

Gabriel Myers Work Plan
January 31, 2010
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This work plan addresses the 90 recommendations from the Gabriel Myers Work Group. It includes broad conceptual strategies for an overall approach and direction (Strategic Initiatives) and a more detailed matrix in terms of action steps.

Strategic Initiatives

1) Proposed Legislation using the Final Report on Psychotropic Medications and subsequent recommendation of Gabriel Myers Workgroup

- Suggested language for a bill has been drafted and submitted to the appropriate legislative committees, as per the input that the Work Group received from the community stakeholders during its deliberations.
- Continue working with community partners and stakeholders to assure that legislative staff review any proposed amendments o ensure the bill continues to provide sufficient guidance on issues related to informed consent documentation, as well as, guiding principles from the work group.
- Once the bill is filed, DCF will continue to provide updates to community partners and stakeholders. as to the status of the bill in the legislative process, including any amendments,

Recommendations: 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 24, 58, 89

2) Identify Resources needed for full implementation and subsequent Legislative Budget Requests; Using the Final Report on Psychotropic Medications and subsequent recommendations of the Gabriel Myers Workgroup, areas where additional funding will be needed have been identified. These additional resources are needed to support recommendations made in the Final Report on Psychotropic Medications. Steps in developing this document were:

- The Department completed an analysis and prioritization of Workgroup recommendations to identify those having a fiscal impact, and whether costs are non-recurring or recurring by seeking input from community partners, stakeholders and Department program and administrative /budget staff. Copies of this document and updates were discussed by phone and sent to the Florida Coalition for Children for comment and input.
- Prioritized recommendations that are short term or long term objectives and those that can be implemented through either existing or re-prioritization of current resources at either the Department or community level. Ongoing analysis of recommendations is to be a collaborative effort between community partners, stakeholders and Department program and administrative/budget staff.
- Supported consensus among community partners, stakeholders, executive and legislative leadership to advocate for additional funding to develop and implement needed resources as identified by the Workgroup.

Recommendations: 1, 8, 9, 11, 24, 25, 27, 30, 34, 36, 41, 42, 43, 44, 47, 48, 49, 50, 51, 62, 66, 67, 70, 71, 72, 74

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Strategic Initiatives

- 3) Statewide Policy and Practice Council;** The Department is proposing the development of a standing Policy & Practice Council comprised of community partners to assist in developing and implementing policy and practice guidance. It is recommended that there be an established sub-committee on psychotropic medications for children. This sub-committee would be used to identify, support or assist in developing many of the policy and practice recommendations from the Gabriel Myer's Work Group. Accordingly, the sub-committee will be complete a variety of information gathering, analysis and planning activities that will require working in partnership with state and community stakeholders.
- The sub-committee will be provided dedicated professional staff support from the Department Family Safety Program & Children's Legal Services and Mental Health Program Office to support its ongoing function.
 - The sub-committee core membership will include the Florida Coalition for Children, community-based care agency representation, provider agency representation (both case management and mental health), a mental health, family and child self-advocate(s), and physical health providers , the Agency for Health Care administration and the Magellan CBC-partnership (pre-paid mental health plan).
 - Subject matter experts can be added to the sub-committee on an as-needed basis
- Recommendations: 2, 3, 4, 5, 8, 17, 18, 20, 21, 25, 26, 27, 28, 29, 31, 32, 33, 34, 35, 37, 38, 39, 40, 42, 43, 44, 45, 46, 52, 55, 57, 60, 63, 64, 66, 68, 69, 70, 71, 72, 73, 75, 76, 77, 79, 80, 82, 83, 84, 85, 86, 88, 90
- 4) Community Partnerships;** The continued collaboration with community partners will be critical to ensure the overarching goals of the Work Group are met. Stated simply, sustaining or achieving good child welfare practice requires teamwork, at the state, local-community, or individual child and family level. The Department, working in partnership with its community-based providers and other stakeholders, remains committed to excellence in practice. Considerations for supporting state and local-community implementation of the goals of the Work Group include:
- State, regional and circuit leadership will survey and discuss with their respective community partners the current status of the policy, procedural and practice related recommendations in the Final Report. The goal of the survey and ongoing discussions is to identify effective policy, procedural and practices already in place as well as, identifying opportunities for improvement and / or effective practices to be shared.
 - State, regional and circuit leadership will continue to work with community partners and providers to promote or sustain systems-change.
 - State, regional and circuit leadership will continue dialogue with community stakeholders and providers regarding the findings and recommendations of the Work Group and opportunities for enhancing local policy, procedures and practice based on the survey findings regarding existing models.

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(4) Community Partnerships (con't)

- Sustaining and supporting the commitment to high quality consistent practice will frame statewide training and professional development events such as the Dependency Summit and be a guiding principle of the various oversight and supporting Work Groups currently operating to provide the child welfare system guidance and critical feedback.
- Florida's Quality Improvement Plan will be used as an additional platform for driving the systems-level changes recommended by the Workgroup
Recommendations: 3, 8, 17, 20, 37, 42, 53, 55, 56, 57, 60, 61, 64, 69, 70, 71, 72, 75, 76, 79, 88

5) Communication strategy; There are a variety of different Work Groups, task forces, councils and committees currently in operation dedicated to improving outcomes for children and families involved in the child welfare system. Coordination of activities increases likelihood of maximizing impact while not duplicating efforts. Accordingly, a single point of accountability can provide the oversight of the various initiatives and activities.

The Work Group on Fostering Success will be identified as the key oversight body responsible for the on-going ownership and monitoring of the findings and recommendations of the Gabriel Myers Workgroup. Additional considerations include:

- Aligning findings and recommendations of the Final Report on Psychotropic Medications with the goals and initiatives of the various workgroups, taskforces and policy councils increases both efficiency and likelihood of success
- Working in partnership with the various workgroups, taskforces and policy councils, as well as, community stakeholders and providers, opportunities for coordination and collapse of initiatives when they are similar in scope and purpose will be considered.
- The various workgroups, taskforces and policy councils will also be used for communicating key policy and practice messages, while also promoting local and state-level systems change. Concurrently, the Work Group on Fostering Success can provide guidance to or reinforce state and local leadership when needed. Listed these workgroups, taskforces and council may include, but are not limited to:

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5) Communication strategy (con't)

I. The Work Group on Fostering Success

A. Sub-committees to the Work Group

1. The Task Force Sub-committee for the Child and Family Services Review (and related oversight of the Child and Family Services Review Quality Improvement Plan)
2. The Task Force sub-committee on Integration within the Agency
3. The Task Force sub-committee on Inter-Agency Relations
4. The Task Force Legal sub-committee
5. The Task Force sub-committee for New Initiatives
6. The Task Force sub-committee for Oversight and Implementation (for Courtney Clark findings)
7. The Task Force sub-committee for Safe Families

B. Workgroups to the Task Force

1. The Gabriel Myers Work Group
2. The Workgroup on Child and Child Sexual Abuse

C. Additional Policy Advisory Councils

1. The Office of Adoption and Child Protection and the Child Abuse Prevention and Permanency Council
2. The Child Death Review Committee

Recommendations: 3, 8, 9, 20, 35, 57, 69, 70, 71, 75, 76, 86, 88

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- 6) Rule revision and maintenance;** The promulgation of 65C-35, the “Psychotropic Medications” rule is a key strategy cited in a number of the recommendations of the Gabriel Myers Workgroup. Additional steps for this strategy include:
- The Family Safety Program Office, working in partnership with Children’s Legal Services, Agency for Health Care Administration and community providers, will regularly review current rules for relevancy with current statute, strategic direction and best practices.
 - Content will be modified as needed through the rule promulgation process. The Policy and Practice Council will be used as a platform for this regular review and revision activity.

Recommendations: 3, 5, 8, 13, 17, 19, 20, 21, 23 ,25, 31, 33, 34, 38, 42, 44, 45, 53, 54, 55, 73, 76, 77, 80, 87, 88, 90

- 7) Ongoing training initiatives;** A three-tiered psychotropic medications training plan was developed by the Family Safety Program Office in partnership with stakeholders including community-based care agencies, the mental health program office, University of South Florida – Florida Mental Health Institute, substance abuse and domestic violence providers and with contract support from Florida State University’s Center for Prevention and Early Intervention Policy.
- The Family Safety Program Office, working in partnership with its community providers and other stakeholders, will institutionalize the family-centered practice initiative(s) and the three-tiered psychotropic medication training plan through web-based and ongoing statewide training
 - Content of the three-tiered psychotropic medications training will be amended, as needed, in order to remain consistent with current statute, rule, strategic direction and best practices.
 - Additional funding will be requested through the legislative budgeting process to provide the ongoing funding necessary to institutional these training initiatives.

Recommendations: 3, 4, 8, 15, 17, 19, 20, 21, 22, 25, 28, 29, 30, 31, 42, 45, 53, 54, 61, 65, 71, 76, 77, 88

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- 8) Quality Assurance revision and maintenance;** Through a quality assurance initiative led by Secretary Sheldon, every child who was receiving psychotropic medications at the time of initial inquiry by the Gabriel Myers workgroup, had a completed quality assurance review. Findings and analysis of these reviews are inherent in many of the recommendations in the Final Report.
- The regular review of quality assurance standards for adequacy and relevance to statutory, rule-based and best practices expectations will be institutionalized into ongoing quality assurance activities.
 - Measurement standards and practices are to be modified accordingly based on analysis of ongoing quality assurance findings and review of standards.
 - Using the guiding principle of, “What gets measured gets done, so measure what counts” as a starting point, facilitate ongoing discussions on how best to align quality of practice standards with statute, rule or best practices regarding a family-centered approach to the integration of services.

