

Recommendation		Page	Lead Office	In collaboration with	FTE	Amount	Cost Calculations / Comments
<b>Issue: The Case of Gabriel Myers</b>							
R1.	The Legislature should provide appropriate funding to ensure that each child in the care of the state is assigned a Guardian ad Litem.	6	Family Safety			224.0	\$13,093,308 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. <u>The GAL state office has requested \$1M from the legislature to serve 750 children and 76 positions. This is non-recurring money and they are asking for this to be continued either as non-recurring for another Fy or to shift to recurring funds. Younger children and all children on psychotropic meds are already a priority for the GAL program.</u>
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.	6	Family Safety	Operations Southeast Region			\$0
R3.	The Department of Children and Families should require their lead agencies to develop and implement procedures that: 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	6-7	Family Safety	Operations Contracts			\$0 No cost estimate can be given at this time, more research is necessary 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 for children involved in the child welfare system. Model is likely to incorporate targeted case management resources 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.
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.	7	Family Safety	Information Technology			\$34,000 This cost is based on developing an algorithm of risk or crisis "profile" that would generate an alert to staff, supervisor, and/or manager within the FSFN system. Costs include \$29,000 for IT development and \$5,000 for subject matter expertise in developing the risk profile and subsequent related training. The total cost to implement this recommendation would be \$34,000.
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.	7	Family Safety				\$0 No cost estimate can be given at this time, more research is necessary to accurately project costs associated with developing and implementing a model of identifying and assisting foster parents who are not able to manage their child's behavior and/or have reached a high level of stress. Training subjects would be, but are not limited to, roles and responsibilities regarding medical care of a child who comes to them on psychotropic medication; recognizing serious conditions, events, behaviors that indicate the child is at high risk for harm, knowing how and when to ask for help to prevent situations from becoming critical; alternatives to psychotropic medication as a first intervention; effective teaching of positive alternatives to a child who behaves in ways that are not appropriate for his/her age, development, or environment; and strategies to strengthen and maintain positive behaviors the child already has. There will be training costs associated with this implementation, face-to-face training and on-line training will be provided. For On-Call support 24/7, there will be training for the foster parent of when to call 911 and circumstances of when a call for assistance for support after hours or on weekends is warranted. Foster parents will be provided monthly schedules of the person and contact information for after hour and weekend on-call support. Follow up support the next day will also be provided in the event an after hours or weekend call was made. Costs associated with implementing this recommendation, at a minimum will include curriculum development, training, on-call and overtime costs, and material for dissemination to the foster parents.
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.	7	Family Safety				\$0
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.	7	Family Safety	Operations			\$0
<b>Issue: The Use of Psychotropic Medications to Treat Children in Foster Care</b>							
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.	13	Family Safety				\$125,000 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 including foundations of comprehensive assessment, "informed" placement and motivational interviewing. This is <b>third</b> of a comprehensive training series which includes two other week-long training sessions--Family Centered Practice and Integration of Services. Costs for this yet undeveloped and third training, will incorporate quality decision-making and acting as a change agent for the child and family that will encompass the child and family's total well-being and functioning. The Assertive Case Management train-the-trainers training will offer one additional week to each of the six regions The projected cost for the initial offer of this training to the regions is \$125,000.
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.	13	Family Safety				\$0

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<b>R10.</b> 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.	13	Family Safety			\$6,840,000	This cost listed is the high figure including an attorney being appointed for all children on psychotropic medication. These services can be contracted with an attorney at a rate of \$100/hour, and assume that each child requiring this service would utilize 2 hours per month. To include all foster children on psychotropic medication (2,850) the cost would be \$6,840,000.
<b>R11.</b> 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.	13	Family Safety	Children's Mental Health			<b>NOTE:</b> This group of children is a subset of those outlined in Recommendation # 36 and the cost for # 11 has been added into the total shown for Recommendation # 36. Specifically, the cost for Recommendation # 11 is \$370,560. The cost is based on \$160 per authorization, at an average of 3 pre-consent reviews (as medications change) per child for the 659 children aged 6-11 who are taking more than one medication and all of the 113 children on psychotropic medication aged 0-5 years. <b>Computation of \$480 X 772 children = \$370,560.</b> Another \$4,000 would need to be added, if only this subset of children were to receive this service, to establish an online submission capacity for pre-consent reviews. Which would bring the total to \$374,560. Some of the CBCs may not have the staff capacity to specifically coordinate the documentation associated with psychotropic medications and to ensure that both case managers and physicians have the documentation appropriately tracked and filed and have recorded in each child's records. The CBCs will be consulted to estimate this potential cost.
