centered Practice Statewide**

Additional efforts and discussion can be found in the following sections:

- Foster Care and Other Permanent Living Arrangements
- The Task Force on Fostering Success
- Foster and Adoptive Parent Recruitment
- Title IV-E Waiver
- SACWIS

- By June 30, 2010, the Department of Children and Families will provide leadership development training on Family Centered Practice. (QIP, Goal 1, Strategy C, Action Step 1)

**APSR FFY 2009**
- Update will be provided in 2011 Annual Progress and Services Report
APSR FFY 2010

- **Completed.** Significant training has been made available regarding Family Centered Practice. Content has included the development of a Family Centered Practice Training Series, an intensive in-service curricula, a variety of Regional Training opportunities focusing on Family Centered Practice and Family Engagement, a dedicated “track” on Family Centered Practice during the 2010 Dependency Summit and a number of related web-based trainings available through the Center’s webpage. In 2009, then Secretary George Sheldon also developed a downloadable web message for viewing on the importance of Family Centered Practice that was publically available on the Department of Children and Families’ webpage. All Regions/Circuits were required to develop Diversion/Family Preservation Service Protocols that defined systemically how prevention/diversion services were being delivered at the local level by the Department of Children and Families and respective Community-Based Care Lead Agencies. Accordingly, principles of Family Centered Practice were woven into these protocols, as well as, the standard Community-Based Care Lead Agency contract template. As a result, discussion of Family Centered Practice initiatives is a standing review item during the Assistant Secretary for Operations regular circuit site visits and reviews.

- By June 30, 2010, the Department of Children and Families will provide training to investigators, caseworkers, supervisors, managers, and legal services on family centered practice. (QIP, Goal 1, Strategy C, Action Step 2)

APSR FFY 2009

- Update will be provided in 2011 Annual Progress and Services Report

APSR FFY 2010

- **Completed.** Florida has completed significant training related to Family Centered Practice, including the development and implementation of the Family Centered Practice Training Series, a week of intensive in-services training that is still being utilized by a variety of local community-based care providers. Modification of the standardized pre-service curriculum will include the Family Centered Practice Framework. Florida continues to work with its three Innovation Sites and developed and implemented a third party evaluation of those Sites. The review activities were completed by the Ounce of Prevention, with funding support provided by Casey Family Programs. Information regarding Florida’s Family Centered Practice Framework is
available on the Center for the Advancement of Child Welfare Practice’s webpage: http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx

- Please refer to Chapter 5: CAPTA, Additional Activities and Accomplishments in Program Areas not Included in the State Plan: Family Centered Practice Initiatives.

By September 30, 2009, the Department of Children and Families will provide Family Centered Practice principles to the Office of Court Improvement. (QIP, Goal 1, Strategy C, Action Step 3)

**APSR FFY 2009**

- The draft Family Centered Practice Framework document was provided to the Office of Court Improvement on September 18, 2009. The Office of Court Improvement replied that the approach was consistent with the direction being taken for the Court Quality Improvement efforts.

**APSR 2010**

- **Completed.** The Office of Court Improvement partners with the Department of Children and Families in developing and implementing the statewide Dependency Summit. Office of Court Improvement staff and a significant number of the judiciary attend the annual Dependency Summit. In order to provide opportunity for Office of Court Improvement and related judiciary’s participation in Family Centered Practice training, the 2010 Dependency Summit included Family Centered Practice as one of its primary content tracks.

- By June 30, 2010, the Department of Children and Families will compile practice tools relating to caregiver and child involvement in court proceedings and disseminate statewide for local use. (QIP, Goal 1, Strategy C, Action Step 5)

**APSR FFY 2009**

- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**

- **Completed.** The Department of Children and Families meets monthly with the Office of Court Improvement to coordinate interagency efforts and related support of the statewide Dependency courts. The Office of
Court Improvement has provided a variety of bench cards and judicial training related to Family Centered Practice.

- Please refer to Chapter 2: Office of Court Improvement.

By 2012, the Department of Children and Families will continue to advance the 2012 Strategy: Safely reducing the number of children in out-of-home care by 50%. (Strategic Direction 2009 - 2011)

**APSR FFY 2009**

- The Department of Children and Families has continued advancing the 2012 Strategy: Safely reduce the number of children in out-of-home care by 50% by 2012. As of September 30, 2009, the number of children in out-of-home care represented a reduction of 33% from the 2006 baseline.

**APSR FFY 2010**

- As of September 30, 2010, the number of children in out-of-home care represented a reduction of 37% from the 2006 baseline.

**APSR FFY 2011**

- As of September 30, 2011, the number of children in out-of-home care has leveled off with a slight downward trend from last year. The current reduction of 32% from the 2006 baseline demonstrates the continued efforts to reduce the number of children in out-of-home care.

- Continue to use the flexibility afforded by the Title IV-E Demonstration Waiver to build a comprehensive continuum of individualized services.

**APSR FFY 2010**

- When comparing SFY 2009 - 2010 to SFY 2008 - 2009, the average number of children in out-of-home care decreased steadily from 21,020 in SFY 2008 - 2009 to 18,457 in SFY 2009 - 2010. For SFY 2009 - 2010 the average percentage reunified within 12 months of their latest removal was 67.5%. This is a significant increase when compared with SFY 2008 - 2009. For SFY 2009 - 2010 the average percentage of children who were adopted within 24 months of removal was 42.5%. The analysis shows no significant difference between the number of

- The ratio of out-of-home care expenditures to prevention/family preservation/in-home expenditures has decreased from 7.96 to 3.6 – percent.

- The reduction in the proportion of children who entered out-of-home care after receiving services is consistent with the practice where the majority of Community-Based Care Lead Agencies have expanded their array of prevention and diversion services available to children and families that are involved in an allegation of abuse or neglect. Based on these two measures, it seems as if these preventive efforts aimed at providing supports and services to the families and keeping children safely at home have been successful.

**APSR FFY 2011**

- The Department of Children and Families contracts with the University of South Florida to conduct an annual Title IV-E evaluation. Although the longitudinal trend (FFY 2005 - 2006 through FFY 2009 - 2010) has been that the monthly average number of children served in out-of-home care statewide decreased steadily from 27,779 in FFY 2005 - 2006 to 18,704 in FFY 2009 - 2010. A leveling off of the decline in the number of children in out-of-home care was seen during FFY 2010 - 2011 with 18,995 children served in out-of-home care.

- During FY 2010 - 2011, the evaluation noted that a greater percentage of youth reported meeting with their case workers in the last six months and youth reported meeting with a fewer number of different case workers from pre- to post-Title IV-E Waiver implementation. Children perceived as needing services for an emotional/behavioral problem actually received a formal assessment regarding these issues more often post-Title IV-E Waiver implementation than pre-Title IV-E Waiver. Additionally, the percentage of children in out-of-home care who were referred to counseling services for an emotional/behavioral problem reportedly received these services more often post-Title IV-E Waiver implementation than pre-Title IV-E Waiver. Permanent caregivers reported that when family group decision making models were used, mothers and fathers were reportedly included in placement decisions and safety planning more often.

- Lead agencies' performance in achieving permanency for children improved considerably as was shown by a trend of an increasing percentage of children with no more than two placements within 12
months of removal from home.

- Case managers reported some positive changes in the service array including increased intensive in-home case management, post-adoption support services, intensive in-home services with a case manager and counselor, family coaches, and in-home parent education. Case managers reported they had experienced an increased emphasis on family engagement and Family Centered Practice by their agencies.

- Florida requested renewal of the Title IV-E Demonstration Project in March 2012. The waiver has been extended in quarterly increments through June 2013. Statewide, the flexibility of the IV-E funds is critical to ensuring children are safe and that children are successful.

- Ongoing progress will establish further benchmarks for statewide implementation of Family Centered Practice.

**APSR FFY 2009**

- The Department of Children and Families has continued to work closely with the Innovation Sites around implementation of Family Centered Practice. Several sessions on Family Centered Practice approaches and applications were offered at the 2009 Dependency Summit. A series of train-the-trainer sessions across the state were offered September and October 2009, and all materials posted for statewide use. Family Centered Practice philosophy and techniques have been integrated into the core curriculum for child welfare staff, including those in the Innovation Sites.

- Please refer to Chapter 2, Ongoing Collaboration section, The 2009 Dependency Summit.

**APSR FFY 2010**

- **In Progress.** The plan to establish a phase-in statewide of the Family Centered Practice Framework was deferred to a later reporting period in Florida’s CFSR-QIP as findings from the third party evaluation described above are to be included in the phase-in plan. With the first year evaluation concluding in December 2010, with the report due in early 2011, Florida will develop its phase-in plan based upon lessons learned through the evaluation.
• **This benchmark was achieved.** Florida's Practice Model is finalized and embedded in training, Quality Assurance standards, and endorsed by leadership. The Department of Children and Families continued to work closely with Casey Family Programs and the Innovation Sites around evaluation and identification of best practices. Several sessions on Family Centered Practice approaches and applications were offered at the 2010 Dependency Summit. Florida has met all requirements outlined in the QIP for statewide phase in of Family Centered Practice.

4. **Improving Placement Stability and Foster Parent Recruitment and Retention**

Additional efforts and discussion can be found described in the following sections:

- Foster and Adoptive Parents Recruitment
- Title IV-E Waiver
- SACWIS
- Licensing

• By December 31, 2009, the Department of Children and Families will conduct a special statewide quality assurance review focusing on placement stability. (QIP, Goal 1, Strategy D, Action Step 3)

**APSR FFY 2009**

• **This benchmark was achieved.** The quality assurance managers’ special review of Placement Stability was published in August 2009. It included an assessment of service intervention to avoid disruption, the effect of frequency and quality of visits on disruption, and the reasons for placement changes.

• By March 31, 2010, the Department of Children and Families will ensure training curriculum places importance on the worker’s relationship, frequency and quality of contacts on child and family visits. (QIP, Goal 1, Strategy D, Action Step 2)

**APSR FFY 2009**

• **This benchmark was achieved.** A number of video teleconferences and training have been conducted focusing on family engagement and quality visits with families (through Family Centered Practice initiatives). Selected events were recorded and are available through
the Center for the Advancement of Child Welfare Practice website, as are related materials.

- By March 31, 2010, the Department of Children and Families will develop and implement a statewide action plan to address root causes for placement instability based upon the special review and assistance from the National Resource Center for Child Welfare Data and Technology. (QIP, Goal 1, Strategy D, Action Step 5)

**APSR FFY 2009**

- A high level action plan was developed and distributed to the field. Local areas were directed to review status on placement stability using various data sources including the quality assurance special review and to revise local quality improvement plans as necessary.

**APSR FFY 2010**

- Local Circuit Action Plans were amended to address issues identified in the special study and implemented accordingly.

**APSR FFY 2011**

- **Complete.** The statewide action plan on Placement Stability was approved and has been competed as part of the QIP.

- Ongoing, the Department of Children and Families will continue to collaborate with Youth Law Center and Eckerd Family Foundation to provide technical assistance to selected Community-Based Care Lead Agencies to recruit quality foster families to meet the needs of children in care. The best practices for recruitment and retention will drive additional benchmarks statewide. (Long Range Program Plan 2009 -2010 through 2013 -2014)

**APSR FFY 2009**

- Please refer to APSR FFY 2010.

**APSR FFY 2010**

- Foster parent recruitment activities continue to be driven by the Quality Parenting Initiative (QPI). This work, led by the Youth Law Center and Eckerd Family Foundation, has expanded across the state and involves 14 of the 20 Community-Based Care Lead Agencies. The
goal was to develop and implement strategies built on the community-based system of care. Rather than focus on a uniform statewide initiative, the approach was individualized so that technical assistance was provided at the Community-Based Care Lead Agency level and throughout the system of care at the local level.

- Please refer Chapter 1: Foster and Adoptive Parent Recruitment.

APSR FFY 2011

- Foster parent recruitment activities continue to be driven by the Quality Parenting Initiative (QPI). This work, led by the Youth Law Center and Eckerd Family Foundation, has continued to expand across the state and involves 16 of the 20 circuits and 16 of the 19 Community-Based Care Lead Agencies.

- Please refer Chapter 1: Foster and Adoptive Parent Recruitment.

APSR FFY 2012

- Foster parent recruitment activities are being driven by the Quality Parenting Initiative (QPI). Emphasis on the recruitment of quality foster homes continues. The Department fully and completely supports the efforts of caregivers and providers to ensure that children in foster care have the opportunity to participate in activities in their schools, neighborhoods, and communities.

- By September 30, 2009, the Department of Children and Families will request technical assistance from the National Court and Child Welfare Collaborative on courtroom practice and placement stability. (QIP, Goal 1, Strategy D, Action Step 6)

APSR FFY 2009

- Completed. The National Court and Child Welfare Collaborative held a technical assistance and planning meeting on December 28, 2008. This meeting and subsequent collaborative effort resulted in a Florida Collaborative Targeted Technical Assistance Plan that was signed by all parties during February 2009.

- By March 31, 2010, the Department of Children and Families will provide training or technical assistance to foster parents to help them better understand the dependency court system and empower them to properly advocate for children.
and assist in maintaining family connections. (QIP, Goal 1, Strategy D, Action Step 7)

**APSR FFY 2009**

- **Achieved.** Dependency court information was included in presentations at the statewide foster parent education conference in June 2009. This included a session on “Foster Parents and the Court” by Joanne Brown, consultant for the National Child Welfare Resource Center/Legal Judicial. The Office of State Courts’ Administrator has published “A Caregiver’s Guide to Dependency Court.”

- By March 31, 2010, the Department of Children and Families will provide guidelines for the development and revisions to local recruitment and retention plans for foster and adoptive homes, and other placement resources. (QIP, Goal 1, Strategy D, Action Step 9)

**APSR FFY 2009**

- **Achieved.** Foster parent recruitment and retention is embedded in an ongoing “Quality Parenting Initiative” that the Department of Children and Families and the Community-Based Care Lead Agency partners are implementing in collaboration with the Youth Law Center and Eckerd Family Foundation. Please refer to Chapter 1: The Foster and Adoptive Parent Recruitment section.

By June 30, 2010, the Department of Children and Families will provide training and technical assistance to Community-Based Care Lead Agencies to recruit quality foster families to meet the needs of children in care. (QIP, Goal 1, Strategy D, Action Step 10)

**APSR FFY 2009**

- **Achieved.** As part of the “Quality Parenting Initiative,” a series of events related to foster parent supports and recruiting, or “branding” were held. These events are available online at the Center for the Advancement of Child Welfare Practice.

- By March 31, 2010, the Department of Children and Families will issue a memorandum regarding local plans to implement or expand the 24 hour
availability of supports for foster parents, relatives, and other caregivers to avoid disruptions in placement and expectations on normalcy for licensed caregivers. (QIP, Goal 1, Strategy D, Action Step 11)

**APSR FFY 2009**

- **Achieved.** A memorandum was issued that directed local areas to review and revise as necessary the appropriate local plan to ensure the inclusion of availability and access to 24 hour supports for caregivers.

5. **Improving Appropriateness of Permanency Planning Goals**

Additional efforts and discussion can be found in the following sections:

- Foster Care and Another Planned Permanent Living Arrangements (APPLA)
- Foster and Adoptive Parents Recruitment
- Timely Home Studies - Reporting and Data
- Adoptions
- Title IV-E Demonstration Waiver
- SACWIS

- By June 30, 2010, the Department of Children and Families will gather and disseminate best practices relating to permanency and concurrent planning for local use. (QIP, Goal 1, Strategy E, Action Step 2)

**APSR FFY 2009**

- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**

- The Department of Children and Families’ web portal (Center for the Advancement of Child Welfare Practice) is the primary mechanism for sharing practice information statewide (and indeed, nationally). The Evidence-Based and Best Practices page includes several items on permanency and concurrent planning from state and national sources.
**APSR FFY 2011**

- **Complete.** The Department of Children and Families continued to share best practices via the Center for the Advancement of Child Welfare Practice. The Evidence-Based and Best Practices page includes several items on permanency and concurrent planning from state and national sources.

- By September 30, 2009, the Department of Children and Families will develop and implement a process for direct access into the Child Support information system to assist with diligent search activities. (QIP, Goal 1, Strategy E, Action Step 3)

**APSR FFY 2009**

- **Achieved.** The child welfare program worked with the Child Support Enforcement agency (Department of Revenue) to provide field staff with access to the screens in the automated public benefits system (FLORIDA). A memo describing this effort and access/training detail was distributed to the field December 18, 2008 with job aids.

- By September 30, 2010, the Department of Children and Families will develop and share best practice guidelines for identifying and locating parents and relatives for use by frontline staff, attorneys and the court. (QIP, Goal 1, Strategy E, Action Step 4)

**APSR FFY 2009**

- Update will be provided in 2011 Annual Progress and Services Report
APSR FFY 2010

- Complete. The Department of Children and Families’ web portal (Center for the Advancement of Child Welfare Practice) has a long list of resources about diligent search and other parent/relative location. A memo to the field on use of these and other resources was issued on October 29, 2010.

- By 2012, the Department of Children and Families will define a process that helps families plan to successfully and safely reunify, and ensures case managers establish with the family those post-reunification supports necessary for success.

APSR FFY 2009

- Update will be provided in 2011 Annual Progress and Services Report

APSR FFY 2010

Florida statute requires a minimum of six months protective supervision post-reunification case management services. Through ongoing case management services children and families will continue to be assessed and case plans modified accordingly. Additionally, Florida’s Title IV-E Demonstration Waiver provides flexible use of available funding to provide in-home services post-reunification.