Recommendations: 3, 8, 15, 20, 28, 29, 31, 42, 43, 44, 45, 46, 53, 54, 65, 71, 76, 77, 84, 85, 88

- 9) Florida Safe Families Network tracking and monitoring;** Florida Safe Families Network (FSFN) is the federally required Statewide Automated Child Welfare Information System and is the official system of record for every child receiving services. Steps to be completed to use FSFN for ongoing tracking and monitoring include:
- Work in partnership with community-based care agencies and their sub-contracted providers to identify existing functions in FSFN that can be used for tracking of key quantitative of practice related to findings and recommendations of the Workgroup.
 - •Develop automated reporting functions where current FSFN capacity already exists and explore feasibility of modifying existing data elements, or developing new ones through changes in the system, to enhance electronic tracking of key indicators of procedural compliance and practice.

Recommendations: 4, 47, 48, 49, 50, 51, 52, 62, 79, 83

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- 10) Standard contract template revision and maintenance;** The Policy and Practice Council will be used as a platform to work in partnership with the Florida Coalition for Children, community-based care agencies and their providers to explore feasibility of increasing alignment with standard contract requirements with quality assurance measures and standards of practice. In order to complete this strategy;
- Survey the Florida Coalition for Children, community-based care agencies and their providers regarding contract requirements that support or act as barriers to implementing quality of practice standards inherent in the Final Report.
 - Complete an analysis of current contractual requirements for alignment of quality assurance standards and recommendations of the Gabriel Myers Workgroup. The goal of this analysis is to identify unnecessary, duplicative or contraindicated standards, as well as, opportunities for enhancement, in order to provide the contractual framework necessary to support high quality and consistent child welfare practice.
 - Work in partnership with the Florida Coalition for Children, community-based care agencies and their providers, as well as, Department administrative and contracting staff, to modify community-based contract template as needed.

Recommendations: 8, 25, 76, 78, 81, 88

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TASK MATRIX

No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R1.	The Legislature should provide appropriate funding to ensure that each child in the care of the state is assigned a Guardian ad Litem.	Secure Funding \$13,093,308 State GAL Office Family Safety Program Office (FSPO)	<ol style="list-style-type: none"> 1) Currently, there are 31,724 children under court supervision, in which 24,046 of those children are being actively worked by a GAL; therefore, 7,678 children do not have an assigned GAL. In keeping with the GAL formula, one (1) GAL attorney is needed for every 200 children, requiring 38 additional GAL attorney positions. One (1) Case Coordinator is needed to every 45 children, requiring 171 additional Case Coordinator positions. One half (.50) Support Staff is needed to every 500 children, requiring 15 additional Support Staff positions. Salaries and benefits for these 224 FTE positions totals \$10,888,905, and the positions' related expenses total \$2,204,403. The total cost to implement this recommendation would be \$13,093,308. The GAL state office has requested \$1M from the legislature to serve 750 children and 76 positions. 2) Work with Guardian Ad Litem to request funds to serve each child in state care through the Supplemental Legislative Budget Request (LBR) Process if available for 2010-2011 3) Work with Guardian Ad Litem to request funding in the 2011-2012 LBR process 	3
R2.	The Department of Children and Families, working with its community partners, should continue to work with the Broward County School District to examine what school-related issues existed with Gabriel Myers and to strengthen future efforts at collaboration and information-sharing.	Engage Southeastern Region Principals: School system, CBC, DCF Regional Office	<ol style="list-style-type: none"> 1) Southeast Region will establish a means to discuss with Broward County Schools progress and continued barriers to collaboration and information-sharing in both directions 2) Examine the Interagency Agreements between schools and DCF for inclusion of strategies that improve collaboration and information-sharing regarding foster children. 3) Request and support efforts to develop a report that identifies the school-related issues. 	1

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R3	<p>The Department of Children and Families should require their lead agencies to develop and implement procedures that:</p> <ul style="list-style-type: none"> o Fix responsibility during crisis involving a child in the care of the state o Identify and hold accountable a champion, normally the case manager, to ensure the child is treated as a prudent parent would treat their child o Involve the child and consider the child’s opinion in all decision-making o Ensure presenting needs are identified and met in a timely fashion o Require transparency, collaboration among those responsible for a child’s care , and a demonstrated sense of urgency. 	<p>Determine and Secure Funding</p> <p>FSPO Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children’s Mental Health</p>	<ol style="list-style-type: none"> 1) Conduct research to accurately project costs associated with developing a model of specialized case management in order to provide child welfare professionals the level of professional expertise and related competencies in mental health issues. This initiative is likely to incorporate targeted case management resources that are currently available, but not systematically utilized, within the pre-paid mental health plan. Increase in use of TCM services will impact costs to the pre-paid plan. 2) Establish a structured process by which to collaborate and communicate with all CBC partners and stakeholders for developing and revising policy. 3) Coordinate meetings with partners to review and consider implications and strategies for this recommendation. Determine whether protocols need modification or new protocols developed. 4) Promulgate Rule 65C-35, Psychotropic Medication for Children in Out of Home Care. 5) Fold relevant content into 3 Tiered psychotropic medications training plan and related rule and operating procedure trainings, including Youth Law Center Quality Parenting Initiative training, as appropriate. 6) Ensure compliance through quality assurance monitoring and feedback methods. 	1

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R4	The Department of Children and Families and its lead agencies should develop and implement a priority response system for warning signs indicating a child is in crisis.	Secure funding \$34,000 if an algorithm in FSFN is agreed to be the right solution CBCs Florida Coalition for Children FSFN Project	<ol style="list-style-type: none"> 1) Explore existing priority response systems in the individual CBC structures for models that could be replicated 2) From these, develop an algorithm of risk or crisis "profile" that would generate an alert to staff, supervisor, and/or manager within the FSFN or other systems, which would require IT labor, subject matter expertise, consensus on the profile and subsequent training. 3) Establish a structured process by which to collaborate and communicate effective existing practices with all CBC partners and stakeholders for developing and revising policy. 4) Collaborate with community stakeholders and community partners to develop a method of identification of need and timely response that parallels the crisis response efforts under development. 5) Work with FSFN Project staff to identify effective methods of electronic documentation and of tracking without incurring additional cost. 6) If FSFN additions are agreed to, review current budget in order to identify any funds available to develop an algorithm of risk or crisis "profile" that would generate the alerts. 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R5	The Department of Children and Families should require its lead agencies to develop and implement procedures to identify and to assist foster parents who are not able to manage their child's behavior or have reached a high level of stress. Such procedures should include 24/7 availability for support and intervention during times of crisis.	CBCs, Mental Health Program Office, Florida Coalition for Children, Community-Based Care Agencies, Sheriff's Offices, DCF Regional Offices	<ol style="list-style-type: none"> 1) Identify existing and new models of effective and improved practice for training, supporting and empowering foster parents, including specific tools and resources foster parents can use to improve a child's behaviors and manage their own stress. (Carole Shauffer of Youth Law Center , Casey Foundation, Florida Association of Behavior Analysis, Fr. Flanagan's Boys Town, etc.). 2) Work in collaboration with partners to identify existing local practices that identify and assist foster parents who are not able to manage their child's behavior or have reached a high level of stress. 3) Construct a statewide memorandum identifying effective local practices that provide 24 hour availability of supports for foster parents, relatives, and other caregivers (see QIP, Goal 1, Strategy D., action step 11.) 4) Review policies in: <ul style="list-style-type: none"> o 409.1753, F.S. o FAC 65-13.028 5 j o FAC 65-13.029(6)(O) 5) Identify associated costs and secure funding. 6) Review and update the bi-lateral service agreement to reflect the intent, availability and proper use of respite care. 7) Ensure compliance through quality assurance monitoring and feedback methods. 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R6	The Department of Children and Families and its lead agencies should develop and implement procedures to obtain timely out of state information essential to a new placement in Florida.	Check practice between state ICPC, Other states & local providers	<ol style="list-style-type: none"> 1) Raise issue with AAICPC Executive Committee 2) Seek to address in proposed Regulation 11 (supervision) 3) Create operating procedure or administrative code requiring efforts to obtain full medical and mental health history or incoming and outgoing children placed through ICPC 	
R7	The Broward County child welfare system should provide a semiannual report to the Task Force on Fostering Success, documenting its on-going efforts to implement, monitor, and institutionalize the measures taken to ensure more effective and comprehensive treatment of children under the care of the state.	Assist Broward w/ format of report	<ol style="list-style-type: none"> 1) Work with the Southeast Region Family Safety Program Office, Childnet and other local partners to develop and implement a work plan. 2) Make a plan to share results at already-scheduled meetings, agendas and minutes to assess progress 3) Provide assistance as requested from local stakeholders 4) Co-ordinate with all parties 5) Submit report to the Task Force on Fostering Success 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R8	All decision making should be guided by the principle that it is important to comprehensively address all concerns in a child's life-- health, education, and social/emotional issues--as well as providing behavioral supports and parent training, so that a child's behavioral and mental health issues can be addressed in the least restrictive setting and in the context of a comprehensive treatment plan.	Training Legislation Foster Parent Initiative Secure funding Florida Coalition for Children, Community Based Care agencies	<ol style="list-style-type: none"> 1) The Family Safety Program and Children's Medical Health Program, working in conjunction with its stakeholders are proposing to develop an intensive in-services training curriculum, Assertive Case Management, for frontline child welfare professionals, their supervisors, and other related disciplines focusing on the assertive, or active case management. Principles to be included within the training curriculum: <ul style="list-style-type: none"> • foundations of comprehensive assessment, • "informed" placement and • Motivational Interviewing. The Assertive Case Management train-the-trainers training will offer one additional week to each of the six regions. 2) Finalize and promulgate Rule 65C-35 (psychotropic medications) <ul style="list-style-type: none"> • Ensure relevant content is folded into current Three- Tiered psychotropic medications training plan and • related rule and operating procedure trainings occur 3) Follow the progress of the Department's proposed legislation on the Administration of Psychotropic Medications for Children in Foster care which includes these guiding principles. 4) Include the establishment of clear roles of the primary caregiver, e.g., Youth law Center Quality Parenting Initiative. 	1 & 3
R9.	The State of Florida, through Governor Crist and Secretary Sheldon, should raise the issue of the use of psychotropic medications to treat children in state care to national prominence in order to develop a comprehensive nationwide approach.			