<b>R12.</b> 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.	13-14	Family Safety	Children's Mental Health		\$0	
<b>R13.</b> 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.	14	Family Safety	Mental Health Children's Medical Services		\$0	
<b>R14.</b> 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.	14	Family Safety	Mental Health Children's Medical Services		\$0	
<b>R15.</b> 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.	14	Family Safety	Children's Legal Services		\$0	
<b>R16.</b> The Legislature should review Florida statutes to ensure requirements are practical and clearly defined for: <ul style="list-style-type: none"> <li>o Prescribing psychotropic medications</li> <li>o Obtaining informed consent</li> <li>o Obtaining the child's assent</li> <li>o Requiring a parent, case worker, or other adult responsible for the child's care to attend each medical appointment with the child</li> <li>o Administering and monitoring psychotropic medications</li> <li>o Discontinuing, when appropriate, psychotropic medications. To include a formal plan for discontinuation</li> <li>o Notifying involved parties.</li> <li>o Reporting adverse incidents</li> </ul>	14	Family Safety	Children's Legal Services		\$0	
<b>R17.</b> 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.	14	Family Safety			\$0	
<b>R18.</b> 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.	14	Family Safety	Agency for Health Care Administration		\$0	
<b>R19.</b> The Legislature should preclude any participation by children in State care in clinical trials relating to the development of new psychotropic medications.	15	Family Safety	Children's Mental Health Agency for Health Care Administration		\$0	
<b>R20.</b> 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.	15	Family Safety	Operations		\$0	Related training is included in a contract with Florida State University that is already in development as a response to the issues identified by the Gabriel Myers workgroup and was already included in this FY 2009-10 budget from existing funds. Should any additional costs be required to implement this recommendation, those costs are already reflected in Recommendation 8.
<b>R21.</b> The Department of Children and Families, working with its community partners, should provide recommendations regarding improvement of collaboration in treating children under the care of the state, including: <ul style="list-style-type: none"> <li>o Sharing of information in the Comprehensive Behavioral Health Assessment;</li> <li>o Providing specific and upfront therapy in response to assessments;</li> <li>o Collaborating throughout the foster care experience for the child;</li> <li>o Providing periodic/ongoing assessments as appropriate.</li> </ul>	15	Family Safety	Children's Mental Health		\$0	The Department of Children and Families will ensure that recommendations will be generated by setting conference calls with its community partners. Community partners have already been included in designing training to improve collaboration.

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<b>R22.</b> 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.	15	Family Safety			\$0	Related training is already under development within existing resources of the Family Safety Program Office (FSPO) in response to the issues identified by the Gabriel Myers workgroup. On-going revision and maintenance of the curriculum can be covered within FSPO training resources as modifications are made to the rule and/or statute. Should any additional costs be required to implement this recommendation, those costs are already reflected in Recommendation 8 and Recommendation 21.
<b>R23.</b> 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.	15	Family Safety	Mental Health		\$0	
<b>R24.</b> The Department of Children and Families should define in rule parameters for a mandatory second opinion for all children receiving psychotropic medications.	15	Family Safety	Mental Health		\$388,080	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. Providing these children with a mandatory second opinion, in order to provide this service for all children receiving psychotropic medications, would cost \$388,080 annually (\$420 annual assessments times 924 children). The total cost to implement this recommendation would be \$388,080.