- During 2010, in order to highlight family preservation and to strengthen Florida’s Family Centered Practice perspective, Florida completed a series of “Reunification Day” celebrations statewide. The “Reunification Day” celebrations included local media involvement to highlight the issue and convey the implicit policy message.

APSR FFY 2011

Complete. The Department’s Center for the Advancement of Child Welfare Practice continues to be the primary mechanism for sharing practice information statewide (and nationally). The Evidence-Based and Best Practices page includes several items related to in-home supports and placement stability. For example, the Case Manager Field Activity Guide provides guidelines for assessing a families’ readiness for reunification and key elements of post-placement supervision once the family has been reunified.

The Florida Administrative Code defines the process for permanency staffings and the requirements for recommending reunification of a child with caretakers from which he or she were removed. The standards for reunification include case plan compliance and the remediation of risk factors to ensure the child can safely return home. The Parental Reunification Readiness Assessment is a tool utilized during
the decision-making process to determine whether or not reunification should occur. Additionally, Florida Administrative Code further outlines required supports and services for those children that have been reunified with the removal caregiver(s). Post placement supervision services are designed to support and preserve the family unit during this transition period.

- Ongoing, the Department of Children and Families will work to improve resources, processes, techniques enhancing diligent search, identification, and linkage with all potential relatives, especially non-custodial parent (father, mother, incarcerated). This includes adding knowledge and skill to pre- and in-service training. (Strategic Direction 2009 – 2011)

**APSR FFY 2009**

- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**

- The Department of Children and Families implemented a Relative Search Pilot Project using Aspirant software as a technological support for locating multiple relatives in 2008. The six month pilot commenced on June 1, 2008, and concluded on November 30, 2008. The initial pilot area was the Northeast Region (both Department of Children and Families Child Protective Investigations personnel as well as Community-Based Care Lead Agency/CMO Case Management staff). Subsequently, the pilot was expanded to include local Department of Children and Families Child Protective Investigations staff in Circuit 2. Lessons learned from the Relative Search Pilot Project processes were included in statewide Regional Trainings. Diligent search is included in pre-service curricula and resources are available via the Center’s webpage.

**APSR FFY 2011**

- The Department has developed an expansive web resource page through The Center for the Advancement of Child Welfare (Center) at the University of South Florida. Case managers and child protective investigators use this resource page daily. Additional information can be obtained at:
  http://centerforchildwelfare.fmhi.usf.edu/kb/dlgntsrch/Forms/AllItems.aspx

- The Dependency Summit held in September 2011 included workshops on processes and techniques to engage families, with potential
relatives including non-custodial parents. One such workshop was on Creating Family Accountability: A New Approach to Family Investment. The workshop helped family support workers and case managers identify strategies for use in partnering with families to promote and build protective factors in family systems. The workshops and materials are available through the Center website at http://www.dcf.state.fl.us/initiatives/dependency/presentations.shtml

Goal 3
Improve Service Array

Additional efforts and discussion can be found in the following sections:

- Title IV-E Waiver
- SACWIS

The Department of Children and Families has set the following objectives for this goal:

Objective 1: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve needs and services of the child, parents, and foster parents. By June 30, 2011, the State’s objective is to reach the statewide target on the needs and services of the child, parents, and foster parents. (QIP, Goal 3, Strategy A, CFSR Item 17)

APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

APSR FFY 2010

- Various phases of negotiation occurred, with the concurrence to all required baselines and standards documented by the Children’s Bureau in its letters dated 9/16/2010, 12/1/2010, and 2/28/2011.
**APSR FFY 2011**

- **Objective 1 was achieved.** The Department of Children and Families achieved required improvements to the negotiated baseline as part of the QIP.

**Objective 2:** By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve child and family involvement in case planning. By June 30, 2011, the State’s objective is to reach the statewide target on child and family involvement in case planning. (QIP, Goal 3, Strategy A, CFSR Item 18)

**APSR FFY 2009**

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

- Please refer to Chapter 1: Foster Care and Another Planned Permanent Living Arrangements (APPLA)

**APSR FFY 2010**

- **Objective 2 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for child and family involvement in case planning. The negotiated baseline is 60.3% from July - December 2008; the improvement goal is 62.4% and Florida exceeded this goal in June 2009 (66.5%).

- Please refer to Chapter 1: Foster Care and Another Planned Permanent Living Arrangements (APPLA)

**Objective 3:** By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve caseworker visits with child. By June 30, 2011, the State’s objective is to reach the statewide target on caseworker visits with child. (QIP, Goal 3, Strategy A, CFSR Item 19)
APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

- Please refer to Chapter 1: Monthly Caseworker Visits.

APSR FFY 2010

- **Objective 3 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for caseworker visits with child. The negotiated baseline is 53.4% from July - December 2008; the improvement goal is 55.5% and Florida exceeded this goal in June 2009 (56.2%).

- Please refer to Chapter 1: Monthly Caseworker Visits, and Goal 2, Objective 5.

Objective 4: By September 30, 2009, the state in concert with the Children’s Bureau will determine a baseline and a target to improve caseworker visits with parents. By June 30, 2011, the State’s objective is to reach the statewide target on caseworker visits with parents. (QIP, Goal 3, Strategy A, CFSR Item 20)

APSR FFY 2009

- Florida and the Children’s Bureau continue to negotiate the baselines and improvement levels. Florida’s QIP was approved in June 2009 with the understanding that baselines and measures will be negotiated during the second quarter of the QIP implementation period. The measurement proposal was submitted in December 2009 to the Children’s Bureau. Negotiations started in January 2010.

- Please refer to Chapter 1: Monthly Caseworker Visits.

APSR FFY 2010

- **Objective 4 was achieved.** Florida and the Children’s Bureau negotiated and concurred on the baseline and improvement target for
caseworker visits with parents. The negotiated baseline is 35.6% from July - December 2008; the improvement goal is 38.1% and Florida exceeded this goal in June 2009 (41.5%).

- Please refer to Chapter 1: Monthly Caseworker Visits, and Goal 2, Objective 6.

Objective 5: By the end of the five year period covered in this plan, the Department of Children and Families will build upon the interim progress toward meeting or exceeding any national standards or targets set in the Long Range Program Plan.

APSR FFY 2009

- Florida and the Children’s Bureau reached consensus on the state’s level of improvement specific to the national standards. At the time of the second round CFSR, Florida did not meet the two national standards for safety, or two of the four permanency composites. Since then, Florida has met the improvement goals for one of the two safety standards and the two permanency standards. The remaining national standard for safety is on recurrence of maltreatment. Florida subsequently achieved the level of improvement for this standard as indicated in the Florida Data Profile - 2009, issued March 23, 2010.

APSR FFY 2010

- **Objective 5 was achieved.** Florida and the Children’s Bureau reached consensus on the national standards. At the time of the second round CFSR, Florida did not meet the two national standards for safety, or two of the four permanency composites. Prior to approval of the Program Improvement Plan, Florida’s data profile indicated the expected level of achievement on all national standards except Absence of Maltreatment in Foster Care. The expected level of achievement on this final national standard was met in March 2010 (see Goal 1, Objective 1).
Benchmarks:

1. Individualizing Services for Family Members to Meet Their Specific Needs and Enable Families to Nurture Their Children

Additional efforts and discussion can be found in the following sections:

- Title IV-E Waiver
- The Task Force on Fostering Success
- Foster and Adoptive Parent Recruitment
- SACWIS

By September 30, 2009, we will develop and disseminate a memorandum outlining leadership intent about reducing the use of shift care for all children and eliminating it for children 5 and under. (QIP, Goal 3, Strategy A, Action Step 1)

APSR FFY 2009

- **Complete.** The Secretary’s Strategic Direction for 2009-2011 for child welfare included eliminating shift care for children under five. On March 3, 2009 a policy memorandum to the field defined the Department of Children and Families’ priorities in this area. This memorandum also began an ongoing process for continual tracking and review of this type of placement until the use of shift care for the identified population is eliminated.

By September 30, 2009, the Department of Children and Families will work to expand Operation Full Employment for youth in foster care, to support youth in their transition to independence. (QIP, Goal 3, Strategy A, Action Step 2)

APSR FFY 2009

- **Achieved.** Beginning in 2008, a priority for the Secretary of the Department of Children and Families has been to support youth transitioning from foster care. Tools for the field were developed and posted online, and a February 25, 2009 memorandum detailed some of the successes and ongoing initiatives.

- Please refer to Chapter 1, Operation Full Employment.

APSR FFY 2010
• Please refer to Chapter 1, Operation Full Employment.

By December 31, 2009, we will develop and disseminate information outlining when a multidisciplinary team staffing occurs, and other requirements for analyzing family needs and linking families with appropriate services in a timely manner. (QIP, Goal 3, Strategy A, Action Step 3)

APSR FFY 2009
• Achieved. A memorandum providing requirements and directing the development of local protocols relating to multidisciplinary team staffings was issued to the field on December 14, 2009.

By June 30, 2010, we will identify and post best practices relating to service supports and placement stability. (QIP, Goal 3, Strategy A, Action Step 6)

APSR FFY 2009
• Update will be provided in 2011 Annual Progress and Services Report

APSR FFY 2010
• The Department of Children and Families’ web portal, Center for the Advancement of Child Welfare Practice, is the primary mechanism for sharing practice information statewide (and indeed, nationally). The Evidence-Based and Best Practices page includes several items related to in-home service supports and placement stability. There are also topical resource pages that focus on services for physical, dental, and behavioral health.

APSR FFY 2011
• Complete. The Department of Children and Families’ Center for the Advancement of Child Welfare Practice is the primary mechanism for sharing practice information statewide. The Evidence-Based and Best Practices page includes several items related to in-home service supports and placement stability. A specific page was developed for physical, dental, and behavioral health services.

By December 31, 2009 and ongoing, we will negotiate and execute an Interagency Agreement among the Department of Children and Families, Agency for Workforce Innovation, and Department of Education that focuses on the respective
responsibilities for furnishing educational and vocational services and supports for children served by Florida child welfare agencies. (QIP, Goal 3, Strategy A, Action Step 7)

**APSR FFY 2009**
- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**
- A groundbreaking interagency agreement was signed July 30, 2009. In addition to Department of Children and Families, Agency for Workforce Innovation, and Department of Education, it included the Department of Juvenile Justice and the Agency for Persons with Disabilities, which are also involved in educational and vocational activities for some child welfare clients. Integration and coordination activities guided by this agreement continue.

**APSR FFY 2011**
- **Complete.** The Department of Children and Families completed the QIP strategy as part of the QIP.

By December 31, 2011, we will integrate the service functions of Family Intervention Specialists and case managers to ensure a seamless delivery system for families involved in substance abuse, mental health, and child protection programs. (Strategic Direction 2009 – 2011)

**APSR FFY 2009**
- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**
- **Completed.** All Regions/Circuits were required to develop Diversion/Family Preservation Service Protocols that defined systemically how prevention/diversion services were being delivered at the local level by the Department of Children and Families and respective Community-Based Care Lead Agencies. Diversion/Family Preservation protocols integrated the role of the Family Intervention Specialists for specialized assessment of substance abuse issues and related referral for services. The Assistant Secretary for Operations regular circuit site visits include review of Circuit prevention/diversion protocols.
Ongoing, continue and strengthen state level and local coordination of educational services and sharing of information regarding education. (Strategic Direction 2009 – 2011)

**APSR FFY 2009**
- Update will be provided in 2011 Annual Progress and Services Report

**APSR FFY 2010**
- In an effort to ensure children served by Florida child welfare agencies receive educational and vocational services and supports, the Department of Children and Families, Department of Education, Department of Juvenile Justice, Agency for Persons with Disabilities and Agency for Workforce Innovation have entered into a five way Interagency Agreement. The coordination of services and supports across agencies is critical to positive educational and meaningful life outcomes for Florida’s children. Such services require the coordinated flow of information across multiple child service agencies to ensure that policy, procedure, service delivery and resource development are provided in a manner that maximizes the likelihood of positive outcomes. The Department of Children and Families has also entered into agreements with 28 of the 60 county school boards and is continuing to seek agreements with the remaining counties.

- Department of Children and Families’ new "Everybody's a Teacher" initiative is designed to encourage individuals and communities to become involved in the education of children and youth in foster care and address issues that often stand in the way of their doing well in school. The message the Department of Children and Families and others hope to convey: "Everybody's a Teacher".

- Many professionals in our local communities understand these issues, and our hope is to use this initiative to bring judges, guardians, care managers, advocates, teachers and school administrators, and others together to develop an action plan that will improve educational outcomes for children.

**APSR FFY 2011**
- Ongoing and continued collaboration with Florida’s Department Of Education and the courts for the purpose of finding ways to remove barriers regarding the sharing of information. The Departments of Children and Families and Education sent a joint letter to the US
Department of Education seeking clarification on whether or not the definition of parent in the Family Educational Rights and Privacy Act (FERPA) can allow information sharing between local schools and case management.

- Seeking improved educational outcomes for children in foster care. (See Attachment 1 provided at the end of this section) The list below and the specifics that follow are examples of where the Department of Children and Families has worked toward improving educational outcomes for children in out of home care.
  - Implementation of the federal Fostering Connections Act regarding educational stability for children in foster care
  - Everybody’s A Teacher Initiative
  - Quality Parenting Initiative
  - Early Learning Coalition Partnership

**APSR FFY 2012**

- Ongoing collaboration with partners from the Department, Department of Education, CBCs, the courts, and others within the community. The areas of emphasis include:
  - Focusing foster parents’ attention on supporting educational achievement through the Quality Parenting Initiative.
  - Electronic data sharing with all 67 school counties across the state. The Department along with the Department of Education (DOE) are working on electronic sharing of education data for foster children and developed a Memorandum of Understanding template for local use that is compliant with the federal educational regulations (FERPA). Of the 67 counties across the State of Florida, 36 counties have more than 30 children in foster care in their county school districts. Of the 36 counties, ten counties are sharing data electronically about children in foster care.
  - Developing domains to track the important outcomes for children for Early Learning (birth to 5 years of age) and Post-Secondary (18-22 years of age). Two workgroups were formed in September 2012 to develop the domains to be tracked for Early Learning and Post Secondary Education.
2. Improving Coordination of Physical Health Care, Dental Health Care, and Substance Abuse and Mental Health Services for Children in Out-of-Home Care

Additional efforts and discussion can be found in the following sections:

- Please refer to Chapter 2, Consultations with Physicians
- Please refer to Chapter 2, The Task Force on Fostering Success

**Benchmarks:**

By December 31, 2009, the Department of Children and Families will develop and distribute a website address with names of providers for medical, dental, and behavioral health including Medicaid and Children’s Medical Services providers. (QIP, Goal 3, Strategy B, Action Step 1)

**APSR FFY 2010**

- **Achieved.** The Center for the Advancement of Child Welfare Practice’s website is the primary "knowledge base" for Florida’s child welfare professionals and stakeholders. Resources for medical, dental and behavioral health are posted. The main page for these resources provides a wealth of links to items and other sites. For example, a map of behavioral health "prepaid program" contacts and a foster parent page with many resources, including a link to Children’s Medical Services.

By September 30, 2010, the Department of Children and Families will develop and disseminate guidelines for use by frontline staff, supervisors, managers, children’s legal services, and judiciary on the timely delivery, continuity of care, and developmentally appropriate behavioral health care for children in out-of-home care. (QIP, Goal 3, Strategy B, Action Step 3)
APSR FFY 2009

- Please refer to Chapter 2, Health Care Services.

APSR FFY 2010

- **Achieved.** The Family Safety and the Mental Health Program Offices have issued the first ever joint operating procedure relating to services for children in out-of-home placements with mental health and co-occurring disorders. This operating procedure (dated 9/13/2010) covers most aspects of behavioral health. Please refer to: http://www.dcf.state.fl.us/admin/publications/policies/175-40.pdf

- Training webinars were held for all key stakeholders. The Department of Children and Families’ web portal, Center for the Advancement of Child Welfare Practice, is the primary mechanism for sharing practice information statewide (and indeed, nationally). The Mental Health and Substance Abuse Resources page provides many links to information, guidelines, and other resources.
  http://centerforchildwelfare.fmhi.usf.edu/mhsa/default.aspx

By March 31, 2011, the Department of Children and Families will develop and distribute materials for investigators, case managers, foster parents, caregivers, and judiciary on dental and physical health needs of children, to include identifying appropriate services. (QIP, Goal 3, Strategy B, Action Step 4)

APSR FFY 2009

- Memorandum sent March 19, 2009 announcing Health, Dental, and Behavioral Resources Please refer to website for additional information:
  http://centerforchildwelfare.fmhi.usf.edu/mhsa/MHSA_Phys_Dent_Resources/Forms/AllItems.aspx

- Please refer to Chapter 2, Health Care Services.

APSR FFY 2010

- A web page with an extensive list of health and dental resources and a flyer suitable for use with parents, caregivers, and professionals is available on the Center for the Advancement of Child Welfare Practice webpage. This link has been distributed to various target audiences for their use.
  http://centerforchildwelfare.fmhi.usf.edu/mhsa/MHSA_Phys_Dent_Resources/Forms/AllItems.aspx

- Please refer to Chapter 2, Health Care Services.
• **Completed.** Information developed and distributed on April 19, 2011. Please see link below on the Center’s webpage:
http://centerforchildwelfare.fmhi.usf.edu/mhsa/MHSA_Phy s_Dent_Resources/Forms/AllItems.aspx

Ongoing, continue implementation of the Interagency Agreement with the Agency for Persons with Disabilities, Agency for Health Care Administration, Department of Health, and the Department of Juvenile Justice. This Interagency Agreement fully engages all agencies at the region, circuit, and county level to assure seamless casework solutions related to education, health, and other support services. (Strategic Direction 2009 – 2011).