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R10	The Legislature should examine current statutes and provide sufficient funding to allow the court to appoint an attorney for each child for whom psychotropic medication is prescribed. At a minimum, an attorney should be appointed for any child who objects to being administered psychotropic medication or requests legal representation.	Secure funding Examine statutes CBC, DCF Regions, CLS and the legal community working with foster children.	<ol style="list-style-type: none"> 1) Determine the legal support, processes and any changes to existing law needed for this recommendation 2) Share with stakeholders the potential costs for an attorney being appointed for all children on psychotropic medication, which could be contracted at a rate of \$100/hour. To include all foster children on psychotropic medication (2,850) the cost would be \$6,840,000. 3) This recommendation is incorporated into the Department's proposed legislation on the Administration of Psychotropic Medications for Children in Foster care. 4) Request funds to support the proposed bill through the Supplemental Legislative Budget Request (LBR) Process if available for 2010-2011 	3
R11	The Legislature should amend the requirement for a pre-consent consultation for all children in out-of-home care under age six. Instead, the consultation should be expanded to include all children age eleven and under who are prescribed two or more psychotropic medications.	Secure funding	<p>NOTE: This group of children is a subset of those outlined in Recommendation # 36; the cost for # 11 has been added into the total shown for Recommendation # 36. Stand alone costs for this subgroup is estimated at \$370,560.</p> <ol style="list-style-type: none"> 1) Determine existing CBC provider staff capacity to specifically coordinate the documentation associated with psychotropic medications to ensure that both case managers and physicians have the documentation appropriately tracked and filed and recorded in each child's records. 2) Consult the CBCs to estimate this potential cost. 3) Proposed legislation requires pre-consent consultation for all children in out-of-home care in the 2010-2011 Child Welfare Legislative proposals. 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R12	The Legislature should review current statutes to ensure that procedural safeguards employed for the use of psychotropic medications are applied to all medications that alter brain function, regardless of the purpose of the prescription, to ensure they are adequate	Draft Rule 65C-35	<ol style="list-style-type: none"> 1) Review current statutes to ensure adequacy of procedural safeguards employed for the use of psychotropic medications 2) Propose legislative changes if warranted, in the 2010-2011 Child Welfare Legislative proposals. (See R8.) 	3
R13	The Legislature should amend Section 39.407, F.S., to change the term "medical report" to "Medical Treatment Plan" so that interventions focus on treatment and the holistic needs of the child	Draft Rule 65C-35	<ol style="list-style-type: none"> 1) Propose legislative language changing <u>medical report</u> to <u>Medical Treatment Plan</u> in S. 39.407, F.S. (See R8.) 	2
R14	The Legislature should authorize the Department to develop a single medical treatment plan form with standardized information that can be utilized in all judicial circuits across the state.	MEDICAL HOME	<ol style="list-style-type: none"> 1) Work with Children’s Mental Health and providers to develop recommended legislative language in the 2010-2011 Child Welfare Legislative packet. (See R8.) 	3
R15	The Legislature should ensure that State statutes and Department of Children and Families policies, procedures, and practices recognize that children should be fully involved and allowed to participate in court hearings and treatment decisions. As part of this, prescribers should be required to confer with and seek assent from each child and to document the child’s position. The Department of Children and Families should be required to inform the Court of the child’s position.	TRAINING QA	<ol style="list-style-type: none"> 1) Promulgate “Psychotropic Medications” Rule, F.A.C. 65C-35 2) Develop and implement Three Tiered psychotropic medications training plan, including the “Integration of Services” Training Series. 3) Propose legislation on the Administration of Psychotropic Medications for Children in Foster care which includes requirement to seek “assent” from the child. (See R8.) 4) Compile practice tools relating to caregiver and child involvement in court proceedings, and disseminate statewide for local use. (See QIP, Goal 1, Strategy C, Action Step 5.) 5) Ensure monitoring and compliance through quality assurance monitoring and feedback methods. 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R16	<p>The Legislature should review Florida statutes to ensure requirements are practical and clearly defined for:</p> <ul style="list-style-type: none"> o Prescribing psychotropic medications o Obtaining informed consent o Obtaining the child’s assent o Requiring a parent, case worker, or other adult responsible for the child’s care to attend each medical appointment with the child o Administering and monitoring psychotropic medications o Discontinuing, when appropriate, psychotropic medications. To include a formal plan for discontinuation o Notifying involved parties. o Reporting adverse incidents 	<p>Review chapter 39 Review new rule</p> <p>FSPO</p>	<ol style="list-style-type: none"> 1) Propose legislation on the Administration of Psychotropic Medications for Children in Foster care. (See R8.) 2) Incorporate in rule as appropriate. 3) Integrate into Three Tiered psychotropic medications training plan, including the “Integration of Services” Training Series. 	3
R17	<p>The Legislature should require all prescribing physicians to report adverse consequences of psychotropic medications; all adverse effects should become a record in the medical file of a child in the care of the state.</p>	<p>Legislation</p> <p>FSPO Mental Health Program Office, Children’s Medical Services, Agency for Health Care Administration – Pharmacy Services</p>	<ol style="list-style-type: none"> 1) Work in partnership to determine the type of adverse reporting process best meets the needs of the children served by Florida child welfare. 2) Determine whether reporting requirements should be through AHCA – Pharmacy Services, FSFN, or both 3) Develop or amend appropriate Children and Families Operating Procedure, and incorporate into rule as necessary. 4) Ensure inclusion of content in ongoing training of caregivers and providers. 5) Legislation on the Administration of Psychotropic Medications for Children in Foster care which requires all prescribing physicians to report adverse consequences o psychotropic medications ; all adverse effects should become a record in the medical file of a child in the care of the state 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R18	The Legislature should allow Advanced Registered Nurse Practitioners and Physician Assistants to provide information to parents and legal guardians in order to obtain express and informed consent for treatment.	Children’s Medical Services, Agency for Health Care Administration – Pharmacy Services Mental Health Program Office, Mental Health Advocacy stakeholder’s groups and providers, Community-Based Care agencies	<ol style="list-style-type: none"> 1) Work in partnership to develop best practices for fully informing consent givers and children on those elements necessary for full and legal express and informed consent. 2) Provide guidance as to types of information that must be provided by the prescribing physician and what information could be given by Advanced Registered Nurse Practitioners and Physician Assistants. 3) Legislation allowing Advanced Registered Nurse Practitioners and Physician Assistants to provide information to parents and legal guardians in order to obtain express and informed consent for treatment in the 2010-2011 Child Welfare Legislative proposals. 	3
R19	The Legislature should preclude any participation by children in State care in clinical trials relating to the development of new psychotropic medications.	Rule	<p>NOTE: May not require legislative action; however recommendation already being addressed through the “Psychotropic Medications” Rule, F.A.C. 65C-35</p> <ol style="list-style-type: none"> 1) Propose legislative language, if needed, on the Administration of Psychotropic Medications for Children in Foster care which requires that precludes participation of a child in state care in clinical trials relating to the development of new psychotropic medications. 2) Promulgate rule. 3) Integrate clinical trial procedures into the Three Tiered psychotropic medications training plan, including the “Integration of Services” 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R20	The Department of Children and Families should require its lead agencies to develop and implement treatment protocols which ensure collaboration among those responsible for a child's care. These protocols should specifically address the role of the use of psychotropic medications and the need to share all relevant information with all parties involved in the child's care.	TRAINING Florida Coalition for Children, community stakeholders and community partners	<ol style="list-style-type: none"> 1) Promulgate Rule 65C-35 2) Collaborate regarding CBC contract template as needed . 3) Work in collaboration with partners delivering the services to develop and implement local plans that describe the treatment protocols for those responsible for a child's care. 4) Integrate relevant content into current 3 Tiered psychotropic medications training plan and related rule and operating procedure trainings. 	1
R21	The Department of Children and Families, working with its community partners, should provide recommendations to the Department regarding improvement of collaboration in treating children under the care of the state, including: <ul style="list-style-type: none"> o Sharing of information in the Comprehensive Behavioral Health Assessment; o Providing specific and upfront therapy in response to assessments; o Collaborating throughout the foster care experience for the child; o Providing periodic/ongoing assessments as appropriate. 	TRAINING Rule Florida Coalition for Children, Magellan – CBC partnership, Children's Mental Health Program, Agency for Health Care Administration and community partners	<ol style="list-style-type: none"> 1) Promulgate Chapter 65C-35, F.A.C., Psychotropic Medication for Children in Out of Home Care. 2) Work in partnership to solidify recommendations for the Department necessary to implement this recommendation. 3) Amend CFOP to incorporate recommendations into practice guidance to provide therapy and ongoing assessments. 4) Integrate recommendation in ongoing related training initiatives. 5) Pursue establishment of medical home for foster children. 	2
R22	The Department of Children and Families, working with its community partners, should ensure that those involved in a child's care are required to complete training on psychotropic medications including requirements for informed consent, monitoring of "Black Box" medication warnings, signs and symptoms to be monitored for adverse reactions, and their responsibilities in the monitoring process.		<ol style="list-style-type: none"> 1) Ensure relevant content is folded into current 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 2) Implement current 3-Tiered psychotropic medications training plan. Training pilot scheduled to begin in March 2010. 	1