<b>R25.</b> 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 16 possible reactions), proper handling of children, and numbers to call for assistance or emergencies when children in their care are prescribed psychotropic medications.	15-16	Family Safety	Operations Administration		\$25,000	The term "caregiver" is defined as: 5,118 relative placements (as of 11/18/09); 1,563 non-relative placements (as of 11/18/09); 4,792 family foster homes (as of 11/18/09); and 336 child caring or group care facilities. The training of these caregivers should be based on: law and rule requirements; best practices from subject matter experts (experienced foster families, group care providers, USF Kinship Center); national literature (Child Welfare League of America was contacted and provided several recommendations for best practice); and findings from this report. The proposed approach for this training project involves: 1) Contracting for curriculum development; and 2) Contracting for train-the-trainer sessions. This approach provides a standardized curriculum to ensure basic learning objectives are met, benefits that CBCs may add to the standard curriculum to ensure local systems' needs are met, as well as conducting train-the-trainer sessions giving the CBCs capacity to conduct this training on an on-going basis. Curriculum development would require convening a workgroup, review of the pertinent material above, development of learning objectives and instructional design, creating reality based scenarios, and translating the results into a user friendly curriculum is estimated to cost \$12,500. The Department would contract with an instructional designer to accomplish this curriculum, and the subject matter experts would serve on the workgroup at no charge. In addition, the train-the-trainer(s) is also estimated at \$12,500. This involves provision of copies of training curriculum, power point slides, job aides, etc... to the trainers across the state. Approximately 200 trainers can be trained at this cost. A classroom training environment is used to highlight key learning points, review the various materials, answer questions, and make adjustments if needed. The purpose is to ensure trainers are knowledgeable of the training content, and are able to deliver the content effectively. Generally, this involves delivery in three (3) sites across the state to ensure access for all of the Department's Regions. The costs to develop training for this population of caregivers is estimated based on curriculum development costs for casework training and recent training projects such as family centered practice and supervising excellence by the Family Safety Program Office. The total cost to implement this recommendation would be \$25,000.
<b>R26.</b> 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.	16	Family Safety			\$0	
<b>R27.</b> 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.	16	Family Safety	Operations		\$350,000	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. The interaction between financial resources, service capacity and effectiveness (including assessment/screening) and child outcomes is highly complex and involves many different groups. Florida could support some groundbreaking analysis through an integrated independent analysis across fiscal, service, and outcome issues for child health and behavioral health. In order to develop costs for medical screening, adequacy of mental health services compared to needs, medical professional capacity and engagement, and long term outcomes the Department would contract with a nationally recognized organization with child welfare and health experience to conduct such an analysis. The Department will conduct an analysis of what task/data it can provide to the principal researcher to minimize costs. Based on historic experience with longitudinal evaluations and data analysis, the estimated cost would be \$350,000 for the initial year. <b>Recommendation 68; and Recommendation 82, which is a longitudinal study.</b>
<b>R28.</b> 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.	16	Family Safety			\$0	

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<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"> <li>o Prescribing psychotropic medications using evidence based practices</li> <li>o Understanding the use and effects of psychotropic medications in children</li> <li>o Obtaining clear and documented informed consent</li> <li>o Obtaining the child's assent</li> <li>o Monitoring psychotropic medications and their physical and behavioral effects on the child</li> <li>o Terminating, when appropriate, psychotropic medications</li> <li>o Notifying involved parties</li> <li>o Monitoring of "Black Box" warnings and other emerging information on risks and side effects</li> <li>o Addressing children's needs through comprehensive children's mental health (behavioral and psychiatric meds) and evidence-based services</li> <li>o Understanding child and adolescent development</li> <li>o Understanding the neuro-developmental effects of prenatal substance exposure</li> <li>o Understanding the neuro-developmental effects of psychotropic medication and recognizing side -effects and contra-indications</li> <li>o Recognizing common mental health disorders in the child welfare population</li> <li>o Recognizing and understanding the impact of traumatic brain injury</li> <li>o Using effective treatment options for these mental health disorders</li> <li>o Recognizing signs of Post Traumatic Stress Disorder</li> <li>o Recognizing the difference between normal childhood behaviors, trauma -Related behaviors, and true mental health</li> </ul>	16-17	Family Safety	Operations Contracts		\$50,000	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. The total cost to implement this recommendation would be \$50,000.
<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"> <li>o Recognizing and adequately dealing with warning signs in a child in a timely manner.</li> <li>o Meeting case documentation requirements.</li> <li>o Obtaining informed consent for administering psychotropic medications.</li> </ul>	17	Family Safety	Operations Administration		\$40,000	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. The cost is based on the SFE - phase II curriculum development and pilot as based on the costs for the development of the current SFE. Implementation will be within existing contractual resources with the Child Welfare Training Academy. The total cost to implement this recommendation would be \$40,000.