**APSR FFY 2009**

• The Department of Children and Families, Department of Juvenile Justice, Department of Health, the Agency for Health Care Administration, and the Agency for Persons with Disabilities signed an Interagency Agreement to work together to improve services to jointly serve children. These five state agencies serving children and youth are committed to reducing unnecessary delays in assistance and services. The agreement requires each of the participating agencies to align their policies and procedures for clients receiving services from multiple agencies. The agreement identifies “champions” within each agency to ensure the coordination of services and improved communication among all agencies involved in a child’s care.

**APSR FFY 2010**

• **Achieved.** The Interagency Agreement was executed and implemented. The coordination of services and supports across agencies is critical to positive educational and meaningful life outcomes for Florida’s children. Such services require the coordinated flow of information across multiple child service agencies to ensure that policy, procedure, service delivery and resource development are provided in a manner that maximizes the likelihood of positive outcomes.
Chapter 9
Interim Statewide Goals, Objectives, and Strategies
2013 - 2014

Under the leadership of Secretary David Wilkins, the Department of Children and Families is moving in a bold, new direction that will transform the way the agency operates and delivers services. The Department has embarked upon a major reengineering project that will change the culture of the organization and redesign the way the Department and its community providers and stakeholders operate under a shared and common vision of integration and collaboration. DCF’s Strategic Vision focuses on four key areas for reform and modernization. This strategic approach will identify proven best practices across the state and implement those that improve business processes, drive efficient delivery of service, and ultimately deliver better outcomes for Florida’s children and families.

WHAT ARE WE TRYING TO ACHIEVE?
- Improved and permanently changed business practice and consistent safety decision making
- Reduced re-investigations and re-abuse
- Systems integration and technology improvements for efficiency
- Professionalized and stabilized work force
- Higher quality casework and better outcomes for children and families.

Given the above, the Department has defined very specific goals and objectives:

Goal 1: Empower Front-line Staff Objective
- Those who are closest to the customer will be armed with the authority to exercise discretion and decision-making within the parameters of safety, integrity and fiscal considerations.
- Key Initiatives
  - Child Protection Transformation
  - ACCESS Redesign
  - Substance Abuse and Mental Health Managing Entity Deployment
  - Welfare Eligibility Redesign
  - Florida Hotline Transformation
  - Child Protective Investigations Redesign
  - Case Manager Accountability and Information Management
Goal 2: Effect Program Improvements  
- Apply proven best practices in the private sector to our overall governance and operational models at DCF.  
- Key Initiatives  
  - Human Resources Strategy/Shared Services Deployment  
  - Agency Cost Takeout

Goal 3: Enable Family Accountability  
- Provide reasonable efforts that help families regain control of their lives. (The linchpin of child safety and well-being hinges on holding parents accountable)  
- Key Initiatives  
  - Foster Care Education/Normalcy  
  - Fraud Prevention  
  - Awareness- Prescription Drug Abuse  
  - Achieving Family Accountability  
  - Florida’s Children Youth Cabinet  
  - Children’s Services Councils of Florida  
  - Preparing our Children and Youth for Success  
  - Quality Parenting Initiative  
  - Drug Testing  
  - Prevention and Diversion  
  - Interagency Relations

Goal 4: Engage Communities  
- The Department will serve as the catalyst for the development of prevention and diversion services in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm  
- Key Initiatives  
  - Community Based Care Accountability  
  - Partners for Promise  
  - Awareness- Human Trafficking  
  - Community Empowerment Programs  
  - Promising Prevention Programs  
  - Child Welfare and Community-Based Care  
  - Economic Self-Sufficiency and Community Partnerships  
  - Substance Abuse, Mental Health and Regional Systems of Care  
  - Advancing Community Engagement

The Department has embarked upon a major reengineering project that will change the culture of the organization and redesign the way the Department and its community...
providers and stakeholders operate under a shared and common vision of integration and collaboration.

Strategic Priorities

**Child Protection Transformation**
Secretary David Wilkins has formed the Child Protection Transformation Advisory Board, made up of skilled experts in the Florida child welfare community to provide input to the Department throughout this transformation process. The end result will be to enhance child safety, well-being, and permanency, by fostering positive assets in Florida children and building a collaborative bridge to strong families and communities.

The Department has embarked upon a multi-year Child Protection Transformation project. The vision is to transform Florida’s child welfare system of care to work more effectively with children and families towards achieving child safety. We will do this by introducing a new, consistently applied safety decision-making methodology, professionalizing our workforce and enhancing our technology. The goal is to ensure that children and families are safer in addition to improving and measuring well-being outcomes.

1. Florida Safety Decision-Making: System of safety management. Major practice reform, from Hotline through ongoing services, to improve child safety decision-making through analysis, consistent application of agency best practice, law, code, training and policy with the main goal to improve child safety outcomes.
across the spectrum of child welfare services by: improving the quality of our work with families through enhanced business processes; new decision support instruments and tools; improved system navigation; standardized operating procedures and policy; quality training and field support; revised quality assurance with continuous quality improvement; and standardized agency performance metrics.

2. Professionalization: Includes base salary increases for Child Protective Investigators and creation of a career ladder of opportunities, as well as the development of Florida Safety Decision-Making Methodology training.

3. Technology: Command Center Transformation, and all Florida Safe Families Network Updates and SACWIS Compliance.

4. Compliance: Revision of all statutes, rules, and operating procedures to align with our transformed business model.

5. Communication and Change Management: Ensures delivery of all core project messages to all stakeholders.

Desired practice focus for this project is to ensure that child safety and risk of maltreatment are adequately understood and addressed prior to selection of interventions and completion of investigations. The investigations process will be changed to ensure that CPIs have the knowledge, skills, and supervisory support necessary to engage in teamwork with other professionals required to adequately assess and understand child safety, threats to child safety and risk of future maltreatment factors, establish relevant, functional safety plans, and arrange for appropriate services and interventions to address specific parental capacities and functioning.

The Child Protection Transformation project is changing the decision-making methodology and practices of the child protective investigator. As the new methodology is implemented, child protective investigators will focus on gathering sufficient information in six information domains to conclude if the child is safe or unsafe. The investigator will analyze child vulnerabilities, parental protective capacities, and threats of danger to the child.

The advent of implementation of the Child Protection Transformation project has required revisions to the current practice model. The new model furthers family centered practice and family engagement, and overlays the new Safety Decision Making Methodology. The new model remains strength based and focused on the importance of teaming. New pre-service curriculum will incorporate the new model, as will training courses developed for the Transformation project. In addition, the model will inform the new employee performance evaluation process.
The professionalization goals are to hire and maintain long term, highly qualified child protective professionals, supervisors, and leadership. Investigative units will have a range of expertise needed or available and strong partnerships with a broad array of community partners. Investigations will be conducted using the right core business practices that allow for professional discernment and flexibility to deal with the unique challenges associated with each child and family, and the technology to properly support the work. This project seeks to create a professional workforce that is fairly compensated and provides advancement opportunities; to establish proactive and effective recruitment, selection and hiring practices; and to develop a highly trained and experienced professional staff.

**Continuous Quality Improvement (CQI)**
Florida Child Welfare Quality Assurance (QA)/Continuous Quality Improvement (CQI) seeks to identify strengths in effective practices as well as areas that need further attention that are formalized in an ongoing plan for program improvement. QA/CQI processes critically examine the quality of assessments and information gathering throughout the child welfare system, including the Florida Abuse Hotline, Child Protective Investigations, and Case Management service delivery. The primary objectives for the QA/CQI program are to ensure:

- The delivery of consistent, high-quality services to children and families,
- The safety and well-being of children living in appropriate and permanent homes,
- The reduction in the possibility of adverse occurrences,
- The accomplishment of continuous improvement in the programs, processes, training, and policies required to achieve targeted outcomes.

**Education for Children**
The Fostering Connections Act has provided a legal framework to provide children in child welfare with the right to a stable education. We know the importance of stability, but there is a lack of data to support this. Stability impacts well-being, graduation rates, absenteeism, truancy, career readiness for career, and participation in extracurricular activities, as well as efforts at reunification and adoption. Future qualitative and quantitative research will advance the work on educational stability and future child welfare outcomes to ensure that public and private investments reduce instability. The K-12 Report Card initiative will be an important source for data. Additionally, Florida will be developing a similar Report Card for ages 0 to 5.

The Departments of Children and Families and Education have jointly developed an Electronic Data Sharing Agreement template for use by local CBC agencies and School Boards, in order to share student information electronically. The Electronic Data Sharing Agreement template will be revised to reflect the recent Congressional changes to the Family Educational Rights and Privacy Act (FERPA) of 1974. FERPA is a federal law that pertains to the release of and access to education records.
The Education Lifeskills Initiative is designed to increase awareness of the issues by bringing the community together to develop a plan of action to remove the barriers to improving educational outcomes; emphasizing that adults should be involved in the educational process of a child, especially a child in foster care; focusing on reducing the amount of disruption a child experiences when moving into foster care by keeping them in the same school district zone; and emphasizing culture change and local collaboration. Another important part to improving educational outcomes is the Guardian Ad Litem focus on education through becoming educational surrogates.

**Health Care**

The Department continues to work to ensure the integration of health care, including behavioral health and domestic violence services, throughout the child welfare continuum. The Department, its community-based partners, and Children’s Medical Services, worked to establish stronger communication and coordination of medical care for foster children during the past year. The goal remains to further understand what communities are doing and to build upon existing practices to establish a medical home for foster children.

The Department still relies on the Medicaid-funded Child Health Check-Up (EPSDT) and the Comprehensive Behavioral Health Assessment (CBHA) to complete the physical screening and the behavioral health assessments. The CBHA also provides a screening for developmental issues, including for social and emotional development. The Department has reviewed resource materials regarding the medical home concept and constructs for children in foster care, including best practices in the list of key components addressed in the onsite visits discussion guides. Best practices have been identified, such as: the use of nurse case managers; coordination and referral of children to Children’s Medical Services; coordination with Federally Qualified Health Care Centers; integrated review and interpretation of the medical and behavioral information and use of electronic information to identify prior medical providers and health care plans; as well as electronic information on immunizations (the Florida SHOTS system).

A primary strategy of the Department has been the implementation of the concept of a medical home model for all children in out-of-home care. As a result, the Department has created the Health Care Management Plan. This plan addresses the key issues associated with the oversight and coordination of health care for children in foster care. The work includes close coordination with Medicaid, Children’s Medical Services, and Substance Abuse and Mental Health, as well as implementation of the plan in local areas.

The Department continues its discussions throughout the state to determine the local “best practices” to provide health care services and coordination. Additionally,
secondary research is continuously explored to determine recommended approaches and several other states were interviewed regarding their programs. The Department is just beginning to fully implement this desired health care system; Data collection shows improvement in the number of children who see a physician and a dentist during the year.

As of 9/5/2012, there were 19,196 children in out-of-home care. Of these children, 99.6% have a medical/mental health record documented in FSFN. Of the 19,196 children, 92.6% received a medical service within the past 12 months, 81% received dental services within the past 6 months; and immunizations were up to date for 95.5%.

**Title IV-E Waiver Demonstration**
The state of Florida has begun discussions with its federal partners for the extension of the waiver for five years, to September 30, 2016. All indications are that the waiver continues to be successful in meeting goals. In March 2012, the Department submitted its request for renewal of the IV-E waiver demonstration to the United States Department of Health and Human Services' Administration for Children and Families (ACF). The Department will continue its participation in the Waiver Demonstration Project through June 2013, as currently authorized.

The Department and its CBC providers have been re-focusing efforts on strengthening families and safely reducing the foster care population. During the last five years, the child welfare system in Florida has made significant shifts in practice and policy through implementation of a community-based system of care. While significant progress has been made, the benefit of a statewide Title IV-E waiver cannot be fully realized in five years. By extending Florida’s waiver for an additional five-year period, the Department and its CBC partners and stakeholders will be in a position to apply the lessons learned in the initial waiver period, and 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 violence, and substance abuse and mental health services, and more consistently implementing evidence-based and promising practices throughout the state.

Children deemed “safe” but who are still at risk, can receive voluntary services through the Title IV-E Waiver. Children who are “unsafe” will receive case management services aimed at building parental protective capacities. The Department is required to investigate reports of child maltreatment to assess the safety and well-being of children who are alleged to have been abused, neglected or abandoned. Children are removed only when they cannot be protected in their own homes.

**The Quality Parenting Initiative (QPI)**
The Quality Parenting Initiative (QPI) will continue in the collaboration with foster parents, CBCs and Eckerd Family Foundation. CBCs will continue their technical
assistance contract with Youth Law Center and the Department will provide travel and staff support to ensure the continuation of this initiative continues. This public/private partnership continues to focus on quality care for children in the state’s out-of-home care system, including normalcy. Partnership is the theme of this initiative and in the cooperative relationship between CBCs, the Department, and the communities. Secretary Wilkins kicked off Fostering Florida’s Future (www.fosteringflorida.com) at the June 2012 Florida State Foster Adoptive Parent Association Annual Education Conference with the enthusiastic support of foster families and QPI teams from across the state.

**Improvements to the Service Array**

Improve the Service Array to reach standards of excellence, evidence-supported services, and improved access to and availability of services, especially in rural areas. Case managers and protective investigators have an array of services to choose from when working with the child and family to identify services and supports needed to meet their unique needs. At the local level, community-based care (CBC) has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services.

To promote systems of care that recognize the affects effects of trauma for the children and families served by the Department, workshops and seminars have been held on trauma informed care and related attachment disorders across the state for professionals, practitioners and case managers in the fields of health, child welfare, mental health, substance abuse and juvenile justice. Local social services communities are developing plans to engage and train on trauma and its effects, as well as how to address trauma within families. The Department is also examining options for including trauma screening for both parents and children involved in the child welfare system. The Department will further develop a continuum of care for child welfare professionals to address vicarious trauma.

Commercial Sexual Exploitation of Children (CSEC) victims are usually teenage girls that are displaying habitual runaway behavior and were first identified as CSEC victims around the age of 15. However, the average age of entry into the sex trade for these girls is usually much lower (between the ages of 12-13). Many of these girls have a past history of sexual abuse as well as ongoing substance abuse issues. Exploiters of these children usually lure them into the sex trade by initially posing as a boyfriend and then quickly (within several weeks) transition the relationship into that of exploiter/victim (pimp/prostitute). Exploiters use a variety of methods to “condition” their victims, including starvation, confinement, beatings, physical abuse, rape, gang rape, threats of violence to the victims and the victims’ families, forced drug use and the threat of shaming their victims by revealing their activities to their family and their families’ friends. Victims may also suffer from traumatic bonding – a form of coercive control in which the perpetrator instills in the victim fear as well as gratitude. Psychological harms
to victims may include mind/body separation/disassociated ego states, shame, grief,
fear, distrust, hatred of men, self-hatred, suicide, and suicidal thoughts.

Victims are at risk for Post-Traumatic Stress Disorder (PTSD) – acute anxiety,
depression, insomnia, and physical hyper alertness, self-loathing that is long-lasting and
resistant to change (complex-PTSD). Victims also face numerous health risks, including
drug and alcohol addiction, physical injuries, traumatic brain injury, sexually transmitted
diseases, sterility and miscarriages.

With the passage of the Safe Harbor bill during the 2012 legislative session, starting
January 1, 2013, the Department will be allowed to license and place children that have
been adjudicated dependent into specialized CSEC “Safe House” treatment facilities.
These licensed family foster homes, residential child-caring agencies, or runaway youth
centers, by design, will attempt to provide intensive onsite services (mental health,
substance abuse, educational and life skills training) to identified victims of CSEC in an
unsecure setting (not locked).

Fostering Florida’s Future has five key components of which recruitment and retention
of foster parents – A Family for Every Child – is a key element. To that end, we have
a statewide goal of licensing 1,200 new foster parents. When a child must be removed
from his or her home and a fit parent or legal custodian to whom the child may be
released is not available, in accordance with subsection 39.401(2), Florida Statutes, the
first option is to locate a responsible adult relative with whom the child may be safely
placed.

There are also 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.

Although over 3,000 adoptions have been completed each of the last six years, the level
of funding available to support adoption subsidies has barely kept pace and continues
to be questioned. Once an adoption is finalized, the journey has not ended, it has just
begun for the child and the family. The program will continue to pursue funding for the
maintenance adoption subsidies, as well as for the necessary and ongoing supports for
adoptive families who care daily for these older youth, large sibling groups and children
with special needs. Future activities include:

• Continue to emphasize the need for continual Adoption Competency trainings
  for mental health professionals that are conducted by trainers certified by the
  Department;
• Continue to emphasize the need to develop local post adoption resources and supports for adoptive parents;
• Continue to provide two annual trainings for adoptive parents and adoption staff with a national adoption consultant/trainer.

The training program is currently assisting with the implementation of the Child Protection Transformation project, including the coordination of the various trainings needed to adequately prepare staff for the new Safety Decision Making Methodology. In addition, the training unit is reviewing all aspects of its child welfare training program, and is aiming to move to a comprehensive training system model. This includes pre-service curriculum based on new policy and a new practice model, continued implementation of a new child welfare staff certification program and a possible addition of a second program, enhancement of in-service and advanced training programs, response to emergent training needs, increased supervisory and field-based coaching, and development and strengthening of on-going professional development through improved relationships with university and college partnerships for recruitment and retention of qualified staff. The training unit will also address how data, needs assessment, and the quality assurance reviews inform training needs.