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R23	The Department of Children and Families should, by rule, prohibit the prescription of a psychotropic medication to any child removed from his/her home during the first 30 days of out-of-home care, unless that child is already on psychotropic medications or if the case meets emergency criteria. This rule should ensure that the trauma associated with removal is addressed through immediate therapy and counseling.	Draft Rule 65C-35	<ol style="list-style-type: none"> 1) Seek input from parents, youth and physicians regarding statutory authority to impose 30-day prohibition. 2) Include language relating to use of therapy to complement psychotropic medication in 65C-35, F.A.C. Revise rule once statutory authority provided. 3) Revise operating procedure(s) to reflect this provision, after final rule is in place. 	1
R24	The Department of Children and Families should define in rule parameters for a mandatory second opinion for all children receiving psychotropic medications.	Draft Rule 65C-35 Secure funding \$388,080 CBCs, Regional DCF,	<p>NOTE: Currently, the child welfare pre-paid plan pays for two (2) assessments per year per child at \$210 per assessment, bringing the assessments to an annual amount of \$420 (\$210/assessment times 2) per child. The estimated number of children in out-of-home care on psychotropic medication, but who are not on the child welfare pre-paid plan, is 924.</p> <ol style="list-style-type: none"> 1) Promulgate Chapter 65C-35, F.A.C., Psychotropic Medication for Children in Out of Home Care with language relating to second opinions and pre-consent review requirements. However, It is currently not mandatory in the rule and can be amended at a later date. 2) Convene key stakeholders to address issue of second opinions and pre-consent reviews. Determine whether requirements will be added to lead agency contracts or enforced through other means. 3) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost for mandatory second opinions for all children receiving psychotropic 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R25	The Department of Children and Families should require its lead agencies to develop and implement procedures and practices that ensure that caregivers are promptly and appropriately trained regarding the behaviors, medications (dosage, documentation and possible reactions), proper handling of children, and numbers to call for assistance or emergencies when children in their care are prescribed psychotropic medications.	Secure funding \$25,000 Florida Coalition for Children, Magellan – CBC partnership, Children’s Mental Health Program, Agency for Health Care Administration	<ol style="list-style-type: none"> 1) Promulgate Chapter 65C-35, F.A.C., Psychotropic Medication for Children in Out of Home Care. 2) Identify effective existing local procedures and practices for possible replication in places where none exist 3) Work in partnership with those entities that deliver services to develop a consistent framework through an operating procedure 4) Fold relevant content into current Three-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 5) Implement current Three-Tiered psychotropic medications training plan to include caregivers 6) Complete budget analysis to determine whether additional training appropriations are necessary. 7) Determine whether bi-lateral service agreement needs amending to include requirement of medication training 	
R26	The Department of Children and Families should develop a policy governing and encouraging the reporting of adverse reactions to medications to the Federal Drug Administration.	Florida Coalition for Children, Community-Based Care Agencies, Children’s Mental Health, and other stakeholders	<ol style="list-style-type: none"> 1) Work in partnership to develop policy, as appropriate. 2) Research possible pathways to report and provide “how-to” training 3) Integrate into ongoing training initiatives for case managers and caregivers. 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R27	The Department of Children and Families should study the variances in amounts of psychotropic medications prescribed in its six regions to identify issues and guide best practices.	Secure funding \$350,000 Florida Coalition for Children, Magellan – CBC partnership, University of Florida (Med-Consult line) Children’s Mental Health Program, The Medicaid Drug Therapy Management Program for Behavioral Health at the University of South Florida through the Agency for Health Care Administration-	NOTE: The costs, service effectiveness and capacity, and outcomes related to medical conditions of children coming into the child welfare system, particularly as related to psychotropic medications, have not been comprehensively and authoritatively defined nationally. 1) Determine if the Department should contract and with an independent entity that demonstrates expertise in both child welfare and mental health experience to conduct such an analysis. 2) The Department will conduct an analysis of what task/data it can provide to the principal researcher to minimize costs. 3) Schedule meetings with partners to determine options and costs for each for conducting such a study. 4) Prepare a brief summary outlining the options for such a study to the leadership and the task force for approval. 5) Work with AHCA to request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost if necessary. 6) Prepare necessary documents for a competitive procurement process.	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R28	The Department of Children and Families should ensure that the process of pre -authorization reviews for psychotropic medication is flexible enough to allow for thoughtful individual medical evaluation and a timely response.	Florida Coalition for Children, Magellan – CBC partnership, University of Florida (Med-Consult line) Children’s Mental Health Program, Agency for Health Care Administration	<ol style="list-style-type: none"> 1) Work in partnership to develop pre-authorization process that provides flexibility to support local practice. 2) Incorporate pre-authorization process in operating procedure, as appropriate. 3) Fold relevant content into current 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 4) Implement current 3-Tiered psychotropic medications training plan. 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R29	<p>The Department of Children and Families should require its lead agencies to ensure standardized, on-going and reality based training regarding requirements for those involved in a child’s care, which include :</p> <ul style="list-style-type: none"> o Prescribing psychotropic medications using evidence based practices o Understanding the use and effects of psychotropic medications in children o Obtaining clear and documented informed consent o Obtaining the child’s assent o Monitoring psychotropic medications and their physical and behavioral effects on the child o Terminating, when appropriate, psychotropic medications o Notifying involved parties o Monitoring of “Black Box” warnings and other emerging information on risks and side effects o Addressing children’s needs through comprehensive children’s mental health (behavioral and psychiatric meds) and evidence-based services o Understanding child and adolescent development o Understanding the neuro-developmental effects of prenatal substance exposure o Understanding the neuro-developmental effect 	Secure funding \$50,000	<p>NOTE: Two training curricula--Family-Centered Practice and Integration of Services--are in the implementation and final development stages. While the funds for these are already encumbered, \$50,000 is needed to conduct another round of the Integration of Services training to the field in FY 2010-11 to cover staff turnover to cover materials and logistics.</p> <ol style="list-style-type: none"> 1) Insure relevant content is included in the current Three-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 2) Implement current 3-Tiered psychotropic medications training plan. 3) Ensure compliance through quality assurance monitoring and feedback methods. 4) Conduct budget analysis to determine additional training appropriations needed. 5) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for related training cost. 	1 & 2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R30	<p>The Department of Children and Families, working with its community partners, should develop and conduct additional training for supervisory staff on meeting roles and responsibilities on:</p> <ul style="list-style-type: none"> o Recognizing and adequately dealing with warning signs in a child in a timely manner. o Meeting case documentation requirements. o Obtaining informed consent for administering psychotropic medications. 	Secure funding \$40,000	<p>NOTE: The Department requires a pre-service training, Supervising for Excellence (SFE), for all new child welfare supervisors. This curriculum must be completed within one year of becoming a supervisor. The Department is proposing the development of SFE - Phase II, an advanced in-services training for all supervisors, to incorporate additional aspects of effective and quality supervision building upon the current SFE requirements. Small additional cost is based on the SFE - phase II curriculum development and pilot.</p> <ol style="list-style-type: none"> 1) Reconvene design team for SFE, with additional subject matter expertise pertaining to, psychotropic medications, to update curriculum materials 2) Develop additional training modules for required supervisory training, including specific information related to these recommendations, as well as, exploring further content enhancements (e.g., how to speak to your staff about psychotropics/informed consent; child-on-child sexual abuse; etc.). 3) Review current budget to determine whether funds are available in order to develop the two training curricula. 4) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost for training, if funds needed. 5) Ensure compliance through quality assurance monitoring and feedback methods. 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R31	The Department of Children and Families and its lead agencies should clearly articulate the expectations for each caregiver, including attendance at appointments and conferences with physicians, other medical professionals, and teachers, and hold them accountable for compliance with these expectations.	Draft Rule 65C-35 DRAFT LEGISLATION Florida Coalition for Children, community stakeholders, foster parents, and community partners	<ol style="list-style-type: none"> 1) Work in collaboration with partners to identify the medium and develop content for use by staff to clearly articulate the expectations for caregivers. 2) Promulgate Chapter 65C-35, F.A.C., Psychotropic Medication for Children in Out of Home Care with language relating to caregiver expectations. 3) Fold relevant content into current 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 4) Implement current 3-Tiered psychotropic medications training plan. 5) Include expectation in bi-lateral agreement between Department and Foster Parent. 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R32	The Department of Children and Families, working with its community partners, should require clinical rating scales and other measures to monitor and quantify response to target symptoms and progress to treatment goals in each treatment plan.	Florida Coalition for Children, Community Based Care Agencies, Magellan – CBC partnership Children’s Mental Health Program, Agency for Health Care Administration and Florida Mental Health Institute	<ol style="list-style-type: none"> 1) Review rating scales and determine how to best measure the outcomes of treatment and caregivers services to improve the outcomes for children with behavioral health and other service needs. 2) Develop and implement practice guidance. 	3
R33	The Department of Children and Families, through its community partners, should require prescribing physicians to conduct or review a current physical examination prior to prescribing a psychotropic medication. Physicians also should be required to record and consider the child’s height, weight, and body mass index during each visit.	Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children’s Mental Health, University of Florida – med consult line, Children’s Medical Services and state medical associations	<ol style="list-style-type: none"> 1) Convene workgroup, including the medical community, to explore feasibility and steps necessary to implement this recommendation. 2) Amend Rule 65C-35, based on results from workgroup (see 1) above). 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R34	The Department of Children and Families should require that the initial medical assessment of a child in the care of the state include screening for traumatic brain injury. In addition, a screening for brain injury should be required if a prescription for psychotropic 18 medication is indicated. Such screening should determine any additional evaluations which should be completed.	Draft Rule 65C-35 Secure funding \$630,997 Florida Coalition for Children, Community Based Care agencies, Children's Mental Health, Agency for Health Care Administration, and related stakeholders and community partners	NOTE: As of 11-18-09, 24% of children in out-of-home care take one or more psychotropic medication(s). If the assumption is made that 24% of child removals each year are taking one or more psychotropic medication(s), then this would mean that of the 13,722 child removals, 3,293 (13,722 children times 24%) would require the additional neuropsychological evaluation at \$60.54/evaluation (non-specialist physician), which would total \$199,358 (3,293 children times \$60.54/evaluation). Should the initial basic neurological screening indicate that a more in depth neurological evaluation be required, then there would be an additional amount of \$129.11/evaluation (non-specialist physician). 1) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost of screening for traumatic brain injury of children who are taking psychotropic medications. 2) Amend or develop local protocols necessary to fully implement this recommendation. 3) Integrate into current Three-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 4) Ensure compliance through ongoing quality assurance monitoring and feedback methods. 5) As the Medical Home for Foster Children develops, ensure this service is included, once cost is addressed	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R35	The Department of Children and Families should work with its Federal partners to improve the protocols for prescribing, administering, and monitoring psychotropic medications.	Children's Mental Health Program Office, Medicaid Drug Therapy Management Program for Behavioral Health at the University of South Florida through the Agency for Health Care Administration	<ol style="list-style-type: none"> 1) Contact appropriate national associations (e.g., American Psychiatric Association and American Medical Association) for additional information and guidance. 2) Collaborate with partners and identify improvements regarding protocols for prescribing, administering, and monitoring psychotropic medications. 	3