<p>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.</p>	17	Family Safety			\$0	
<p>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.</p>	17	Family Safety	Children's Mental Health		\$0	
<p>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.</p>	17	Family Safety	Children's Medical Services Agency for Health Care Administration		\$0	
<p>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 medication is indicated. Such screening should determine any additional evaluations which should be completed.</p>	17-18	Family Safety	Children's Medical Services Agency for Health Care Administration		\$630,977	Currently, basic neurological screening within the Child Well Check-up is optional, and is a very superficial examination. Also, optional within the Child Well Check-up is the inclusion of height, weight, and the Body Mass Index (BMI). The Agency for Health Care Administration (AHCA) has indicated that an estimated additional rate increase of \$25/visit for adding screening tools. A more in depth neurological evaluation could be completed should the initial basic neurological screening indicate a need. The neurological evaluation from physician services has a rate of \$129.11, and \$160.09 if the physician is a neurological specialist. The neuropsychological evaluation from physician services has a rate of \$60.54, and \$75.06 if the physician is a specialist. According to the Child Welfare Services Trend Report, for State Fiscal Year 2008/2009, there were 13,722 child removals. Each child that is removed from their home is required to have a Child Well Check-up within 72 hours; therefore if required that every child obtain a screening for traumatic brain injury in this initial medical assessment, then the additional annual amount would be \$343,050 (\$25 rate increase times 13,722). As of 11/18/09, out of 11,809 children currently in out-of-home care, there were 2,850 children taking a psychotropic medication, making it 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). Estimating at a very high level of 5% of total children removed would require this additional testing, then the total amount required for this would be \$88,569 ((13,722 children times 5%) times \$129.11/evaluation). The total cost to implement this recommendation would be \$630,977.
<p>The Department of Children and Families should work with its Federal partners to improve the protocols for prescribing, administering, and monitoring psychotropic medications.</p>	18	Family Safety	Children's Medical Services Agency for Health Care Administration Department of Health		\$0	
<p>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.</p>	18	Family Safety	Administration		\$580,000	This cost is based on \$160 per authorization, at an average of 3 pre-consent reviews (as medications change) per child for ALL 1,200 children aged 11 years and under who are on psychotropic medication: $480 \times 1200 = 576,000$ . NOTE: 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. Some of the CBCs may not have the staff capacity to specifically coordinate the documentation associated with psychotropic medications and to ensure that both case managers and physicians have the documentation appropriately tracked and filed and have recorded in each child's records. The CBCs will be consulted to estimate this potential cost.

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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.	18	Family Safety	Agency for Health Care Administration			
R38. The Department of Children and Families and the Agency for Health Care Administration should jointly review the Florida Medical Handbook to ensure consistency with these recommendations.	18	Family Safety	Agency for Health Care Administration		\$0	
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.	18	Family Safety	Agency for Health Care Administration		\$0	AHCA has already amended and accelerated deliverables in its contract with University of South Florida to cover this and other recommendations from the Gabriel Myers Work Group.
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.	18	Family Safety	Executive Leadership		\$0	
<b>Issue: Comprehensive Behavioral Health Assessments</b>						
R41. The Legislature should allocate sufficient funding to provide Comprehensive Behavioral Health Assessments (CBHA) to children who are not Medicaid eligible.	20	Family Safety	Children's Mental Health Agency for Health Care Administration			See comments for Recommendation 44 for these children, because it includes all children. (Total for population is \$1,563,000)
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.	20	Family Safety	Children's Mental Health			Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
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.	20	Family Safety	Children's Mental Health		\$1,245,400	This is a sub-population included in Recommendation 44, which is for all children in the Child Welfare System. However, 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. The cost of a CBHA is \$1,000 per child, and estimating that all 958 children would benefit from the CBHA would cost \$958,000 (\$1,000/CBHA times 958 children). The PE averages about \$300 per child, and estimating that all 958 children would benefit from the PE would cost \$287,400 (\$300 times 958 children). With these estimations, the total cost to implement the subsequent assessments from this recommendation would be \$1,245,400; however, it should be noted that, in conjunction with community partners, protocol needs to be established regarding whether these children would benefit from either of these assessments or both assessments. These are maximum amounts, as some children may meet the criteria set by Medicaid, allowing for reimbursement, partial or in full, of these subsequent assessments; therefore, these costs would certainly be the same or less than projected. Services that might be recommended in the assessment would be highly individualized, therefore it is difficult to project costs for those services. Approximately 88% of children in foster care are Medicaid eligible. It is unknown how many of these services provided would not be Medicaid reimbursable.