The Department and the Agency for Persons with Disabilities (APD) continue to collaborate to improve the quality of services for children with developmental disabilities who are involved in the child welfare system. A set of criteria has been adopted to identify children who are served by both DCF/CBC and who are on the APD waiver waiting list in relation to each child’s permanency goal. The Agency, however, continues to be responsive to all who turn 18 and those whose permanency can be achieved on a time certain date if APD waiver funding is available.

The Indian Child Welfare Act (ICWA) provides federal protection to American Indian and Alaskan Native children who are members, or who are eligible for membership, in a federally recognized tribe. Florida has two federally recognized tribes with reservations in Florida, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida. The Poarch Band of Creek Indians, a third federally recognized tribe with a reservation located in southern Alabama near the Florida-Alabama border, has a number of enrolled members residing in the Florida Panhandle. Florida has an enrolled membership of approximately 4,000 tribal members from the Seminole and Miccosukee tribes of Florida and nine federal reservations. In the 2000 United States Census, Florida ranked 11th nationally in American Indian and Alaskan Native population. The 2010 United States Census reported the American Indian and Alaskan Native population in Florida increased by 33.5% over the previous census and comprises 0.4% of the state’s population. Many of the contacts with Native American children regarding child protection in Florida under the protection of the Indian Child Welfare Act are associated with tribes located in the other 49 states.
Representatives of the Seminole Tribe, the Miccosukee Tribe and the Poarch Band of Creek have participated in the annual Florida Dependency Summit and have served on committees overseeing child welfare policy and practice in Florida. Negotiations are progressing with the Seminole Tribe of Florida toward a state-to-nation agreement. The Department of Children and Families continues to provide child protective investigations and case management services to the Seminole reservations in Florida at the Seminole Tribe's request. The Miccosukee Tribe has internal, tribal investigative and case management processes on their reservations and maintain sovereign jurisdiction over those processes.

**Monthly Scorecards**

In summary, as we strive to make the Florida Department of Children and Families a world-class child welfare organization, the Department is data-driven. Building a world-class Child Welfare System means the agency must continually evolve, adapt, and raise the bar on excellence and performance. The Community-Based Care (CBC) Lead Agency Monthly Scorecard is used to track and place focus on some of the most meaningful and important indicators related to Florida's community-based approach to child welfare. The Scorecard is intended to drive performance in the right direction by making performance visible and by promoting competition among lead agencies. It is produced monthly for review, discussion, and action by CBC Chief Executive Officers and Department of Children and Families (DCF) management in a manner that seeks to understand differences in measured performance, barriers to improving performance and strategies for improvement.

The Scorecard's indicators were selected, among the many indicators available, to provide balance among the goals of safety, permanency, well-being, and cost. Some indicators are familiar CBC contract and federal permanency measures, but other indicators were created for this Scorecard from existing data sources, primarily the Florida Safe Families Network (FSFN). Most are outcome indicators, but some process indicators are also included. All are dependent on good data quality.

Florida's community-based approach to child welfare is a collaborative effort. Most CBC Scorecard indicators are under the direct control of the CBC lead agency, but a few are influenced by other components of the child welfare system, including Child Protective Investigations and Children's Legal Services. CBCs have indirect control over some indicators, but we must use them because they call attention to important aspects of child welfare.

The Scorecard is designed in a manner that identifies high performers, low performers and outliers that deviate from the norm. Some indicators use standards based on federal percentile rankings, while others use standards derived based on DCF Leadership's performance expectations. All use red-yellow-green formatting to identify and compare performance. Lead agencies are ranked on each indicator, with some
indicators given more weight than others. A weighted average of individual ranks is used to provide an overall rank.

The Scorecard focuses on recent performance, but some safety and permanency indicators require a significant follow-up period. Safety indicators also require additional time for completion of investigations. For some indicators, the long follow-up period may result in a scorecard month as long as one year after the measurement period. Reporting periods were selected to achieve a good balance between reporting recent performance and a reporting period that is long enough to have enough cases to provide stability from month to month.

Please refer to the attachments provided directly at the end of this Chapter. A more in-depth description of the indicators is provided along with the Child Protective Investigations Monthly Scorecard as of September 2012 and Community-Based Care Lead Agency Scorecard for the same time frame.

The Scorecard includes 11 indicators, including three Safety indicators, four Permanency indicators, three Well-Being indicators, and one Cost indicator. The Scorecard is intended to track a set of indicators over time, but will also be modified as issues emerge and priorities change.
Community-Based Care Lead Agency Monthly Scorecard
Description of Each Scorecard Indicator

The Community-Based Care (CBC) Lead Agency Monthly Scorecard focuses on some of the most meaningful and important indicators related to Florida’s community-based approach to child welfare. The Scorecard is intended to drive performance in the right direction by making performance visible and by promoting competition among lead agencies. It is produced monthly for review, discussion, and action by CBC Chief Executive Officers and Department of Children and Families (DCF) management in a manner that seeks to understand differences in measured performance, barriers to improving performance and strategies for improvement.

The Scorecard’s indicators were selected, among the many indicators available, to provide balance among the goals of safety, permanency, well-being, and cost. Some indicators are familiar CBC contract and federal permanency measures, but other indicators were created from existing data sources, primarily Florida Safe Families Network (FSFN), for this Scorecard. Most are outcome indicators, but some process indicators are also included. Most indicators are under the direct control of the CBC lead agency, but a few are based on the recognition that community-based child welfare is a collaborative effort. Some indicators are indirect or have data quality issues, but we must use them because they call attention to important aspects of child welfare.

The Scorecard is designed in a manner that identifies high performers, low performers and outliers that deviate from the norm. Some indicators use established standards, while others have none, but all use red-yellow-green formatting to identify and compare measurements. Lead agencies are ranked on each indicator, with five indicators given more weight than the others. An average of individual ranks is used to provide an overall rank.

The Scorecard focuses on recent performance, but some safety and permanency indicators require a significant follow-up period. Reporting periods are intended to achieve a good balance between recent performance and a reporting period that is long enough so that we do not over-emphasize normal variation from month to month. The Scorecard is intended to track a set of indicators over time, but will also be modified as issues emerge and priorities change.

The Scorecard includes 12 indicators, including two Safety indicators, six Permanency indicators, three Well-Being indicators related to Health and Education, and one Cost indicator.
Scorecard Indicators


2. Safety Composite Outcome Indicator: (a) No Verified Maltreatment during In-Home Services and (b) No Verified Maltreatment within 6 Months of Termination of Services (In-Home & Out-of-Home) ......................................................................................................................................... 5

3. Family Preservation Indicator: Ratio of Children Receiving Family Preservation Services to Children with Verified Maltreatment .................................................................................................................. 8


5. Permanency Outcome Indicator: Percent of Children Removed from their Families for Eight Days or More Who Are Reunified within 12 Months of Removal ..................................................................................... 12

6. Permanency Outcome Indicator: Percent of Reunified Children Who Re-entered Out-of-Home Care within 12 Months ........................................................................................................................................ 14

7. Permanency Outcome Indicator: Ratio of Adoptions in Last 12 Months to Children in Care More than 12 Months ........................................................................................................................................ 16

8. Permanency Outcome Indicator: Children in Care Eight Days to 12 Months with No More than Two Placements ........................................................................................................................................ 17

9. Composite Indicator: Medical, Immunization, and Dental Services ........................................................................................................................................ 19

10. Children Ages 5-17 in Out-of-Home Care at Least 30 Days Who Are Enrolled in School ........................................................................................................................................ 20

11. Former Foster Youth Ages 19-22 with Diploma or GED ........................................................................................................................................ 23

12. Administrative Cost as Percent of YTD Expenditures ........................................................................................................................................ 26

**Basis for Indicator:** This indicator is an important process measure to ensure the safety of children under supervision. Rule 65C-30.007, F.A.C. (1) Contacts with Children under Supervision, requires:

(a) The Services Worker shall make face-to-face contact with children under supervision and living in Florida no less frequently than every thirty days.

This is a CBC lead agency contract performance measure.

**Algorithm:** This indicator is a percent. The denominator is the number of children required to be seen. The numerator is the subset of the denominator where the child was seen in no more than 30 days since the last visit.

**Standard:** The rule requires that all in-state children be seen every 30 days. The indicator uses 99.5% as the standard (“green”) in recognition of the difficulty in seeing every child within no more than 30 days of the last visit. At the other end of the performance spectrum, below 99.0% is considered “red.”

**Weight:** 1.0

**Data Source:** FSFN ad hoc report prepared by Child Welfare Data Support Unit.

**Algorithm Details:**

**Denominator:** The denominator includes all in-state children, both in-home and out-of-home, who have been in care at least 33 days and who should have been seen during the report month.

1. To identify these children, select all records from the base table for the FSFN listing report ‘Children Seen Not Seen – Daily listing by District’ (RPT_CHILDREN_SEEN_Z). Select only the youth who had a service begin date (DT_SRVC_BEG) at least 33 days prior to the last day of the report month. Delete all youth who have reasons not seen (TX_RSN_NOT_SEEN) that are either, “Absconded”, “Abducted”, “Runaway”, or “Court Order No Contact”. Delete any youth that have a reason not seen (TX_RSN_NOT_SEEN) = “Out of State” AND the child’s state (CD_STATE) is not equal to “FL”.

2. Because youth are not required to be seen when they are in a Family Support case, any youth who was part of a family support case at any point during the report month should be dropped from the denominator. To do this, match to the PREVENTION table and delete any youth with a PREVENTION table DT_BEGIN that is less than the end of the report month AND a DT_END that is NULL or greater than the beginning of the report month.

3. Case notes, alerts and discharge information should then be matched with the children
seen data in order to determine additional exclusions. Case note information for the report month and prior month is collected from the tables, CAN_TEXT_EVENT, CPS_INVESTIGATION_CNTC and CAN_PART. This file is split into prior month and report month case notes. Runaway alerts for the prior month and report month files are collected from the CPS_ALERT and CPS_ALERTS_PART tables. Discharge information comes from the CPS_EPISODE table. Youth who aged out during the report month are excluded due to aging out.

4. For all children with no visit date (DT_CNTCT) in the prior month, link to the alerts that were open during the prior month to see if the child was on “Abducted”, “Runaway”, or “Parent /Caregiver Absconded” status (CD_ALERT_TYPE = 1, 5, or 6) for the prior month. If so, the record is excluded due to being in that status during the prior month. Look at the prior month's report to see if the child was living out of state (TX_RSN_NOT_SEEN = “Out of State” AND CD_STATE NE “FL”) or had a court ordered no contact (TX_RSN_NOT_SEEN) = “Court order no contact” for the prior month. If any of the above is true, the child is excluded from the denominator as it was not possible for the caseworker to have seen them in the prior month. If a youth with a runaway alert in the prior month was in care for at least 7 consecutive days in the prior month, it is expected a visit should have occurred and the record is not excluded.

5. Taking the prior month’s max completed visit date (CD_FTOF_CNTC = ‘C’), calculate the date the visit is due in the report month by adding 30 days to that max date. Determine the min completed visit date in the report month and calculate the number of days between the max visit in the prior month and the min visit in the report month. For all children with more than 30 days between visits, or those who are missing a report month visit, link to the alerts to see if the child was on runaway status (CD_ALERT_TYPE = 5) at the time the visit was due, if so, exclude the child from the denominator due to being on runaway at the time the visit was due. Look to see if there were any attempted visits (CD_FTOF_CNTC=“A”) at the time the visit was due that were not completed due to one of the exclusion reasons. If so, the record will be excluded due to the exclusion reason delaying the visit.

6. Once all calculations are completed the resulting file will show the last completed visit in the prior month; when the report month visit was due; the first completed visit in the report month; how many days passed between the two visits; if applicable, the reason not seen in the prior month; if applicable, the reason not seen in the report month; if the record is in the numerator or not; if the record was excluded from the denominator and why.

7. The data will also be loaded to the Dashboard under FS773 - Percent of children under supervision who are required to be seen every 30 days who are seen every 30 days.

**Numerator:** The numerator is the subset of children in the denominator who had a completed face to face visit within 30 days of their last visit. Any youth in the remaining denominator who had a completed(CD_FTOF_CNTC = ‘C’) visit date before or on the report_was_due date should be counted in the numerator.
2. Safety Composite Outcome Indicator: (a) No Verified Maltreatment during In-Home Services and (b) No Verified Maltreatment within 6 Months of Termination of Services (In-Home & Out-of-Home)

Basis for Indicator: This composite indicator is intended to ensure the safety of children under supervision and to ensure that supervision is not terminated prematurely. Title IV-B of the Social Security Act requires that “the safety of the children to be served shall be of paramount concern.” Section 39.001 (1)(b), Florida Statutes requires that Florida’s “child protection system should be based on the following principles:

1. The health and safety of the children served shall be of paramount concern.”

Safety cannot be ensured by simply visiting each child every 30 days, but through appropriate assessment, planning, and services. This outcome indicator was selected to focus on the safety of children served by CBC lead agencies when they are most vulnerable. It does so by measuring verified maltreatment during in-home services and verified maltreatment in the six-month period following the termination of either in-home services or out-of-home care. Performance improvement will require reviewing FSFN data to determine whether there is more of an issue with maltreatment during in-home services or in the six-month period following termination of services.

Algorithm: This indicator is a percent. It is a composite indicator that gives equal weight to two monthly indicators: (1) the percent of children under supervision who had no verified maltreatment during a three-month period, and (2) the percent of children terminated from services in a recent three-month period who had no verified maltreatment during the six month period following termination of services. Equal weight is given to each indicator by simply averaging the percent non-recurrence for each measure.

Standard: The National Standard for absence of recurrence of maltreatment (regardless of whether services were provided) is 94.6%. The Scorecard uses a standard of 96%; below 94% is considered “red.”

Weight: 1.5

Data Source: FSFN production reports: (a) "Abuse During Services" for the most recent available three-month period that allows two months for completion of investigations; and (b) "Child Investigations Lack of Recurrence Of Maltreatment within 6 Months of Service Termination” for the most recent available three-month period that allows for the eight month lag time (six months for measuring recurrence and two months for completion of investigations at the end of the follow-up period).

a. No Verified Maltreatment during In-Home Services

FSFN Report: Abuse During Services – Statewide by District by Agency
Report Folder: Statewide Scheduled Reports/Statewide Summary Reports/Services/Performance

Report Program Name: Abuse During Services – Statewide by Agency

Listing Folder: Audit and DeskI Reports/Listing Reports - DeskI/Services/Management/Performance

Listing Report Program Name: Abuse During Services - Listing

Definitions:

**In-Home Care Settings:** Child has a Living Arrangement that started before the report end date, is either not ended or ended after the report end date, and does not have an Out of Home Placement with a date removed prior to the living arrangement date begin.

**No Abuse / Nglct / Threat During Services:** Investigation occurred during same period when Child was in an In-Home Care Setting and was completed within 2 months of the end of the reporting period with no findings of Abuse or Neglect.

**Primary Worker:** The most recent Primary Worker Assignment associated with the Child’s Case. Assignment must have started prior to the end date of the Living Arrangement if it is ended, or prior to the date the report is run. It must either still be open, or ended after the end date of the Living Arrangement if it is ended.

**Report Period:** Rolling 3 Month Period with Investigations completed within 2 months of the end of the period. For example the report run for January 2012 will cover Children receiving In-Home Services during the period August 2011 through October 2011 and Investigations completed by December 31st 2011.

Details:

The report counts children in the column of every placement type where the child received services during the quarter and only counts the abuse in the placement category based on the incident date in the Child Investigation. The report also takes into consideration that incident dates may fall when one placement is ending and another one is beginning. In those situations, the abuse is counted only once for the earlier placement. The report assumes the placement is changing due to the abuse. If the child has more than one incident date during the quarter, these are also counted if they happened in a different placement type. To qualify as abuse, the incident date must occur AFTER the child is in care and not on the day the child became active. The report assumes if the incident date is the same as when the child came into care that the incident date is the reason for the opening of a case and not considered as abuse during a service provision. The abuse type must be abuse, neglect or threatened harm and the findings must be verified or some indicators. If the Child Investigation does not meet these qualifications, it is not counted as abuse. Children are reported associated with the “primary” caseworker at the child’s end date or at the time of the report prompt end date.

Exclusions:
• Exclude children age 18 and above. (Exclude a "child" for any portion of the report period for which they are age 18 or older. If the report period is 4/1/04-6/30/04, and the "child" was active in a case from 4/14/04-5/30/04, but the "child" turned 18 on 4/30/04, then treat their period of active service as 4/14/04-4/30/04. Treat as if service ends on their birthday.

b. No Verified Maltreatment within 6 Months of Termination of Services (In-Home & Out-of-Home)

FSFN Report: Child Investigation lack of Recurrence Of Maltreatment within 6 months of Service termination - Statewide by District by Agency

Report Folder: Statewide Scheduled Reports/Statewide Summary Reports/Services/Performance

Report Program Name: Child Investigation lack of Recurrence of Maltreatment within six months of Service Termination Summary

Listing Folder: Audit and DeskI Reports/Listing Reports - DeskI/Services/Management/Performance

Listing Report Program Name: Child Investigation lack of Recurrence of Maltreatment within six months of Service Termination

Definitions:

Terminated From Services: The most recent Placement or Living Arrangement has an end date within the reporting period and lasted for at least 8 days.

Child Investigations Lack of Recurrence of Maltreatment: Either there is NO Investigation after Service Termination with 6 months of Service Termination, or any Investigation was completed with no Finding of Abuse or Neglect.