R36	The Department of Children and Families should include in its contract with the University of Florida College of Medicine pre - consent authorization when any psychotropic medication is prescribed for any children under the age of eleven.	Secure funding \$580,000	<p>NOTE: For ALL 1,200 children aged 11 years and under who are on psychotropic medication: $\\$480 \times 1200 = \\$576,000$. This amount includes the subset of 772 children on more than one psychotropic medication referred to in Recommendation # 11. The additional \$4,000 to establish an online submission capacity for pre-consent reviews is added into this recommendation for a total of \$580,000.</p> <ol style="list-style-type: none"> 1) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost to increase the contract with the University of Florida for pre-consent authorizations for children under the age of eleven 2) Consult the CBCs on the estimated costs or alternative strategies 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R37	The Department of Children and Families, working with its community partners, should endeavor to create a system of care focusing on the continuity and quality of care and in which a child is not forced to change treating professionals upon residential moves. As part of this, the Department should require its lead agencies to conduct a special staffing attended by all those involved in the child's care whenever a child is moved between residential placements and when primary care and behavioral health specialists change. Those responsible for a child's care should develop a plan to ensure continuity of care and minimal disruption to the child's well-being.	ACCESS CMH AHCA	NOTE: This could be covered under the Medical Home for Foster Children as the implementation plan is more fully developed and piloted. Currently there are three regions of the state with Medical Home models for Foster Children. 1) Convene meeting to address continuity of mental health professionals when a foster child changes his/her placement. 2) Develop and disseminate protocol to community partners and lead agencies that describes the processes that reduce the requirement for a foster child to change mental health professionals when a placement move occurs. 3) Integrate into ongoing training initiatives for case managers and caregivers. 4) Ensure compliance through ongoing quality assurance monitoring and feedback methods. 5) Collaborate regarding CBC contract template as needed.	3
R38	The Department of Children and Families and the Agency for Health Care Administration should jointly review the Florida Medicaid Community Behavioral Health Handbook to ensure consistency with these recommendations.	Children's Mental Health and the Agency for Health Care Administration	1) Convene meeting of partners to review and amend Medicaid Handbook(s) for consistency with these recommendations. 2) Amend rule, if necessary. 3) Communicate changes to case managers and caregivers.	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R39	The Agency for Health Care Administration, in partnership with the University of South Florida, should continue and expand its efforts to monitor prescribing practices of doctors with large volume of psychotropic medication prescriptions.		<ol style="list-style-type: none"> 1) Schedule discussions with Children’s Mental Health and the Agency for Health Care Administration to include the Medicaid Drug Therapy Management Program for Behavioral Health at the University of South Florida. 2) Explore feasibility (resources and actions) necessary to continue and expand efforts to monitor prescribing practices of doctors with large volume of psychotropic medication prescriptions by the Medicaid Drug Therapy Management Program for Behavioral Health. 	
R40	Any other State agency, such as the Department of Juvenile Justice, charged with dealing with children in State care should ensure that their policies, procedures, practices, oversight, and data systems relating to psychotropic medications are adequate, up-to-date, and meet legal standards.		<ol style="list-style-type: none"> 1) Schedule discussions with the state-level action team for the Interagency Agreement for Jointly Served Youth as a platform to review and identify system-wide changes necessary to implement recommendation. 	
R41	The Legislature should allocate sufficient funding to provide Comprehensive Behavioral Health Assessments (CBHA) to children who are not Medicaid eligible.		<ol style="list-style-type: none"> 1) Request funding in the 2011-2012 Legislative Budget Request (LBR) process to provide CBHA to children not Medicaid eligible. 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R42	The Department of Children and Families should require its lead agencies to ensure multi-disciplinary staffings are conducted for all children with complex needs and for those who remain in care for longer than eighteen months.	Secure funding \$4,606,784 Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children's Mental Health, University of Florida (Med-Consult line) Children's Mental Health Program, Agency for Health Care Administration	<ol style="list-style-type: none"> 1) The Community Based Care (CBC) agencies will need assistance to ensure that new rule, policies and procedures are carried out for all recommendations. <ul style="list-style-type: none"> • 2 positions at each of the 21 CBC agencies to provide contract oversight and quality assurance to BC subcontracted providers, • DCF Regional offices are responsible for oversight of all CBC-delivered services and Child Protective Investigations. For increased monitoring to achieve quality and compliance as per the recommendations above, 2 additional positions in each of the six DCF regions are needed 2) Work in partnership with the Florida Coalition for Children and the lead agencies to develop mechanisms for identifying and tracking children who have complex needs and those who have been in care for 18 months 3) Work in partnership with the regions and circuits to review and assess each circuit's written guidelines for multi-disciplinary staffing based on the December 14, 2009 memo to determine if this recommendation is addressed by March 31, 2010. 4) Collaborate with partners and consider implications and strategies to implement this recommendation. 5) Request funding in the 2011-2012 Legislative Budget Request (LBR). 6) Promulgate Rule 65C-35, Psychotropic Medication for Children in Out of Home Care. 7) Include in 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 8) Implement current Three-Tiered psychotropic medications training plan 9) Ensure compliance through quality assurance monitoring and feedback methods. 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R43	The Department of Children and Families should require its lead agencies to develop and implement a process to determine, at least once a year, whether each child in State care for more than eighteen months would benefit from an updated psychological or behavioral health assessment; provide that assessment; and provide the services recommended therein. The services recommended in the assessment should be added to the child's case plan.	Secure funding \$1,245,400 Florida Coalition for Children, CBCs, and Agency for Health Care Administration	NOTE: this is a distinct population for Recommendation 41 and Recommendation 44, because a subsequent mental health evaluation to the initial Comprehensive Behavioral Health Assessment (CBHA) is recommended. These subsequent evaluations include: 1) updated psychological evaluation (PE), or 2) CBHA. Currently, there are 6,606 children in out-of-home care over 18 months, and 14.5% of them are on psychotropic medication; therefore, 958 children on psychotropic medication in out-of-home care over 18 months would receive one or both assessments. CBHAs use the Child and Adolescent Needs and Strengths (CANS) as the standardized tool that assesses the child's strengths and needs. The CBHA is not intended to be a diagnostic assessment equivalent to a psychological evaluation. 1) Convene a meeting of partners to develop a policy framework that will support the practice contained in the recommendation. 2) Request funding in the 2011-2012 Legislative Budget Request (LBR). 3) Amend 65C-35, F.A.C., if funds appropriated. 4) Collaborate with community partners to develop and implement local plans that fold. 5) Ensure compliance through quality assurance monitoring and feedback methods.	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R44	The Department of Children and Families should require its lead agencies to ensure that all children in the child welfare system receive the Comprehensive Behavioral Health Assessment.	Secure funding \$4,895,000 Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children's Mental Health	NOTE: This recommendation applies to children receiving both in-home and out-of-home care, i.e. all children in the child welfare system. Costs are to cover children who are currently not Medicaid eligible—approximately 5,000 children. 1) Seek funding through the 2011-2012 Legislative Budget Request process. 2) Schedule discussions with partners to consider implications and develop protocol(s) for ensuring CBHAs are completed for all children in child welfare system. 3) Modify 65C-35, F.A.C., if funding is appropriated. 4) Collaborate with community partners in the development of policy implementing the expansion of CBHA service(s).	
R45	The Department of Children and Families should require each lead agency to ensure that the Comprehensive Behavioral Health Assessment is always made available to the prescriber of psychotropic medications prior to the prescribing of psychotropic medications for the child.	Rule Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children's Mental Health, Agency for Health Care Administration	1) Finalize and promulgate Rule 65C-35, Psychotropic Medication for Children in Out of Home Care. 2) Schedule discussions with community partners to address recommendation. 3) Convene committee to develop practice guidelines. 4) Fold into 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 5) Implement current 3-Tiered psychotropic medications training plan. 6) Ensure compliance through quality assurance monitoring and feedback methods.	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R46	The Department of Children and Families, working with its lead agencies, should develop and monitor quality assurance standards to ensure the implementation of recommendations contained in the Comprehensive Behavioral Health Assessments.		<ol style="list-style-type: none"> 1) Review quality of practice standards for case management and determine whether adequately address implementation of recommendations in the CBHA. 2) Ensure compliance through quality assurance monitoring and feedback methods. 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R47	The Department of Children and Families should require its lead agencies to continue its efforts to ensure the quality, completeness, timeliness, usefulness, and accuracy of case documentation and information contained within the Florida Safe Families Network.	Secure funding for positions \$2,236,247	<p>NOTE: With the implementation of the Florida Safe Families Network (FSFN), a number of statewide child welfare processes and practices that span all stakeholder lines of responsibility were standardized and automated for statewide use for the first time. In order for any large automated system that includes the full spectrum of child welfare processes and practices to be useful, new qualitative information and data has to be capture. The necessity for a structure that actively monitors and supports local oversight of data and data integrity has never been higher.</p> <ol style="list-style-type: none"> 1) Establish 21 positions whose sole responsibility is to ensure data integrity and support personnel who enter data within the CBC management and one in each of the DCF Regional Offices 2) Request funding in the 2011-2012 Legislative Budget Request (LBR) process to support implementation of recommendation. 3) Create position descriptions and ensure positions are filled. 4) Review quality of practice standards for case management and determine whether the standards adequately address quality, completeness, timeliness, usefulness, and accuracy of case documentation and information contained within the Florida Safe Families Network. Make changes as appropriate. 5) Ensure compliance through quality assurance monitoring and feedback methods. 6) Request funding in the 2011-2012 Legislative Budget Request (LBR) process to support implementation of recommendation. 	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R48	<p>The Department of Children and Families should continue to utilize technology and identify technology solutions, including enhancements to the Florida Safe Families Network, to resolve problems identified in this report including:</p> <ul style="list-style-type: none"> o Elimination of duplication of data entry o Cataloguing of treatments and medications o Monitoring of status of psychotropic medications in the prescription / consent / administration process. o Allowing all parties access to verify information o Establishing a “stop” or flag system when an action does not occur o Facilitating and documenting information exchange o Facilitating supervisory monitoring/review and management oversight o Strengthening and aligning data systems 	Secure funding \$70,000	<p>NOTE: Enhancements to FSFN build upon one another and while a discrete dollar amount is listed for each specific enhancement related to medication, to insure integration and a process that flows for the user, it is recommended that the total funding amount of \$ 249,000 for be sought.</p> <ol style="list-style-type: none"> 1) Consult with a wide and deep group of FSFN users to establish the priority for these enhancements among others that have been recommended 2) Enhance medications functionality, integration of medication and case management functionality, and to enhance case management, Access, and security functionality in FSFN 3) Review current budget in order to see if it can assume the estimated \$70,000 cost adjustment the functionality to the FSFN system 4) Seek funding through the 2011-2012 Legislative Budget Request process, if necessary. 	3
R49	<p>The Department of Children and Families should continue refinements to the Florida Safe Families Network to increase its “user friendliness” and to reduce the number of free text and “other” entries.</p>	Secure funding \$70,000	<ol style="list-style-type: none"> 1) Enhance medications functionality, integration of medication and case management functionality, and to enhance case management, Access, and security functionality specific to collecting the specific types of medication in FSFN 2) Review current budget in order to see if it can assume the estimated \$70,000 cost adjustment the functionality to the FSFN system 3) Seek funding through the 2011-2012 Legislative Budget Request process, if necessary. 	1 & 3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R50	The Department of Children and Families should develop a web-based program for referral, treatment and tracking of children prescribed psychotropic medications to replace duplicative forms linked to FSFN and make the program accessible to all pertinent persons.	Secure funding \$29,000	1) Seek funding through the 2011-2012 Legislative Budget Request process, if necessary.	
R51	The Department of Children and Families, working with its community partners, must continue to improve the usefulness of the Florida Safe Families Network for case management in the field.	Secure funding \$70,000	1) Review current budget in order to see if it can assume the estimated \$70,000 cost adjustment the functionality to the FSFN system 2) Family Safety will work to request a total FSFN request for funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost for FSFN updates and technical support.	1)
R52	The Department of Children and Families should clarify the intent of listing psychotropic medications in Florida Safe Families Network.	Secure funding \$10,000	1) Review recurring budget in order to see if it can assume the estimated \$10,000 cost to adjust FSFN functionalities.	