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						<p>This recommendation applies to children receiving both <u>in-home</u> and <u>out-of-home care</u>, i.e. all children in the child welfare system. There are two (2) major types of service delivery for children in the child welfare system: <b>Category 1 In-home services</b> (children not removed from their families under supervision of the lead agency/case management organization), and <b>Category 2 Out-of-home care services</b> (all children removed from their families) is further divided into two sub-groups: <b>1. Children in state custody and licensed placements</b>, and <b>2. Children in the custody of relatives/non-relatives</b>. The vast majority of children in <b>Subgroup 1 (state custody) in Category 2</b> are Medicaid eligible, and no additional funding is being requested for this subgroup. For 9,304 children that were removed from their home and placed in approved relative/non-relative care (<b>Category 2, Subgroup 2</b>), as of 11/18/09, 7,741 were Medicaid Eligible. Additional funding will be required to complete the CBHA for 1,563 non-Medicaid eligible children.</p> <p>To provide this current Medicaid service to these non-Medicaid eligible children would be \$1,563,000 (\$1,000/CBHA times 1,563 children). <b>Children who are part of Category 1 (In-home services)</b> would be included as part of all children in the child welfare system. As of 11/18/09, 8,478 of the 11,810 children receiving in-home services were Medicaid eligible. The 3,332 children needing this service (CBHA) would receive this service per occurrence for a total of \$3,332,000 (\$1,000/CBHA times 3,332 children). The total cost to implement this recommendation is \$4,895,000. <u>Please note, this cost amount includes the sub-population of children outlined in Recommendation 41.</u> (1,563 + 3,332) times \$1,000/assessment) for a total of \$4,895,000. The CBHA is an assessment which includes a thorough review of the child's and family's needs, history, supports, etc., as well as recommendations for safety, permanence, and well-being.</p>
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.	20	Family Safety	Children's Mental Health		\$4,895,000	
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.	20	Family Safety	Children's Mental Health		\$0	There would be no cost to share the Comprehensive Behavioral Health Assessment with the prescribing doctor. However, please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
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.	20	Family Safety	Children's Mental Health			Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
<b>Issue: Information contained in the Florida Safe Families Network (FSFN)</b>						
						<p>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 captured. Having never had a statewide system that supports all parties and processes involved in child welfare from receipt of an abuse call, to adoption, and payment of adoption subsidies, the necessity for a structure that actively monitors and supports local oversight of data and data integrity has never been higher. To ensure data functions occur in a timely manner, data are complete and accurate, ongoing technical support to employees who enter child case data, an additional position (data integrity officer) will be assigned to each Community Base Care (CBC) Lead Agency (totaling 21). A total of <u>\$1,691,554</u> in Grants and Aids Community Based Care funding is needed for a data integrity officer position to be placed in each CBC Lead Agency.</p>
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 statewide data base, Florida Safe Families Network.	21	Family Safety		27.0	\$2,236,247	<p>Each of the DCF regions, which perform oversight and compliance functions, will establish a data integrity position, as well (totaling 6 FTEs). Total salaries and benefits for these 6 positions amount of \$420,991 at Government Analyst II positions, which includes an amount of 10% above base, as well as an additional amount of \$123,702 in expenses, for a total of <u>\$544,693</u>. Total cost to implement this recommendation would be <u>\$2,236,247</u>.</p>
R48. 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: <ul style="list-style-type: none"> <li>o Elimination of duplication of data entry</li> <li>o Cataloging of treatments and medications</li> <li>o Monitoring of status of psychotropic medications in the prescription / consent / administration process.</li> <li>o Allowing all parties access to verify information</li> <li>o Establishing a "stop" or flag system when an action does not occur</li> <li>o Facilitating and documenting information exchange</li> <li>o Facilitating supervisory monitoring/review and management oversight</li> <li>o Strengthening and aligning data systems</li> </ul>	22	Information Technology			\$70,000	<p>Cost estimates used current standard methodologies for the Florida Safe Families Network (FSFN) project, and were reviewed by ITS Applications staff. Adjustments that would be made to FSFN would be to enhance medications functionality, integration of medication and case management functionality, and to enhance case management, Access, and security functionality, which would ensure access to the full set of appropriate case information and data by the appropriate stakeholders. Total cost to implement this recommendation would be \$70,000.</p>
R49. 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.	22	Information Technology			\$70,000	<p>Cost estimates used current standard methodologies for the Florida Safe Families Network (FSFN) project, and were reviewed by ITS Applications staff. Adjustments that would be made to FSFN would be to enhance medications functionality, integration of medication and case management functionality, reporting and notification enhancements, and to enhance case management, Access, and security functionality. These adjustments would allow for the system to be more specific in the types of medication that a child is receiving, as well as increased effectiveness of the ease in which entries are input into FSFN. Total cost to implement this recommendation would be \$70,000.</p>

	Recommendation	Page	Lead Office	In collaboration with	FTE	Amount	Cost Calculations / Comments
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.	22	Information Technology			\$29,000	Cost estimates used current standard methodologies for the Florida Safe Families Network (FSFN) project, and were reviewed by ITS Applications staff. Adjustments that would be made to FSFN would be to enhance case management, Access, and the security functionality, which would streamline and allow for access to important medications related data by pertinent parties. Total cost to implement this recommendation would be \$29,000.