Primary Worker: The Primary Worker Assignment associated with the Child’s Case during the last Service, as assignment begin date less than service end date and either not ended, or ended after the service end date.

Report Period: Rolling 3 Month Period with Investigations completed within 8 months of the end of the period. For example the report run for January 2012 will cover Children with Services Terminated during the period February 2011 through April 2011 and Investigations completed by December 31st 2011.

Details:

The information in this report is pulled from the Out-of-Home Placement and Service records. For children that had multiple placement types, counts are calculated based on the last placement type. Monthly report is run 6 months after the end of the report period end-date.
3. Family Preservation Indicator: Ratio of Children Receiving Family Preservation Services to Children with Verified Maltreatment

**Basis for Indicator:** This indicator is intended to ensure that CBC lead agencies are making reasonable efforts to prevent unnecessary removal and placement through family preservation services and these children are properly entered into FSFN with the protection of case management requirements, including assessment, case planning and visits no less often than every 30 days. Section 39.521(1)(f), F.S., provides that “If the court places the child in an out-of-home placement, the disposition order must include a written determination that the child cannot safely remain at home with reunification or family preservation services and that removal of the child is necessary to protect the child.” Rule 65C-30.001(52), F.A.C., defines “Family Preservation Services” as “services provided to families, primarily in the home. Examples are counseling and therapeutic services, as well as the provision of goods or services designed to prevent the removal of a child due to abuse, neglect, or abandonment, or to stabilize an out-of-home placement.” The CBC contract template defines “Family Preservation Services” as “Community-based services for children and families that result from a call to the Hotline that meets the criteria for a child protective investigation and a safety assessment indicates imminent risk of removal if services fail.”

**Algorithm:** This indicator is a ratio. It takes the number of children receiving family preservation services at the end of the most recent available month and divides it by the number of children with verified maltreatment in the most recent available month, allowing a two-month lag time for completion of investigations.

**Standard:** There is no established standard for this new indicator. In order to provide a visual aid for comparing levels, we use 2.00 as the “green” level; below 1.00 is considered “red.”

**Weight:** 1.0

**Data Source:** FSFN report “Children and Young Adults Active by Primary Worker” (using counts for “In-Home Services – Not Placed”) and CPI monthly “Spinner” report prepared by Child Welfare Data Support Unit.

**a. Numerator -- FSFN report “Children and Young Adults Active by Primary Worker” (using counts for “In-Home Services – Not Placed”)**

Children and Young Adults Active by Primary Worker by Agency

**Report Folder:** Statewide Scheduled Reports/Statewide Summary Reports/Services/Management

**Report Program Name:** Children and Young Adults Active by Primary Worker by Agency

**Listing Report Folder:** None

**Listing Report Program Name:** None
Definitions:

**In-Home Services: Not Placed:** Active Living Arrangement, began prior to report date and no end date, or ended on or after report date. There must be no prior removal.

**Age:** Child is included in the report if their Date of Birth plus 1 day is greater than report date minus 18 years (the child is under 18).

**Primary Assignment:** Active (assignment is not end dated) assignment of type Primary as of the date the report is run.

**b. Denominator -- Children with Verified Maltreatment, from CPI monthly “Spinner” report**

Definitions:

**Allegation:** A statement by a reporter to the Hotline that a specific harm or threatened harm to a child has occurred or is suspected.

**Maltreatment:** A specific type of harm. The maltreatment index contains 20 defined maltreatments that are inclusive of all forms of child abuse, abandonment or neglect.

**Finding:** The determination, after a thorough investigation, as to whether there is credible evidence supporting the reported harm or threat of harm for each alleged maltreatment.

The denominator is the average of the last three available months of data for the number of children with verified maltreatment for investigations received in the month, allowing at least two full months for completion of investigations.

This report is typically run between the 10th and 15th of the current month. The report month is 3 months prior to the current month. For example, if the report is run on 1/15/2012, the report select investigations received in Oct. 2011. This allows at least 2 full months for closure of the investigation and 10-15 additional days to ensure all relevant data are entered in FSFN.

To identify these children, select all records from CPS_Investigation_V for investigation which were received (TS_Initial_Received) during the report month. Exclude investigations closed due to lack of jurisdiction or due to being duplicate investigations (exclude records where CD_DETERMINATION = "1", "2", "3", "4", "5", "6", or "16"). Then select all reports received by the hotline for these investigations by joining to CPS_Access_Report_V (on ID_CPS_INVESTIGATION = ID_INVS). Keep all initial reports and reports with additional allegations or additional alleged victims (CD_Intl_Sub=1 or 2) for child intakes (CD_Access_Type=1) which were not screened out by a supervisor (Tx_Spvr_Rsn does not start with the words “Screen Out”). From CPS_Access_Report_V, identify the county of the intake (CD_Cnty). Then, identify all participants (ID_Prsn) in these investigations by joining to CPS_Invs_Part_V on ID_CPS_Investigation. Then, determine which of these participants are alleged victims (ID_Prsn_Vctm) and obtain all allegations of maltreatment (CD_CAN) and the
findings for each allegation (CD_Find) which were included in these reports by joining to CPS_Allegation_V on ID_CPS_Investigation and ID_Prsn =ID_Prsn_Vctm. Only keep abuse and neglect allegations (CD_CAN=1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 24, or 112) where there were findings (CD_FIND= 1, 2, 3, 4). This yields one record for each relevant allegation for alleged child victims in all investigations received during the report month. Next keep 1 record for each distinct alleged child victim (ID_Prsn) for whom at least one of these allegations has a verified finding (CD_Find=1). This yields 1 record for each child in the denominator.

Each child is counted in the denominator of the CBC which provides child welfare services in the county of the intake which had verified findings. If there is more than one county where an intake occurred during the month, for which the child has verified abuse or neglect, a county is randomly selected. The assignment to a CBC’s denominator does not use the county of the investigation because this is based on the county of the unit the primary investigator serves. In instances where a unit serves more than one county, the most populated county is recorded as the county of the investigation. This would result in several smaller counties not having any data. Likewise, the assignment does not use the case county because this represents the county of the entire case, which may include more than just the current investigation. In addition, FSFN only captures the current case county, so there is no way to ensure that the case county in FSFN was the case county at the time of the investigation.

4. Permanency Composite Process Indicator: Percent of Required Mother & Father Contacts for Children in Out-of-Home Care with a Goal of Reunification

Basis for Indicator: This process indicator is intended to promote the achievement of timely reunification, which requires engagement and intensive casework with parents, including visits at least every 30 days. Rule 65C-30.007, F.A.C. (2) requires:

(b) “The Services Worker shall make a face-to-face contact a minimum of every thirty days if the case plan goal is reunification with the parent who is a party to the case.”

Performance improvement will require reviewing FSFN data to determine performance levels for contacts with the child’s mother and for contacts with the child’s father.

Algorithm: This indicator is a percent. It is the average of two monthly indicators for children in OHC with a goal of reunification: (1) the percent of children with completed required birth mother contacts and (2) the percent of children with completed required birth father contacts within the report month.
Standard: Although the rule requires that both parents be visited a minimum of every thirty days, this indicator uses a FSFN report based on monthly contact. The Scorecard uses a standard of 90%; below 60.0% is considered “red.”

Weight: 1.0

Data Source: FSFN production report, "Worker Contacts with Birth Parents.”

Report Folder: Statewide Scheduled Reports/Statewide Summary
Reports/Services/Management

Report Program Name: Worker Contacts With Birth Parents by Agency

Listing Report Folder: Audit and DeskI Reports/Listing Reports - DeskI/Services/Management

Listing Report Program Name: Worker Contacts With Birth Parents Listing

Denominator: The denominator is a count of each child who is active in OHC on the last day of the report month who is required to be seen by their birth mother or birth father on the last day of the report month.

Definitions:

Birth Mother: Child’s mother listed in db2admin.CPS_PERSON as ID_PERSON_MOM.

Birth Father: Child’s father listed in db2admin.CPS_PERSON as ID_PERSON_DAD.

Contact Required, Mother: The child must be in an active removal episode as of the last day of the report month using DT_RMVL and DT_END from CPS_EPISODE table. Additionally, the child must have a current goal of ‘Reunification with Parent’ (CD_PRMNCY_GOAL = 7,8,1985,2006,1045,362 in the CA_PRMNCY_GOAL table) active on the last day of the month. This measure excludes the mother if there is a TPR date (DT_TPR_MOM) in the CPS_PARTICIPANT table, or if mom’s status is deceased (CD_MTHRS_CRNT_STS = ‘5’ in CPS_PERSON).

Contact Required, Father: The child must be in an active removal episode as of the last day of the report month using DT_RMVL and DT_END from CPS_EPISODE table. Additionally, the child must have a current goal of ‘Reunification with Parent’ (CD_PRMNCY_GOAL = 7,8,1985,2006,1045,362 in the CA_PRMNCY_GOAL table) active on the last day of the month. This measure excludes the mother if there is no TPR date (DT_TPR_DAD) in the CPS_PARTICIPANT table, or if dad’s status is deceased (CD_FTHRS_CRNT_STS = ‘5’ in CPS_PERSON).

Primary Assignment: Worker assigned as primary worker on the case (CD_ASGN_CTGRY = ‘1’ in db2admin.ASSIGNMENT) on the last day of the report month (DT_STRT in db2admin.ASSIGNMENT).
Numerator: The numerator is a count of each child in the denominator where the birth parent had a case noted face-to-face contact completed within the report month.

Contact Completed: The parent must have a face-to-face contact completed within the report month using CD_FTOF_CNTC = ‘C’ AND DT_CNTCT from CPS_INVESTIGATION_CNTC.

5. Permanency Outcome Indicator: Percent of Children Removed from their Families for Eight Days or More Who Are Reunified within 12 Months of Removal

Basis for Indicator: This outcome indicator is intended to encourage timely reunification. The indicator is based on federal CFSR Data Indicator C1.3 “Of all children who entered foster care for the first time in the 6-month period just prior to the target year, and who remained in foster care for 8 days or longer, what percentage was discharged from foster care to reunification in less than 12 months from the date of latest removal from home?” This indicator uses an entry cohort and is similar to the CBC lead agency contract performance measure, which uses an exit cohort and is based on CFSR Data Indicator C1.1.

Algorithm: This indicator is a percent. The denominator is the number of children removed and entering out-of-home care in the most recent three-month period that allows for a full 12-month follow-up period. The numerator is the subset of the denominator where the child was reunified within 12 months of the removal date.

Standard: The national 75th percentile in 2004 (part of the basis for the national standard for permanency composite 1) is 48.4%, so that is used as the “green” standard in this scorecard. The national median in 2004 was 39.4%. Performance below that level is considered “red.”

Weight: 1.5

Data Source: FSFN ad hoc report prepared by Child Welfare Data Support Unit.

Algorithm Details:

Definitions:

Out-of-home care: Care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.

Removal episode: The period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date.

Removal date: The date a child is removed from the home.
**Discharge date:** The date a child leaves out-of-home care, either by achieving permanency or other discharge reason.

**Reunified:** The discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) guardianship.

**Denominator:** The denominator consists of all children who entered out-of-home care during the same 3-month report period 12 months prior to the current 3-month report period and who remained in care eight days or longer, where the child’s primary worker was an agent of the provider at discharge or the first anniversary of the removal, whichever comes first. If a child has multiple removals of eight days or longer during any quarter, only the first removal will be used for calculating performance on this measure.

1. To identify these children, select all records from the Episode table (CPS_Episode) which are for out-of-home care (CD_Epsd_Type=1) where the removal occurred (Dt_Rmvl) in the 3-month entry period which ends 12 months prior to the current month (e.g. for report period 10/1/11 – 12/31/11 the cohort is children removed 10/1/10 – 12/31/10). Then drop records where the days between the removal (Dt_Rmvl) and the end of the placement (Dt_End) is less than eight days. (If date the placement ended is null, then the removal episode is assumed to still be open, so it is not dropped.) If a child has multiple removal episodes of eight days or longer during any quarter, only the first removal is used for calculating performance on this measure. And if the child has multiple placements in that removal episode, the last placement for the removal episode is selected. So, from these remaining records, for each child (ID_Prsn) select the record with the earliest removal date. If the child had been not been discharged from this removal episode, select the record where the placement is still open (Dt_End is missing). If the child had been discharged, select the record with the most recent placement end date (Dt_End). These records are matched to demographic information about the child (using table CPS_Participant) to obtain the child’s date of birth. Children who were 18 or older as of the beginning of the entry period are dropped from the denominator. This yields one record per child in the denominator including the case id (ID_Case) for the removal episode.

2. Each child is counted in the denominator of the CBC of the primary worker for the child’s case at the earlier of the date of discharge from care or the first anniversary of the removal. To determine the CBC for which we include the child in the denominator, this list is matched to the worker assignment data in datamart table CPS_Case_Assignment_V and data warehouse table Splt_Mrg_Del_Master. (Splt_Mrg_Del_Master is used because some case assignment data is missing in the CPS_Case_Assignment_V due to the processing of data when cases are split or merged.) After the assignment information from the two case assignment tables are combined, the data are limited to records for assignment of primary workers (Cd_Asgn_Role=1) and are matched to the list of children
in the denominator by ID_Case. The primary worker assigned to the case at the earlier of the date of discharge from care or the first anniversary of the removal is selected by looking at the primary worker’s assignment begin & end dates (Assignment_Dt_Strt & Assignment_Dt_End.) If no primary worker was listed as active on the appropriate date, the most recent previously assigned primary worker is selected. (If the Assignment_Dt_End is missing it is assumed that this assignment is still active.) The county (Cd_County) and unit (ID_Unit) of the primary worker is identified from this match. Next this is matched to the table CPS_Entity_Location by ID_Unit and CD_County to obtain the entity of the primary worker (Nm_Entity). This establishes the entity for which the child is included in the denominator.

**Numerator:** The numerator is the subset of children in the denominator who were reunified less than twelve months from removal date.

If the out-of-home placement record for a child in the denominator has an end date (Dt_End) on or before 1 year after the removal date and the placement ends because the child is discharged to “Guardianship”, “Living With Other Relatives”, or “Reunification w/ Parent(s)/Primary Crtkr” (CD_Plcm_Dsch_Rsn=4, 6, or 7), then the child is counted in the numerator.


**Basis for Indicator:** This outcome indicator is intended to ensure that timely reunification does not result in too many children returning to care. The indicator is based on federal CFSR Data Indicator C1.4 “Of all children who were discharged from foster care to reunification in the 12-month period prior to the target year, what percentage reentered foster care in less than 12 months from the date of discharge?” This is a CBC lead agency contract performance measure.

**Algorithm:** This indicator is a percent. The denominator is the number of children reunified in the most recent three-month period that allows for a full 12-month follow-up period. The numerator is the subset of the denominator where the child re-entered out-of-home care within 12 months of the reunification date.

**Standard:** The national 75th percentile in 2004 (part of the basis for the national standard for permanency composite 1) is 9.9%, so that is used as the “green” standard in this scorecard. The national median in 2004 was 15.0%. Performance above that level is considered “red.”

**Weight:** 1.5

**Data Source:** FSFN ad hoc report prepared by Child Welfare Data Support Unit.

**Algorithm Details:**

**Definitions:**
**Out-of-home care:** Care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.

**Removal episode:** The period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date.

**Removal date:** The date a child is removed from the home.

**Discharge date:** The date a child leaves out-of-home care, either by achieving permanency or other reason.

**Reunified:** The discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) guardianship.

**Re-enter:** A subsequent removal episode following reunification.

**Denominator:** The denominator includes all children who were reunified during the same report period 12 months prior to the current report period where the child’s primary worker was an agent of the provider at the initial reunification.

1. To identify these children, select all records from the Episode table (CPS_Episode) for discharges (FL_Plc_m_Dsch=“Y”) from out-of-home care (CD_Epsd_Type=1) where the discharge date (Dt_End) is within the 3-month entry period which ends 12 months prior to the current month (e.g. for report period 10/1/11 – 12/31/11 the cohort is children removed 10/1/10 – 12/31/10). Then for each child (ID_Prsn) select the earliest such discharge (Dt_End) where the child is discharged to “Guardianship”, “Living With Other Relatives”, or “Reunification w/ Parent(s)/Primary Crtkr” (CD_Plc_m_Dsch_Rsn=4, 6, or 7). These records are matched to demographic information about the child (using table CPS_Participant) to obtain the child’s date of birth. Children who were 18 or older as of the beginning of the entry period are dropped from the denominator. This yields 1 record for each child in the denominator.

2. Each child is counted in the denominator of the CBC of the primary worker for the child’s case at the date of reunification. To determine the CBC for which we include the child in the denominator, this list is matched to the worker assignment data in datamart table CPS_Case_Assignment_V and data warehouse table Splt_Mrg_Del_Master. (Splt_Mrg_Del_Master is used because some case assignment data is missing in the CPS_Case_Assignment_V due to the processing of data when cases are split or merged.)

3. After the assignment information from the two case assignment tables are combined, the data are limited to records for assignment of primary workers (Cd_Asgn_Role=1) and are matched to the list of children in the denominator by ID_Case. The primary worker assigned to the case at the date of discharge to reunification is selected by looking at the primary worker’s assignment begin & end dates (Assignment_Dt_Strt & Assignment_Dt_End.) If no primary worker was listed as active on the discharge date,
the most recent previously assigned primary worker is selected. (If the Assignment_Dt_End is missing it is assumed that this assignment is still active.) The county (Cd_County) and unit (ID_Unit) of the primary worker is identified from this match. Next this is matched to the table CPS_Entity_Location by ID_Unit and CD_County to obtain the entity of the primary worker (Nm_Entity). This establishes the entity for which the child is included in the denominator.