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R53	The Department of Children and Families should require that informed consent be given only after a direct conversation between the prescriber or trained designee and the parent, legal guardian, or judge authorized to give consent.	Rule Training	<ol style="list-style-type: none"> 1) Seek statutory authority to impose direct conversation with prescriber as part of express and informed consent. 2) Ensure supporting language is in rule. <ul style="list-style-type: none"> • Draft rule 65C-35 already includes language relating to requirements for obtaining consent, requiring caregiver signature. • Revise rule once statutory authority is provided. 3) Revise operating procedure(s) to reflect this provision, after final rule is in place. 4) Update 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 5) Ensure compliance through quality assurance monitoring and feedback methods. 	1

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R54	The Department of Children and Families should require that the child's position on taking a prescribed psychotropic medication be recorded in their treatment plan.	Rule	<ol style="list-style-type: none"> 1) Ensure supporting language is in rule. Is it in the rule? <ul style="list-style-type: none"> • Draft rule 65C-35 includes language on child involvement and assent. • Draft form incorporated by reference requires that prescribers address and document child involvement and assent. • Public hearing on draft Rule 65C-35 held on 12/6/2009. • Notice of Change published 1/22/2010. • Submit adoption package per JAPC guidelines (approximately mid-February). 2) Revise operating procedure(s) to support Rule 65C-35. 3) Fold into current 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 4) Ensure compliance through quality assurance monitoring and feedback methods. 5) Explore this as part of the duties of the case managers for the Medical Home for Foster Children 	1