Recommendation	Page	Lead Office	In collaboration with	FTE	Amount	Cost Calculations / Comments
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.	22	Family Safety	Information Technology		\$70,000	Cost estimates used current standard methodologies for the Florida Safe Families Network (FSFN) project, and were reviewed by ITS Applications staff. Adjustments that would be made to FSFN would be to enhance the medications functionality and to enhance case management, Access, and security functionality, which would allow the entry of medications related data at an increased level of detail that enables an increased level of effective access and reporting medications information, enable enhanced reporting and information due to reformatting of existing data fields, and increase the potential to link information across the various components of the FSFN system that contain data related to a child's medical and mental wellness and wellbeing. Total cost to implement this recommendation would be \$70,000.
R52. The Department of Children and Families should clarify the intent of listing psychotropic medications in Florida Safe Families Network.	22	Family Safety	Information Technology		\$10,000	Cost estimates used current standard methodologies for the Florida Safe Families Network (FSFN) project, and were reviewed by ITS Applications staff. Adjustments that would be made to FSFN to enhance the medications functionality to allow enhanced identification and entry of medication and prescription based information for each child. Total cost to implement this recommendation would be \$10,000.
<b>Issue: Informed Consent and Judicial Review</b>						
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.	26	Family Safety			\$0	
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.	26	Family Safety				Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
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.	26	Family Safety			\$0	
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.	27	Family Safety	Office of State Court Administration		\$5,000	According to the Office of State Court Administration (OSCA), the best forum for this training will be through regional court retreats that would be held in Tallahassee, Jacksonville, Orlando, Tampa, and Ft. Lauderdale. If the training is conducted by in-house staff it will cost approximately \$5,000 for travel reimbursement for the judicial branch attendees. If speaker fees are involved the cost will be more based on the feeds and travel cost of the speakers). On-going training can also be provided in conjunction with other planned training activities at no or minimal cost. The total to implement this recommendation would be \$5,000.
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.	27	Family Safety	Office of State Court Administration		\$0	
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.	27	Family Safety			\$0	
<b>Issue: Information Sharing</b>						
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.	29	Family Safety	Agency for Health Care Administration		\$0	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. At the final judicial review youth are informed of the services they are entitled to receive - including Medicaid (young adults leaving foster care are notified of the review). Locally, the Community Based Care (CBC) agency sends a completed electronic form to the ACCESS child-in-care worker, notifying ACCESS when every child in foster care nears his/her 18th birthday. All children exiting care, who without regard to income, resource or category eligibility will receive medical assistance. Practice needs to assure that all young adults leaving care understand what services they are entitled to receive and a "check-back" point for young adults to come back to if they have questions or are in need of medical services. At the time of the final judicial review, youth may not be appropriately focused on the services they are eligible to receive. It is recommended that consideration be given for the letter that the CBC letter send to ACCESS, re: youth leaving care & turning 18 years of age, be sent to the foster care caseworker and to the caregivers the youth was living with at the time of exit. It is recommended that the letter to ACCESS be placed on the Florida Safe Families Network (FSFN) in the child's record. If the form is not sent prior to the 18th birthday, the data base will not accept the form and a work-around is required. In Fiscal Year 2008-2009, 1,475 children aged out of foster care; of those 875 were receiving Road To Independence services. Under the assumption that young adults receiving RTI most likely will know their medical benefits, the remaining 600 youth who aged out are the likely ones not accessing their medical benefits; and would therefore, add to Medicaid costs. A better estimate needs to be based upon information from the Agency for Health Care Administration (AHCA) on the current level of use of the children  in RTI to project onto the 600 children aging out who are not in RTI. However, we project 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.