**Numerator:** The numerator is the subset of children in the denominator who had a subsequent removal less than twelve months from the reunification date.

Identify all records in the Episode table (CPS_Episode) for out-of-home care (CD_Epsd_Type=1) where the removal date (Dt_Rmvl) is between the reunification date (Dt_End identified for the denominator) and 1 year after the reunification date. If a child has multiple such removals, the first removal date is selected. All children with such a record are counted in the numerator.

**7. Permanency Outcome Indicator: Ratio of Adoptions in Last 12 Months to Children in Care More than 12 Months**

**Basis for Indicator:** This indicator is intended to ensure that children in care over 12 months achieve timely permanency, including seeking termination of parental rights and adoption when appropriate. Federal and state law use 12 months as the standard for permanency hearings. Although many children achieve permanency through reunification and guardianship after 12 months in care, there is a large shift in permanency goals from reunification to adoption after 12 months. A lead agency’s ratio can be improved by reducing the number of children in out-of-home care more than 12 months and/or by increasing the number of adoptions.

**Algorithm:** This indicator is a ratio. It takes the number of adoptions in the last 12 months and divides it by the number of children in out-of-home care more than 12 months.

**Standard:** There is no established standard for this new indicator. In order to provide a visual aid for comparing levels, we use 0.500 as the “green” level; below 0.300 is considered “red.”

**Weight:** 1.0

**Data Source:** FSFN reports “Adoptions Finalized by Month & Cumulative SFY” and “Children in Out-of-Home Care by Time in Care.”

a. **Adoptions Finalized by Month & Cumulative SFY**

**Report Folder:** Statewide Scheduled Reports/Statewide Summary Reports/Services/Performance

**Report Program Name:** Adoptions Finalized by Month & Cumulative SFY by Agency

**Listing Report Folder:** Audit and DeskI Reports/Listing Reports - DeskI/Services/Performance
Listing Report Program Name: Adoption finalized by Month & Cumulative SFY

Definitions

Adoptions Finalized: Child has placement end reason of “Adoption Finalization”, and the discharge date falls within the month of the monthly column. In addition the child’s legal status is checked to see if there is a legal status of Custody of Other State or Jurisdiction of Other State and the child is excluded if one is found.

Adoption Worker: the Courtesy worker assigned to that child at the time the placement was ended. If no courtesy worker is found, the primary worker assigned to the child’s case is used.

b. Children in Out-of-Home Care by Time in Care

Children in Out-of-Home Care by Time in Care by Agency

Report Folder: Statewide Scheduled Reports/Statewide Summary Reports/Services/Performance

Report Program Name: Children in Out-of-Home Care by Time in Care by Agency

Listing Report Folder: Audit and DeskI Reports/Listing Reports - DeskI/Services/Performance

Listing Report Program Name: Children Out-Of-Home-Care by Time in Care

Definitions:

Out-of-Home Care: Child is in a placement with a service of type Out of Home. They have a removal date on or before the report date, and either have no discharge date or the discharge date is on or after the report date. If there are multiple removals prior to the report date, the most recent one is selected.

Time in Care: The number of months since the removal date

Legal Status: Excludes Legal Status of Custody of Other State or Jurisdiction of Other State

Primary Worker: The worker with a primary assignment to the child’s case as of the report date

8. Permanency Outcome Indicator: Children in Care Eight Days to 12 Months with No More than Two Placements

Basis for Indicator: This indicator is intended to improve the placement stability of children in out-of-home care. It is based on federal CFSR Data Indicator C4.1 “Of all children who were served in foster care during the fiscal year, and who were in foster care for at least 8 days but less
than 12 months, what percentage had two or fewer placement settings? This is a CBC lead agency contract performance measure.

**Algorithm:** This indicator is a percent. The denominator is the number of children in care at least eight days but less than 12 months in the specified month. The numerator is the subset of the denominator where the child had no more than two placements.

**Standard:** The “national 75th percentile in 2004 (part of the basis for the national standard for permanency composite 1) is 86.0%, so that is used as the “green” standard in this scorecard. The national median in 2004 was 83.3%. Performance below that level is considered “red.”

**Weight:** 1.0

**Data Source:** FSFN report, “Children Served in Out-of-Home Care - Length of Removal by Number of Placements,” Statewide by District by Agency.

**Children Serviced in Out-of-Home Care – Length of Removal by Number of Placements**

**Report Folder:** Statewide Scheduled Reports/Statewide Summary Reports/Services/Performance

**Report Program Name:** Children Served in Out-of-Home Care - Length of Removal by Number of Placements Statewide by District by Agency

**Listing Report Folder:** None

**Listing Report Program Name:** None

**Algorithm Details:**

**Denominator:** The denominator is the number of children in care at least eight days but less than 12 months in the specified month. If a child was involved in more than one removal episode, the most recent/current removal episode is used. Children are reported associated with the primary caseworker at the time of the child’s discharge, or as of the report prompt end date if they are still in a placement.

**Numerator:** The numerator is the subset of the denominator where the child had no more than two placements within that removal episode. Do not count as a placement change if:

- Child has a change in placement type (service or status), but has not moved physical location (has stayed in the same home or with the same provider)
- Child has been or was in a removal episode less than 8 days
- Initial placement that begins and ends in less than 24 hours
- Exclude services in the following categories: (206 [respite], 219 [none], 228[routine emergency medical services], 229[routine emergency mental health services], 230[routine emergency services], 253[missing child], 254[visitation]), or is less than one day.
9. Composite Indicator: Medical, Immunization, and Dental Services

**Basis for Indicator:** This indicator is intended to improve the well-being of children in out-of-home care by ensuring that they receive appropriate and timely medical and dental care. CFSR Item 22 asks, “During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified physical health needs?” and “During the period under review, did the agency ensure that appropriate services were provided to the child to address all identified dental health needs?”

**Algorithm:** This indicator is a percent. It is calculated by averaging the “Medical Service in the Last 12 Months,” “Dental Service in the Last 6 Months,” and “Immunizations Up to Date” percentages published in the last weekly “Health Information in FSFN for Children in OHC” report in the reporting month.

**Standard:** 90% was selected as a reasonable standard, as several lead agencies are close to that level. Immunizations and medical services are already close to that level for most lead agencies, but dental services need improvement. Performance below 80% is considered “red,” as that level should be attainable.

**Weight:** 1.5

**Data Source:** FSFN weekly ad hoc report

**General Approach**

Create Listing with Needed Data. Using the CARS and the PAY_CLAIM_HISTORY tables in the FSFN data mart, ID_PRSN and ID_CASE are linked and an unduplicated list of children in OHC is selected, along with the max DT_FST_SRVC with a TX_COND_TYPE of “medical” (where such a date exists). This process is repeated through a second query that pulls the max DT_LST_SRVC. A third query then pulls the maximum date of the DT_FST_SRVC and DT_LST_SRVC. This process is repeated for the “dental” service type. This information (the most recent medical and dental service dates) is stored in a new table.

**Medical.** To determine if a medical service occurred within the last 12 months, the table in step 1 is queried and a “Y” is appended to the record of each child who has a documented medical service in the last 365 days, as of the report run date. An “N” is added to those records where the last medical service date is more than 365 days ago, or is null. Separate queries then sum the “Y’s” and “N’s” by CBC and calculate the percent of children who received a medical service in the last 12 months.

**Dental.** To determine if a dental service occurred within the last 6 months, the table in step 1 is queried and all children in OHC less than 6 months (183 days) or who are under 3 are excluded. For the remaining child a query appends a “Y” to the record of each child who has a documented dental service date within the last 183 days, as of the report run date. An “N” is added to those
records where the last dental service date is more than 183 days ago, or is null. Separate queries then sum the “Y’s” and “N’s” by CBC and calculate the percent of children who received a dental service in the last 6 months.

**Immunizations.** To identify children who have current immunizations, the table in step 1 is queried and the sum of the “Y’s” and “N’s” by CBC is calculated and the percent of children who have current immunizations is determined.

### 10. Children Ages 5-17 in Out-of-Home Care at Least 30 Days Who Are Enrolled in School

**Basis for Indicator:** This indicator is intended to improve the well-being of children in out-of-home care by ensuring that they are enrolled in school and that the child’s current school is documented in FSFN. This is a first step toward a better measure of each child’s educational progress. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that “each child who has attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the State plan is a full-time elementary or secondary school student or has completed secondary school . . .”

**Algorithm:** This indicator is a percent. The denominator is the number of children in out-of-home care ages 5-17 (5-year olds born September-December are excluded) on the last day of the reporting month, excluding children in care less than 30 days. The numerator is the subset of the denominator where the child is recorded in FSFN as being enrolled in a specific school.

**Standard:** 95% was selected as a reasonable standard, performance below 90% is considered “red.”

**Weight:** 1.0

**Data Source:** FSFN ad hoc report prepared by Child Welfare Data Support Unit.

**Algorithm Details:**

**Definitions:**

- **Out-of-home care:** Care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.

- **Removal episode:** The period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date.

- **Removal date:** The date a child is removed from the home.
**Denominator:** The denominator is the number of children who, as of the report run date, were in out-of-home care at least 30 days and who were at least 5 years old but under 18 years old at the beginning of the school year (9/01).

1. To identify these children, select all records from the CARS table (RPT_CARS_CHILD_Z, which lists all children currently actively receiving services) where the removal date (Dt_Rmvl) is at least 30 days prior to the last day of the report month. Next, this is restricted to one record per child for children who have been in out-of-home care at least 30 days in order to allow adequate time for entry of education data. Since children age 5 or older by 9/01 of the year are eligible to enroll in school, children who were under 5 or over 18 years old as of the 9/01 are excluded. This yields 1 record for each child in the denominator.

2. Each child is counted in the denominator of the CBC which provides child welfare services for the county of the primary worker for the child’s case as of the last day of the report month.

**Numerator:** The numerator is the subset of the denominator where the child is recorded in FSFN as being enrolled in a specific school.

To identify these children, link the list of children in the denominator to the Education table on ID_Case and ID_Person to bring in the ID_Educ field. Then link to the School table (on ID_Educ) to see if there is a school name in the NM_SCHL field. If the school name field is not blank, the child is counted in the numerator. This does not consider any other information, such as whether the school name is valid or whether there is an enrollment date indicating the child is currently enrolled. Please see the FSFN screen shots below for additional information about where these data are entered and displayed.
11. Former Foster Youth Ages 19-22 with Diploma or GED

Basis for Indicator: This indicator is intended to ensure that children in out-of-home care are prepared for adulthood through education and by continuing to work with former foster youth to ensure that they have at least a high school diploma or GED.

Algorithm: This indicator is a percent. The denominator is the number of former foster youth ages 19-22 active in FSFN on the last day of the reporting month. The numerator is the subset of the denominator where the young adult is recorded in FSFN as having a high school diploma or GED.

Standard: 40% was selected as a reasonable initial standard, with performance below 30% considered “red.”

Weight: 1.0

Data Source: FSFN ad hoc report prepared by Child Welfare Data Support Unit.

Algorithm Details:

Denominator: The denominator is the number of former foster youth ages 19-22 active in FSFN on the last day of the reporting month.

1. To identify these young adults, select all records from the CARS table (RPT_CARS_CHILD_Z, which lists all children currently actively receiving services)
where the young adult’s age as of the report run date is at least 19 but less than 23. Select one record for each such young adult. This yields 1 record for each young adult in the denominator.

2. Each young adult is counted in the denominator of the CBC which provides child welfare services for the county of the primary worker for the young adult’s case as of the report run date. To determine the CBC for which we include the young adult in the denominator, this list is matched to the CPS_Participant table (using ID_Participant, ID_Case, and ID_Person). This provides the current primary worker and the county and unit of the primary worker. The young adult is counted in the denominator of the CBC which serves the county of the primary worker regardless of whether the primary worker is agent of the CBC.

3. As a result, some of the young adults counted in the denominator do not appear in lists of young adults served by the CBC in FSFN reports due to security issues. Until the young adult is assigned to the CBC instead of another entity that serves that county (e.g.: DCF Child Welfare or a sheriff’s office), the young adult will not show up on CBC lists in FSFN reports.

**Numerator:** The numerator is the subset of the denominator where the young adult is recorded in FSFN as having a high school diploma or GED in both the Education Information tab and the Education History tab.

1. To identify these young adults, link the list of children in the denominator to the Education table on ID_Case and ID_Person to bring in the ID_Educ field and flags for High School Diploma and GED Certificate. These fields are recorded in the Education Information FSFN screen shown below.

2. Then link to the School table (on ID_Educ) to obtain the completion status codes for all records through twelfth grade (CD_Grade less than 18). These fields are recorded in the
Maintain Education History FSFN screen shown below. Note, the grade level, dates, and, where applicable, completion status on this screen are required for NYTD federal reporting.

3. Identify all young adults with any of the following completion status codes recorded for any of these education history records:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>725</td>
<td>Standard High School Diploma</td>
</tr>
<tr>
<td>726</td>
<td>Standard High School Diploma (GED and Graduation Test)</td>
</tr>
<tr>
<td>727</td>
<td>Standard High School Diploma (GED and Alternate Assessment)</td>
</tr>
<tr>
<td>728</td>
<td>Standard Diploma (FCAT waiver)</td>
</tr>
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<td>729</td>
<td>Adult Standard High School Diploma</td>
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<tr>
<td>730</td>
<td>Adult State of Florida Diploma (GED)</td>
</tr>
<tr>
<td>733</td>
<td>State of Florida Diploma (GED)</td>
</tr>
</tbody>
</table>
4. Each young adult who has the High School Diploma or GED Certificate checked in the Education Information FSFN screen and one of the relevant completion status codes recorded in the Maintain Education History FSFN screen will be counted in the numerator.

12. Administrative Cost as Percent of YTD Expenditures

**Basis for Indicator:** Section 409.1671, F.S. that requires:

(3)(d) "Each contract with an eligible lead community-based provider shall provide for the payment by the department to the provider of a reasonable administrative cost in addition to funding for the provision of services."

(4)(a) "The department shall submit an annual report regarding quality performance, outcome measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, the minority leader of each house of the Legislature, and the Governor no later than January 31 of each year for each project in operation during the preceding fiscal year."

(14) "Each district and subdistrict that participates in the model program effort or any future outsourcing effort as described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these services through the department and the full cost of outsourcing, including the cost of monitoring and evaluating the contracted services."

**Algorithm:** This indicator is a percent. The denominator is the total year-to-date expenditures. The numerator is year-to-date administrative expenditures.

**Standard:** There is no standard for this indicator, but there is a presumption that lower is better. In the absence of standards, the Scorecard simply provides variable shading from green (low) to red (high).

**Weight:** 1.5

**Data Source:** DCF Office of Budget Services
## Community-Based Care Lead Agency Scorecard

### Performance through September 2012

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Health &amp; Expenditures</th>
<th>Cost</th>
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<tr>
<td>20</td>
<td>$57,925,812</td>
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</table>

**Statewide**

| Red Zone | 99.1% | 95.5% | 1.5% | 44.3% | 44.9% | 11.9% | 0.407 | 85.2% | 91.0% | 99.3% | 55.2% | 4.4% | $76,925,812 |

### Additional Information

- [Action Text](#)
## Community-Based Care Lead Agency Scorecard

### Performance through September 2012

<table>
<thead>
<tr>
<th>Rank</th>
<th>Lead Agency Name</th>
<th>Area Served</th>
<th>Ordinal Rank</th>
<th>Overall Rank</th>
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### Key Indicators:

1. In-State Children In-Home Services or within 6 Months
2. No Verified Maltreatment During May - July 2012; Terminated
3. Father Contacts: Child in Out-of-Home Care, Goal
4. Required Mother & Father Contacts: Child in Out-of-Home Care, Goal
5. Children in Care No More than Two Days-12 Months
6. Children in Care More Than 12 Months
7. Children in Care More Than 24 Months
8. Medical, Dental Expenditures
9. Medical, Dental Enrollments
11. Former Foster Expenditures
12. Medical, Dental Expenditures as Percent of YTD Expenditures
13. Average of Weighted Overall Rank

### Performance Data:

- **Safety:**
- **Family Preservation:**
- **Permanency:**
- **Health & Education:**
- **Cost:**

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<th>Health &amp; Education</th>
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<td>Family Preservation</td>
<td>Performance</td>
<td>Health &amp; Education</td>
<td>Cost</td>
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<td>In-State Children (in &amp; out of Home)</td>
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<td>95.6%</td>
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<td>Health &amp; Education</td>
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Red Zone: 98% 95% 1.5 30% 1.5 1.5 5% 1.5

Note: The table above represents performance metrics for various agencies, including in-state children in both home and out-of-home settings. It includes indicators such as safety, family preservation, permanency, health, and education, as well as financial costs associated with these services. The data is reported for the fiscal year 2012 and includes metrics for the months of May to July. The performance is rated on a scale from 0 to 100, with higher scores indicating better performance. The red zone indicates values below 98%, which are considered critical areas for improvement.
## Community-Based Care Lead Agency Scorecard

**Performance through September 2012**

**Released 10/18/2012**

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<tr>
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### Performance through September 2012

#### Calculation of Indicators 1-6

- **Release Date:** 10/18/2012

#### Performance Indicators

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#### Indicators 1-6

- **Indicator 1:** % of Children in Out-of-Home Care
- **Indicator 2:** % of Children in Out-of-Home Care, Goal Reunification
- **Indicator 3:** % of Children Reunified within 12 Months of Entry
- **Indicator 4:** % of FFCs with 50/50 Custody in FSFN
- **Indicator 5:** % of Children Reunified within 12 Months of Entry
- **Indicator 6:** % of Children Reunified within 12 Months of Entry