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R55	The Department of Children and Families, working with its community partners, the medical community, and the State Court system, should develop and adopt a uniform, less complex and lengthy informed consent form for use statewide.	Rule	<ol style="list-style-type: none"> 1) Ensure supporting language is in rule. <ul style="list-style-type: none"> • Draft rule 65C-35 includes consent form language. • Draft form incorporated by reference • Public hearing on draft Rule 65C-35 held on 12/6/2009. • Notice of Change published 1/22/2010. • Submit adoption package per JAPC guidelines (approximately mid-February). 2) Revise operating procedure(s) to support Rule 65C-35. 3) Fold into current 3-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 4) Ensure integration with the efforts of the current judicial case plan template review workgroup 5) If rule is in place and form accepted, pass along to CMS and other places that keep the child's medical records 	1 & 3
R56	The Department of Children and Families, working closely with the Office of State Court Administration (OSCA) and local court administrators, should develop and provide on-going education for judges and court staff on treatment alternatives, psychotropic medications, informed consent, and appropriate processes involving the court with the child welfare system.	Secure \$5,000	<ol style="list-style-type: none"> 1) Review current and recurring DCF budget in order to determine if it can provide the estimated \$5,000 cost for judges and court staff training. 2) Alternately, see if judges wish to attend trainings in their area as they occur and are appropriate 3) Once the Psychotropic Medication rule is complete, insure OSCA is notified and receives a copy for dissemination to the courts 4) Provide information to OSCA as to where web-based training is available 5) Post legislative session, provide OSCA with any statutory changes 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R57	The Department of Children and Families should work with local chief judges and encourage the assignment of experienced judges with an interest in family and children's issues to work on behalf of children.	Office of State Court Administration (OSCA)	<ol style="list-style-type: none"> 1) Develop a plan with OSCA to share with local stakeholders 2) Schedule discussions with the Office of State Courts Administrator 3) Determine best method for communicating this request, i.e., in person at a Chief Judges meeting, through letter, or otherwise. This is already a directive from the Florida Supreme Court in a decision rendered in 2001 In re: Family Court Steering Committee, 794 So.2d 518 (Florida 2001). 4) Explore whether or not the adoption of the Unified Family Court statewide would achieve this and the progress toward that 	3
R58	The Department of Children and Families, working with its community partners, should improve the court referral process that allows for other specific medical follow-up steps, such as blood and other appropriate tests, necessary to ensure the child's well-being.	FSPO CMH OSCA FCC Lead Agencies	<ol style="list-style-type: none"> 1) Contact regional program managers to discuss best method for seeking to have these referrals made by community partners 2) Schedule discussions with partners to identify court referral process that need improvement and existing processes that are working well. 3) Collaborate with community partners to develop practice guidelines 4) Develop and implement local plans that fold recommendation into practice. 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R59	The Legislature should ensure sufficient funding that foster children aging out of the system, who are on psychotropic medications or involved in therapeutic treatment, be provided with a method, including financial support, to continue such treatment for a specified period of time after discharge if not covered by insurance plans through employment or other means.	AHCA, CBCs; IL providers	<p>NOTE: All young adults formerly in foster care who age out at 18 years are eligible for limited (Aftercare) or extensive services (Road To Independence). Chapter 409.903, F.S., provides that ACCESS shall make payments for medical assistance and related services on behalf of DCF persons who are eligible. Subsection (4) specifically includes children who are eligible to receive DCF services, such as Road To Independence (RTI), Chapter 39.701(7) provides for the transition of youth out of foster care, including the requirement to provide a Medicaid card. However, not all youth do not seem to know this.</p> <ol style="list-style-type: none"> 1) Ensure all youth attend his/her final judicial review 2) Check with Community Based Care (CBC) agency to ensure a completed electronic form to the ACCESS child-in-care worker, notifying ACCESS when every child in foster care nears his/her 18th birthday. 3) Provide a "check-back" point/phone number or person for young adults to come back to if they have questions or are in need of medical 4) In Fiscal Year 2008-2009 600 youth who aged out and were not receiving RTI are the likely ones not accessing their medical benefits. 5) Determine if the projection is correct that 14.5% of these 600 defined above or 90 youth will need support for prescribed psychotropic medications and on-going medical monitoring. Actual cost of the prescribed medications and psychiatric reimbursement rates from Medicaid will need to be obtained from AHCA. 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R60	The Department of Children and Families should work with the Department of Education and local school districts, in compliance with existing interagency agreements, to develop procedures to facilitate the release of a child's school information from school officials to those charged with his/her care.	Dept. of Education, Agency for Workforce Innovation, Agency for Persons with Disabilities Department of Juvenile Justice	<ol style="list-style-type: none"> 1) Continue to collaborate on institutionalizing the recently signed Interagency Agreements. 2) Explore sending joint letters to DOE and local School Boards from all other agencies requesting support for the Interagency Agreements 3) Establish and execute local working agreements within every school district. 4) Enlist the assistance of the Children's Cabinet 	2
R61	The Department of Children and Families, working with the Department of Education and Department of Health, should ensure that training on the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Family Educational Rights and Privacy Act of 1974 (FERPA) is conducted for staff in child welfare, behavioral medicine, and schools to facilitate sharing of treatment and other child welfare information.		<p>NOTE: This could be covered under the Medical Home for Foster Children as the implementation plan is more fully developed and piloted. Currently there are three regions of the state with Medical Home models for Foster Children.</p> <ol style="list-style-type: none"> 1) Schedule discussions with sister agencies regarding implication of institutionalizing the training on HIPPA and FERPA and whether local practice changes require amending. 2) Develop and make available training curriculum. 3) Track completion of training. 	1 &2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R62	The Department of Children and Families, working with its community partners, should develop and implement a Web-based information system which, with proper security safeguards, allows access by those responsible for a child's care and facilitates the rapid exchange of information.	Secure funding \$214,276	<ol style="list-style-type: none"> 1) The Children and Youth Cabinet Data Sharing initiative, which will cost the Department a total of \$185,276 (\$172,556 and two (2) quarterly payment of \$6,360) for the first year of Phase I. Quarterly costs of \$6,360 will continue thereafter. Costs for subsequent phases are still to be determined. Additional costs related to FSFN of \$29,000 were estimated using standard project methodologies. 2) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost for FSFN updates and technical support. 	3
R63	The Department of Children and Families, working with the Agency for Health Care Administration and the Department of Health, should encourage all medical providers to use electronic medical records and provide the technical support for the use of such records.	Department of Health, AHCA,	<p>NOTE: This could be covered under the Medical Home for Foster Children as the implementation plan is more fully developed and piloted. Currently there are three regions of the state with Medical Home models for Foster Children.</p> <ol style="list-style-type: none"> 1) Schedule discussions with AHCA and DOH to address use of electronic medical records by all medical providers. 2) Explore feasibility (resources and actions) necessary to implement. 3) Encouragement letters to key medical and hospital associations from the state agency leaders 	3
R64	The Department of Children and Families, in partnership with the Department of Education and each county school system, should develop and implement procedures to share information regarding treatment, problems, and response for a child in State care in crisis.	IA Task	<ol style="list-style-type: none"> 1) Continue to collaborate on institutionalizing the recently signed Interagency Agreements. 2) Establish and execute local working agreements within every school district 	1 & 2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R65	The Department of Children and Families, working with its community partners, should implement a training and quality assurance monitoring plan that addresses sharing of information among those responsible for a child's care and Stakeholders.		<ol style="list-style-type: none"> 1) Continue to collaborate on training and QA results to ensure sharing of information among those responsible for a child's care. 2) Ensure information is shared through quality assurance monitoring and feedback methods. 	1
R66	The Department of Children and Families should review data in multiple information systems (Florida Safe Families Network, Agency for Health Care Administration, Medicare, and MedConsultLine) on a regular basis to detect anomalies in the number of children receiving psychotropic medications and to ensure accuracy of data across data systems.	Secure funding \$29,242 Florida Coalition for Children Agency for Health Care Administration	<ol style="list-style-type: none"> 1) Establish contracted services on a part-time basis to regularly review accuracy of data between Agencies and Departments, as well as detecting any anomalies in the number of children receiving psychotropic medications via a Health Data Analyst position. 2) Schedule discussions with partners to determine actions and resources necessary to address the numerous data systems to list known anomalies and further identify additional anomalies. 3) Request funds in the 2011-2012 Legislative Budget Request (LBR) process. 	3
R67	The Legislature should ensure adequate funding to support mental health needs of children in State care and encourage more active involvement by a prescriber in the therapeutic treatment of children whether or not they are Medicaid eligible.		<ol style="list-style-type: none"> 1) Request funds in the 2011-2012 Legislative Budget Request (LBR) process to support mental health needs of Children in state care. 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R68	The Department of Children and Families should determine the costs to provide equivalent health and behavioral health care to children who are not Medicaid eligible.		<ol style="list-style-type: none"> 1) Schedule discussions with partners to address equivalent health and behavioral health care to children who are not Medicaid eligible. 2) Determine costs of achieving this goal for approximately 5,000 children 3) Request funds in the 2011-2012 Legislative Budget Request (LBR) process. 4) See some costs outlined in Recommendation # 44 	3
R69	The Department of Children and Families, in conjunction with the Department of Health Children’s Medical Services, should establish a medical home for all children in the care of the State.	Department of Health-CMS, the Agency for Health Care Administration, Substance Abuse and Mental Health Program Offices, Florida Coalition for Children and Community Based Care Agencies	<ol style="list-style-type: none"> 1) Continue meetings with Children’s Medical Services and the three areas of the state that have piloted aspects of a medical home for foster children: Jacksonville, Sarasota, and Ft. Myers. 2) Align the draft services and activities to projected costs of providing a medical home for all children in out-of-home care. 3) Explore feasibility (resources and actions) necessary to establish a medical home for all children in foster care. 4) Refine the model as needed—baseline data, performance measures, etc. 5) Plan for replication 	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R70	The Department of Children and Families, working with its community partners, should ensure that health care advocate positions, staffed by trained medical personnel are attached to case management organizations to assist in facilitating health care for children. Such positions, acting as "informed intermediaries" can also serve as a liaison between the prescribing physician and decision maker to facilitate informed consent in those cases where those parties cannot meet directly.	Secure funding \$1,908,628	<p>NOTES:</p> <p>a. This could be covered under the Medical Home for Foster Children as the implementation plan is more fully developed and piloted. Currently there are three regions of the state with Medical Home models for Foster Children.</p> <p>b. The Department's request for a statewide medical director was not included in the Governor's budget for 2010-11</p> <p>1) Continue to pursue the development of a DCF Office of Medical Services, including not only the Medical Director, but</p> <ul style="list-style-type: none"> • One physician for each of the 6 DCF regions to provide statewide perspective and support for resolution of statewide issues. • A registered Psychiatric Nurse to recruit volunteers to act as medical advocates <p>2) Schedule discussions to explore the possibility of providing health care advocates for case management organizations and determine the costs.</p> <p>3) Explore feasibility (resources and actions) necessary to establish health care advocate positions.</p>	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R71	<p>The Department of Children and Families should increase the involvement of its Substance Abuse and Mental Health Program Office in the child welfare system with emphasis on:</p> <ul style="list-style-type: none"> o Reducing fragmentation of coverage in mental health plans o Integrating Departmental services o Increasing use of evidence-based practices o Improving the involvement of and support for the treatment team, foster parents, and other stakeholders in behavioral health care 	<p>Secure funding \$8,814,416 Agency for Health Care Administration, Substance Abuse and Mental Health Program Offices, Florida Coalition for Children and Community Based Care Agencies</p>	<p>NOTE: The Substance Abuse Program serves 12,000 adults each year that are involved with Family Safety, leaving a service gap of 14,229 persons in need of treatment. The Mental Health Program serves 14,000 individuals involved with Family Safety each year, with an estimated service gap of 8,000 individuals.</p> <ol style="list-style-type: none"> 1) Convene consistent monthly meetings with partners to determine the possibility and costs to provide equivalent health and behavioral health care services, as well as, increase the involvement of Substance Abuse and Mental Health Program Office in the child welfare system. 2) Ensure Three Tiered psychotropic medications training plan and related rule and operating procedure trainings address integration of substance abuse and mental health with child welfare. 3) Develop and promote cross-training of staff opportunities among appropriate local provider agencies, including their participation in existing training sessions 4) Seek funding through Legislative Budget Requests beginning in 2011-2012. 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R72	Rather than automatically enroll children in State care into Medicaid HMOs for physical health care, the Department of Children and Families should instead elect "fee for service" or "Medipass" as the default option. The Department, through its lead agencies, should then facilitate a discussion between the Agency for Health Care Administration and the caregivers to determine whether an HMO would be in the child's best interest and require affirmative election of HMO by caregiver/case manager.	Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children's Mental Health, Agency for Health Care Administration	NOTE: This could be covered under the Medical Home for Foster Children as the implementation plan is more fully developed and piloted. Currently there are three regions of the state with Medical Home models for Foster Children. 1) Continue the refinement of the plan and pilots for the Medical Home for Foster Children initiative with ACHA and other partners 2) Convene discussions with partners to address alternatives to automatic enrollment of children in foster care into Medicaid HMOs and explore feasibility of enrolling foster children in "fee for service" or "Medipass" as a default option. 3) Schedule meeting with AHCA and caregivers to resolve whether an HMO would be in the child's best interest. 4) Develop policy and procedures to establish the recommendation of this partnership.	
R73	The Agency for Health Care Administration should revise its definition of medical necessity as it applies to children to ensure that it is in agreement with the federal definition.	the Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children's Mental Health, Agency for Health Care Administration	1) Schedule meetings with partners to find out whether Florida's definition of medical necessity as it applies to children agrees with the federal definition. <ul style="list-style-type: none"> • Review of Medicaid handbooks for full definition • Review of CWPMHP handbook for full definition 2) Propose legislative language, if appropriate. 3) Promulgate rule revision if necessary.	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R74	The Department of Children and Families should seek funding for a Chief Medical Officer within the Office of the Assistant Secretary for Substance Abuse and Mental Health, with subsidiary positions in each Region to provide consultation to Community Based Care staff when needed for questions, concerns, or assistance of a medical nature.	Secure funding	NOTE: See recommendation #70 for specifics 1) Seek funds through the Supplemental Legislative Budget Request (LBR) Process if available for the 2011-2012 LBR cycle.	3
R75	The Department of Children and Families should clearly articulate the relationship, responsibilities, and coordination required between the Office of Family Safety and Office of Children’s Mental Health on issues related to children’s mental health.	CMH Agency for Health Care Administration Magellan – CBC partnership	1) Convene calendared meetings with partners to identify and establish the relationship, responsibilities, and coordination between the Office of Family Safety and Office of Children’s Mental Health. 2) Identify best collaborations in the local areas of the state for building effective frameworks statewide 3) Establish working protocols for central office and Regions as necessary. 4) Develop an Effective Practices Guide or use those that exist if they are still effective and relevant	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R76	The Department of Children and Families, working with its community partners, must clearly define and fix expectations and responsibilities for treatment and care among those charged with the care of the child, including the case worker, foster parent, physician, judge, Guardian ad Litem, attorney, and contracted providers.	Agency for Health Care Administration, Children's Mental Health, and Magellan – CBC partnership, Florida Coalition for Children and Community Based Care Agencies	In regard to medication: 1) Determine content of existing training on psychotropic meds for case managers, foster parents, CLS attorneys, GAL's, judges and physicians treating children in DCF care and how well it is being delivered 2) Finalize and promulgate Rule 65C-35 3) Convene meetings with partners to identify and establish the expectations and responsibilities. 4) Establish local working protocols necessary to implement. 5) Fold expectations into Three-Tiered psychotropic medications training plan and related rule and operating procedure trainings. 6) Solicit feedback from foster youth (youth shine, local youth advisory boards	2
R77	The Department of Children and Families, working with its community partners, must clearly define and ensure appropriate training on the roles, responsibilities, and expectations of all persons involved in the child's life and case.	Agency for Health Care Administration, Children's Mental Health, and Magellan – CBC partnership, Florida Coalition for Children and Community Based Care Agencies	1) Ensure relevant content into all training regarding roles, responsibilities and expectations at the caseworker, caregiver, supervisor, legal, and other key levels 2) Strengthen efforts for a team approach to child welfare and mental health as used successfully in other states 3) Ensure compliance through quality assurance monitoring and feedback methods. 4) Solicit feedback from foster youth (youth shine, local youth advisory boards	1 & 2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R78	The Department of Children and Families, working with its community partners, must clearly develop and utilize management indicators to monitor agency performance in child welfare system	CBCs, subcontracted providers, DCF regional, contract management unit, federal	<ol style="list-style-type: none"> 1) Continue to convene the Performance Measures Workgroup 2) Analyze for key indicators to create a "Report Card" 3) Evaluate the current responses to performance indicators that begin to go in the wrong direction—Technical Assistance, Reviews, additional training, financial penalties, etc. 4) Evaluate incentives that exist for excellent performance on child and family outcomes 5) Examine the federal improvement plan from the view of each local CBC 	
R79	The Department of Children and Families, working with its community partners, must clearly define warning signs of crisis indicating when a child is in trouble and identify who is responsible to respond.	Florida Coalition for Children and Community-Based Care Agencies Sheriff's Offices	<ol style="list-style-type: none"> 1) Work with partners to develop methods and processes for identification of need and timely response. Consider documentation and monitoring standards, accuracy of FSFN data. 2) Convene meetings with partners to develop and deliver ongoing in-services trainings that assist staff in identifying warning signs, "Red Flags" and steps / measures to take for crisis intervention services. 3) Work with partners to develop and implement the new response system for "Families in Need of Services." This prevention based model identifies children and families in crisis, or potential crisis, before they enter the system and matches them with appropriate services following the families being brought to the attention of the Department. 4) Continue collaboration with FSFN project staff to identify efficient methods of electronic documentation and training within existing FSFN system requirements.. 	1