Recommendation	Page	Lead Office	In collaboration with	FTE	Amount	Cost Calculations / Comments
<b>R60.</b> 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.	29	Family Safety	Department of Education		\$0	
<b>R61.</b> 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.	29-30	Family Safety	Department of Health Department of Education		\$0	
<b>R62.</b> 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.	30	Information Technology			\$214,276	This recommendation will be covered through 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, and costs for subsequent phases are still to be determined. Additional costs related to FSFN of \$29,000 were estimated using standard project methodologies. The total cost to implement this recommendation would be \$214,276.
<b>R63.</b> 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.	30	Information Technology				Once medical providers begin to use electronic medical records, the Department of Children and Families will provide mechanisms for linking with Florida Safe Families Network (FSFN). A cost for this process of linking this data with FSFN will be established at that time.
<b>R64.</b> 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.	30	Information Technology				This recommendation will be covered through the Children and Youth Cabinet Data Sharing Initiative. No cost estimate can be given at this time, due to the fact that as the data sharing initiative continues, costs will be established throughout that process.
<b>R65.</b> 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.	30	Family Safety				This recommendation will be covered through the Children and Youth Cabinet Data Sharing Initiative. However, Family Safety and Information Technology Services (ITS) will work together to estimate priorities, define business requirements, and refine the Florida Safe Families Network system. The importance of and strategies for, sharing child and family specific information within the confines of individual child welfare cases is being addressed with FSU training initiative discussed in Recommendation 21. No cost estimate can be given at this time for any FSFN enhancements that may be needed.
<b>R66.</b> 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.	30	Family Safety			\$29,242	Contracted services will be established 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. This cost is based on the salaries and benefits rate of a Health Data Analyst position calculated at 10% above rate, and then estimating that the contracted employee would work on a part-time basis for an amount of \$29,242 (\$58,485 annual amount times 50% of need). The total cost to implement this recommendation would be \$29,242.
<b>Issue: Behavioral Health Care</b>						
<b>R67.</b> 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.	32	Family Safety	Children's Mental Health			
<b>R68.</b> 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.	32	Family Safety	Children's Mental Health			Please see Recommendation 27 for cost and description of cost information on the next steps to implement this recommendation.
<b>R69.</b> 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.	32	Family Safety	Children's Medical Services		\$0	
<b>R70.</b> 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.	32	Family Safety	Children's Medical Services			Please see Recommendation 74 for detailed cost information on the implementation of this recommendation.
<b>R71.</b> 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: <ul style="list-style-type: none"> <li>o Reducing fragmentation of coverage in mental health plans</li> <li>o Integrating Departmental services</li> <li>o Increasing use of evidence-based practices</li> <li>o Improving the involvement of and support for the treatment team, foster parents, and other stakeholders in behavioral health care</li> </ul>	32-33	Family Safety	Substance Abuse Mental Health	1.0	\$8,814,416	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. It is critical to engage these parents/caretakers in substance abuse and mental health services early on to strengthen personal and family functioning and increase the likelihood of family reunification. Substance abuse and mental health intervention, treatment, case management and recovery support services to families engaged in the child protection system who have been identified as needing intervention or treatment is needed. To support these functions, ten (10) Substance Abuse Treatment Teams will be contracted to provide services and collectively treat 800 families annually and six (6) Mental Health Treatment Teams that will have the collective capacity to treat 480 families annually, allocated \$545,072 each for direct services, as well as one (1) FTE position to provide contract management and oversight in the Substance Abuse and Mental Health Program Office to provide administrative oversight of this Substance Abuse and Mental Health Treatment Access (SAMHTA) Program. An annual salary amount has been calculated at 10% above base for a total of salaries and benefits amount of \$72,361, as well as an additional amount of \$20,903 in Department related expenses. The total cost to implement this recommendation would be \$8,814,416; however, these teams are expected to be established with a 4-year phase in approach at a cost of \$2,203,604 per year.

Recommendation	Page	Lead Office	In collaboration with	FTE	Amount	Cost Calculations / Comments
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.	33	Family Safety	Agency for Health Care Administration		\$0	Per the Agency for Health Care Administration (AHCA), in consultation with Phyllis Sloyer and Diane Demark, there would not be an additional cost to AHCA to implement this recommendation.