#### Community-Based Care Lead Agency Scorecard

- **Administrators:**
  - Frances Allegra, CEO, Southern Region, Circuits 11 & 16
  - Joseph Rogers, Chair, ChildNet Inc
  - Bob Barker, CEO, Southeast Region, Circuit 15
  - Christine Demetriades, CEO, Central Region, Circuit 19
  - Patricia Nellius-Guthrie, CEO, Brevard Family Partnership
  - Glen Casel, CEO/President, Central Region, Circuit 10
  - John Gill, Chair, Community Based Care Central Fl
  - John Cooper, CEO, Central Region, Circuit 5
  - Mark Geisler, Chair, SC Region, Circuit 20
  - Lorita Shirley, Executive Director, SunCoast Region, Circuit 13
  - Ed Landis, Chair, Eckerd Community Hillsborough
  - Robert V. Graham, Chair, Kids First of Florida, Inc.
  - Dr. George Armstrong, Chair, E. Lee Kaywork, CEO, NE Region, Circuit 4, Duval, Nassau
  - Dr. Michael Bowie, Chair, Northeast Region, Circuits 3 & 8
  - Brit Landrum, Chair, Northwest Region, Circuits 2 & 14
  - John Harter, Director, Northwest Region, Circuit 1
  - Ann Harter, Director, Families First Network
  - John Cooper, CEO, Central Region, Circuit 5

#### Key Performance Indicators

- **# Required to Be Seen:**
  - September 2012: 2,755
  - May - July 2012: 2,097
  - November 2011 - January 2012: 1,211

- **% Seen:**
  - September 2012: 99.43%
  - May - July 2012: 98.32%
  - November 2011 - January 2012: 99.69%

- **# Required to Made:**
  - September 2012: 1,155
  - May - July 2012: 1,145
  - November 2011 - January 2012: 1,189

- **% Made:**
  - September 2012: 99.23%
  - May - July 2012: 99.48%
  - November 2011 - January 2012: 97.47%

#### Additional Notes

- **Additional Performance Measures:**
  - Performance within 30 Days
  - 2a. No Verified Maltreatment During In-Home Services
  - 2b. No Verified Maltreatment During Out-of-Home Services
  - 2c. 6 Months Termination of Services (In-Home & Out-of-Home)
  - 2d. # No Verified Maltreatment Terminated
  - 2e. % No Verified Maltreatment Terminated

- **Area Served:**
  - Northeast Florida
  - Central Florida
  - Northwest Florida
  - South Florida
  - Southeast Florida
  - West Florida

- **Additional Contact Information:**
  - Contact Information for each lead agency is provided in the document.
### Community-Based Care Lead Agency Scorecard

**Performance through September 2012**

<table>
<thead>
<tr>
<th>Lead Agency</th>
<th>Area Served</th>
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<th>Community-Based Care Lead Agency Scorecard</th>
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<td>Joseph Rogers, Chair</td>
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### Calculation of Indicators 7-12

**Release Date:** 10/18/2012

**Period:** 10/2011 - 9/2012

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<td>10. Children Ages 5-17 with School Enrollment in FSFN</td>
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<td>12. Administrative Expenditures as Percent of YTD Expenditures</td>
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### Notes
- Performance data for various indicators are provided, including ratios, counts, and percentages, for different regions and lead agencies.
- Cost data includes administrative expenditures as a percentage of YTD expenditures for each lead agency, along with contract total amounts.
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### 7. Ratio of Adoptions in Last 12 Months to Children in OHC More than 12 Months
Data as of 10/14/2012

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<td>Statewide</td>
<td>146</td>
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INSERT CHAPTER 10 HERE
CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2014, October 1, 2013 through September 30, 2014

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<th>2. EIN: 59-3458463</th>
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<td>3. Address: Florida Department of Children and Families</td>
<td>[ ] New</td>
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<tr>
<td>1317 Winewood Boulevard</td>
<td>[ ] Revision</td>
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<tr>
<td>Tallahassee, FL 32399-0700</td>
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</table>

<table>
<thead>
<tr>
<th>5. Total estimated Title IV-B Subpart 1, Child Welfare Services (CWS) Funds</th>
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<tr>
<td>a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)</td>
<td>$395,940</td>
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</table>

<table>
<thead>
<tr>
<th>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.</th>
<th>$18,007,503</th>
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<tbody>
<tr>
<td>a) Total Family Preservation Services</td>
<td>$4,976,796</td>
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<tr>
<td>b) Total Family Support Services</td>
<td>$4,519,852</td>
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<tr>
<td>c) Total Time-Limited Family Reunification Services</td>
<td>$3,988,356</td>
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<tr>
<td>d) Total Adoption Promotion and Support Services</td>
<td>$4,522,499</td>
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<tr>
<td>e) Total for Other Service Related Activities (e.g. planning)</td>
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</tr>
<tr>
<td>f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-B Subpart 2 estimated allotment)</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)</th>
<th>$1,137,587</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)</td>
<td>$113,759</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Re-allotment of Title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Indicate the amount of the State’s/Tribe’s allotment that will not be required to carry out the following programs:</td>
</tr>
<tr>
<td>CWS $<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>, PSSF $</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong>, and/or MCV(States only)$__________________________</td>
</tr>
<tr>
<td>b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>, PSSF $</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong>, and/or MCV(States only)$__________________________</td>
</tr>
</tbody>
</table>

| 9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY) | $1,311,800 |

<table>
<thead>
<tr>
<th>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</th>
<th>$6,578,921</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>$1,973,676</td>
</tr>
</tbody>
</table>

| 11. Estimated Education and Training Voucher (ETV) funds | $2,206,764 |

| 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 | $0 |
| b) Indicate the amount of the State’s or Tribe’s allotment that will not be required to carry out ETV Program | $0 |
| 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 |

<table>
<thead>
<tr>
<th>13. Certification by State Agency and/or Indian Tribal Organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The State agency and/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.</td>
</tr>
</tbody>
</table>

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)**: FLORIDA

*For FFY October 1, 2013 to September 30, 2014*

<table>
<thead>
<tr>
<th>SERVICES/ACTIVITIES</th>
<th>TITLE IV-B</th>
<th>(d) CAPTA</th>
<th>(e) CFCIP</th>
<th>(f) ETV</th>
<th>(g) STATE, LOCAL &amp; DONATED FUNDS</th>
<th>(i) NUMBER TO BE SERVED</th>
<th>(j) POPULATION TO BE SERVED</th>
<th>GEOG. AREA TO BE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) PREVENTION &amp; SUPPORT SERVICES (FAMILY SUPPORT)</td>
<td>(a) Subpart I-CWS</td>
<td>4,519,852</td>
<td>1,311,800</td>
<td>13,467,595</td>
<td>70,638</td>
<td>Reports of Abuse/Neglect</td>
<td>Statewide</td>
<td></td>
</tr>
<tr>
<td>2.) PROTECTIVE SERVICES</td>
<td>(b) Subpart II-PSSF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.) CRISIS INTERVENTION (FAMILY PRESERVATION)</td>
<td>(c) Subpart II-MCV *</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.) LIFE-LIMITED FAMILY REUNIFICATION SERVICES</td>
<td>4,220,480</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.) ADOPTION PROMOTION AND SUPPORT SERVICES</td>
<td>8,692,860</td>
<td>3,988,356</td>
<td>1,658,932</td>
<td>7,643</td>
<td>All Eligible Children</td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)</td>
<td>1,570,412</td>
<td>4,522,499</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.) FOSTER CARE MAINTENANCE</td>
<td>(a) FOSTER FAMILY &amp; RELATIVE FOSTER CARE</td>
<td>22,634,537</td>
<td>12,082,666</td>
<td>5,548</td>
<td>All Eligible Children</td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.) ADOPTION SUBSIDY PMTS.</td>
<td>(b) GROUP/PARENT CARE</td>
<td>39,336,570</td>
<td>20,994,470</td>
<td>2,095</td>
<td>All Eligible Children</td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.) GUARDIANSHIP ASSIST. PMTS.</td>
<td>58,166,421</td>
<td>72,672,262</td>
<td>32,443</td>
<td></td>
<td>All Eligible Children</td>
<td>Statewide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.) INDEPENDENT LIVING SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.) EDUCATION AND TRAINING VOUCHERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.) ADMINISTRATIVE COSTS</td>
<td>395,940</td>
<td>-</td>
<td>113,759</td>
<td>131,905,544</td>
<td>307,816,191</td>
<td></td>
<td></td>
<td>Statewide</td>
</tr>
<tr>
<td>13.) STAFF &amp; EXTERNAL PARTNERS TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.) FOSTER PARENT RECRUITMENT &amp; TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.) ADOPTIVE PARENT RECRUITMENT &amp; TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.) CASEWORKER RETENTION, RECRUITMENT &amp; TRAINING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.) TOTAL</td>
<td>14,879,692</td>
<td>18,007,503</td>
<td>1,137,587</td>
<td>1,311,800</td>
<td>6,578,921</td>
<td>2,206,764</td>
<td>256,754,647</td>
<td>567,460,112</td>
</tr>
</tbody>
</table>

* States Only, Indian Tribes are not required to include information on these programs*
**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 2011: October 1, 2010 through September 30, 2011**

<table>
<thead>
<tr>
<th>Description of Funds</th>
<th>Estimated Expenditures</th>
<th>Actual Expenditures</th>
<th>Number served</th>
<th>Population served</th>
<th>Geographic area served</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total title IV-B, part 1 funds</td>
<td>$15,249,652</td>
<td>$15,218,862</td>
<td>32,012</td>
<td>All Child Welfare Clients</td>
<td>Statewide</td>
</tr>
<tr>
<td>a) Total Administrative Costs (not to exceed 10% of title IV-B, part 1 total allotment)</td>
<td>$405,783</td>
<td>$256,658</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total title IV-B, part 2 funds (This amount should equal the sum of lines a - f.)</td>
<td>$16,034,036</td>
<td>$16,000,024</td>
<td>32,012</td>
<td>All Child Welfare Clients</td>
<td>Statewide</td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>$4,029,620</td>
<td>$4,330,700</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>$3,786,233</td>
<td>$3,893,562</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>$3,566,194</td>
<td>$3,451,825</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Adoption Promotion and Support Services</td>
<td>$4,011,942</td>
<td>$3,918,611</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Other Service Related Activities (e.g. planning)</td>
<td>$100,000</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, part 2 allotment after October 1, 2007)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Total Monthly Caseworker Visit Funds (STATE ONLY)</td>
<td>$952,123</td>
<td>$952,123</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Administrative Costs (not to exceed 10% of MCV allotment)</td>
<td>$952,123</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$6,045,112</td>
<td>$6,045,111</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total Education and Training Voucher (ETV) funds</td>
<td>$2,015,835</td>
<td>$2,015,835</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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**
### Title IV-B, subpart I FFY 2005

**Historical Comparison for Payment Limitations**

<table>
<thead>
<tr>
<th>obj</th>
<th>OCA Title</th>
<th>cca</th>
<th>Total Expenditures</th>
<th>Total Federal</th>
<th>Total State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCW05</td>
<td>FS-PROGRAM ADMINISTRATION</td>
<td>BT000</td>
<td>158,329.35</td>
<td>118,747.01</td>
<td>39,582.34</td>
</tr>
<tr>
<td>PCW05</td>
<td>FS/QUALITY ASSURANCE UNIT</td>
<td>FFQAU</td>
<td>867.60</td>
<td>650.70</td>
<td>216.90</td>
</tr>
<tr>
<td>PCW05</td>
<td>PDC TRNG PROTECTIVE SVCS</td>
<td>PDC02</td>
<td>(223.13)</td>
<td>(167.35)</td>
<td>(55.78)</td>
</tr>
<tr>
<td>PCW05</td>
<td>PDC TRNG FOSTER CARE</td>
<td>PDC03</td>
<td>(831.43)</td>
<td>(623.57)</td>
<td>(207.86)</td>
</tr>
<tr>
<td>PCW05</td>
<td>PDC TRNG ADOPTION PLACEMENT</td>
<td>PDC04</td>
<td>(163.11)</td>
<td>(122.33)</td>
<td>(40.78)</td>
</tr>
<tr>
<td>PCW05</td>
<td>SF CHILD WELFARE OH ADMIN-CBC</td>
<td>PR024</td>
<td>1,637,628.13</td>
<td>1,228,221.10</td>
<td>409,407.03</td>
</tr>
<tr>
<td>PCW05</td>
<td>IV-B CHILD WELFARE OH ADMIN-CBC</td>
<td>PR026</td>
<td>10,931,006.61</td>
<td>8,198,254.96</td>
<td>2,732,751.65</td>
</tr>
<tr>
<td>PCW05</td>
<td>IV-B CHILD WELFARE OHC MAINT-CBC</td>
<td>PR046</td>
<td>513,148.45</td>
<td>384,861.34</td>
<td>128,287.11</td>
</tr>
<tr>
<td>PCW05</td>
<td>IV-B IN HOME</td>
<td>PR126</td>
<td>3,728,406.04</td>
<td>2,796,304.53</td>
<td>932,101.51</td>
</tr>
<tr>
<td>PCW05</td>
<td>IV-B CHILD WELFARE IH-CBC</td>
<td>PRA26</td>
<td>1,325,379.83</td>
<td>994,034.87</td>
<td>331,344.96</td>
</tr>
<tr>
<td>PCW05</td>
<td>IV-B CHILD WELFARE ADOPT ADMIN-CBC</td>
<td>QACM0</td>
<td>90,294.12</td>
<td>67,720.59</td>
<td>22,573.53</td>
</tr>
<tr>
<td>PCW05</td>
<td>QUALITY ASSURANCE &amp; CONTRACT MGT</td>
<td>RSFL0</td>
<td>599.05</td>
<td>449.29</td>
<td>149.76</td>
</tr>
<tr>
<td>PCW05</td>
<td>FRONT LINE RETENTION STRATEGY</td>
<td>RSL00</td>
<td>952.83</td>
<td>714.62</td>
<td>238.21</td>
</tr>
<tr>
<td>PCW05</td>
<td>RETENTION STRATEGY-LOAN REIMB</td>
<td>WQ000</td>
<td>559,669.77</td>
<td>419,752.33</td>
<td>139,917.44</td>
</tr>
<tr>
<td>PCW05</td>
<td>PROTECTIVE SVCS FOR CHILDREN</td>
<td>WH000</td>
<td>1,328,079.23</td>
<td>996,059.42</td>
<td>332,019.81</td>
</tr>
<tr>
<td>PCW05</td>
<td>FOSTER CARE PRG ADMIN</td>
<td>WQ004</td>
<td>320,317.47</td>
<td>240,238.10</td>
<td>80,079.37</td>
</tr>
<tr>
<td>PCW05</td>
<td>CHILD WELFARE MAINT PYMTS-OHS</td>
<td>WOA00</td>
<td>163,614.16</td>
<td>122,710.62</td>
<td>40,903.54</td>
</tr>
<tr>
<td>PCW05</td>
<td>CHILD WELFARE PROGRAM ADMIN</td>
<td>WY000</td>
<td>117,226.36</td>
<td>87,919.77</td>
<td>29,306.59</td>
</tr>
<tr>
<td><strong>TOTAL TITLE IV-B, PART I FFY 2005</strong></td>
<td></td>
<td></td>
<td><strong>20,874,301.33</strong></td>
<td><strong>15,655,726.00</strong></td>
<td><strong>5,218,575.33</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Total</th>
<th>IV-B Federal</th>
<th>IV-B State</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCW05</td>
<td>IV-B CHILD WELFARE OHC MAINT-CBC</td>
<td>PR046</td>
<td>513,148.45</td>
<td>384,861.34</td>
</tr>
<tr>
<td>PCW05</td>
<td>CHILD WELFARE MAINT PYMTS-OHS</td>
<td>WQ004</td>
<td>320,317.47</td>
<td>240,238.10</td>
</tr>
<tr>
<td><strong>Title IV-B FC Maintenance Payments for FFY 2005</strong></td>
<td></td>
<td></td>
<td>833,465.92</td>
<td>625,099.44</td>
</tr>
</tbody>
</table>

No Child Care or Adoption Assistance Payments were paid from FFY 2005 Title IV-B, subpart I grant funds or used as state match for the grant.