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R80	The Department of Children and Families, working with its community partners, must review rules, policies, and practices to eliminate duplicative requirements for case documentation.		<ol style="list-style-type: none"> 1) Work in partnership with the Florida Coalition for Children and Community Based Care agencies for implementation of this recommendation 2) Establish structured process to communicate and collaborate with lead agencies on the review of Florida Statutes, rules, policies, and practices to eliminate duplicative documentation requirements based on the following action steps: <ul style="list-style-type: none"> • Obtain background information relevant to this recommendation • Review of current F.S., F.A.C., CFOPs, policy guidance, and practices, as well as local requirements for documentation • Identify duplicative requirements • Make recommendations for addressing duplicative documentation requirements and location of such requirements • Submit interim policy guidance per recommendations pending the rule making process. 3) Consider existing policy and practice review workgroups as a platform for completing these tasks 4) Institutionalize review and revision through ongoing F.A.C. and policy maintenance efforts 	2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R81	The Department of Children and Families must clearly define, continually monitor, and actively enforce contractual accountability and performance requirements for lead agencies and the providers with whom they contract.	Secure funding \$4,606,784	NOTE: See Recommendation 42 for combined QA and contract management positions 1) Request funds for additional contract management resources through the Supplemental Legislative 2) Budget Request (LBR) Process if available for 2010-2011 or the 2011-2012 LBR cycle.	1
R82	In order to longitudinally assess the impact of psychotropic medications, the Department of Children and Families should contract for independent research studies to examine the outcomes for former foster youth who were administered psychotropic medication while in state care and to compare those outcomes with children who did not receive psychotropic medications.	CMH FYLA AHCA	1) Schedule meetings with partners to determine options and costs for each for conducting such a study. 2) Establish the process for former foster youth to be engaged 3) Write an informal proposal and circulate to independent entities to determine level of interest in conducting such a study and approximate cost 4) Request funding in the 2011-2012 Legislative Budget Request (LBR) process for additional cost if necessary 5) If funding is secured, prepare for competitive procurement; could roll this study into the one outlined in Recommendation # 27	3
R83	The Department of Children and Families should regularly compare data on the number of children receiving psychotropic medications on FSFN, AHCA, Medicare, and Med Consult Line information systems for inconsistencies.	Agency for Health Care Administration, Children's Mental Health, and University of Florida- Med Consult Line Program	NOTE: See Recommendation # 66 1) Schedule meetings with partners to determine actions and resources necessary to regularly compare data on the number of children receiving psychotropic medications. 2) Explore feasibility of automation of data sharing and matching through current data integration initiatives (e.g., Children's Cabinet)	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R84	The Department of Children and Families and its lead agencies should implement quality assurance procedures to monitor effectively actions required by case managers and supervisors. The procedures should be briefed to the Secretary of Children and Families.	CBCs and Regional/Circuit; Quality Assurance staff, contract management staff,	<ol style="list-style-type: none"> 1) The Community Based Care (CBC) agencies will need assistance to ensure that new rule, policies and procedures are carried out for all recommendations. <ul style="list-style-type: none"> • 2 positions at each of the 21 CBC agencies to provide contract oversight and quality assurance to BC subcontracted providers, • DCF Regional offices are responsible for oversight of all CBC-delivered services and Child Protective Investigations. For increased monitoring to achieve quality and compliance as per the recommendations above, 2 additional positions in each of the six DCF regions are needed 2) Ensure quality assurance monitoring and feedback methods address effective actions required of case managers and supervisors. 3) Use data from the QA web-based review system to assess performance and brief the Secretary and CBC CEOs on the protocol. 	1 & 2
R85	The Department of Children and Families and its lead agencies should maintain an on-going review of all items noted in quality assurance reports to ensure continued compliance with identified deficiencies and recommendations.	CBCs and Regional/Circuit; Quality Assurance staff, contract management staff	<ol style="list-style-type: none"> 1) Create a system for tracking and establish consistent time frames for re-visiting specific QA findings 2) Ensure compliance through quality assurance monitoring and feedback methods. 3) Ensure improvement plans address follow-up activities on identified deficiencies and recommendations. 	1 & 2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R86 .	The Department of Children and Families, in conjunction with appropriate State and community partners, should develop and promulgate an action plan for the implementation of the recommendations contained in this Report by January 31, 2010. Monitoring of this action plan should occur through both Departmental management and quarterly reports to the Task Force on Fostering Success.		<ol style="list-style-type: none"> 1) Schedule discussions with partners for the purpose of developing framework and protocol for quarterly reports to the Task Force. 2) Track progress and prepare quarterly status reports. 	1
R87 .	The Department of Children and Families should immediately implement and institutionalize the recommendations from the <i>Red Item Report on Psychotropic Drug Use in Foster Care</i> .		<ol style="list-style-type: none"> 1) Ensure supporting language is in rule. 2) Revise operating procedure(s) to support Rule 65C-35. 3) Ensure compliance through quality assurance monitoring and feedback methods. 	1 & 2

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R88	As previously noted in this Report, all decision making should be guided by the principle that it is important to comprehensively address all the concerns in a child's life--health, education, and social/emotional issues--as well as to provide behavioral supports and parent training, so that a child's behavioral and mental health issues can be addressed in the least restrictive setting and in the context of a comprehensive treatment plan.	Florida Coalition for Children, Community Based Care agencies, Magellan- CBC partnership, Children's Mental Health,	<ol style="list-style-type: none"> 1) Convene meetings of partners to review and consider implications and strategies for institutionalizing the guiding principle in this recommendation. Determine what protocols should be modified or developed to fully implement this recommendation 2) The 2012 Strategy is designed to insure that no child is removed from their family of origin unless it is unsafe to keep them there 3) The Youth Law Center Quality Parenting Initiative for foster parents 4) The cross-program initiative between Children's MH, substance abuse, and child welfare is aimed at removing barriers to services to families who need them to strengthen the family and protect the child. 5) Specific to medication for children in Out-of Home Care, finalize and promulgate Rule 65C-35 6) Collaborate regarding CBC contract template as needed. 7) Ensure relevant content is folded into current 3 Tiered psychotropic medications training plan and related rule and operating procedure trainings. 	1 & 3
R89	In any legislation arising from this Report, the Legislature should utilize these guiding principles as the statement of legislative intent and expected standards of care for children in the care of the state.		The Department has proposed legislation on the Administration of Psychotropic Medications for Children in Foster care. These guiding principles are included in the bill.	3

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No.	RECOMMENDATION	STRATEGY INITIATIVE & PARTNERS	MAJOR ACTION STEPS	PRIORITY
R90 .	The Department of Children and Families should ensure that all rules and policies articulate clearly the standards of psychiatric or behavioral health care expected for children in the care of the state and that practices at all levels of the child welfare system meet these standards.	Draft Rule 65C-35	1) Ensure supporting language is in rule. <ul style="list-style-type: none"> • Draft rule 65C-35 includes language on behavioral health care. • Review other rules relating to out of home care to assure behavioral health care standards and practice expectations are clear. 2) Revise operating procedure(s) to support Rule 65C-35.	1