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.	33	Family Safety	Agency for Health Care Administration			No cost estimate can be given at this time, due to the fact more information is needed on the intent of this recommendation, as well as the Agency for Health Care Administration (AHCA) would need time to research further. Currently, federal guidelines states: <b>42 C.F.R. § 440.230(d)</b> Establishes that the state Medicaid agency may place appropriate limits on a service based on such criteria as medical necessity; and The CMS State Medicaid Manual section 5110 indicates that appropriate limits may be on EPSDT services based on medical necessity.
<b>Issue: Individual and Agency Accountability</b>						
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.	34	Family Safety	Substance Abuse Mental Health	8.0	\$1,908,628	In the Department's 2010-2011 Legislative Budget Request, \$393,192 was requested to fund 2 FTEs, a Medical Director and an Executive Assistant II, for a total of \$357,192 in salaries and benefits, as well as \$36,000 in related Department expenses. To fully implement this recommendation, a physician for each of the 6 DCF regions is needed to provide statewide perspective and support for resolution of statewide issues to the DCF Medical Director. These additional 6 physicians will be contracted at half-time (1,040 hours/year) at a rate of \$200 per hour, for a total of \$1,248,000 (1,040 hours times \$200) X 6 positions). To further support the Medical Director and the 6 Contracted Regional Medical Physicians, each region will establish a registered psychiatric nurse position, for a total of \$267,436 in salaries. Part of each registered psychiatric nurse's responsibilities will be to recruit volunteer, medically trained advocates who will serve as the "informed intermediary" for the 2,850 children on psychotropic medication, as described in Recommendation 70. After consulting with the local CBCs, there may be a need for additional resources in each of the CBCs' service areas depending upon the number of children on psychotropic medication. The total cost to implement this recommendation would be \$1,908,628.
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.	34	Family Safety	Children's Mental Health		\$0	
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.	35	Family Safety			\$0	
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.	35	Family Safety			\$0	
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	35	Family Safety	Quality Assurance		\$0	
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.	35	Family Safety	Operations			
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.	35	Family Safety			\$0	
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.	35	Family Safety	Administration	56.0	\$4,606,784	With the increased attention on improving child welfare practice as it relates to health and psychotropic medications, the Community Based Care (CBC) agencies will need assistance to ensure that new rule, policies and procedures are carried out. To begin to approach "continual" monitoring and enforcement and to address twenty-four (24) of the ninety (90) recommendations (R3, R5, R8, R11, R15, R21, R22, R25, R30, R31, R37, R42, R43, R44, R45, R46, R54, R65, R81, R83, R84, R85, R86, R87) related to compliance and quality assurance of serving foster children, \$3,455,088 in Grants and Aids Community Based Care funding is needed. Grants and Aids CBC funding will be provided for 2 positions at each of the 21 CBC agencies (total of 42) to provide a combination of contract oversight and quality assurance to ensure CBC subcontracted providers, directly responsible for the care of children, will carry out the recommendations from this report, including a new rule and/or possible legislation.  DCF Regional offices are responsible for oversight of all CBC-delivered services, as well as, Child Protective Investigations. To ensure that increased monitoring is in place to achieve quality and compliance as per the recommendations above, 2 additional positions in each of the six DCF regions are needed for a cost of \$987,168 for the 12 FTEs. Additionally, \$164,528 is needed for 2 FTEs at the state level to incorporate field information regarding case management and protective investigations performance in order to develop effective statewide policy and practice. Funding includes salaries, benefits, and related expenses associated. These 14 DCF FTEs totals \$1,151,696.
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 outcome s 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 .	35	Family Safety	Administration			Please see Recommendation 27 for cost and description of cost information on the next steps to implement this recommendation.
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.	35	Family Safety				Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.

Recommendation		Page	Lead Office	In collaboration with	FTE	Amount	Cost Calculations / Comments
<b>R84.</b>	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.	35	Family Safety				Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
<b>R85.</b>	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.	36	Family Safety				Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
<b>R86.</b>	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.	36	Family Safety				Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
<b>Issue: Implementation of the Red Item Report on Psychotropic Drug Use in Foster Care</b>							
<b>R87.</b>	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> .	37	Family Safety	Operations			Please see Recommendation 81 for detailed cost information on the implementation of this recommendation.
<b>Issue: Ensuring Best Practices</b>							
<b>R88.</b>	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.	38-39	Family Safety	Operations		\$0	
<b>R89.</b>	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.	39	Family Safety	Executive Leadership		\$0	
<b>R90.</b>	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.	39	Family Safety	Children's Mental Health		\$0	