Non Federal funds expended by the state for Foster Care Maintenance Payments for FFY 2005

<table>
<thead>
<tr>
<th></th>
<th>Amount State Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87,983,633.35</td>
</tr>
</tbody>
</table>

Source: IDS Grants
### 1992 Comparison to 2011 for State and Local Funds
Expended for Non-supplantation Requirements related to Title IV-B, Part II Services

<table>
<thead>
<tr>
<th>Period</th>
<th>Family Preservation Services</th>
<th>Family Support Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$342,517,176</td>
<td>$295,846,645</td>
<td>$638,363,821</td>
</tr>
<tr>
<td>1992</td>
<td>$85,737,000</td>
<td>$311,374,000</td>
<td>$397,111,000</td>
</tr>
<tr>
<td>Diff 2011 from 1992</td>
<td>$256,780,176</td>
<td>$(15,527,355)</td>
<td>$241,252,821</td>
</tr>
</tbody>
</table>
## CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO)  Florida  For FFY 2013 OCTOBER 1, 2012 TO SEPTEMBER 30, 2013

<table>
<thead>
<tr>
<th>SERVICES/ACTIVITIES</th>
<th>TITLE IV-B</th>
<th>(d) CAPTA*</th>
<th>(e) CFCIP</th>
<th>(f) ETV</th>
<th>(g) STATE, LOCAL, &amp; DONATED FUNDS</th>
<th>(h) NUMBER TO BE SERVED</th>
<th>(i) POPULATION TO BE SERVED</th>
<th>(j) GEOG. AREA TO BE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) PREVENTION &amp; SUPPORT SERVICES  (FAMILY SUPPORT)</td>
<td>(a) Subpart I- CWS</td>
<td>4,519,852</td>
<td>1,311,800</td>
<td></td>
<td></td>
<td>12,235,788</td>
<td>77,134</td>
<td>Reports of Abuse/Neglect  Statewide</td>
</tr>
<tr>
<td>2.) PROTECTIVE SERVICES</td>
<td>(b) Subpart II- PSSF</td>
<td>4,220,481</td>
<td></td>
<td></td>
<td></td>
<td>106,005,084</td>
<td>24,362</td>
<td>All Eligible Children  Statewide</td>
</tr>
<tr>
<td>3.) CRISIS INTERVENTION (FAMILY PRESERVATION)</td>
<td>(c) Subpart II- MCV *</td>
<td>4,976,796</td>
<td></td>
<td></td>
<td></td>
<td>1,514,062</td>
<td>8,200</td>
<td>All Eligible Children  Statewide</td>
</tr>
<tr>
<td>4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES</td>
<td></td>
<td>8,692,861</td>
<td>3,988,356</td>
<td></td>
<td></td>
<td>4,150,068</td>
<td>7,263</td>
<td>All Eligible Children  Statewide</td>
</tr>
<tr>
<td>5.) ADOPTION PROMOTION AND SUPPORT SERVICES</td>
<td></td>
<td>1,570,412</td>
<td>4,522,499</td>
<td></td>
<td></td>
<td>3,018,614</td>
<td>2,495</td>
<td>All Eligible Children  Statewide</td>
</tr>
<tr>
<td>6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7.) FOSTER CARE MAINTENANCE:</td>
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</tr>
<tr>
<td>(a) FOSTER FAMILY &amp; RELATIVE FOSTER CARE</td>
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<td>23,457,942</td>
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<td></td>
<td></td>
<td>15,825,712</td>
<td>5,903</td>
<td>All Eligible Children  Statewide</td>
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<tr>
<td>(b) GROUP/INST CARE</td>
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<td>41,963,285</td>
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<td>28,310,193</td>
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<td>All Eligible Children  Statewide</td>
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<tr>
<td>8.) ADOPTION SUBSIDY PMTS.</td>
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<td>73,963,275</td>
<td>31,748</td>
<td>All Eligible Children  Statewide</td>
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<tr>
<td>9.) GUARDIANSHIP ASSIST. PMTS.</td>
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<tr>
<td>10.) INDEPENDENT LIVING SERVICES</td>
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<td>6,578,921</td>
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<td></td>
<td>20,680,419</td>
<td>1,892</td>
<td>Eligible 16-20  Statewide</td>
</tr>
<tr>
<td>11.) EDUCATION AND TRAINING VOUCHERS</td>
<td></td>
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<td>2,206,764</td>
<td>1,524</td>
<td>Eligible 16-22  Statewide</td>
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<tr>
<td>12.) ADMINISTRATIVE COSTS</td>
<td></td>
<td>395,938</td>
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<td>131,381,774</td>
<td>159,802,776</td>
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<tr>
<td>13.) STAFF &amp; EXTERNAL PARTNERS TRAINING</td>
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<td>4,235,557</td>
<td>2,515,181</td>
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<td>14.) FOSTER PARENT RECRUITMENT &amp; TRAINING</td>
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<td>1,169,978</td>
<td>574,622</td>
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<tr>
<td>15.) ADOPTIVE PARENT RECRUITMENT &amp; TRAINING</td>
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<td>411,073</td>
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<tr>
<td>16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17.) CASEWORKER RETENTION, RECRUITMENT &amp; TRAINING</td>
<td></td>
<td>1,023,828</td>
<td></td>
<td></td>
<td></td>
<td>353,713</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.) TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14,879,692</td>
<td>18,007,503</td>
<td>1,137,587</td>
</tr>
</tbody>
</table>

* States Only, Indian Tribes are not required to include information on these programs
**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2013, October 1, 2012 through September 30, 2013

<table>
<thead>
<tr>
<th>1. State or Indian Tribal Organization (ITO): FLORIDA</th>
<th>2. EIN: 59-3458463</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Address: Florida Department of Children &amp; Families</td>
<td>4. Submission:</td>
</tr>
<tr>
<td>1317 Winwood Boulevard Tallahassee, Florida 32399-0700</td>
<td>[ X ] Revision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Total estimated Title IV-B Subpart 1, Child Welfare Services (CWS) Funds</th>
<th>$14,879,692</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Total administration (not to exceed 10% of Title IV-B Subpart 1 estimated allotment)</td>
<td>$395,940</td>
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</table>

<table>
<thead>
<tr>
<th>6. Total estimated Title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds</th>
<th>$18,007,503</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Total Family Preservation Services</td>
<td>$4,976,796</td>
</tr>
<tr>
<td>b) Total Family Support Services</td>
<td>$4,519,852</td>
</tr>
<tr>
<td>c) Total Time-Limited Family Reunification Services</td>
<td>$3,988,356</td>
</tr>
<tr>
<td>d) Total Adoption Promotion and Support Services</td>
<td>$4,522,499</td>
</tr>
<tr>
<td>e) Total for Other Service Related Activities (e.g. planning)</td>
<td>$0</td>
</tr>
<tr>
<td>f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)</td>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)</th>
<th>$1,137,587</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)</td>
<td>$113,759</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Re-allotment of Title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs:</td>
<td>CWS $0, PSSF $0, and/or MCV (States only) $0</td>
</tr>
<tr>
<td>b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting:</td>
<td>CWS $Equitable share of available funds, PSSF $Equitable share of available funds, and/or MCV (States only) $Equitable share of available funds</td>
</tr>
</tbody>
</table>

| 9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY) | $1,311,800 |

<table>
<thead>
<tr>
<th>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</th>
<th>$6,578,921</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>$1,839,278</td>
</tr>
</tbody>
</table>

| 11. Estimated Education and Training Voucher (ETV) funds | $2,206,764 |

<table>
<thead>
<tr>
<th>12. Re-allotment of CFCIP and ETV Program Funds:</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program</td>
<td>$0</td>
</tr>
<tr>
<td>b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program</td>
<td>$0</td>
</tr>
<tr>
<td>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</td>
<td>Equitable share of available funds</td>
</tr>
<tr>
<td>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</td>
<td>Equitable share of available funds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Certification by State Agency and/or Indian Tribal Organization.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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, for the Fiscal Year ending September 30, 2013.</td>
<td></td>
</tr>
</tbody>
</table>

Signature and Title of State/Tribal Agency Official

Mark Mahoney, Assistant Staff Director

Signature and Title of Central Office Official
# CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

**Fiscal Year 2014, October 1, 2013 through September 30, 2014**

<table>
<thead>
<tr>
<th>1. State or Indian Tribal Organization (ITO): FLORIDA</th>
<th>2. EIN: 59-3458463</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Address: Florida Department of Children and Families</td>
<td>4. Submission:</td>
</tr>
<tr>
<td>1317 Winewood Boulevard</td>
<td>[ X ] New</td>
</tr>
<tr>
<td>Tallahassee, FL 32399-0700</td>
<td>[ ] Revision</td>
</tr>
</tbody>
</table>

5. **Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds**
   
   a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment) $14,879,692
   
   b) Total Family Preservation Services $4,976,796
   
   c) Total Family Support Services $4,519,852
   
   d) Total Time-Limited Family Reunification Services $3,988,356
   
   e) Total Adoption Promotion and Support Services $4,522,499
   
   f) Total for Other Service Related Activities (e.g. planning) $0

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.**
   
   a) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-B Subpart 2 estimated allotment) $18,007,503
   
   b) Total Family Preservation Services $4,522,499
   
   c) Total Family Support Services $3,988,356
   
   d) Total Time-Limited Family Reunification Services $4,519,852
   
   e) Total Adoption Promotion and Support Services $4,976,796
   
   f) Total for Other Service Related Activities (e.g. planning) $0

7. **Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)**
   
   a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment) $1,137,587
   
   b) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment) $113,759

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)**
   
   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) $1,311,800
   
   b) If additional funds become available to States or Tribes requesting:
      
      CWS $________________, PSSF $________________, and/or MCV(States only)$________________.

10. **Estimated Chafee Foster Care Independence Program (CFCIP) funds**

    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) $6,578,921

11. **Estimated Education and Training Voucher (ETV) funds**

    a) Indicate the amount of the State’s or Tribe’s allotment that will not be required to carry out CFCIP Program $1,973,676

    b) Indicate the amount of the State’s or Tribe’s allotment that will not be required to carry out ETV Program $0

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 $0

    b) Indicate the amount of the State’s or Tribe’s allotment that will not be required to carry out ETV Program $0

    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.

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**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):** FLORIDA  
**For FFY October 1, 2013 to September 30, 2014**

<table>
<thead>
<tr>
<th>SERVICES/ACTIVITIES</th>
<th>TITLE IV-B</th>
<th>TITLE IV-E</th>
<th>(a) Subpart I-CWS</th>
<th>(b) Subpart II-PSSF</th>
<th>(c) Subpart III-MCV*</th>
<th>(d) CAPTA*</th>
<th>(e) CFCIP</th>
<th>(f) ETV</th>
<th>(g) STATE, LOCAL, &amp; DONATED FUNDS</th>
<th>(h) NUMBER TO BE SERVED</th>
<th>(i) POPULATION TO BE SERVED</th>
<th>(j) GEOG. AREA TO BE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) PREVENTION &amp; SUPPORT SERVICES (FAMILY SUPPORT)</td>
<td>4,519,852</td>
<td>13,467,595</td>
<td>1,311,800</td>
<td>70,638</td>
<td>Reports of Abuse/Neglect</td>
<td>Statewide</td>
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</tr>
<tr>
<td>2.) PROTECTIVE SERVICES</td>
<td>4,220,480</td>
<td>105,175,130</td>
<td>22,285</td>
<td>All Eligible Children</td>
<td>Statewide</td>
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</tr>
<tr>
<td>3.) CRISIS INTERVENTION (FAMILY PRESERVATION)</td>
<td>4,976,796</td>
<td>1,658,932</td>
<td>7,643</td>
<td>All Eligible Children</td>
<td>Statewide</td>
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</tr>
<tr>
<td>4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES</td>
<td>8,692,860</td>
<td>4,227,072</td>
<td>6,659</td>
<td>All Eligible Children</td>
<td>Statewide</td>
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</tr>
<tr>
<td>5.) ADOPTION PROMOTION AND SUPPORT SERVICES</td>
<td>1,570,412</td>
<td>3,025,464</td>
<td>2,839</td>
<td>All Eligible Children</td>
<td>Statewide</td>
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<tr>
<td>6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)</td>
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<tr>
<td>7.) FOSTER CARE MAINTENANCE:</td>
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</tr>
<tr>
<td>(a) FOSTER FAMILY &amp; RELATIVE FOSTER CARE</td>
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<tr>
<td>(b) GROUP/INST CARE</td>
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<tr>
<td>8.) ADOPTION SUBSIDY PMTS.</td>
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<tr>
<td>9.) GUARDIANSHIP ASSIST. PMTS.</td>
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<td></td>
</tr>
<tr>
<td>10.) INDEPENDENT LIVING SERVICES</td>
<td></td>
<td>6,578,921</td>
<td></td>
<td>20,680,419</td>
<td>1,698</td>
<td>Eligible 16-20</td>
<td>Statewide</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11.) EDUCATION AND TRAINING VOUCHERS</td>
<td></td>
<td>2,206,764</td>
<td></td>
<td>663,862</td>
<td>1,334</td>
<td>Eligible 16-22</td>
<td>Statewide</td>
<td></td>
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</tr>
<tr>
<td>12.) ADMINISTRATIVE COSTS</td>
<td>395,940</td>
<td>-</td>
<td></td>
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<tr>
<td>13.) STAFF &amp; EXTERNAL PARTNERS TRAINING</td>
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<tr>
<td>14.) FOSTER PARENT RECRUITMENT &amp; TRAINING</td>
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<td>3,020,281</td>
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<td>3,422,747</td>
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<td></td>
</tr>
<tr>
<td>15.) ADOPTIVE PARENT RECRUITMENT &amp; TRAINING</td>
<td></td>
<td>1,109,953</td>
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<td>781,036</td>
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</tr>
<tr>
<td>16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING</td>
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<td>581,341</td>
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<td>409,070</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17.) CASEWORKER RETENTION, RECRUITMENT &amp; TRAINING</td>
<td></td>
<td>1,023,828</td>
<td></td>
<td>379,196</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.) TOTAL</td>
<td>14,879,692</td>
<td>18,007,503</td>
<td>1,137,587</td>
<td>1,311,800</td>
<td>6,578,921</td>
<td>2,206,764</td>
<td>256,754,647</td>
<td>567,460,112</td>
<td>153,182</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* States Only, Indian Tribes are not required to include information on these programs
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 2011: October 1, 2010 through September 30, 2011

<table>
<thead>
<tr>
<th>Description of Funds</th>
<th>Estimated Expenditures</th>
<th>Actual Expenditures</th>
<th>Number served</th>
<th>Population served</th>
<th>Geographic area served</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total title IV-B, subpart 1 funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)</td>
<td>$405,783</td>
<td>$256,658</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)</td>
<td>$16,034,036</td>
<td>$16,000,024</td>
<td>32,012</td>
<td>All Child Welfare Clients</td>
<td>Statewide</td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>$4,029,620</td>
<td>$4,330,700</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>$3,786,233</td>
<td>$3,893,562</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>$3,566,194</td>
<td>$3,451,825</td>
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<td>d) Adoption Promotion and Support Services</td>
<td>$4,011,942</td>
<td>$3,918,611</td>
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<tr>
<td>e) Other Service Related Activities (e.g. planning)</td>
<td>$100,000</td>
<td>$0</td>
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<tr>
<td>f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)</td>
<td>$540,047</td>
<td>$405,326</td>
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<td>7. Total Monthly Caseworker Visit Funds (STATE ONLY)</td>
<td>$952,123</td>
<td>$952,123</td>
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<tr>
<td>a) Administrative Costs (not to exceed 10% of MCV allotment)</td>
<td>$95,212</td>
<td>$0</td>
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<tr>
<td>8. Total Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$6,045,112</td>
<td>$6,045,111</td>
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<tr>
<td>a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td>$1,813,534</td>
<td>$1,303,163</td>
<td>2,278</td>
<td>Eligible 16 thru 20 year old youths</td>
<td>Statewide</td>
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<td>9. Total Education and Training Voucher (ETV) funds</td>
<td>$2,015,835</td>
<td>$2,015,835</td>
<td>1,565</td>
<td>Eligible 16 thru 22 year old youths</td>
<td>Statewide</td>
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</table>

Signature and Title of State/Tribal Agency Official | Date | Signature and Title of Central Office Official | Date

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.
### FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES

#### Fiscal Data

<table>
<thead>
<tr>
<th>Program/Service</th>
<th>Funding Source</th>
<th>Family Preservation Services</th>
<th>Family Support Services</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>STATE</strong></td>
<td><strong>FEDERAL</strong></td>
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<td><strong>STATE</strong></td>
<td><strong>FEDERAL</strong></td>
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<td>Associated Marine Institute</td>
<td>State Funds</td>
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<td>Child Sexual Abuse Treatment Program and Child Protection Teams</td>
<td>State Funds, SSBG</td>
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<td>Child Abuse Prevention</td>
<td>TANF, SSBG</td>
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<td>Child Care and Development Fund</td>
<td>SSBG, COBII &amp; TANF</td>
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<td>Children's Mental Health and Substance Abuse</td>
<td>DJJ - General Rev</td>
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<td>DCF – Comm MH Block Grant</td>
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<td>Community Affairs/GRVS</td>
<td>Comm Servs Block Grant</td>
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<td>Community Food &amp; Nutrition</td>
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<td>Day Care Quality Improvement</td>
<td>Child Care Dev Block Grant</td>
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<td>Day Care Resource &amp; Referral</td>
<td>Child Care Dev Block Grant</td>
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<td>Early Delinquent Prev Program</td>
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<td>Early Intervention Services</td>
<td>State, IDEA, Part C</td>
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<td>Epilepsy</td>
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<td>Even Start</td>
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<td>Family Builders</td>
<td>DJJ - GR</td>
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<td>DCF – GR, SSBG, TSBF, TANF</td>
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<td>Family Day Care Home Enhancement</td>
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<td>Family Planning</td>
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<td>Family Safety</td>
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<td>Florida First Start Program</td>
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<td>Full Service Schools</td>
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<td>DCH -</td>
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<td>Home Visitor-High Risk Newborn</td>
<td>State Funds</td>
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<td>Healthy Families</td>
<td>TANF, State</td>
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<td>Improved Pregnancy Outcome</td>
<td>Maternal &amp; Child Health Bk Grant</td>
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<td>Interstate Compact IBS</td>
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<td>Non Secure Detention Shelter</td>
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<td>Protective Services Staff</td>
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<td>Regional Perinatal Program</td>
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<td>Women, Infants &amp; Children Program</td>
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<td>Totals by Program AREA &amp; FUND SOURCE</td>
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<td>342,517,176</td>
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<td>622,866,155</td>
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